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<b>Course Name:</b>	<b>HAD 5778: Comparative Health Systems and Policy</b> <b>Institute of Health Policy, Management and Evaluation (IHPME),</b> <b>Dalla Lana School of Public Health (DLSPH)</b>
<b>Semester:</b>	<b>Winter 2019</b>
<b>Course Directors:</b>	<b>Greg Marchildon</b> , PhD, Ontario Research Chair in Health Policy and System Design, IHPME and Professor, School of Public Policy and Governance <b>Xiaolin Wei</b> , MD, PhD, Associate Professor in Health Systems and Clinical Public Health in Asia, Clinical Public Health & IHPME <b>Sara Allin</b> , PhD, Assistant Professor (Status), IHPME

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### Course Description

Each country's health system and policies are largely shaped by historical, political, social, and economic contexts; but in general, they face similar challenges such as rising expenditures, limited accessibility, poor patient responsiveness, limited coordination across the health continuum, and public health and health system threats from both communicable and non-communicable diseases. This comparative health systems and policy course is intended to capture the rapidly expanding field of comparative studies in health systems and policy. It will provide a comprehensive theoretical and methodological foundation to understand why we compare health systems in different countries or provinces within a country, and what we can learn from those comparisons. In the second part, the course will provide specific examples of health system and policy development in high-income countries as well as low- and middle-income countries (LMICs). Although this is a taught course, the main requirement is to complete a major paper applying theoretical and methodological tools to a comparative health systems or comparative health policy case study including two or more jurisdictions (a province/state and/or country).

### Prerequisite Knowledge

IHPME and PHS students will have completed either HAD 5011H, HAD 5020, or CHL5300H (Public Health Policy). IHPME students should have completed the course on Canada's health care system and, if possible, a course on public policy or health policy theories. SPPG students will have completed their first year of studies and PPG 1001 (The Policy Process).

### Course Objectives and Competencies

Students are expected to demonstrate:

- A comprehensive understanding of a range of conceptual and theoretical issues relevant to comparative health systems and policies
- An understanding of health system structures and typologies and the ability to use typologies when comparing health systems
- An understanding of some of the key health system and policy differences and similarities among high-income and LMIC countries

- A developed ability to apply relevant concepts and theories to differing health systems or to comparative issues in health policy in general, and to compare and contrast health policies across jurisdictions at each stage of the policy cycle
- An ability to apply the ideas and methods learned in this course in a major research paper on a topic of interest to the student, and that will hopefully be relevant to the student's dissertation for those in the doctoral track

## **Evaluation**

The grade for the Comparative Health Systems and Policy course will be based on a major research paper, the subject of which will be selected by the student. A portion of the evaluation mark will be allocated to a 3- to 4-page proposal with references (20%) by February 8, 2019, and a class presentation of the initial results (20%) on April 3, 2019. The remaining 60% is allocated to the final research paper of 5,000 words that is comparative across at least 2 jurisdictions, due April 18, 2019. Please refer to detailed descriptions and evaluation criteria in pages 12-16.

## **Plagiarism**

**NB. Referencing.** You must cite sources for your ideas and evidence (in written work and the oral defence). Acknowledging that you are using someone else's work is a matter of academic integrity.

**Failing to reference the work of others is a serious academic offense that cannot be explained away on the basis of ignorance.** Please refer to the School of Graduate School policy on plagiarism: <http://advice.writing.utoronto.ca/using-sources/how-not-to-plagiarize/>

## **Accommodation for a Disability**

If you have ongoing difficulties during the term – health related or otherwise – that prevent you from completing your course work satisfactorily please consider accommodation for a disability by registering with Accessibility Services at: <http://www.studentlife.utoronto.ca/as/academic-accommodations>

## **Quercus**

Quercus (<https://q.utoronto.ca/>) is used to post course materials including electronic readings, session materials, assignments, and presentations.

## Timetable - Winter 2019

Seminar sessions will be held on Wednesday afternoons, 2:00 – 4:45 PM in Haultain Building, Room 316 (Seminars 1 and 2); Canadiana Gallery Room 361 (Seminars 3-11).

Dates	Sessions	Instructors
January 9	Seminar 1: Course Review and Introduction to Comparative Health Systems and Policy Research	Greg, Xiaolin, & Sara
January 16	Seminar 2: Health System and Reform Typologies	Greg, Sara, & guest (Carolyn Tuohy)
January 23	Seminar 3: Health Systems and the Comparative Method	Sara & Xiaolin
January 30	Seminar 4: Federalism, Decentralization and Subnational Health Systems	Greg
February 6	Seminar 5: Comparing Health System Performance <b>Proposal due Feb 8</b>	Sara, Greg & Xiaolin
February 13	Seminar 6: Universal Health Coverage Systems: Comparative Policy Dimensions	Greg, Xiaolin & guest (Tsung-Mei Cheng)
February 20	<i>Reading Week – no class</i>	
February 27	Seminar 7: Health Systems in Low Income Countries: India, Bangladesh, and Southeast Asian countries	Xiaolin & guest (Shafi Bhuiyan)
March 6	Seminar 8: Health Systems in High-Income Countries	Sara, Greg & guest (Stephen Thomas)
March 13	Seminar 9: Health Systems in Middle Income Countries: China (Mainland and Hong Kong) and Mexico	Xiaolin & Greg
March 20	Seminar 10: Comparative Policy Analysis Case Study 1: Prescription Drug Coverage Policy	Greg, Sara & guest (Katherine Boothe)
March 27	Seminar 11: Comparative Policy Analysis Case Study 2: tuberculosis control programs in China and South Asian Countries (India, Pakistan, and Bangladesh)	Xiaolin
April 3	<b>Presentations</b>	Greg, Xiaolin & Sara
April 10	Possible additional seminar TBD	
April 18	<b>Final paper due</b>	

## 1. Course Review: Introduction to Comparative Health Systems and Policy Research

This session will introduce the theory and practice of comparative health systems and policy research, including why we compare health systems and policies in different countries or sub-national systems, what we can get from making these comparisons, and what some of the main challenges are in undertaking this type of research. It will also introduce commonly used conceptual frameworks for policy analysis.

### Recommended

Hunter, D. (2015). Role of politics in understanding complex, messy health systems. *British Medical Journal*, 350(h1214). doi: <https://doi.org/10.1136/bmj.h1214>

Marmor, T., Freeman, R. & Okma, K. (2005). Comparative perspectives and policy learning in the world of health care. *Journal of Comparative Policy Analysis*, 7(4), 331–348. doi: <https://doi.org/10.1080/13876980500319253>

World Health Organization. (2007). *What is health policy and systems research and why does it matter?* (Briefing Note No. 1). Geneva: BMJ Publishing Group. Retrieved from [http://www.who.int/alliance-hpsr/resources/alliancehpsr\\_briefingnote1.pdf?ua=1](http://www.who.int/alliance-hpsr/resources/alliancehpsr_briefingnote1.pdf?ua=1).

### Additional

Burau, V. (2012). Transforming health policy and services: challenges for comparative research. *Current Sociology*, 60(4), 569–578. doi: <https://doi.org/10.1177/0011392112438340>

Béland, D. & Howlett, M. (2016). The role and impact of the multiple-streams approach in comparative policy analysis. *Journal of Comparative Policy Analysis*, 18(3), 221–227. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/13876988.2016.1174410>

Marchildon, G. (2014). Agenda setting in a parliamentary federation: Universal medicare in Canada. In M. Hill (Ed.) *Studying public policy: An international approach*. Bristol: Policy Press, pp.76–87.

Deber, R. (2018). Health care in Canada: International comparisons. *Treating health care: how the Canadian system works and how it could work better* (pp. 80–96 [Chapter 5]). Toronto: University of Toronto Press.

Balabanova, D., McKee, M., & Mills, A. (2011). Research approach and methods. In D. Balabanova, M. McKee, & A. Mills (Eds.), *Good health at low cost 25 years on: What makes a successful health system?* (pp. 11–45 [Chapter 2]). Retrieved from <http://ghlc.lshtm.ac.uk/files/2011/10/GHLC-book.pdf>

Mills, A. (2014). Health care systems in low- and middle-income countries. *The New England Journal of Medicine*, 370(6), 552–557. doi: 10.1056/NEJMra1110897

Walt, G., Shiffman, J., Scneider, H., Murray, S., Brugha, R., & Gilson, L. (2008). ‘Doing’ health policy analysis: Methodological and conceptual reflections and challenges. *Health Policy and Planning*, 23(5), 308–317. doi:10.1093/heapol/czn024

## 2. Health System & Reform Typologies

Typologies of health systems have been developed to better understand how health systems are similar and different from each other. In this session, students will learn about the different health system structures and reform typologies, and they will gain insight into how these typologies can be used in comparative research.

### Recommended

Böhm, K., Schmid, A., Götze, R., Landwehr, C., & Rothgang, H. (2013) Five types of OECD healthcare systems: Empirical results of a deductive classification. *Health Policy*, 113, 258–269. doi: 10.1016/j.healthpol.2013.09.003

Burau, V., & Blank, R. (2006). Comparing health policy: An assessment of typologies of health systems. *Journal of Comparative Policy Analysis*, 8(1), 63–76.  
doi:10.1080/13876980500513558

Tuohy, C. (2017). *Remaking policy: Scale, pace and political strategy in health care reform* (pp. 3–33, 545-554). Toronto: University of Toronto Press.

### Additional

Deber, R., Hollander, M., & Jacobs, P. (2008). Models of funding and reimbursement in health care: A conceptual framework. *Canadian Public Administration*, 51(3), 381–405.  
doi: 10.1111/j.1754-7121.2008.00030.x.

Marchildon, G. (2018). Can history improve big bang health reform? Commentary. *Health Economics, Policy and Law*, 13(3-4), 251–262. doi: 10.1017/S1744133117000378

Moran, M. (1995). Three faces of the health care state. *Journal of Health Politics, Policy and Law*, 20(3), 767–781. doi: 10.1215/03616878-20-3-767

Wendt, C. (2009). Mapping European healthcare systems: a comparative analysis of financing, service provision, and access to health care. *Journal of European Social Policy*, 19(5): 432-445. doi: 10.1177/0958928709344247

Esping-Anderson, G. (1990). *The three worlds of welfare capitalism*. Princeton: Princeton University Press.

Bambra, C. (2007). Going beyond the three worlds of welfare capitalism: Regime theory and public health research. *Journal of Epidemiology and Community Health*, 61(12), 1098–1102. doi: [10.1136/jech.2007.064295](https://doi.org/10.1136/jech.2007.064295)

Toth, F. (2016). Classification of health systems: Can we go further? *Health Policy*, 120(5), 535–543. doi: 10.1016/j.healthpol.2016.03.011

### 3. Health Systems and the Comparative Method

In this session, students will gain an understanding of how to apply a conceptual framework to conduct comparative health systems and policy research, and will be introduced to the different methodological approaches that can be taken, their applications in practice, as well as their strengths and weaknesses. It will describe a template for comparative health reform analysis that will be used for the final assignment.

#### Recommended

Klein, R. (1997). Learning from others: Shall the last be first? *Journal of Health Politics, Policy and Law*, 22(5), 1267–1278. doi: <https://doi.org/10.1215/03616878-22-5-1267>

Rose, R. (2005). *Learning from comparative public policy: A practical guide* (pp. 15–26; 69–76). Abingdon: Routledge.

Hsiao, W. (2003). What is a health system? Why should we care? *Harvard School of Public Health*. Retrieved from

[https://www.mediastudies.fpzg.hr/\\_download/repository/Hsiao2003.pdf](https://www.mediastudies.fpzg.hr/_download/repository/Hsiao2003.pdf)

Health Reform Observer. (2018). *Comparative health reform analysis (CHRA) guidelines*. Retrieved from <https://mulpress.mcmaster.ca/hro-ors/chra-template>

#### Additional

Béland, D. (2016). Kingdon reconsidered: Ideas, interests and institutions in comparative policy analysis. *Journal of Comparative Policy Analysis*, 18(3), 228–242. doi: [10.1080/13876988.2015.1029770](https://doi.org/10.1080/13876988.2015.1029770)

Eggleston, K., Ling, L., Qingyue, M., Lindelow, M., & Wagstaff, A. (2008). Health service delivery in China: A literature review. *Health Economics*, 17(2), 149–165. doi: [10.1002/hec.1306](https://doi.org/10.1002/hec.1306)

Cookson, R., Mondor, L., Asaria, M., Kringos, S., Klazinga, N., & Wodchis, W. (2017). Primary care and health inequality: Difference-in-difference study comparing England and Ontario. *PLOS One*, 12(11). doi: [10.1371/journal.pone.0188560](https://doi.org/10.1371/journal.pone.0188560)

Farmanara, N., Marchildon, G., & Quesnel-Valée, A. (2016). Incorporating cognitive behavioural therapy into a public health care system: Canada and England compared. *Health Reform Observer*, 4(2). doi: <https://doi.org/10.13162/hro-ors.v4i2.2661>

Tenbensel, T., Miller, F., Berton, M., Couturier, Y., Morton-Chang, F., Ashton, T.,... Wodchis, W. (2017). How do policy and institutional settings shape opportunities for community-based primary care? A comparison of Ontario, Quebec, and New Zealand. *International Journal of Integrated Care*, 17(2), 13. <http://doi.org/10.5334/ijic.2514>

Cacace, M., Ettelt, S., Mays, N., & Nolte, E. (2013). Assessing quality in cross-country comparisons of healthsystems and policies: Towards a set of generic quality criteria. *Health Policy*, 112, 156–162. doi: 10.1016/j.healthpol.2013.03.020

Baumgartner, F., Green-Pedersen, C., & Jones, B. (2006). Comparative studies of policy agendas. *Journal of European Public Policy* 13(7), 959–974. Retrieved from <http://simplelink.library.utoronto.ca/url.cfm/460093>.

#### **4. Federalism, Decentralization and Subnational Health Systems**

This session will introduce students to the distinct but related concepts of federalism and decentralization within health care, and will review approaches to compare health systems, which vary in their extent of decentralization and role of parliamentary and fiscal federalism.

##### Recommended

Costa-Font, J., & Greer, S. (2013). Health system federalism and decentralization: What is it, why does it happen, and what does it do? In J. Costa-Font and S. Greer (Eds.), *Federalism and Decentralization in European Health and Social Care* (pp. 1–9). Basingstoke: Palgrave Macmillan.

Greer, S., & Jacobson, P. (2010). Health care reform and federalism. *Journal of Health Politics, Policy and Law*, 35(2), 203–226. Retrieved from <https://doi.org/10.1215/03616878-2009-050>

Marchildon, G., & Bossert, T. (2018). *Federalism and decentralization in the health care sector*. (Occasional Paper Series No. 24). Ottawa: Forum of Federations. Retrieved from <http://www.forumfed.org/2018/12/occasional-paper-24-federalism-decentralization-health-care-sector/>

##### Additional

Radin, B., & Boase, J. (2000). Federalism, political structure, and public policy in the United States and Canada. *Journal of Comparative Policy Analysis*, 2(1), 65–89. Retrieved from <https://link.springer.com/article/10.1023/A:1010050314516>

Tuohy, C. (2009). Single payers, multiple systems: The scopes and limits of subnational variation under a federal health policy framework. *Journal of Health Politics, Policy and Law*, 34(4), 453–496. doi: 10.1215/03616878-2009-011

Banting, K., & Corbett, S. (Eds.). (2002). *Health policy and federalism: A comparative perspective on multi-level governance*. Montreal: McGill-Queen's University Press.

## 5. Comparing Health System Performance

This session will introduce students to the conceptual and methodological challenges with performance measurement in health care, and will gain insight into the approaches that can be taken to compare health system performance across countries/jurisdictions.

### Recommended

GBD 2015 Healthcare Access and Quality Collaborators. (2017). Healthcare access and quality index based on mortality from causes amenable to personal health care in 195 countries and territories, 1990–2015: A novel analysis from the global burden of disease study. *The Lancet*, 390(10091), 231–266. Retrieved from [http://dx.doi.org/10.1016/S0140-6736\(17\)30818-8](http://dx.doi.org/10.1016/S0140-6736(17)30818-8)

Papanicolas, I., & Smith, P. (Eds.) (2013). *Health system performance comparison: An agenda for policy, information and research* (pp. 31–51, and 97-108). Retrieved from [http://www.euro.who.int/\\_data/assets/pdf\\_file/0009/244836/Health-System-Performance-Comparison.pdf](http://www.euro.who.int/_data/assets/pdf_file/0009/244836/Health-System-Performance-Comparison.pdf)

### Additional

Nolte, E., & McKee, M. (2012). In amenable mortality—deaths avoidable through health care—progress in the US lags that of three European countries. *Health Affairs*, 31, 2114–2122. Retrieved from <http://content.healthaffairs.org/content/31/9/2114>

World Health Organization. (2000). *The world health report 2000 – health systems: Improving performance*. Geneva: World Health Organization. Retrieved from <http://www.who.int/whr/2000/en/>

Deber, R. (2004). Why did the World Health Organization rate Canada's health system as 30th? Some thoughts on league tables. *Longwoods Review*, 2(1), 2–7. doi:10.12927/hcq.2004.17238

Ehlke, D. (2011). The political abuse of international health system comparisons. *Journal of Health Services Research & Policy*, 16(3), 187–189. doi: 10.1258/jhsrp.2010.010141

## 6. Universal Health Coverage Systems: Comparative Policy Dimensions

All UN states have promised to achieve universal health coverage by 2030, which includes financial risk protection, access to quality and essential treatment, preventative care and medicines. This session will introduce the development of universal health coverage in high-income countries, and its rapid progress in LMICs. It will discuss the achievements of universal health coverage, and its political, social, and economic challenges in different settings.

### Recommended

Cheng, T.-M. (2015). Reflections on the 20<sup>th</sup> anniversary of Taiwan's single-payer national health system. *Health Affairs*, 34(3): 502-510. Retrieved from <https://www.healthaffairs.org/doi/10.1377/hlthaff.2014.1332>

Moreno-Serra, R., & Smith, P. (2012). Does progress towards universal health coverage improve population health? *The Lancet*, 380(9845), 917–923. Retrieved from [https://doi.org/10.1016/S0140-6736\(12\)61039-3](https://doi.org/10.1016/S0140-6736(12)61039-3)

Reich, M., Harris, J., Ikegami, N., Maeda, A., Cashin, C., Araujo, E.,... Evans, T. (2016). Moving towards universal health coverage: Lessons from 11 country studies. *Lancet*, 387(10020), 811–816. [https://doi.org/10.1016/S0140-6736\(15\)60002-2](https://doi.org/10.1016/S0140-6736(15)60002-2)

### Additional

Bump, J. (2010). *The long road to universal health coverage: A century of lessons for development strategy*. New York: Rockefeller Foundation.

Kutzin, J. (2000). *Towards universal health coverage: A goal-oriented framework for policy analysis*. Washington, DC: World Bank. Retrieved from <http://hdl.handle.net/10986/13772>

Marchildon, G. (2014). The three dimensions of universal Medicare in Canada. *Canadian Public Administration*, 57(3), 362–382. doi: <https://doi.org/10.1111/capa.12083>

Wilsford, D. (1995). States facing interests: Struggles over health care policy in advanced industrial democracies. *Journal of Health Politics, Policy and Law*, 20(3), 571–613. doi: <https://doi.org/10.1215/03616878-20-3-571>

*International Journal for Equity in Health* 2018. 17. Special Issue  
<https://www.biomedcentral.com/collections/NSPsandUHC>

World Health Organization. (2010). *World health report 2010 – health systems financing: The path to universal coverage*. Geneva: World Health Organization. Retrieved from <http://www.who.int/whr/2010/en/>

World Health Organization. (2013). *World health report 2013: Research for universal health coverage* (Executive Summary). Geneva: World Health Organization. <http://www.who.int/whr/2013/report/en/>

World Health Organization. (2015). *Tracking universal health coverage: First global monitoring report*. Geneva: World Health Organization. Retrieved from [http://www.who.int/healthinfo/universal\\_health\\_coverage/report/2015/en/](http://www.who.int/healthinfo/universal_health_coverage/report/2015/en/).

## 7. Health Systems in Low Income Countries: India, Bangladesh, and SEA Countries

This session will discuss health systems in South and Southeast Asian countries, mostly low-income countries. All these countries face similar challenges of public/private mix, human resources and a double diseases (communicable and non-communicable ones) burden, along with their rapid economic development. We will compare the health systems and policies in India and Bangladesh, which were rooted from the same colonial history but having different pathways in development.

### Recommended:

Yip, W., & Mahal, A. (2008). The health care systems of China and India: Performance and future challenges. *Health Affairs*, 27(4), 921–32. doi: <https://doi.org/10.1377/hlthaff.27.4.921>

Reddy, K. (2015). India's aspirations for universal health coverage. *The New England Journal of Medicine*, 373, 1–5. doi: 10.1056/NEJMp1414214

Chongsuvivatwong, V., Phua, K., Yap, M., Pocock, N., Hashim, J., Chhem, R.,... Lopez, A. (2011). Health and health-care systems in southeast Asia: Diversity and transitions. *The Lancet*, 377(9763), 429–437. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)61507-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)61507-3/fulltext)

### Additional:

Kanchanachitra, C., Lindelow, M., Johnston, T., Hanvoravongchai, P., Lorento, F., Huong, N.,... dela Rosa, J., (2011). Human resources for health in southeast Asia: Shortages, distributional challenges, and international trade in health services. *The Lancet*, 377(9767), 769–781. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)62035-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)62035-1/fulltext)

Mills, A. (2011). Health systems in low- and middle-income countries. In S. Glied & P. Smith (Eds.), *The Oxford Handbook of Health Economics* (Chapter 3). Retrieved from <http://www.oxfordhandbooks.com/view/10.1093/oxfordhb/9780199238828.001.0001/oxfordhb-9780199238828-e-3>

## 8. Health Systems in High Income Countries

In this session, students will gain an indepth understanding of health systems in high-income countries that are commonly used in a comparative context in spite of variations in political context and system features. This session will review the different approaches to health system design and reform that have taken place in a selection of high-income countries, and will review the recent experience in Ireland to transform the system moving from a two-tier to a universal system.

### Recommended

Hacker, J. (1998). The historical logic of national health insurance: Structure and sequence in the development of British, Canadian and U.S. medical policy. *Studies in American Political Development*, 12(1), 57–130.

Burkey, S., Barry, S., Siersbaek, R., Johnston, B., Fhallúin, M., & Thomas, S. (2018). Sláintecare – A ten-year plan to achieve universal healthcare in Ireland. *Health Policy*. <https://doi.org/10.1016/j.healthpol.2018.05.006>

### Additional

Maioni, A. (1997). Parting at the crossroads: The development of health insurance in Canada and the United States, 1940-1965. *Comparative Politics*, 29(4), 411–431.

Philippon, D., Marchildon, G., & Ludlow, K. (2018). The comparative performance of the Canadian and Australian health systems. *Healthcare Management Forum*, 31(6), 239–244 <https://doi.org/10.1177/0840470418788378>

Tuohy, C. (1999). Dynamics of a changing health sphere: The United States, Britain, and Canada. *Health Affairs*, 18(3), 114–134. <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.18.3.114>

Marchildon, G., Cafaro, C., & Brown, A. (2018). Myths, misperceptions and policy learning: Comparing healthcare in the United States and Canada. *Journal of Law, Medicine and Ethics*, 46 (4), 833–837.

## 9. Health Systems in Middle Income Countries: China (Mainland and Hong Kong) and Mexico

This session will introduce the health system in China and its recent reform towards a primary care oriented care delivery structure. Although widespread health policies are made at the central level, provincial- and city-level governments play a much larger role in interpreting national policies and putting them into place. The session will also compare the primary care models among Mainland cities and Hong Kong (a high-income territory in China). We will also introduce the health system of Mexico, including its achievements and challenges.

Recommended

Blumenthal, D., & Hsiao, W. (2015). Lessons from the east–China's rapidly evolving health care system. *New England Journal of Medicine*, 372, 1281–1285.

Urquieta-Salomón, J., & Villarreal, H. (2016). Evolution of health coverage in Mexico: Evidence of progress and challenges in the Mexican health system. *Health Policy and Planning*, 31(1), 28–36.

Wei, X., Li, H., Yang, N., Wong, S., Chong, M., Shi, L.,... Griffiths, S. (2015). Changes in the perceived quality of primary care in Shanghai and Shenzhen, China: A difference-in-difference analysis. *Bulletin of the World Health Organization*, 93(6), 407–16.

Additional

Frenk, J. (2006). Bridging the divide: Global lessons from evidence-based health policy in Mexico. *The Lancet*, 369(9539), 9–15. doi: [https://doi.org/10.1016/S0140-6736\(06\)69376-8](https://doi.org/10.1016/S0140-6736(06)69376-8)

Meng, Q., & Xu, K. (2014). Progress and challenges of the rural cooperative medical scheme in China. *Bulletin of the World Health Organization*, 92(6), 44–51. doi: [10.2471/BLT.13.131532](https://doi.org/10.2471/BLT.13.131532)

Wei, X., Yin, J., Wong, S., Griffiths, S., Zou, G., & Shi. L. (2017). Private ownership of primary care providers associated with patient perceived quality of care: A comparative cross-sectional survey in three big Chinese cities. *Medicine*, 96(1):e5755 doi: 10.1097/MD.0000000000005755

Wei, X., Yang, N., Gao, Y., Wong, S., Wang, J., Li, D.,... Griffiths, S. (2015). Comparison of three models of ownership of community health centres in China: A qualitative study. *Journal of Health Services Research & Policy*, 20(3), 162–169. doi: 10.1177/1355819615579700

Yi, H., Miller, G., Zhang, L., Li, S., & Rozelle, S. (2015). Intended and unintended consequences of China's zero markup drug policy. *Health Affairs (Millwood)* 34(8), 1391–1398. doi: 10.1377/hlthaff.2014.1114.

Meng, Q., Yang, H., Chen, W., Sun, Q., & Liu, X. (2015). People's Republic of China health system review. *Health Systems in Transition* (Executive Summary), 5(7). Retrieved from [http://www.wpro.who.int/asia\\_pacific\\_observatory/hits/series/chn/en/](http://www.wpro.who.int/asia_pacific_observatory/hits/series/chn/en/)

OECD Reviews of Health Systems. (2016). *Mexico* (Executive Summary). Paris: Organisation of Economic Co-operation and Development. Retrieved from [http://www.oecd-ilibrary.org/social-issues-migration-health/oecd-reviews-of-health-systems-mexico-2016\\_9789264230491-en](http://www.oecd-ilibrary.org/social-issues-migration-health/oecd-reviews-of-health-systems-mexico-2016_9789264230491-en)

Nava, R., & Adrion, E. (2018). Big promises, few details: The uncertain future of Mexican healthcare under AMLO. *LSE: Latin America and Caribbean Centre*. Retrieved from

<http://blogs.lse.ac.uk/latamcaribbean/2018/07/19/big-promises-few-details-the-uncertain-future-of-mexican-healthcare-under-amlo/>

Ruiz, A., Ratsch, A., & Martíne, G. (2018). Mexico's Seguro Popular: Achievements and challenges. *Health Systems & Reform*, 4(3), 194–202. Retrieved from <https://www.tandfonline.com/doi/full/10.1080/23288604.2018.1488505>

## 10. Comparative Policy Analysis Case Study 1: Prescription Drug Coverage Policy

Comparative analysis is often used to aid in sectoral reform decision-making. This seminar provides one example of a health sector in which comparisons among health systems are regularly made in order to promote major reform.

### Recommended:

Boothe, K. (2012). How the pace of change affects the scope of reform: Pharmaceutical insurance in Canada, Australia and the United Kingdom. *Journal of Health Politics, Policy and Law*, 37(5), 779–814. doi: 0.1215/03616878-1672718

Nguyen, T., Night, R., Roughead, E., Brooks, G., & Mant, A. (2015). Policy options for pharmaceutical pricing and purchasing: Issues for low- and middle-income countries. *Health Policy and Planning*, 30(2), 267–80. doi: <https://doi.org/10.1093/heapol/czt105>

### Additional:

Vogler, S., Paris, V., & Panteli, D. (2018). *Ensuring access to medicines: How to redesign pricing, reimbursement and procurement?* (Policy Brief). Copenhagen: World Health Organization. Retrieved from [http://www.euro.who.int/\\_data/assets/pdf\\_file/0009/379710/PolicyBrief\\_AUSTRIA\\_PB30\\_web\\_13082018.pdf?ua=1](http://www.euro.who.int/_data/assets/pdf_file/0009/379710/PolicyBrief_AUSTRIA_PB30_web_13082018.pdf?ua=1)

Rosen, B. (2018). Expanding Canadian Medicare to include a national pharmaceutical benefit while controlling expenditures: Possible lessons from Israel. *Health Economics, Policy and Law*, 13(3-4), 323–343. doi: <https://doi.org/10.1017/S174413311700041X>

## 11. Comparative Policy Analysis Case Study 2: Tuberculosis Control Programs in China and South Asian Countries (India, Pakistan and Bangladesh)

Tuberculosis (TB) is a major public health threat and the No. 1 killer in infectious disease worldwide. It is an air-borne communicable disease that requires firm government commitments for prevention, diagnosis, treatment, and case management. In 2016, India, China, Pakistan, and Bangladesh together accounted for 44% global TB burden. All four countries have established strong national TB programs to provide funding, coordination and free TB services to their citizens. The significant difference between China and South Asian (SA) countries is the

composition of health systems, where China has a strong but fragmented public system, while SA countries have a large presence of private providers. The session will employ TB as an example to use typologies (such as ownership, coverage, human resources, delivery) in closely examining public health programs. We will focus on the PPM models (public-private or public-public mix) implemented in the two contexts, and their impacts on TB control achievements.

Recommended:

Wells, W., Uplekar, M., & Pai, M. (2015). Achieving systemic and scalable private sector engagement in tuberculosis care and prevention in Asia. *PLoS Medicine* 12(6). e1001842. doi: 10.1371/journal.pmed.1001842

Wei, X., Zou, G., Walley J, Yin, J., Lonnroth, K., Uplekar, M.,... Sun, Q. (2014). China tuberculosis policy at crucial crossroads: Comparing the practice of different hospital and tuberculosis control collaboration models using survey data. *PloS One*, 9(3): e90596. doi: 10.1371/journal.pone.0090596

Wang, L., Liu, X., Huang, F., Hennig, C., Uplekar, M., & Jiang, S. (2010). Engaging hospitals to meet tuberculosis control targets in China: Using the Internet as a tool to put policy into practice. *Bulletin of the World Health Organization*. 88(12), 937–42.

## Description of Assignments

**Proposal**

**February 8, 2019**

**20% of final grade**

This proposal is the first step in preparing you for your presentation and the final analytic paper. Choose any topic of policy relevance to low-, middle- and/or high-income countries (this could be your thesis topic or any topic of your choosing). In your proposal you are expected to include four sections that are equally weighted (5% each) to contribute to your mark: 1) a summary of the health system reform or policy that your analysis will focus on and why it is important, 2) description of the jurisdictions included in the comparison and why they are suitable comparators, 3) outline of the conceptual framework, and methodological approach that will be taken to carry out the comparative analysis and 4) a summary of the expected implications for health systems and/or policies.

**Class presentation**

**April 3, 2019**

**20% of final grade**

You will be asked to deliver a short, dynamic oral presentation on your chosen topic for your analytic paper of no more than 5 minutes in length. This will be followed by 3-5 minutes of questions. The purpose of this assignment is to sharpen your knowledge-translation skills, gain comfort in making a succinct and clear presentation on a topic of policy relevance, and seek feedback from the course instructors, and your peers, before you submit your final analytic paper. The presentation will include 3 components:

- An introduction that provides sufficient background information and rationale for the proposed topic for the analytic paper, clearly states the objective of the comparative analysis, and notes the jurisdictions included (5%);
- A description of the conceptual framework used, justification of the choice of jurisdictions, and methodological approach taken (5%); and
- A discussion of the main findings of the analysis, and implications for health systems and/or policies (5%).

Delivery will be assessed based on the following criteria: speaks clearly and at a steady pace, follows a clear and logical sequence, uses language appropriate for the audience, captures and maintains the audience's attention, maintains the time limit and handles questions professionally (5%).

### **Analytic paper**

**April 18, 2019**

**60% of final grade**

Write a paper using the [Comparative Health Reform Analysis](#) template used by Health Reform Observer. This paper will apply a conceptual framework and methodology introduced in the course or approved by the instructor to compare and critically analyze a policy or system reform in 2 or more jurisdictions (countries, provinces/states). The topic must be selected by the student and approved in advance by the instructor, addressing feedback received on the proposal and class presentation. If appropriate you may wish to pick a topic related to your thesis work, but only if you can apply the concepts from the course.

You should not write a descriptive paper of health systems; the purpose of this assignment is to demonstrate your ability to apply theory to the analysis of current policy issues.

**Your paper should be no more than 5,000 words, or 20 pages typed, double-spaced, with standard 1" margins in 12-point font; the title page, abstract, references, tables, and documentary material appended to the paper are not included in the page count.**

Your paper must include all of the following (using the suggested headings). If you would like to deviate from the template, please discuss this early on with one of the co-instructors.

- **Abstract** (summary) of about 250 words which includes seven sentences, respectively summarizing the seven sections within the paper. (5%)
- **Introduction:** provide a brief description of the health policy reforms (policies or system reforms should be similar, or at least comparable across all jurisdictions in the comparison), and a justification for the choice of comparators. Students should also present the **history and context** for each jurisdiction, followed by important factors/influences that are unique to any of the jurisdictions (15%)
- **Goals of the policy or system reform:** briefly describe the implicit or explicitly stated goals of the policy or system reform, e.g., drawing on news releases or relevant policy documents. (10%)
- **Use a conceptual framework to inform your comparative analysis (40%):**
  - **analyse the factors that influenced the policy:** if relevant, using the Kingdon (2003) framework, the 3I framework, or another relevant conceptual

framework, analyze the factors that influenced how the issue came onto the governments' agendas, and that influenced the particular policy decision.

- **analyze how the reforms were achieved:** if relevant, describe the policy instruments, implementation plans, and communication plans used to achieve the policy or system reform.
- **analyze the impact of the reforms on stated objectives:** if relevant, either present findings separately for each jurisdiction, or when feasible, according to broad categories of evaluation processes and outcomes.
- **Discussion:** Summarize the results of your study and the implications of the comparative analysis on our understanding of the policy issue. What is learned by undertaking this comparison? Situate your results into the wider context of the relevant literature. Students should also address the overarching question: What can we learn from these case studies about the linkage between processes, contexts, and outcomes (expected or demonstrated) of the proposed/adopted reforms? Summarize the strengths and limitations of your study, noting the contribution the article makes to the scholarly literature on comparative health care reform analysis. (10%)
- **References:** you must provide full attribution of the sources of all data, ideas and arguments used in your paper. Use the referencing style available here: <https://mulpress.mcmaster.ca/hro-ors/how-to-format-ms> (5%)
- **15%** for clarity, logical flow, and clear, critical, writing.

### **Minimum Standards for Assignments**

The proposal and final paper must:

- Have a cover page with your name, the course name and assignment, and title (not included in the page count)
- Use 12-point font with standard 1" margins
- Be spell-checked and proofread
- Include headings and sub-headings where appropriate
- Present references in a standard format (a separate page of references is not included in the page count)
- Have numbered pages (note: page number 1 is the first page of text, not the cover page)
- Include a header or footer with your name which appears on each page

### **Policy on Submission of Assignments**

Your assignments must be submitted to your Instructor via Turnitin (see below) by the assigned due date (see assignment table for list of due dates). Marks will be deducted for handing in assignments late, unless permission is obtained ahead of time (3% deducted on the first day late, 1% for each calendar day after). Assignments submitted after 7 calendar days of the deadline will not be considered.

Under exceptional circumstances (e.g., serious illness, loss of a close family member) a late penalty may be waived by the Instructor. This ensures fair and consistent treatment for all students.

### **How to Submit Assignments: Turnitin**

**This course requires you to submit your assignments through Turnitin.com** an electronic resource that assists in the detection and deterrence of plagiarism. It is widely used by universities in the US and by a growing number of universities in Canada, and has over 2,000 registered institutions and over 200,000 registered users from 50 countries. The Turnitin.com database searches 5 billion pages on the Internet, and currently holds millions of previously submitted papers (including paper mill essays).

**The University of Toronto requires that students be informed that Turnitin will be used at the start of the course:**

*"Normally, students will be required to submit their course essays to Turnitin.com for a review of textual similarity and detection of possible plagiarism. In doing so, students will allow their essays to be included as source documents in the Turnitin.com reference database, where they will be used solely for the purpose of detecting plagiarism. The terms that apply to the University's use of the Turnitin.com service are described on the Turnitin.com web site".*

**The University goes on to say:**

*"... if and when students object to its use on principle, a reasonable offline alternative must be offered. There is a wide variety of non-electronic methods that can be used to deter and detect plagiarism; for example, to require that all rough work is handed in with the paper or that the student include an annotated bibliography with the paper."*

Additional information is available at:

<http://www.teaching.utoronto.ca/teaching/academicintegrity/turnitin/conditions-use.htm>

### **Feedback on Assignments**

Assignments will normally be graded and returned electronically within 10 working days.

### **Grading Policy**

Grades will be based on the following criteria:

- Inclusion of all of the assignment's required elements
- Critical analysis integrating tools developed in the policy courses
- Depth and appropriateness of information and data used
- Organization and clarity of writing and presentation
- Clear and accurate presentation of references to support arguments
- Writing style including spelling, grammar, punctuation and sentence structure

### **Meaning of Grades**

Following university policy, assignments will be returned with a letter grade (e.g., B+). As indicated below, a grade of B+ indicates that you have met, but not exceeded requirements.

The correspondence between letter and number grades is:

A+	90 - 100%	significantly exceeds requirements
A	85 - 89	exceeds requirements
A-	80 - 84	
B+	77 - 79	meets requirements
B	73 - 76	
B-	70 - 72	barely meets requirements
FZ	<69	fails to meet requirements

### **Ethics Review of Research with Human Subjects**

The assignments in this course do **not** require you to conduct interviews with individuals or to collect data on individuals concerning their personal characteristics, attitudes, or behaviors. Because this form of data collection is classified as “human subjects” research, **do not undertake any key informant interviews or surveys** for your assignments.

### **Links to Useful Resources**

Asia Pacific Observatory on Health Systems and Policies:

[http://www.wpro.who.int/asia\\_pacific\\_observatory/en/](http://www.wpro.who.int/asia_pacific_observatory/en/)

CIHI International Comparisons Interactive tool - <https://www.cihi.ca/en/oecd-interactive-tool-international-comparisons>

CIHI Your Health System- <https://yourhealthsystem.cihi.ca>

European Observatory on Health Systems and Policies: <http://www.euro.who.int/en/about-us/partners/observatory>

European Observatory’s Health System in Transition (HiTs) country studies:

<http://www.euro.who.int/en/about-us/partners/observatory/publications/health-system-reviews-hits>

Gibson, L. (2012). *Health Policy and Systems Research: A Methodology Reader*. Geneva: Alliance for Health Policy and Systems Research, World Health Organization.  
[http://www.who.int/alliance-hpsr/resources/alliancehpsr\\_abridgedversionreaderonline.pdf?ua=1](http://www.who.int/alliance-hpsr/resources/alliancehpsr_abridgedversionreaderonline.pdf?ua=1)

Gilson, L., Orgill, M., & Shroff, Z. C. (2018). A health policy analysis reader: The politics of policy change in low- and middle-income countries. Geneva: World Health Organization. Retrieved from: <https://www.who.int/alliance-hpsr/resources/publications/hpa-reader/en/>

Health Systems and Policy Monitor (HSPM) managed by the European Observatory on Health Systems and Policies (comparative platform for higher-income countries including Canada):  
[www.hspm.org](http://www.hspm.org)

Kingdon, J. W. (1984), *Agendas, Alternatives and Public Policies* (Boston: Little, Brown and Company).

Buse, K. Mays, N., & Walt, G. (2012) *Making Health Policy*.  
[https://books.google.ca/books/about/Making\\_Health\\_Policy.html?id=rLbICQAAQBAJ&redir\\_esc=y](https://books.google.ca/books/about/Making_Health_Policy.html?id=rLbICQAAQBAJ&redir_esc=y)

North American Observatory on Health Systems and Policies:  
<http://ihpme.utoronto.ca/research/research-centres-initiatives/nao/>

OECD Health Statistics: <http://www.oecd.org/els/health-systems/health-data.htm>

OECD Reviews of Health Systems – a series of country reports:  
<http://www.oecd.org/els/health-systems/reviews-health-systems.htm>

The Commonwealth Fund, International Profiles of Health Systems:  
<http://www.commonwealthfund.org/publications/fund-reports/2017/may/international-profiles>

The Commonwealth Fund, International Health Policy Survey:  
<http://www.commonwealthfund.org/trending/international-health-policy-survey>

World Bank, Universal Health Coverage Study Series (UNICO) for medium-income and low-income countries:  
<http://www.worldbank.org/en/topic/health/publication/universal-health-coverage-study-series>

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

World Health Organization Global Health Observatory:  
<http://apps.who.int/gho/data/node.home>

Mark Britnell, In search of the perfect health system  
<https://www.bmj.com/content/351/bmj.h5548>

Robert, M., Hsiao, W., Berman, P. & Reich, M. (2008). *Getting Reform Right: A Guide to Improving Performance and Equity*. Oxford Scholarship Online. Retrieved from:  
[http://www.jointlearningnetwork.org/uploads/files/resources/Getting\\_Health\\_Reform\\_Right.pdf](http://www.jointlearningnetwork.org/uploads/files/resources/Getting_Health_Reform_Right.pdf)