



UNSW Course Outline

PHCM9443 Health Economics & Finance for Developing Countries - 2024

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General Course Information

Course Code : PHCM9443

Year : 2024

Term : Term 2

Teaching Period : T2

Is a multi-term course? : No

Faculty : Faculty of Medicine and Health

Academic Unit : School of Population Health

Delivery Mode : Multimodal

Delivery Format : Standard

Delivery Location : Kensington

Campus : Sydney

Study Level : Postgraduate

Units of Credit : 6

Useful Links

[Handbook Class Timetable](#)

Course Details & Outcomes

Course Description

This course is offered in two modes: either face to face (on-campus) and fully online.

Are you among those wondering about the connection between economics and health care? Economics might seem disconnected from fundamental social goals like 'good health', but it is about managing scarce resources and making choices about where to allocate them. Health economics is about optimizing health outcomes amidst limited resources. It helps answer questions such as: What's the best way to increase health service uptake: price controls or subsidies? How does private sector involvement affect healthcare access? What is the most efficient way to deliver medicines to remote areas? Are out-of-pocket healthcare payments a regressive funding mechanism? How should doctors be compensated? The primary goal of this course is to equip participants with the knowledge, skills, and basic economic arguments that are central to discussions about health policy options and resource allocation choices in low- and middle-income countries. By the end of the course, you will be in a stronger position to (i) demonstrate an understanding of the main functions and challenges facing health systems in the developing world; (ii) explain the key economic principles and concepts relevant to health economics and financing; (iii) discuss specific features that distinguish markets for health care from markets for other goods and services; (iv) distinguish between the principal ways of funding health services and paying health care providers; and (v) critically appraise evidence on the efficiency and equity implications of different health financing mechanisms in low- and middle-income countries.

Course Aims

The primary aim of this course is to equip you with the knowledge, skills, and fundamental economic arguments that are central to the discussion of health policy options and resource allocation choices, particularly in low- and middle-income countries. While the concepts, theories, and models discussed are relevant to countries at all levels of development, this course focuses primarily on their application to developing countries.

Relationship to Other Courses

The course is designed to complement and build on existing courses in the field of health economics, including Economic Evaluation Specialisation (PHCMTS9045) and individual courses on Comparative Healthcare Systems (PHCM9471), Healthcare Economics and Financial Management (PHCM9441) and Advanced Health Economics and Financial Management (PHCM9082).

Assistance with progression checking:

If you are unsure how this course fits within your program, you can seek guidance on optimising

your program structure from staff at the [Nucleus Student Hub](#).

Progression plans for UNSW Medicine and Health programs can be found on the [UNSW Medicine & Health website](#).

Course Learning Outcomes

Course Learning Outcomes
CLO1 : Demonstrate understanding of the main functions and challenges facing health systems in the developing world
CLO2 : Explain the key economic principles and concepts relevant to health economics and financing
CLO3 : Discuss specific features that distinguish markets for health care from markets for other goods and services
CLO4 : Distinguish between the principal ways of funding health services and paying health care providers
CLO5 : Critically appraise evidence on the efficiency and equity implications of health financing reforms in low and middle income countries

Course Learning Outcomes	Assessment Item
CLO1 : Demonstrate understanding of the main functions and challenges facing health systems in the developing world	<ul style="list-style-type: none">• Making an investment case for additional funding for health• Market failures in the health sector• Country case study on health financing and universal coverage
CLO2 : Explain the key economic principles and concepts relevant to health economics and financing	<ul style="list-style-type: none">• Making an investment case for additional funding for health• Market failures in the health sector• Country case study on health financing and universal coverage
CLO3 : Discuss specific features that distinguish markets for health care from markets for other goods and services	<ul style="list-style-type: none">• Market failures in the health sector
CLO4 : Distinguish between the principal ways of funding health services and paying health care providers	<ul style="list-style-type: none">• Making an investment case for additional funding for health• Country case study on health financing and universal coverage
CLO5 : Critically appraise evidence on the efficiency and equity implications of health financing reforms in low and middle income countries	<ul style="list-style-type: none">• Making an investment case for additional funding for health• Country case study on health financing and universal coverage

Learning and Teaching Technologies

Moodle - Learning Management System | Microsoft Teams | Echo 360

Learning and Teaching in this course

While the concepts, theories and models discussed in this course are relevant to countries at all levels of development, this course focuses primarily on their application to low- and middle-income countries. You will explore healthcare systems in these countries, drawing on rich sources of data and case studies through which to analyse resource allocation decision-making. You will then consider how to better deliver and finance services to improve health outcomes in these countries.

All course materials and course announcements are provided on the course learning management system, Moodle.

Microsoft Teams will be used for online lectures, tutorials and lecture recordings. Details of this will be communicated via Moodle.

By accessing and using the ICT resources provided by UNSW, you are agreeing to abide by the 'Acceptable Use of UNSW ICT Resources' policy particularly on respect for intellectual property and copyright, legal and ethical use of ICT resources and security and privacy.

Assessments

Assessment Structure

Assessment Item	Weight	Relevant Dates
Making an investment case for additional funding for health Assessment Format: Group	20%	Start Date: 27/05/2024 04:00 PM Due Date: 21/06/2024 11:59 PM Post Date: 05/07/2024 11:59 PM
Market failures in the health sector Assessment Format: Individual Short Extension: Yes (2 days)	50%	Start Date: 27/05/2024 04:00 PM Due Date: 19/07/2024 11:59 PM Post Date: 02/08/2024 11:30 PM
Country case study on health financing and universal coverage Assessment Format: Individual Short Extension: Yes (2 days)	30%	Start Date: 27/05/2024 04:00 PM Due Date: 09/08/2024 11:59 PM Post Date: 23/08/2024 11:30 PM

Assessment Details

Making an investment case for additional funding for health

Assessment Overview

In this group assignment, you will collaborate with your team members to make an investment case for additional funding for health in a short report. Your team will act as a health financing consultant group engaged by a Ministry of Health in a low or middle-income country to help it make an investment case to the Ministry of Finance for additional funding. Bearing in mind the scarcity of resources in low- and middle-income countries and the competing demand for these resources, your team will make a cogent case for additional funding for health, arguing why the health sector deserves additional funding and the immediate and long-term national benefits of increased health funding. This assignment is due before census. Feedback on your group report will be provided within 10 working days. Your mark will comprise a mark out of 10 for your group report and a mark out of 10 for your contributions to the online discussion of your group and completion of one skill-building quiz, totalling 20 marks for this assignment.

Course Learning Outcomes

- CL01 : Demonstrate understanding of the main functions and challenges facing health systems in the developing world
- CL02 : Explain the key economic principles and concepts relevant to health economics and financing
- CL04 : Distinguish between the principal ways of funding health services and paying health care providers
- CL05 : Critically appraise evidence on the efficiency and equity implications of health financing reforms in low and middle income countries

Detailed Assessment Description

Background

Out-of-pocket (OOP) spending is a significant source of healthcare financing in low and middle-income countries (LMICs). However, it poses a significant barrier to accessing healthcare in many regions, globally preventing millions from accessing necessary services and driving millions more into poverty. Addressing the high reliance on OOP spending is crucial for achieving universal health coverage.

Group allocation

From Week 1 you will be assigned to an online discussion group. The groups will be assigned randomly through Moodle. Each group will include up to 5 students. This online group will serve

as a forum for ongoing discussion with your classmates throughout the course. During Week 1, each group member will introduce themselves. Each group will be provided with a list of countries to choose from for the assessment task. Between Weeks 1 to 4, your task is to engage in discussions within your group, identify relevant country data that can help you address the assessment task, and collaboratively prepare a short report (maximum of 4 pages) aimed at assisting the Ministry of Health in advocating for additional funding.

Assessment task

Your group will act as a team of health financing consultants supporting the Ministry of Health (MOH) of a low or middle-income country where health care is financed predominantly out-of-pocket (more than 30% of total health expenditure). This high OOP spending prevents many people from accessing the health services they need. The MOH is seeking to improve access to healthcare but would need the health budget to increase by at least 5% of Total Government Expenditure for at least five consecutive years. The Health Minister intends to lobby the Ministry of Finance for additional funding and has consulted your team to help prepare a report making a case for additional budgetary allocation to the health sector. You are required to write a 4-page report making a compelling case for additional health funding. Bearing in mind the competing priorities for resource allocation in other sectors, your report should, among other things:

- Explain why the health sector deserves increased funding.
- Highlight the immediate and long-term national benefits of increased health funding.
- Provide specific investments or spending plans to support your request for additional funding, avoiding generic arguments.

Each group member is expected to actively participate in both the discussions and the writing of the report. It is advisable for groups to outline the various components of the task and assign clear roles to each member. Before starting the task, it's essential to thoroughly review the assessment criteria provided below.

Detailed information about this assessment will be provided on the course Moodle page

Assessment Length

4 pages maximum for group report

Submission notes

Refer to Moodle for submission information. UNSW has standard late submission penalties as outlined in the UNSW Assessment Implementation Procedure, with no permitted variation. All late assignments (unless extension or exemption previously agreed) will be penalised by 5% of

the maximum mark per day (including Saturday, Sunday and public holidays). Penalties are calculated on 24-hour blocks from the due date and time.

Assessment information

Submission instructions for group report

Your group report must be no more than **4 pages** (excluding references and must be 1.5 point spacing in font 11 or 12). All material that has informed the group's submission must be included as a set of references at the end of the report. Submit your group report to Submit PHCM9443 (T2-24) A1 Group report, on the main course page. Only one person from each group needs to submit the report, and this submission will be applied to the entire group. Note that as this is a group submission, you will not be submitting to a Turnitin submission point. Hence, you will not receive a Similarity Report. However, the course convenor may choose to upload your group report to a separate Turnitin submission point to check for plagiarism.

Instructions on how to submit a Moodle assignment are available at <https://student.unsw.edu.au/how-submit-moodle-assignment-file-upload>

Assessment criteria

Your mark will comprise a mark out of 10 for your individual contributions to the online discussion of your group and completion of one skill building quiz and a mark out of 10 for your group submission, totalling 20 marks for this assessment. Each group will submit one report and should choose one member to submit the report on behalf of the group. You must submit your group report via Moodle Assessment tool. You will receive feedback on your group's performance.

Your online contribution will be assessed using the following criteria:

- Identification of an appropriate material for the allotted country
- Discussion about different material and their relevance to the assessment task
- Evidence of critical thinking and uniqueness of contribution to the group
- Postings that contribute to collectively addressing the journal club question
- Concise and clear discussion posts
- Timeliness and participation with posts/replies

The group report will be assessed against the overall intellectual coherence of the report using the following criteria:

- The content of the report addresses the assessment task.

- There is a logical flow of ideas.
- Points are supported by evidence.
- There is evidence of critical thinking in addressing the question
- All material used by the group for the report is referenced.

NOTE:

A moderate use of AI (not exceeding 20%) is permitted in this assessment. **If you use AI in the writing of your assessment, you should acknowledge this in a footnote.**

Assignment submission Turnitin type

This is not a Turnitin assignment

Market failures in the health sector

Assessment Overview

In this individual assignment, you will discuss the statement "*Government intervention is essential to eliminate market failures in health care systems of developing countries*". You will support your arguments with concrete examples from developing countries. The purpose of this assignment is to assess your ability to understand and apply key economic concepts covered in this course to the health sector of low- and middle-income countries. The assignment is due in the middle of the term. Individual feedback will be provided within 10 working days.

Course Learning Outcomes

- CL01 : Demonstrate understanding of the main functions and challenges facing health systems in the developing world
- CL02 : Explain the key economic principles and concepts relevant to health economics and financing
- CL03 : Discuss specific features that distinguish markets for health care from markets for other goods and services

Detailed Assessment Description

Task description

This assignment aims to assess your ability to understand and apply key economic concepts covered in this course to the health sector of low- and middle-income countries.

The specific objectives of the assignment are to enable you to:

- Explain relevant concepts and theories.
- Explore how these theories and concepts are relevant to the health sector.
- Critically appraise the application of these concepts, comparing strengths and weaknesses.

- Illustrate the relevance of these concepts and theories using examples drawn from the health sector.

Your task

Discuss the following statement using examples to support your answer:

"Government intervention is essential to eliminate market failures in the health care systems of developing countries".

Suggested readings:

Below are some suggested readings. You are encouraged to identify other readings from which you can draw relevant examples.

- Guinness L and Wiseman V (2011). Introduction to Health Economics. Open University Press. ISBN: 0335243568. Chapter 8. <http://ebookcentral.proquest.com/lib/unsw/detail.action?docID=787624>
- B. N. Ghosh (2008) Rich doctors and poor patients: Market failure and health care systems in developing countries, Journal of Contemporary Asia, 38:2, 259- 276, DOI: 10.1080/00472330701546525. <http://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=http://dx.doi.org/10.1080/0047233070154652>
- Gubb J, Lawson N, Smith S and Tomlinson J (2010). Will a market deliver quality and efficiency in health care better than central planning ever could? Debate. British Medical Journal 340: 568-570. <http://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=http://www.jstor.org/stable/40702521>

Learning outcomes assessed

- Explain the key economic principles and concepts relevant to health economics and financing.
- Discuss specific features that distinguish markets for health care from markets for other goods and services.

Detailed information about this assessment will be provided on the course Moodle page

Assessment Length

2500 words

Submission notes

Refer to Moodle for submission information. UNSW has standard late submission penalties as outlined in the UNSW Assessment Implementation Procedure, with no permitted variation. All

late assignments (unless extension or exemption previously agreed) will be penalised by 5% of the maximum mark per day (including Saturday, Sunday and public holidays). Penalties are calculated on 24-hour blocks from the due date and time.

Assessment information

A moderate use of AI (not exceeding 20%) is permitted in this assessment. **If you use AI in the writing of your assessment, you should acknowledge this in a footnote.**

Assignment submission Turnitin type

This assignment is submitted through Turnitin and students can see Turnitin similarity reports.

Country case study on health financing and universal coverage

Assessment Overview

In this individual assignment, you will review the health financing data of a chosen country and assess how the country's financing system impacts progress toward universal health coverage. You will select the country from a list of countries provided by the course convenor, who will also provide you with links to relevant materials such as National Health Accounts, which describe the sources, uses, and channels for all funds utilized in the health sector. This assessment is due at the end of the term. Individual feedback is provided within 10 working days.

Course Learning Outcomes

- CL01 : Demonstrate understanding of the main functions and challenges facing health systems in the developing world
- CL02 : Explain the key economic principles and concepts relevant to health economics and financing
- CL04 : Distinguish between the principal ways of funding health services and paying health care providers
- CL05 : Critically appraise evidence on the efficiency and equity implications of health financing reforms in low and middle income countries

Detailed Assessment Description

Task description

This activity involves reviewing health financing data for a low- or middle-income country and discussing implications for progress toward universal health care coverage. You will be provided with the key data needed to complete this case study.

Background

Countries seek to develop their health financing system so that all people have access to quality

services and do not suffer financial hardship when paying for them. The success of countries in achieving universal coverage varies considerably, but even the most advanced economies do not cover all of the population for all the cost of all possible health services. In moving towards universal coverage, governments must consider three fundamental questions:

1. How is the health system to be financed?
2. How can the health system protect people from the financial consequences of paying for health services?
3. How can available resources be used more efficiently?

During the course, you will be provided with links to relevant materials such as National Health Accounts which describe the sources, uses, and channels for all funds utilised in the health sector.

Your task

For this exercise, you will review health financing data of one of the following countries: Thailand, Tanzania, India, Brazil, Malawi or Ghana and describe the main financing functions (revenue mobilisation, pooling, purchasing), including the financing mechanisms used under each function. You would then discuss the advantages and disadvantages of the different financing mechanisms in moving towards universal health coverage.

Learning outcomes assessed.

- Distinguish between the principal ways of funding health services and paying healthcare providers.
- Critically appraise evidence on the efficiency and equity implications of **health financing policies and reforms** in low- and middle-income countries.

Detailed information about this assessment will be provided on the course Moodle page

Assessment Length

2000 words

Submission notes

Refer to Moodle for submission information. UNSW has standard late submission penalties as outlined in the UNSW Assessment Implementation Procedure, with no permitted variation. All late assignments (unless extension or exemption previously agreed) will be penalised by 5% of the maximum mark per day (including Saturday, Sunday and public holidays). Penalties are

calculated on 24-hour blocks from the due date and time.

Assessment information

A moderate use of AI (not exceeding 20%) is permitted in this assessment. **If you use AI in the writing of your assessment, you should acknowledge this in a footnote.**

Assignment submission Turnitin type

This assignment is submitted through Turnitin and students can see Turnitin similarity reports.

General Assessment Information

Detailed instructions regarding assessments for this course are provided on the course Moodle page.

For student information on results, grades, and guides to assessment see: <https://student.unsw.edu.au/assessment>

Adopting a critical approach to your assignments

It is important that you adopt a critical approach to the material that you source for assignments, to the required readings, and to other resources you are presented with during the course. Think about and evaluate the material which you are reading and which you are presenting in assignments. Attempt to cast aside your assumptions and biases and attempt to assess the logic and consistency of the material in light of the supporting evidence. Wide reading on a topic facilitates this.

Referencing

School of Population Health requires students to use either APA or Vancouver referencing styles for all assignments for this course.

It is your responsibility to learn either APA or Vancouver referencing and use it consistently to acknowledge sources of information (citing references). Failure to reference correctly may limit marks to PS or below. Guidelines for acknowledging sources of information can be found on the following websites:

- UNSW Library: <http://subjectguides.library.unsw.edu.au/elise>
- UNSW Academic Skills and Support: <https://student.unsw.edu.au/skills>

Word limits

All word limits are to be strictly adhered to (i.e. there is no 10% leeway). Word limits include all text (e.g. headings, title, main text) and exclude tables and figures, in-text citations (if you are using APA), and reference lists. Exceptions may apply. Please refer to your individual task description for exceptions.

Turnitin

All written assessment tasks in courses in the School of Population Health use Turnitin. Turnitin is a similarity and generative AI detection software that enables assignments to be checked against the submitted assignments of other students using Turnitin, as well as the internet. If you are unfamiliar with the Turnitin software, a demonstration can be found at: <https://student.unsw.edu.au/Turnitin>

Originality and Generative AI reports

In School of Population Health courses, access to the originality report of your submission through Turnitin is available to you. Students do not have access to the Generative AI report.

In School of Population Health courses, you are permitted to resubmit until the assignment due date (each file uploaded overwrites the previous version). This will help you in self-reviewing and revising your submission until the due date. No resubmissions will be allowed after the due date and time of the assignment. Therefore, draft assignments submitted in this way will be regarded as the final version at the due date if you have not uploaded a subsequent, finalised version.

IMPORTANT: there are delays in the availability of subsequent Originality reports. For more details, see <https://www.student.unsw.edu.au/turnitin>

Grading and feedback

You will be provided with feedback on your assignment via Moodle. You will be marked according to the marking assessment criteria listed for that specific assessment task. The aim of any academic feedback for an assessment task is not only to grade your work. Importantly, it is also to help you to identify your strengths and weaknesses, and how you can improve and progress in your studies and professional abilities.

In addition to feedback, you will receive a mark that reflects the overall quality of the work you have submitted across the marking criteria. The marking criteria for assessments in this course are provided on Moodle.

Please note these grading criteria are:

- Not intended to be a rigid formula for interpreting your result. The descriptive criteria for each grade provides the basis for consistent standards within and across our courses while still embracing academic judgement on how well you have achieved the standard required.
- Applied to each assessment task within a course. That is, the grading policy is used with each assessment task specified for a course. Your final grade for a course is dependent on the combined sum of the grades across the number of specified assessment tasks.
- Based on a criterion-referenced assessment. That is grades are awarded on how well a student meets the standard required for a particular assessment task, not on how well they do compared to other students in the course.

Feedback on assessment and review of results:

If you believe the mark you've received for an assessment task doesn't reflect your performance you should first check you have grounds to seek a review: <https://student.unsw.edu.au/results>

In the first instance, you should discuss your performance with your Course Convenor. In your communication, you should clearly outline the reasons you are seeking clarification and do so against the marking criteria for the assessment.

Students may also formally apply to have their results reviewed. An application, which includes a justification for the review must be submitted through The Nucleus (<https://student.unsw.edu.au/results>) within 5 days of receiving the result. A review of results may result in an increase or decrease in marks.

Grading Basis

- Standard

Grading Basis

Standard

Requirements to pass course

In order to pass this course students must:

- Achieve a composite grade of at least 50 out of 100
- Meet any additional requirements specified in the assessment details section and on Moodle.

Refer to Moodle for submission information. UNSW has standard late submission penalties as outlined in the UNSW Assessment Implementation Procedure, with no permitted variation. All

late assignments (unless extension or exemption previously agreed) will be penalised by 5% of the maximum mark per day (including Saturday, Sunday and public holidays). Penalties are calculated on 24-hour blocks from the due date and time.

Course Schedule

Teaching Week/Module	Activity Type	Content
Week 1 : 27 May - 2 June	Lecture	Key concepts in health economics and financing
Week 2 : 3 June - 9 June	Lecture	Demand and supply of health care
Week 3 : 10 June - 16 June	Lecture	Markets for health care
Week 4 : 17 June - 23 June	Lecture	Market failure in the health sector
Week 5 : 24 June - 30 June	Lecture	Financing - Revenue generation
Week 6 : 1 July - 7 July	Lecture	Risk pooling – Health insurance
Week 7 : 8 July - 14 July	Lecture	Provider payment mechanisms
Week 8 : 15 July - 21 July	Lecture	Equity of health financing in LMICs
Week 9 : 22 July - 28 July	Lecture	Efficiency of health spending in LMICs
Week 10 : 29 July - 4 August	Lecture	External financing of health care in LMICs

Attendance Requirements

Students are strongly encouraged to attend all classes and review lecture recordings.

General Schedule Information

The times and locations of classes can be found on myUNSW under Class Timetable.

Students enrolled in online courses should also refer to Moodle as some classes are not centrally timetabled (e.g., workshops) and will not appear on the timetable website.

The expected engagement for all UNSW 6UOC courses is 150 hours per term. This includes lectures, tutorials, readings, and completion of assessments and exam preparation (if relevant).

Course Resources

Prescribed Resources

Recommended textbook

- Guinness L and Wiseman V (2011). Introduction to Health Economics. 2 nd edition. Open University Press. ISBN: 0335243568. Chapter 8. <http://ebookcentral.proquest.com/lib/unsw/detail.action?docID=787624>

Recommended Resources

Week 1 - 5

Recommended reading

1. Chapters 1, 2, 3, & 4 – In: Introduction to Health Economics Second edition. Edited by Lorna Guinness and Virginia Wiseman. Open University Press 2011. <http://ebookcentral.proquest.com/lib/unsw/detail.action?docID=787624>. The first reading includes **3 chapters from Guinness and Wiseman**. Chapter 1 defines economics as well as a range of key concepts commonly used by economists. The sub-discipline of Health Economics is then introduced along with examples of the types of policy questions it can help to inform. It is a reading that you will most likely refer back to throughout the course. The next 2 chapters explore the concept of demand in health care, its determinants and how changes in demand can be graphically represented. Approaches and policy relevance of measuring the responsiveness of demand to changes in price are also explored.

Further reading

1. Jacobs B1 , Price NL, Oeun S. Do exemptions from user fees mean free access to health services? A case study from a rural Cambodian hospital. *Tropical Medicine & International Health*. 2007 ;12(11):1391-401. Epub 2007 Oct 22. <http://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=http://dx.doi.org/10.1111/j.1365-3156.2007.01926.x> ---- This paper is part of the Skills Building Exercise (#2) and is used to illustrate how the principle of vertical equity may be applied in practice in a developing country context.
2. B. N. Ghosh (2008) Rich doctors and poor patients: Market failure and health care systems in developing countries, *Journal of Contemporary Asia*, 38:2, 259- 276, DOI: 10.1080/00472330701546525. <http://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=http://dx.doi.org/10.1080/00472330701546525> 3.
3. Gingrich CD et al. Household demand for insecticide-treated bednets in Tanzania and policy options for increasing uptake. *Health Policy & Planning* 2010, 26 (2): 133-141. <http://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=http://dx.doi.org/10.1093/heapol/czq027> ----- This paper illustrates the relevance of health policy in estimating price and income elasticities of demand for insecticide-treated bednets in Tanzania. This study investigated the extent to which an increase in the current consumer subsidy (in the form of a voucher for pregnant women) will help expand net coverage across the country.

Week 6 – 7

Recommended reading

1. Mathauer, I., P. Saksena, and J. Kutzin, Pooling arrangements in health financing systems: a proposed classification. *Int J Equity Health*, 2019. 18(1): p. 198. <http://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=http://dx.doi.org/10.1186/s12939-019-1088-x>
2. Osei Afriyie, D., et al., Equity in health insurance schemes enrollment in low and middle-income countries: A systematic review and meta-analysis. *International Journal for Equity in Health*, 2022. 21(1): p. 21. <http://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=http://dx.doi.org/10.1186/s12939-021-01608-x>
3. Lagomarsino, G., et al., Moving towards universal health coverage: health insurance reforms in nine developing countries in Africa and Asia. *The Lancet*, 2012. 380(9845): p. 933-943. [https://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=https://dx.doi.org/10.1016/S0140-6736\(12\)61147-7](https://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=https://dx.doi.org/10.1016/S0140-6736(12)61147-7)
4. Chapters 10 – In: *Introduction to Health Economics* Second edition. Edited by Lorna Guinness and Virginia Wiseman. Open University Press 2011. <http://ebookcentral.proquest.com/lib/unsw/detail.action?docID=787624>. Chapter 10 identifies and explains the main payment mechanisms typically used to pay health professionals and hospitals, and the incentives created by these mechanisms.
5. Chapter 3 – In *Understanding Healthcare Financial Management*, Seventh edition. By Louis C. Gapenski and George H. Pink. Health Administration Press 2015. https://unsw.alma.exlibrisgroup.com/leganto/public/61UNSW_INST/citation/4282391110_0001731?auth=SAM
6. Hanson, K., et al., Strategic Purchasing: The Neglected Health Financing Function for Pursuing Universal Health Coverage in Low-and Middle-Income Countries Comment on "What's Needed to Develop Strategic Purchasing in Healthcare? Policy Lessons from a Realist Review". *International Journal of Health Policy and Management*, 2019. 8(8): p. 501-504. <http://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=http://dx.doi.org/10.15171/ijhpm.2019.34>

Week 8

Recommended reading

1. Asante A. Cheng Q, Susilo D, Satrya A, Haemmerli M, Fattah RA....Wiseman, V. (2023). The benefits and burden of health financing in Indonesia – a cross-sectional study. *The Lancet Global Health*. 11(5): p.e770e780. [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00064-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00064-5/fulltext)
2. Mills, A., et al., Equity in financing and use of health care in Ghana, South Africa, and Tanzania: implications for paths to universal coverage. *Lancet*, 2012. 380. [https://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=https://dx.doi.org/10.1016/S0140-6736\(12\)60357-2](https://er1.library.unsw.edu.au/er/cgi?bin/eraccess.cgi?url=https://dx.doi.org/10.1016/S0140-6736(12)60357-2)
3. Asante, A., et al., Equity in Health Care Financing in Low- and Middle-Income Countries: A Systematic Review of Evidence from Studies Using Benefit and Financing Incidence Analyses. *PLoS ONE*, 2016. 11(4): p. e0152866. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4827871/pdf/pone.0152866.pdf> 4.
4. Chapter 12 – In: *Introduction to Health Economics* Second edition. Edited by Lorna Guinness

and Virginia Wiseman. Open University Press 2011. <http://ebookcentral.proquest.com/lib/unsw/detail.action?docID=787624>

Week 9-10

Recommended reading

1. Chapter 7 – In: Introduction to Health Economics Second edition. Edited by Lorna Guinness and Virginia Wiseman. Open University Press 2011. The reading in Guinness and Wiseman explores different types of efficiency under a simple market model. <http://ebookcentral.proquest.com/lib/unsw/detail.action?docID=787624>
2. Chisholm, D. and D.B. Evans, Improving health system efficiency as a means of moving towards universal coverage. World health report, 2010: p. 10-12. <https://www.who.int/publications/m/item/improving-health-system-efficiency-as-a-means-of-moving-towards-universal-coverage>
3. Hsu, Y.-C., The efficiency of government spending on health: Evidence from Europe and Central Asia. The Social Science Journal, 2013. 50(4): p. 665-673. <https://er1.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=https://dx.doi.org/10.1016/j.soscij.2013.09.005>
4. Atun, R., S. Silva, and F.M. Knaul, Innovative financing instruments for global health 2002-15: a systematic analysis. *The Lancet Global Health*, 2017. 5(7): p. e720-e726. [https://er1.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=https://dx.doi.org/10.1016/S2214-109X\(17\)30198-5](https://er1.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=https://dx.doi.org/10.1016/S2214-109X(17)30198-5)
5. Dieleman, J.L., et al., Development assistance for health: past trends, associations, and the future of international financial flows for health. *The Lancet*, 2016. 387(10037): p. 2536-2544. [https://er1.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=https://dx.doi.org/10.1016/S0140-6736\(16\)30168-4](https://er1.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=https://dx.doi.org/10.1016/S0140-6736(16)30168-4)
6. Micah, A.E., et al., Tracking development assistance for health and for COVID-19: a review of development assistance, government, out-of-pocket, and other private spending on health for 204 countries and territories, 1990-2050. *The Lancet*, 2021. 398(10308): p. 1317-1343. [http://er1.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://dx.doi.org/10.1016/S0140-6736\(21\)01258-7](http://er1.library.unsw.edu.au/er/cgi-bin/eraccess.cgi?url=http://dx.doi.org/10.1016/S0140-6736(21)01258-7)

Additional Costs

There are no additional costs associated with this course.

Course Evaluation and Development

Student feedback is taken seriously, and continual improvements are made to the course based, in part, on such feedback.

We use student feedback from myExperience surveys to develop and make improvements to the

course each year. We do this by identifying areas of the course that require development from both the rating responses and written comments. Please spare a few minutes to complete the myExperience surveys for this course posted at the top of the Moodle page at the end of term.

Staff Details

Position	Name	Email	Location	Phone	Availability	Equitable Learning Services Contact	Primary Contact
Convenor	Augustine A sante		Room 240B, Level 2 Samuels Building	02 9385 8683	Monday to Thursday	Yes	Yes

Other Useful Information

Academic Information

As a student of UNSW Medicine & Health you are expected to familiarise yourself with the contents of this course outline and the UNSW Student Code and policies and procedures related to your studies.

Student Code of Conduct

Throughout your time studying at UNSW Medicine & Health, you share a responsibility with us for maintaining a safe, harmonious and tolerant University environment. This includes within the courses you undertake during your degree and your interactions with the UNSW community, both on campus and online.

The [UNSW Student Code of Conduct](#) website provides a framework for the standard of conduct expected of UNSW students with respect to both academic integrity and your responsibility as a UNSW citizen.

Where the University believes a student may have breached the code, the University may take disciplinary action in accordance with the [Student Misconduct Procedure](#).

The [Student Conduct and Integrity Office](#) provides further resources to assist you to understand your conduct obligations as a student at UNSW.

Academic Honesty and Plagiarism

Academic integrity

UNSW has an ongoing commitment to fostering a culture of learning informed by academic integrity. All UNSW staff and students have a responsibility to adhere to the principle of academic integrity, and ethical scholarship of learning is fundamental to your success at UNSW Medicine & Health.

Plagiarism, contract cheating, and inappropriate use of generative AI undermine academic integrity and are not tolerated at UNSW. For more information see the [Academic Integrity and Plagiarism toolkit](#).

In addition to the information you are required to review in your [ELISE training](#), UNSW Medicine & Health strongly recommends that you complete the [Working with Academic Integrity](#) module before submitting your first assessment task.

Referencing

Referencing is a way of acknowledging the sources of information that you use to research your assignments. Preferred referencing styles vary among UNSW Medicine & Health disciplines, so check your course Learning Management System (e.g. Moodle or Open Learning) page for information on preferred referencing styles.

For further information on referencing support and styles, see the Current Student [Referencing page](#).

Academic misconduct and plagiarism

At UNSW, academic misconduct is managed in accordance with the [Student Misconduct Procedure](#). Allegations of plagiarism are generally handled according to the [UNSW Plagiarism Management Procedure](#). Plagiarism is defined in the [UNSW Plagiarism Policy](#) and is not tolerated at UNSW.

Use of Generative AI and other tools in your assessment

UNSW has provided guiding statements for the [use of Generative AI in assessments](#). This will differ, depending on the individual assessment task, your course requirements, and the course stage within your program.

Your course convenor will outline if and how you can use Generative AI in each your assessment tasks. Options for the use of generative AI include: (1) no assistance; (2) simple editing assistance; (3) planning assistance; and (4) full assistance with attribution.

You may be required to submit the original generative AI responses, or drafts of your original work. Inappropriate use of generative AI is considered academic misconduct.

See your course Moodle (or Open Learning) page for the full instructions for individual assessment tasks for your course.

Submission of Assessment Tasks

Special Consideration

In cases where illness, misadventure or other circumstances beyond your control will prevent you from submitting your assessment by the due date and you require an extension, you need to formally apply for [Special Consideration](#) through myUNSW.

UNSW has a **Fit to Sit/Submit rule**, which means that by sitting or submitting an assessment on the scheduled assessment date, you are declaring that you are fit to do so and cannot later apply for Special Consideration.

Timed online assessment tasks

If you experience a technical or connection problem during a timed online assessment, such as a timed quiz, you can apply for Special Consideration. To be eligible to apply you need to contact the Course Convenor and advise them of the issue immediately. You will need to submit an application for Special Consideration immediately, and upload screenshots, error messages or other evidence of the technical issue as supporting documentation. Additional information can be found on: <https://student.unsw.edu.au/special-consideration>

Examinations

Information about the conduct of examinations in your course is provided on your course Moodle page.

Other assessment tasks

Late submission of assessment tasks

UNSW has standard late submission penalties as outlined in the [UNSW Assessment Implementation Procedure](#), with no permitted variation. All late assignments (unless extension or exemption previously agreed) will be penalised by 5% of the maximum mark per calendar day (including Saturday, Sunday and public holidays).

Late submissions penalties are capped at five calendar days (120 hours). This means that a student is not permitted to submit an assessment more than 5 calendar days (120 hours) after the due date for that assessment (unless extension or exemption previously agreed).

Failure to complete an assessment task

You are expected to complete all assessment tasks for your courses. In some courses, there will be a minimum pass mark required on a specific assessment task (a “hurdle task”) due to the need to assure clinical competency.

Where a hurdle task is applicable, additional information is provided in the assessment information on your course Moodle page.

Feedback on assessments

Feedback on your performance in assessment tasks will be provided to you in a timely manner. For assessment tasks completed within the teaching period of a course, other than a final assessment, feedback will be provided within 10 working days of submission, under normal circumstances.

Feedback on continuous assessment tasks (e.g. laboratory and studio-based, workplace-based, weekly quizzes) will be provided prior to the midpoint of the course.

Any variation from the above information that is specific to an assessment task will be clearly indicated in the course and assessment information provided to you on your course Moodle (or Open Learning) page.

Faculty-specific Information

Additional support for students

The university offers a wide range of support services that are available for students. Here are some links for you to explore.

- The Current Students Gateway: <https://student.unsw.edu.au>
- Academic Skills and Support: <https://student.unsw.edu.au/academic-skills>
- Student support: <https://www.student.unsw.edu.au/support>

- Student Wellbeing, Health and Safety: <https://student.unsw.edu.au/wellbeing>

Mind Smart Guides are a series of mental health self-help resources designed to give you the psychological flexibility, resilience and self-management skills you need to thrive at university and at work.

- Mind Smart Guides: <https://student.unsw.edu.au/mindsmart>
- Equitable Learning Services: <https://student.unsw.edu.au/els>
- Guide to studying online: <https://www.student.unsw.edu.au/online-study>

Most courses in UNSW Medicine & Health use Moodle as your Learning Management System. Guidance for using UNSW Moodle can be found on the Current Student page. Difficulties with Moodle should be logged with the IT Service Centre.

- Moodle Support: <https://student.unsw.edu.au/moodle-support>

The IT Service Desk is your central point of contact for assistance and support with remote and on-campus study.

- UNSW IT Service Centre: <https://www.myit.unsw.edu.au/services/students>

Course evaluation and development

At UNSW Medicine & Health, students take an active role in designing their courses and their overall student experience. We regularly seek feedback from students, and continuous improvements are made based on your input. Towards the end of the term, you will be asked to participate in the [myExperience survey](#), which serves as a source of evaluative feedback from students. Your input to this quality enhancement process is valuable in helping us meet your learning needs and deliver an effective and enriching learning experience. Student responses are carefully considered, and the action taken to enhance educational quality is documented in the myFeedback Matters section of your Moodle (or Open Learning) course page.

School-specific Information

Additional Resources

Additional resources are available on the SPH website: <https://sph.med.unsw.edu.au/current-students/student-resources>

Subject guides

Use these guides as a quick and easy pathway to locating resources in your subject area. These excellent guides bring together the core web and print resources in one place and provide a one click portal into the online resources.

UNSW Library Subject Guides: <http://subjectguides.library.unsw.edu.au/subjectguides>

Public Health Subject Guide: <http://subjectguides.library.unsw.edu.au/publichealth>

Recording of lectures, tutorials and other teaching activities

Lectures, tutorials and other teaching activities *may* be recorded. Students should be advised that they are consenting to the recording by their enrolment in the course or participation in the activity. The purpose of audio and video recordings is to enhance the student experience by supporting engaged learning in an online teaching environment and ensure equitable access to all course resources for our students. If you have concerns about accessing course recordings, or being recorded, please contact the Course Convenor.

School Contact Information

School guidelines on contacting staff:

Course questions

All questions related to course content should be posted on Moodle or as directed by your Course Convenor.

In cases where email communication with course convenors is necessary, we kindly request the following:

- Use your official email address for any correspondence with teaching staff.
- We expect a high standard of communication. All communication should avoid using short-hand or texting language.

- Include your full name, student ID, and your course code and name in all communication.

Our course convenors are expected to respond to emails during standard working hours of Monday to Friday, 9am-5pm.

Administrative questions

If you have an administrative question about your program of study at the School please submit your enquiry online at [UNSW Ask Us](#).

Complaints and appeals

Student complaints and appeals: <https://student.unsw.edu.au/complaints>

If you have any grievances about your studies, we invite you to address these initially to the Course Convenor. If the response does not meet your expectations, you may then contact the School Grievance Officer, A/Prof Timothy Dobbins (t.dobbins@unsw.edu.au).