MODULE HANDBOOK
(Modulhandbuch)

Master of Science in International Health (MScIH)

Heidelberg Institute of Global Health

Latest revision: 09.03.2022
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Preamble

Qualification Profile Heidelberg Graduates

In the tradition of its statutes and mission Heidelberg University pursues technical, multidisciplinary and professional goals in all its educational programs for a comprehensive academic education and future career of its students.

The following competency profile applies to all disciplines. It is included in the respective module handbooks of individual degree courses and reflected in their respective curricula and modules.

➢ Development of professional skills with a strong research orientation;
➢ Development of transdisciplinary dialogue competence;
➢ Construction of practical problem-solving skills;
➢ Development of personal and social skills;
➢ Encourage the perception of social responsibility on the basis of acquired skills.

1. Introduction to the MScIH programme

The Institute of Public Health’s MSc. in Community Health and Health Management in Developing Countries (MScCHHMDC) was one of the first programmes of its kind in Germany and the first programme focusing on International Health to be taught in English. The programme ran successfully for over 20 years and has approximately 400 graduates.

Building on the strengths and success of the MSc. in Community Health and Health Management in Developing Countries the Institute of Public Health instituted a new modular structure in 2005/06, and renamed the Master’s programme: Master of Science in International Health (MScIH). The new modular structure was developed in response to student feedback and EU initiatives (the “Bologna Process”) to expand post-graduate education and enhance student mobility between fields of study, universities and nations. It includes three principal components (modules): a three-month core course providing the necessary foundations in International Health, a series of advanced modules dealing with advanced topics in International Health, and finally a research project in the form of a thesis and a final exam.

In the academic year 2006/07, a two-track system was adopted. In the two-track system, students could choose to either participate in a one-year full-time (continuous) residential programme, completing all of the coursework at Heidelberg University (called the “Residential Track”) or in an up to five-year flexible part-time (intermittent) programme, completing all the coursework at Heidelberg University and other tropEd partner universities (called the “European Track”).

Since the academic year 2015/16 the MScIH programme can either be studied full-time or part-time. In contrast to the previous two-track system, full-time students may choose to complete part of their coursework at other tropEd partner universities and part-time students may complete all their coursework at Heidelberg University.
2. MScIH overall programme objectives

The MSc in International Health (MScIH) focuses on poverty-related health problems in low- and middle-income countries.

In order to make health services accessible to the people who need them most, there is a need in many developing countries to improve health policy, to make organizational structures, planning and management more efficient at all levels of the health system, and to ensure sustainable financing. The MScIH programme Heidelberg University was developed with these factors in mind.

The overall aim of the MScIH programme is to provide students with a solid foundation in international public health principles and to build competency in using the tools and methods necessary to initiate and run programmes that improve the health of poor populations in an efficient, sustainable and equitable way.

General Learning Objectives of the MSc. in International Health Programme

Upon successful completion of the MScIH programme, participants should be able to:

- Critically collect, analyse and appraise qualitative and quantitative data relevant for the improvement of health and health care in low- and middle-income societies.
- Identify and analyse interrelated determinants of health and major health problems of populations in a cross-disciplinary perspective in low- and middle-income societies.
- Plan sustainable improvements of health systems considering the diverse intercultural settings as well as social and ethical responsibilities.
- Clearly communicate and work professionally in a multi-disciplinary team.

Aligned with tropEd’s guidelines, 2005.

3. MScIH programme structure

The MScIH is a modular programme consisting of three major parts:

Core Course ➔ Advanced Modules ➔ Thesis & Oral Exam

20 credits - equivalent to 600 hours of Student Investment Time (SIT) in the European Credit Transfer System (ECTS) - must be earned in each part.

Student Investment Time includes not only formal teaching hours, but also group work, self-study and home assignments, i.e. all the time the student is expected to ‘invest’ in the study. The core course and advanced modules must be successfully completed before moving into the thesis & oral exam module. The study and exam regulations governing the MScIH programme are given in Annex II.

There are two modes of study available in the MScIH programme. Students can choose to study full-time or part-time in order to complete their Master’s degree within one year or up to five years respectively. Both modes of study have the same course components, credit requirements and lead to the same final degree. Nevertheless, they do differ in terms of time and flexibility, especially with
regards to the advanced modules that students can take at Heidelberg University and other partner institutions within the tropEd network.

TropEd is a network of worldwide institutions, which provide post-graduate education in International Health. TropEd’s innovative approach has been the establishment of a common standard in education and training in International Health and the creation of the foundation necessary for the exchange of students and lecturers among its member institutions. Please refer to tropEd’s website at www.tropEd.org for more information about the tropEd network, its member institutions and the courses offered.

Before entering the MScIH programme, students should decide whether they want to study full-time or part-time.

3.1 Core Course: Fundamentals of International Health

The core course has to be taken by all MScIH students. It consists of 6 units of study, each covering specific topics within International Health. The core course is offered once a year, starting in October. The 6 units of the core course must be taken sequentially in the same semester.

Core Course Unit 1: Creating a Learning Community

In this unit of study, students become familiar with the facilities and services of the Institute and University of Heidelberg necessary for their course of study, including computer and library resources. Students are also introduced to the basic concepts of self and time management, as well as group dynamics. Lectures on the History and Scope of International Public Health help to create a common understanding of essential terms and perspectives. An orientation is also given to living in Germany and the city of Heidelberg, supporting students in their transition.

Core Course Unit 2: Introduction to International Health and Health Systems

This unit introduces students to the health systems approach which includes identification of the elements, structure, and essential services of health systems in low- and middle-income countries and the roles and responsibilities of various stakeholders in International Health. Students learn about major endemic infectious and non-communicable diseases and how to appraise their impact on the health of populations. Current global initiatives for eradication of disease are presented and strategies are explored which promote cooperation at the international, national and local level.

Core Course Unit 3: Determinants of Health

Health care services are essential for treating the sick and thus make a direct contribution to the health of individuals. However, the health status of a population is determined to a large extent by factors which lie outside the direct influence of health care, such as gender, nutrition, culture, and environment. This unit of study provides students with an overview of these determinants and reflects on the potential tools to address them. Special attention is given to medical anthropology, reproductive and infant health, the integrated management of childhood illnesses and environmental health issues.
Core Course Unit 4: Qualitative and Quantitative Research Foundations in International Health

This unit first familiarizes students with quantitative research methods. Students are introduced to epidemiological thinking and the basics of biostatistics and learn how to critically appraise epidemiological findings in literature. Study design issues are discussed with the aim to enable students to write appropriate applied research proposals, to analyse determinants and/or risk factors of health and disease, or to assess the impact of a given intervention. Special emphasis is placed on how to use research findings for better planning and management of health interventions. In addition, tutorials are offered to effectively use statistical software for data management and analysis (e.g. STATA).

Based on the understanding of socio-cultural factors developed in Core Course Unit 3, this unit of study then looks at qualitative research methods such as observation, interviews and focus group discussions used to study and explain a community's view on health, illness and health care seeking behaviour. Students will practise how to design, analyse and present qualitative studies. In addition, ethical issues in research are discussed.

Core Course Unit 5: Health Policy and Economics

In this unit of study, the relationship between health policy and the health status of a population is explored with the aim to enable students to identify policies that discriminate against certain sectors of a population, to do a stakeholder analysis, and to propose modifications that would improve access to disadvantaged population groups. Emphasis is placed on health economic principals and economic evaluation methods.

Core Course Unit 6: Health Planning and Management

Health planning and management are central in getting improved health programmes to work. Drawing on knowledge and skills acquired throughout this core course, this final unit covers the basics of organizational behaviour and communication in managing International Health systems and organisations, methods to appraise organisational performance using the fundamentals of budgeting and financial analysis, as well as methods and tools of planning, assessment, monitoring and evaluation (project cycle management). It also explores opportunities and methodologies for quality improvement initiatives within a variety of health care settings, leading students to be able to plan realizable and sustainable programmes aimed at the improvement of the health and health systems of low- and middle-income countries.

3.2 Advanced Modules – Full-Time

Students must gain a total of 20 ECTS to complete the advanced modules component successfully. Full-time students must complete a set of four mandatory advanced modules at Heidelberg University accounting for 12 credit points. These mandatory advanced modules have been selected from the overall portfolio of the Institutes’ tropEd accredited advanced modules with the aim to provide students with the knowledge and skills needed to work in managerial positions in International Health.

Based on their needs, interests and professional development goals, students then may choose courses from the elective advanced modules to earn the outstanding 8 credit points to pass the advanced modules component of the Master’s programme.
Mandatory Advanced Modules (12 ECTS)

AM 1  Improving the Quality of Health Care Services in Resource Poor Settings
AM 2  Public Health Anthropology
AM 3  Global Challenges in Reproductive Health: Evidence and tools for Programme Implementation
AM 4  Disease Control: Policies and Strategies

Elective Advanced Modules (8 ECTS)

AM 6  Leadership and Change Management
AM 7  Consultancy Skills: Evaluation of Health Facilities, Programmes and Projects
AM 8  Proposal Writing as a Consultancy Skill
AM 9  Financing Health Care: Concepts, Challenges and Practices
AM 10  Public Health in Emergencies

All advanced modules offered at Heidelberg University are open to students enrolled at other universities of the tropEd network, as well as health professionals wanting to update their knowledge in a given field.

Opening the advanced modules to tropEd students and health professionals exposes students to varying professional and cultural backgrounds, increases their intercultural awareness and communication skills, and enhances their understanding of international health problems and solutions.

3.3 Advanced Modules – Part-Time

Students must gain a total of 20 ECTS to complete the advanced modules component successfully. Part-time students may complete any of the mandatory, elective and additional advanced modules in order to meet the credit requirements. Hence, part-time students can undertake advanced modules at Heidelberg University or any other partner institution within the tropEd network. Studying part-time allows students to combine work and study and to focus on a specific area of expertise within International Health. Furthermore, this mode of study exposes students to a variety of learning institutions.

As the courses offered by tropEd change over time, students are not expected to finalise their choice of advanced modules by the end of their core course, yet each advanced module needs to be approved by the Heidelberg IPH tropEd coordinator. Students should remain in contact with their academic mentors and tropEd coordinator throughout the duration of this course component in order to receive assistance where necessary.
Student Assessment Procedures in the Core Course and Advanced Modules:

Assessment of the students’ achievement of the learning objectives takes place throughout the core course and advanced modules. In general, students are not asked for rote repetition of facts, but to synthesise knowledge obtained within a given module and in progression through the modules.

Assessment methods include written in-class exams with essay-style and short-answer questions, as well as group projects, individual take-home assignments and presentations.

The core course contributes 25% towards the final grade for the MScIH programme. The weighted average of the grades of the individual advanced modules contribute to the final grade, proportional to their ECTS credit points, for a total of 25% of the final grade for the MScIH programme.

3.4 Thesis and Oral Exam

To complete the degree programme students have to gain 20 ECTS in the final module “Thesis and Oral Exam”. Under the supervision of an academic adviser, participants will write a thesis on an important health issue, based on qualitative and quantitative information from a literature review or primary study. Once the thesis has been completed and submitted, students also have to take a final oral exam covering content from the core course, the advanced modules and their thesis.
4. Module Descriptions

4.1 Core Course

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<td><strong>Course Coordinator</strong></td>
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<td><strong>Duration</strong></td>
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| **Credit points and SIT** | 20 ECTS  
600 (630) hours SIT  
483 contact hours (60% lectures, 40% group work);  
147 hours self-study |
| **Module** | Core Course |
| **Status** | Mandatory |

**Learning Objectives:**
The core course is broken down into 6 units with the following specific objectives:

**Unit 1: Creating a Learning Community**

*Objectives*
At the end of this unit, students should be able to:

- Describe the objectives, content and structure of the Master of Science in International Health programme at the University of Heidelberg
- Access the facilities and services of the University of Heidelberg, including information and library sources
- Discuss the basic concepts of group dynamics and be able to apply them effectively when working in teams

**Unit 2: Introduction to International Health and Health Systems**

*Objectives*
At the end of this unit, students should be able to:

- Identify the elements, structure, and essential services of health systems in various countries
- Discuss historical perspectives in International Health
- Analyse the impact of political and economic factors on the health status of individuals and populations
- Discuss the roles and responsibilities of various stakeholders in International Health and explore strategies to promote cooperation at the international, national and local levels
- Identify and appraise the impact of endemic infectious and non-communicable diseases in their own country and in other countries of low and middle income
• Explain the impact of the demographic change on community health
• Explain the ranking of health systems and the differences between them

Unit 3: Health Problems and Determinants of Health

Objectives

At the end of this unit, students should be able to:

• Discuss the health challenges faced by individuals at different stages of life and within diverse and evolving community structures
• Identify issues specifically related to reproductive health and infant morbidity and mortality
• Identify issues specifically related to poverty, equity and gender in low- and middle-income countries
• Assess the situation of non-communicable and chronic diseases as well as cancer in low- and middle-income countries
• Explain basics of drug policy and drug supply in various health systems
• Discuss the principles of medical anthropology
• Explain how a group’s culture influences their health status and health behaviours
• Explain the health impact of exposure to biological and chemical agents, water, noise and air pollution
• Appreciate the impact of globalization on the health status of low-income workers
• Discuss the role of proper nutrition in preventing diseases and in maintaining health

Unit 4: Research Foundations (Epidemiology, Bio-Statistics, Qualitative Methods)

Objectives

At the end of this unit, students should be able to:

• Recognise the importance of epidemiology, bio-statistics and qualitative methods for health management
• Dispose of appropriate epidemiological knowledge to cope with key epidemiological questions within their working environment
• Select and apply statistical tests appropriately to collect data, analyse scientific papers and design research proposals
• Use computers and statistical software for data management and analysis (e.g. Epi Info)
• Carry out qualitative research on selected questions related to International Health
• Design research programs with appropriate sensitivity to the target community and with adequate protection for the human subjects involved
• Report on qualitative research findings and to present these to an audience using effective methods of presentation
• Design and implement survey instruments for evaluation of health programs
• Assess the quality of data provided by health information systems and indicators
Unit 5: Health Policy and Health Economics

Objectives
At the end of this unit, students should be able to:

- Describe key milestones of international health policy development of the last decades
- Explain the relationship between health policy and the health status of a population
- Identify major stakeholders in policy development for low- and middle-income countries
- Explain basic health economic principles and understand more complex economic concepts and evaluation methods
- Discuss the fundamental concepts of health care financing including health insurance systems
- Identify situations where it is appropriate to use market-based or public/collective systems to provide health care services
- Explain the financial management cycle

Unit 6: Health Planning and Management

Objectives
At the end of this unit, students should be able to:

- Explain the principles of health planning including the development of indicators
- Contribute actively to planning of health-related programs
- Identify opportunities and methodologies for quality improvement initiatives within a variety of health care settings
- Discuss principles of health management and apply health management-related soft skills like leadership, communication and conflict management.

Learning Methods:
The following learning methods are applied:

- Interactive lectures with plenary discussions = 48%
- Group work with group discussion = 32%
- Seminars and workshops = 5%
- Tutorials = 5%
- Role plays = 2%
- Individual presentations with visualization = 3%
- Participatory and cooperative experiences = 5%
- Home assignments with individual studies (in total 4 days)
- Sharing and cross fertilization of knowledge among participants (cross-cutting)

Due to the fact that students have different professional backgrounds, we encourage the students to share their experiences with one another. We take care that lecturers continuously change the learning methods they use and pure theoretical input is limited, though in general every topic is introduced first by a lecture.
Clear group work assignments facilitate group work, the result of which is always presented in plenary.

**Assessment Procedure:**

The main assessment tools are exams lasting 4 h.

There are 3 individual (closed books) exams out of which
- the first covers units 2 and 3,
- the second unit 4, and
- the third one units 5 and 6.

Each exam consists of 8 – 15 questions. The type of questions are different:
- short case scenarios with answers in essay style (from ~5 lines up to 1 page)
- short case scenarios with small calculations
- Multiple choice questions
- “yes” – “no” statements

For the correct answer the students can get a certain number of points.

The students are informed beforehand how many points are allocated to a specific question. The sum of all points equals 100 points; 60 points are needed to pass the exam.

For the assessment of units 5 and 6 the procedure is slightly different. For these two units, a group exercise (establishment of a planning matrix) is part of the assessment, which counts for 30 points, whereas the written exam counts for 70 points. We expect students to achieve a minimum of 180 points (3 x 60) by the three written exams. The final grade is the average of the three individual exam results = every exam counts the same towards the final grade of the core course.

If this figure is not achieved, the chance of a fourth written exam (4h) covering the content of the whole core course is given to the student. The result of this exam is their final grade.

If the student fails this exam he/she cannot be admitted to the final oral exam.
# Improving the Quality of Healthcare Services in Resource Limited Settings

| Course Coordinators       | Dr. Sylvia Sax  
<table>
<thead>
<tr>
<th></th>
<th>Peter Campbell</th>
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<tr>
<td>Duration</td>
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<td><strong>Credit points and SIT</strong></td>
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<td></td>
<td>3 ECTS</td>
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<td></td>
<td>90 hours SIT</td>
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<td>Lectures: 28 hours</td>
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<td>Group work and presentations: 30 hours</td>
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<td>Independent study: 32 hours</td>
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<td>Module</td>
<td>Advanced Module</td>
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<td>Status</td>
<td>Mandatory</td>
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## Learning Objectives:

By the end of the module the participants should be able to:

- Defend the importance of improving quality in health services
- Describe common mechanisms to improve quality of health services in resource limited settings
- Critically analyze the use of quality improvement principles and mechanisms in resource limited settings
- Describe current human and other resource challenges to improve health service quality
- Demonstrate individual and team skills in using quality improvement tools and mechanisms

## Content:

### Prioritizing quality improvement: rationale, methods and examples

- Overview of quality and safety terminology and concepts
- Harmonizing quality improvement with local and international health system strengthening initiatives
- Developing and implementing standards, guidelines and indicators in a healthcare service
- Designing and implementing quality assessments using audit, accreditation and supervision
- Personal skills development for managing teams in improving quality
- Designing and managing quality improvement teams including quality circles, clinical guideline working groups, clinical audit, and quality improvement committees
- Quality improvement tools such as checklists, affinity analysis, flow chart, mind mapping, fish-bone diagram, force-field analysis, prioritisation matrix, Gantt chart, control chart, and radar chart
- Case studies of quality improvement in low and middle-income countries
Learning methods:

- Searching the internet and internet resources for health services quality improvement publications and grey literature
- Use quality improvement literature critically to inform individual and team exercises
- Two x 60 minutes interactive lectures to introduce key subjects of trends in healthcare quality and patient safety movements with two group exercises on these subjects
- 60 minutes interactive lecture to introduce key quality improvement principles and two x 2 hour guided team exercises on using principles in different contexts
- 45 minutes interactive lecture and two exercises on quality, patient safety and evidence-based practice and their relevance in a resource limited setting
- Three x 30 minutes lecture on teams and five x 30 to 45 minutes individual and group exercises on team building and using quality improvement tools and mechanisms
- 45 minutes lectures and 1.5 hours group exercise to analyse two case studies on introducing and/or improving health services quality
- Two-day (16 hours) healthcare surveyor training using case-study, interactive lectures, individual and group exercises
- 1.5 day (14 hour) interactive field visit to a healthcare service including design and use of a healthcare quality assessment tool, analysis of findings, role play and debate
- Four hours exploration of patient rights and responsibilities in healthcare, culture and ethical aspects of quality and safety using short lectures, role plays and design of patient charter
- 20 hours assignment on an agreed topic in health services quality improvement in a resource limited setting with optional presentation and defense of their approach.

Assessment procedures:

Participants’ achievement of the learning objectives will be assessed on:

- 60%: Individual written assignment (approx. 2000 words); essay based on case studies from low-and middle-income countries; case studies about quality improvement in various settings will be chosen by participants in consultation with the course coordinator. The essay must be delivered on the last day of the course.
- 40%: Presentation of a group project (20 min presentation) on case studies on assessment of quality in health facilities provided by the coordinator

If the student fails to reach the passing grade of 60% (average from both assessments), s/he will be able to re-submit the individual written assignment not later than 2 weeks after receiving coordinator’s comments.
### Public Health Anthropology: Concepts and Tools

| Course Coordinators          | PD Dr. Aurélia Souares  
<table>
<thead>
<tr>
<th></th>
<th>Prof. Dr. Verena Keck</th>
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<tr>
<td>Duration</td>
<td>2 weeks</td>
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</table>
| Credit points and SIT         | 3 ECTS  
|                               | 90 hours SIT             |
|                               | 70 direct contact hours (50 hours of lectures and 20 hours of facilitated group work) and 20 hours self-directed learning. |
| Module                        | Advanced Module          |
| Status                        | Mandatory                |

### Learning Objectives:

At the end of the module the participants should be able to:

- Reflect on the use of ethnographic methods to conduct research in order to identify cultural paradigms and practices related to health and illness
- Employ an anthropological perspective in identifying problems and finding solutions to public health problems encountered in the field
- Apply the knowledge and skills acquired in class to develop research questions and define the methodology needed to do public health anthropology research
- Apply public health anthropology tools to collect and analyze data, including the use of software technology

### Content:

The main topics to be covered in this module are:

**Introduction to Public Health Anthropology (25 hours)**

- Cultural ideas and practices relevant to health and disease, as a key to understanding people’s behaviour
- Overview of medical systems as cultural systems
- Explanatory models and health seeking behaviour

**Research methods in Public Health Anthropology (30 hours)**

- Ethnographic methods as a basis for qualitative research
- Overview of tools used for data collection
- Preparing and conducting in-depth interviews and-, focus group discussions
- Practicing observations
- Analysing qualitative data using NVivo 11
- **Rapid Appraisal Methods**
  
  Applying Public Health Anthropology in the field of:
  
  - Reproductive health, malaria, diabetes, interdisciplinary and transcultural competences (15 hours)

**Learning methods:**

Teaching methods will include a combination of lectures (30%), group discussions (15%), and group exercises on concepts, methods and data analysis followed by class presentations (25%) as well as case studies to illustrate the practical application of anthropological approaches to public health issues (30%).

Participants will work individually and in groups. Students will be divided in groups of maximum 4 people.

10 hours will be spent practising Nvivo to analyse data.

4 hours will be spent practising qualitative tools for data collection: In-depth interview and focus group discussion.

In all lectures, group discussion and group exercises have a prominent place and allow active students participation.

**Assessment procedures:**

Course participants are expected to attend teaching sessions and participate regularly in discussions and group work.

Assessment of the participants’ achievement of the learning objectives will be determined by a portfolio (consisting of 5 parts) submitted on the last morning of the course.

The maximum grade for the portfolio is 100 points. Passing mark is 60% for the entire portfolio (all five parts together). In case of failure, participants have the chance to resubmit the portfolio within 4 weeks after announcement of results.
# Global Challenges in Reproductive Health: Evidence and Tools for Programme Implementation

| Course Coordinators          | Prof. Dr. Albrecht Jahn  
<table>
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<th>Prof. Dr. Malabika Sarker</th>
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<td><strong>Duration</strong></td>
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| **Credit points and SIT**     | 3 ECTS  
|                               | 90 hours SIT  
|                               | 75 contacts hours (30h lecture, 45h group work/ participatory learning) + 15h self-study |
| **Module**                    | Advanced Module          |
| **Status**                    | Mandatory                |

**Learning Objectives:**

At the end of the module students should be able to:

- Analyse Sexual and Reproductive Health (SRH) policy in its historical context, as well as the MDG/SDG context.
- Critically assess the challenges through the evaluation of evidence from SRH programmes and policies in specific settings as well as on global level
- Apply the necessary tools such as logframe matrix, structured evaluation technics and indicator development, based on the Donabedian dimensions for service quality required for reproductive health programme implementation
- Critically discuss neglected topics of the reproductive health agenda on local and global level

**Content:**

This course gives participants an overview of sexual and reproductive health policy in its historical context, especially its changes and adaptations since the establishment of the Maternal Child Health programme by the World Health Organization in 1948, the ICPD, the MDGs and the agenda 2030 (SDGs).

It introduces participants to the human rights approach to reproductive health as well as strategies, frameworks, and tools (developed e.g. by WHO, UN-AIDS or UNFPA) for improving and managing reproductive health in health systems with a special focus on appropriate indicators, planning processes, and service provision.

It also addresses ethical issues and the relationship between religion and reproductive health.

The course also looks at public private partnership or demand-based financing relevant to reproductive health and its challenges.
Learning methods:
This course fosters a participatory learning environment combining lectures (45%), individual case studies (20%), debates, role play, and film screenings with discussions (10%). Course participants have to elaborate a project on a recent or current reproductive health issue in their country (25%). They are expected to attend teaching sessions full-time and participate actively in discussions and group assignments.

Assessment procedures:
Participants’ learning will be assessed on:

- 60%: Individual written assignment on a case study (approx. 1.000 words + bibliography)
- 20%: Structured presentation of a pertinent reproductive health issue related to current topics in participants’ home countries (called Reproductive Health Highlight)
- 20%: Debate on reproductive right

If the student fails to reach the passing grade of 60% (average from all three assessments), s/he will be able to re-submit the individual written assignment not later than 2 weeks after receiving coordinator’s comments.
# Disease Control: Strategies and Policies

| Course Coordinator | Dr. Fekri Dureab  
|                   | Dr. Babak Maozen |
| Duration          | 2 weeks |
| Credit points and SIT | 3 ECTS  
|                   | 90 hours SIT  
|                   | 60 contact hours (lectures, case studies and group work),  
|                   | 30 self-study hours (literature review and assignment) |
| Module            | Advanced Module |
| Status            | Mandatory |

## Learning Objectives:

After successful completion, participants should be able to:

- Analyze and critically discuss policies and principles, to the control of various communicable and non-communicable diseases as well as related approaches and strategies such as primary health care, inter-sectoral collaboration, multidisciplinary approaches, and community participation
- Analyze the role of formal and informal health services in disease control

## Content:

- Global Burden of Disease
- Principles and strategies of disease control, elimination and eradication programs
- Communicable disease control and the role of primary health care (PHC) in control strategies
- Non-communicable disease control and the role of health promotion in control strategies
- The application of surveillance systems, monitoring and evaluation in disease control programmes
- Outbreak control
- Dengue control: Clinical and vector control strategies
- Polio eradication: The last mile
- HIV/AIDS control: Pattern of the epidemic, case studies on HIV prevention from Asia and sub-Saharan Africa, and disease management strategies and their application in sub-Saharan Africa
- Helminth control
- Rabies control: Addressing a complex zoonosis
- Malaria control: Clinical and vector control strategies
- Human African Trypanosomiasis control
- Tobacco control
- Diabetes control in sub-Saharan Africa
- Case studies in communicable and non-communicable disease control from the home countries of course participants
- The impact of the epidemiological transition for disease control programmes in developing countries
- Disease control and human resources, and the role of formal and informal health services in the health system

**Learning methods:**
- This course fosters a participatory learning environment combining input lectures (40%), case studies (20%), group work (30%) and individual work (10%).

**Assessment procedures:**
Class attendance (90%) is mandatory. Participants are expected to contribute actively to class discussions and group work.

- The final grade will be based on a written assignment (essay, 1,500-2,000 words); participants can choose from topics provided by the course coordinator. Topics are provided in form of statements (such as: Cholera is no longer of global public health importance; Non-specific effects of vaccines are a neglected topic in global health) which can be either supported, denied or discussed from a general perspective. The assignment is due 2 days after course end. If the student fails to reach the passing grade of 60%, s/he will be provided a new topic to be submitted not later than 3 weeks after receiving the assessment result.
4.3 Elective Advanced Modules

<table>
<thead>
<tr>
<th>Leadership and Change Management in International Health</th>
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</thead>
<tbody>
<tr>
<td><strong>Course Coordinator</strong></td>
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<tr>
<td><strong>Duration</strong></td>
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<tr>
<td><strong>Credit points and SIT</strong></td>
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<td><strong>Module Status</strong></td>
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<td><strong>Status</strong></td>
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**Learning Objectives:**

The overall objective of this module is to explore advanced topics in leadership as it pertains to change management in dynamic health care environments found in low- and middle-income countries.

Specifically, upon completion of this course, participants will be able to:
- Comprehend the leadership and management demands of complex health system
- Critically reflect on their personal values and vision and learn how these impact on their role as leaders
- Identify their own leadership style and understand how this can contribute to the development of their staff and to the achievement of organisational goals
- Understand the phenomenon of change, its internal and external drivers and learn strategies to deal with resistance and hindrances
- Appreciate the role of global health organisations in policy making, direction setting and standard setting
- Acquire competencies necessary to work effectively in complex situations such as negotiation, conflict management, networking and collaboration and cooperation, intercultural and interdisciplinary competencies
- Develop skills to transform health project groups into high performance teams
- Formulate an action plan within the cultural, political and socio-economic contexts of their organisations to alleviate health inequity in the community

**Content:**

**Overview:**
- Importance of Leadership and Management in Health Sector
- Leadership and Management – Conceptual and Operational Similarities and Differences
- Leadership and Management Styles
- Leadership and Change Management Competencies
- Conflict Management
- Negotiation
- Leading and managing teams to higher performance
- Communication
- Self-mastery including emotional intelligence
- Cultural awareness
- Global Leadership in Health
- Policy Making and Direction and standard Setting
- Research
- Transparency and Governance
- Improving Organisational and Systems Performance through Change
- Fundamental Concepts of Organisation
- Driver of and Resistance to change
- Thinking beyond Organisational Borders to Systems Thinking
- The Phenomenon of Change
- Strategies for Introducing Change
- 8 Steps of Kotter
- Bridging Leadership in Change Process
- Re-entry plan for introducing change

Learning methods:

The course is composed of individual teaching units that comprise 40 hours of interactive lecture time and 25 hours of facilitated group work. An additional 25 hours of self-directed learning is expected.

The course uses participatory exercises, role playing, and case studies from low- and middle-income countries to facilitate the students’ achievement of the learning objectives and demonstrate the applicability of the concepts and methods.

Each session has specific objectives and short key readings which are included in the course reader. Further readings are suggested; however, they are not mandatory for the course.

Assessment procedures:

Course participants are expected to attend teaching sessions and actively participate in class discussions and group work.

Assessment of participants’ achievement of the learning objectives will be determined by the following formula:

- 30% for case study presentation (group work = group mark; presentation up to 30 min + 15 min discussion; every member of the group needs to present) case studies address either leadership skills or change management skills
- 70% for written action plan (individual work = individual mark; 2,000 words; content: using Kotter’s 8 steps, participants write a plan for a specific change in their own organizations, including and considering the role of leadership for successful implementation)
If students do not reach the passing mark of 60% (from the combined two individual grades), an opportunity is offered to redo the written action plan within one month after announcement of grade results.
## Consultancy Skills in International Cooperation in Health: Evaluation of Health Facilities, Projects and Programmes

| Course Coordinators          | Dr. Sylvia Sax 
<table>
<thead>
<tr>
<th></th>
<th>Peter Campbell</th>
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<tbody>
<tr>
<td><strong>Duration</strong></td>
<td>2 weeks</td>
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<tr>
<td><strong>Credit points and SIT</strong></td>
<td>3 ECTS</td>
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<tr>
<td></td>
<td>90 hours SIT</td>
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<td></td>
<td>75 contact hours</td>
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<td>15 self-study hours</td>
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<td><strong>Module</strong></td>
<td>Advanced Module</td>
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<tr>
<td><strong>Status</strong></td>
<td>Elective</td>
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</table>

### Learning Objectives:

At the end of the course the participants will be able to:

- Identify, adapt and use principles, processes and tools for evaluation of health facilities, projects and programmes
- Use key consultancy tools and mechanisms
- Apply the principles of effective writing in evaluations
- Use team building and team management skills
- Analyse personal skills to develop a consultancy career plan

### Content:

The course includes the following topics:

- Evaluation and Consultancy: The Basics
- Evaluation: Key Principles, Methods and Tools
- Using Quantitative and Qualitative Methods in Evaluation
- Basic Skills of an Evaluator as an Individual and as a Team Member including team role play session
- Planning an Evaluation in a low or middle income setting
- Effective Writing Techniques, including Report Writing
- Critical Review of Evaluation Reports
- Designing and Providing Effective Feedback to Different Stakeholders
- The Consultants Reference Points: Client Requirements and Regulations
- Terms of Reference in your Consultancy Practice
- Planning a Consultancy Career
- Cultural and Ethical Aspects of Consultancy
- The Consultant: Expectations and Experiences
**Learning methods:**

The course uses interactive lectures (20 hrs) case studies (10 hrs), evaluation reports and tools (30 hrs), discussions with international consultants (4 hrs), individual and group exercises, plenary discussions (10.5 hrs.), individual self-study (15 hrs.) and individual coaching session (0.5hrs).

**Assessment procedures:**

Assessment is based on two individual assignments:

- 60 % of the overall grade is assessment against specified criteria of group presentations (20 minutes) of an evaluation exercise by facilitator (70%) and peer (30%).
- 40 % of the grade is facilitator assessment of an individual consultancy plan exercise (6-8 pages).

If the student fails to reach the passing grade of 60% (average from both assessments), s/he will be required an individual written assignment (2000 words proposal on a topic negotiated between the student and the coordinator) to be submitted not later than 2 weeks after receiving coordinator’s comments.
## Proposal Writing as a Consultancy Skill

<table>
<thead>
<tr>
<th>Course Coordinator</th>
<th>Peter Campbell</th>
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<tr>
<td>Duration</td>
<td>1 week</td>
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<tr>
<td>Credit points and SIT</td>
<td>2 ECTS 60 hours SIT</td>
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<tr>
<td></td>
<td>Lectures: 15 hours,</td>
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<td>Group work and presentations: 30 hours,</td>
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<td></td>
<td>Individual study: 3 hours,</td>
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<td></td>
<td>Pre-reading, team teleconferencing and collection of material: 12 hours</td>
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<tr>
<td>Module</td>
<td>Advanced Module</td>
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<td>Status</td>
<td>Elective</td>
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</table>

### Learning Objectives:

The overall objective of this course is to enable health professionals and managers and students to understand and apply the concepts and principles of proposal writing within international health and to improve their personal and technical skills for in proposal writing.

At the end of the course the participants will be able to:

- Develop and write a proposal targeting international health donors / clients
- List key steps and common mistakes in a proposal application process
- Use analytical and design tools necessary for proposal development
- Define and apply the principles of effective proposal writing
- Analyse the team approach to developing a proposal
- Develop and use criteria for assessment of proposals

### Content:

The course includes the following topics:

- Consultancy and Current Trends in International Cooperation
- Proposal Writing
- Effective Proposal Writing Techniques
- Essential Elements of Proposal Development
- Proposal Formulation According to the Rules of an International Donor
- Using Analytical and Design Tools such as Situational Analysis and Log Frame
- Case Studies Gates Foundation and Global Fund Proposal Development Based in Low- and Middle-Income Countries
- Criteria for Proposal Evaluation
- Peer Assessment of Project Proposal Documents
Learning methods:
The course is based on (a) individual preparation work facilitated by team communications through email and/or teleconferencing (Skype/Whatsapp/telephone etc). This is coordinated by the assigned preliminary group coordinator who contacts his/her team members and explains to each their potential role and responsibilities for the preparation work. Each team member then undertakes relevant background reading and collection of informational materials related to their team’s developing country/health topic (15 hrs). It continues as (b) lectures with participatory question and answer/discussion time (15 hrs); plenary discussions and group exercises (4 hrs); facilitated proposal writing exercise (20 hrs.); and final peer assessment of the Project Proposal documents (6 hrs.).

Assessment procedures:
Groups of 4-5 participants are assigned by the coordinator of the course to collaboratively develop and write a proposal on selected global health topics in different low-middle income countries. Each group member is responsible for at least one component of the project write up to ensure individual contribution. The proposal has a minimum length of 1000 words, and in the case of the Global Fund proposal, should be no longer than 15 pages. The proposal deadline is early afternoon on Day 4 of the course. Criteria specific for the type of global donor (ie Global Fund and the BMGF) are used as a grading tool for evaluating the corresponding group proposals. The Course Facilitators (teachers) evaluate all the written group proposals individually and then agree on a final score for each project proposal. Equally, the members of each group (peers) individually grade and then agree on a final score for the project proposal of another group and are not reciprocally grading their proposal. Finally, the two sets of scores are combined into one score for each proposal, with a weighting ratio of 70% for facilitators and 30% for peers.

Failure requires a 2000 word proposal on a second topic negotiated between the student and the coordinator. It should be submitted 2 weeks after the second topic is agreed.
### Financing Health Care: Concepts, Challenges and Practices

| Course Coordinators | PD Dr. Manuela de Allegri  
<table>
<thead>
<tr>
<th></th>
<th>Swati Srivastava</th>
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<tr>
<td><strong>Duration</strong></td>
<td>2 weeks</td>
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</tbody>
</table>
| **Credit points and SIT** | 3 ECTS  
|                     | 90 hours SIT  
|                     | 76 SIT contact time,  
|                     | 14 SIT self study |
| **Module**          | Advanced Module |
| **Status**          | Elective |

**Learning Objectives:**

By the end of this course participants will be able to:

- Recognise the positive and normative foundations of health care financing, with specific reference to the discourse on health systems reform, universal health coverage and equity
- Differentiate health financing functions and models in any given health system context.
- Compare and analyse the basic features of health care financing mechanisms in high-, middle-, and low-income countries, including situations pertaining to migrant and refugee crises
- Critically appraise the roles of the public and private sector in health care financing in different contexts
- Differentiate the tools used in the development and assessment of financing mechanisms and evaluate their strengths and weaknesses
- Compare and appraise the value of alternative viable health financing options to answer health system challenges in their respective countries

**Content:**

- Health economics theory relevant to health financing
- The role of health financing in a health system
- Basic health financing functions (collection, pooling, purchasing)
- Historical development in health financing in low- and middle-income countries: from free health care to user fees to social health protection
- Concept and practice of Universal Health Coverage – health financing and equity considerations
- Universal Health Coverage and the Migration/Refugee Crisis
- Health insurance development in high and low middle income countries: micro-health insurance, tax-based insurance, social health insurance
- Innovative purchasing options in the health sector: from passive to strategic purchasing
**Learning methods:**
This course combines interactive lectures (50%), facilitated group work (35%), and self-study (15%) to expose participants to both theory and practice of health care financing. Group work comprises structured exercises set around specific case studies and participant-initiated reflections on the peculiarities of health care financing in their country of origin.

**Assessment procedures:**
Course participants are expected to attend teaching sessions full-time, participate regularly in discussions and group work.

Participants will also be assessed on:

1. **50%: Group work on selected country case studies and presentation:**
   4-5 small groups (3-5 students) each select a country case of interest at beginning of course to critically analyse along a set of criteria pertaining to health care financing (health system indicators, health financing functions, UHC attainment, policy environment) to then formulate suggestions for further health financing reform in the given country context. A total of 8 hours of study time are allocated to group work preparation throughout the course. Group work presentations (15 min) and group-led plenary discussion (15 min) at end of course graded by course coordinators along pre-determined criteria (clarity in terms of outline, structure, timing; width of content in terms of comprehensiveness; depth of content in terms of relevant detail and motivation of recommendations). Each student per group will receive the grade given to the entire group performance.

2. **50% written exam, short fact and essay questions:**
   Students will select three out of 6-8 essay questions related to health care financing topics discussed and presented during the course. Each essay question can and is to be answered within one page of text. Grades by course coordinators are given based on content and logic of essays.

Re-sit policy: Participants who fail to reach the passing grade of 60% (average from both assessments) will undergo an oral exam (20 min) covering health care financing topics discussed during the course. Course coordinators will assess oral examination.
## Public Health in Emergencies

<table>
<thead>
<tr>
<th><strong>Course Coordinator</strong></th>
<th>Dr. Revati Phalkey</th>
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<tbody>
<tr>
<td><strong>Duration</strong></td>
<td>2 weeks</td>
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</table>
| **Credit points and SIT** | 3 ECTS  
90 hours SIT  
40h lecture and  
30h tutored group work,  
20h self-study |
| **Module**            | Advanced Module   |
| **Status**            | Elective          |

### Learning Objectives:

At the end of the course participants should be able to:

- Explain the health and health systems impacts of natural disasters and complex emergencies
- Recognise the needs for addressing gender-based violence and mental health and psychosocial support in emergencies
- Explain the field epidemiological methods for health needs assessments and identify priorities in emergencies
- Explain the principles of humanitarian assistance including International Humanitarian Law
  - Identify methods for quality assurance and minimum standard setting in humanitarian assistance

### Content:

The content of the course reflects up-to-date knowledge and experience with the impact assessment and management of natural disasters and complex emergencies in the health sector:

- Humanitarian Assistance and International Law
- Health and health systems impacts of natural disasters and complex emergencies
- Relief to development continuum
- Disaster preparedness and response,
- Health Needs Assessment and priority setting in Emergencies
- Gender based and sexual violence in emergencies,
- Logistics, Safety and Security in Emergencies
- Introduction to the SPHERE Standards
  - Health Systems Strengthening in Fragile Settings

### Learning methods:

The course uses participatory learning based on lectures (30 %), individual reading (10%) and exercise (10%) plenary and group discussions (15%), facilitated group work and presentations (30%) and peer –feedback (5%).
Assessment procedures:

Final examination using short essay questions and multiple choice based on the learning objectives (70%, individual mark) and Group work presentation on selected topics (30%, group mark); passing mark is 60% for both parts together.

Participants have the chance to re-sit the written exam not later than 4 weeks after announcement of results.
### 4.4 Additional Advanced Modules (part-time students only)

<table>
<thead>
<tr>
<th><strong>Applying the Rights Based Approach in Achieving Health Related SDGs</strong></th>
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</table>
| **Course Coordinators** | Huzeifa Bodal  
|                         | Dr. Florian Neuhann |
| **Duration** | 1 week + pre-reading |
| **Credit points and SIT** | 2 ECTS  
|                         | 60 hours SIT  
|                         | 30 hours' lectures/contact time,  
|                         | 15 hours group work and presentations,  
|                         | 15 hours self-directed learning (10 hours are allocated for pre-reading before course start + 5 additional hours for individual assignment after course) |
| **Module** | Advanced Module |
| **Status** | Additional (part-time students only) |

**Learning Objectives:**

By the end of the Course participants should be able to:

- Critically appraise the importance of the rights-based approach in achieving the promise of the 2030 Agenda for Sustainable Development to “leave no one behind,” focusing on health-related SDGs.
- Debate key international, national and regional mechanisms designed to protect and promote human rights within the health sector.
- Design strategies to advocate for and monitor the application of human rights principles in the health sector to achieve health related SDGs.

**Content:**

The course includes the following topics:

- Theoretical framework and general concepts and principles of human rights, their relationship to and impact within the health sector
- Rights based approach in achieving the promise of the 2030 Agenda for Sustainable Development to “leave no one behind,” with particular emphasis on health-related SDGs.
- Country case studies about integration of a human rights-based approach into health policies, strategies, programming, implementation as well as monitoring and evaluation, with relation to indicators of health-related SDGs
- Policy briefs for advocating application of human rights principles in the health sector.
- Roles of state and non-state actors in terms of rights-holders and duty-bearers
### Learning methods:
The course aims to initiate an active participatory learning process. It uses a combination of lectures, case studies, films and discussions in plenary (= total 30 hours), group work and presentations (= total 15 hours) and self-study (=15 hours).

### Assessment procedures:
Course participants are expected to attend teaching sessions full-time and participate actively in discussions and group assignments.

Assessment is based on an individual written assignment (approx. 1000 words); The writing task will be introduced during the first day of the course and will be submitted one week after course end the latest. The participant can choose between two options:

- Policy brief for audiences such as decision-makers in the ministry of health, members of health committees in parliament, etc.
- An essay arguing the advantages and disadvantages of a health policy or a public health law.

If the student fails to reach the passing grade of 60% they will be able to submit a new written assignment on a different topic to be agreed upon together with the course coordinator and to be submitted not later than 2 weeks after receiving assessment result.
### Health Systems Strengthening

<table>
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<tr>
<th><strong>Course Coordinators</strong></th>
<th>Dr. Revati Phalkey</th>
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<tbody>
<tr>
<td><strong>Duration</strong></td>
<td>1 week</td>
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</table>
| **Credit points and SIT** | 2 ECTS  
60 hours SIT  
(36.5 contact time and 23.5 self-study hours) |
| **Module**              | Advanced Module    |
| **Status**              | Additional (part time students only) |

#### Learning Objectives:

This course aims to provide students with the necessary tools to develop and to successfully implement Health systems strengthening (HSS) interventions in low/middle-income countries (LMICs), in order to maximize impact of national disease-control programs. At the end of the course, students will be able to:

- Critically discuss theoretical and practical aspects of HSS in the context of LMICs, including multiple conceptual frameworks, strategic approaches to HSS, and political and economic aspects that determine health policy choices
- Apply operational aspects of HSS, including diagnosing the gaps in health systems performance, designing high-impact interventions and measuring performance of health systems strengthening programs
- Examine the global health landscape relevant to HSS, including global health funding architecture, partnership mechanisms and technical support mechanisms

#### Content:

- Overview of health systems and health systems strengthening in LMICs
- Comparative health systems and reforms in LMICs
- Diagnosing gaps in health systems performance
- National health strategy as the entry point for health systems strengthening programs
- How does the health system deliver healthcare? Understanding the supply factors that are necessary for healthcare delivery
- Resources for an effectively performing health system: Human resources, money, data
- How does health systems strengthening maximize the impact of national disease programs?
- Creating enabling partnership environments for health systems strengthening at the national and global levels
- Health systems strengthening in challenging operating environments
- Monitoring and evaluation of HSS programs


Learning methods:

The course aims to initiate an active participatory learning process. It uses a mixture of interactive lectures, individual assignments, case studies, group work and presentations.

- Interactive lectures 21 hours
- Group work (incl. case studies): 21 hours
- Assessed group presentations 3 hours
- Preparatory reading 8 hours
- Written assignment 7 hours

Assessment procedures:

(I) 40% Group-work Power Point presentation:

The group work consists of a 20-minute group presentation on a topic the groups decide on together with the coordinator at the first day of the course. Presentations will be delivered on the 5th day.

Topics could include for example:

1. Comparative analysis of health systems in two low/middle-income countries.

2. Comparative analysis of strengths and weaknesses of two National Health Systems Performance Assessment reports.

3. Analysis of strengths and weaknesses of a National Health Sector Strategy based on JANS review (Joint Assessment of National Strategies).


(ii) 60% individual written assignment:

Essays will be between 1500-2000 words. For the essay, participants choose a topic together with the course coordinator from a list of topics provided by the coordinator.

Participants will have the opportunity to discuss the outline and structure of their essays with the course coordinator throughout the week. Essays are to be submitted the latest one week after the course end.

If the student fails to reach the passing grade of 60% (average from both assessments), s/he will be able to re-submit the individual written assignment not later than 2 weeks after receiving coordinator’s comments.
Quality Management in International Health

<table>
<thead>
<tr>
<th>Course Coordinators</th>
<th>Peter Campbell</th>
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<tr>
<td>Duration</td>
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<tr>
<td>Credit points and SIT</td>
<td>4.5 ECTS 135 SIT (50 hours self-study + 85 hours contact time)</td>
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<tr>
<td>Module</td>
<td>Advanced Module</td>
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<tr>
<td>Status</td>
<td>Additional (part-time students only)</td>
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**Learning Objectives:**

By the end of the module the participants should be able to:

- Appraise recent developments and challenges in assuring healthcare quality in low- and middle-income countries.
- Critically analyse international healthcare quality management and patient safety mechanisms and their global transferability.
- Differentiate roles of stakeholders in managing healthcare quality improvement initiatives and activities both locally and globally.
- Design a framework for strengthening healthcare quality in their country or region using key quality improvement principles and mechanisms.
- Apply personal and team skills to lead the use of quality management tools and mechanisms in their setting.

**Content:**

- Major steps and trends in the healthcare quality and patient safety movements
- Quality management and patient safety principles, mechanisms and tools and their contextual relevance
- Leadership and managing healthcare quality including ethical and cultural aspects
- Leading teams to use quality management tools
- Healthcare quality evaluation mechanisms in low- and middle-income contexts
- Quality management case study set in a middle-income country and assessment tool to critically evaluate quality
- Skills development in healthcare quality evaluation
- Guided exercise and field trip to critically analyse quality management mechanisms in German healthcare facilities
- Implementing healthcare quality management mechanisms and tools in low- and middle-income countries
- Designing and sustaining a healthcare quality management framework in a low- or middle-income country or regional context.
- Internet resources, publications and grey literature for healthcare quality management
**Learning methods:**

- A total of 45 SIT hours’ individual self-study time needs to be invested prior to the contact time in Heidelberg. All information and materials will be made available 3 weeks before course start. Pre-course work includes
  - Individual exercise including readings and analysis of Nanda Devi Case Study and completion of quality assessment tool (32 hrs)
  - Pre-course completion of healthcare quality management history exercise based on key readings (13 hrs)

- This course fosters a participatory learning environment combining interactive lectures (35%), case studies, facilitated individual and group work and presentations (45%), role play, debates and discussions (10%) and a field visit to a health-care facility (10%). Course participants are expected to attend teaching sessions full-time and participate actively in discussions and group assignments.

**Assessment procedures:**

Participants’ achievement of the learning objectives will be assessed at the end of the course on:

- 65%: 2 hours closed book examination using multiple choice questions, short answer questions and one 2-page essay question
- 35%: 20 min group presentation on health facility evaluation exercise

If the student fails to reach the passing grade of 60% (average from both assessments), s/he will be required to do an individual written assignment (2000 words essay on a healthcare quality management topic negotiated between the student and the coordinator) to be submitted not later than 2 weeks after receiving coordinator’s comments.
## Facing the NCD Epidemic in Low- and Middle-Incoming Countries

| **Course Coordinators** | Dr. Andreas Deckert  
|  | PD Dr. Volker Winkler |
| **Duration** | 1 week (45 hours on site + 15 hours prior to and after the course) |
| **Credit points and SIT** | 2 ECTS  
|  | 60 hours SIT  
|  | 30 hours’ lectures/contact time,  
|  | 15 hours group work and presentations,  
|  | 15 hours self-directed learning (5 hours are allocated for pre-reading before course start + 5 additional hours for individual assignment after course) |
| **Module** | Advanced Module |
| **Status** | Additional (part-time students only) |

### Learning Objectives:

By the end of the Course participants should be able to:

- Develop evidence-based models for NCD service delivery
- Critically appraise (local) evidence of NCD burden and availability and quality of respective data
- Identify main challenges in and formulate strategies (capacity building, data generation, service implementation) for NCD service delivery in low- and middle-income countries
- Assess the applicability of international NCD guidelines in local settings

### Content:

The course includes the following topics:

- Situational analysis of NCD burden and trends (including risk factors) in the home countries of the participants (theory and practical). Comparison of international guidelines and national NCD strategic plans and the status of transfer into practice (exemplary on one/two specific NCD aspect(s))
- NCD and human and financial resources, NCD financing
- Three pillars of NCD service delivery: capacity building, NCD services, NCD data generation (availability and quality)
- Implementation/integration strategies
- Best practice examples
Learning Methods:
The course aims to initiate an active participatory learning process. It uses a combination of lectures/case studies (80%), and discussions in plenary (20% of a total of 30 hours), group work/class presentations (50%) and self-study (50% of a total of 30 hours). Participants will work individually and in groups. The groups will comprise maximum 5 persons each.

Assessment procedures:
The candidates will be requested to submit a 1-2-page conclusion with respect to the prior readings, including a short narrative description of the NCD situation in their home-country one week prior to the course. The summary statements will be discussed in the first morning of the course.
The assessment of the participants’ achievements aligned to the learning objectives will be determined by a two-part assignment:

1) Group assignment (50 %): Describing the local/regional situation regarding the current burden of a specific NCD based on available data and developing evidence-based solutions/approaches for NCD service delivery (10 minutes ppt + 10 minutes discussion). The assignment will be introduced during the first day of the course. The presentations will take place on Friday afternoon.

2) Individual assignment (50 %): Each participant is expected to submit a written individual assignment of about 1500 words within two weeks after completion of the course. The candidate should discuss the possible application of the gained skills and knowledge with respect to the applicability in his or her home country.

The final grade consists of both assignments, with a maximum of 100 %. Passing mark is 60%. In case of failure the respective participant will be able to submit another new (different NCD/aspect) individual assignment of 2000 words within 2 weeks after announcement of the results.
Patient Safety in Primary Care Settings

<table>
<thead>
<tr>
<th>Course Coordinators</th>
<th>Dr. Norma Lange-Tagaza</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dr. Irmgard Marx</td>
</tr>
<tr>
<td>Duration</td>
<td>1 week (45 hours on site + 15 hours prior to the course)</td>
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<tr>
<td>Credit points and SIT</td>
<td>2 ECTS</td>
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<td></td>
<td>60 hours SIT</td>
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<td></td>
<td>(31 contact and 29 self-study hours)</td>
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<tr>
<td>Module</td>
<td>Advanced Module</td>
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<tr>
<td>Status</td>
<td>Additional (part-time students only)</td>
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Learning Objectives:

By the end of the Course participants should be able to:

- Describe the discipline of patient safety, its history and principles
- Interpret the importance and implication of patient safety in to the delivery of quality health care in primary care settings
- Develop strategies and policies to promote patient safety in primary care
- Apply and use methods to improve patient safety in primary care

Content:

1. Describe the discipline of patient safety, its history and principles
   a. Conceptual clarification
   b. Patient safety from a historical perspective
2. Interpret the importance and implication of patient safety in the delivery of quality health in primary care settings
   a. Patient safety as integral part of quality care
   b. Threats to patient safety in primary care settings
3. Develop strategies and policies for patient safety in primary care
   a. Systems approach to patient safety
4. Apply and utilize methods to improve patient safety in primary care
   a. Application of Patient and Family Strategies (Agency for Health Care and Quality)
   b. Recognition of steps/phases in clinical risk management and application of associated tools

Learning Methods:

- Short theory inputs
- Group work
- Case study analysis
- Self-Study
Assessment procedures:

Grades will be based on

- Written exam which will include True or False, Matching Type and Multiple Choices (about 85%)
- Participation in classroom learning activities (10%)
- Attendance (5%)
## Global Mental Health: Public Health Approaches

<table>
<thead>
<tr>
<th>Course Coordinators</th>
<th>Dr. Wolfgang Krahl</th>
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</thead>
<tbody>
<tr>
<td><strong>Duration</strong></td>
<td>1 week</td>
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<td><strong>Credit points and SIT</strong></td>
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<td>60 hours SIT</td>
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<td>(31 contact and 29 self-study hours)</td>
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<tr>
<td><strong>Module</strong></td>
<td>Advanced Module</td>
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<tr>
<td><strong>Status</strong></td>
<td>Additional (part time students only)</td>
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</table>

### Learning Objectives:

This course aims to provide students with the necessary tools to develop and to successfully implement evidence-informed decisions in GMH. At the end of the course, students will be able to:

- Critically analyse the epidemiology and social determinants of mental disorders globally and identify strategies to address the burden of disease
- To critically appraise examples of research and treatment/intervention models at regional level given different levels of resources

### Content:

- GMH epidemiology and burden of disease
- GMH policy, strategy and service development
- Cultural aspects of GMH with a perspective on case definitions
- Needs assessment for GMH in crisis situation
- GMH and its manifestations: clinical cases
- Therapeutic approaches in GMH
- Anthropological concepts of GMH
- GMH case studies (from participants’ home countries)

### Learning methods:

The course uses a mixture of interactive lectures, individual assignments, case studies, group work and presentations, and a panel debate.

- Pre-course preparation of case study (5 hours)
- Preparatory reading (10 hours)
- Interactive lectures (16 hours)
- Facilitated group work (5 hours)
- Individual and group presentations (7 hours)
- Panel debate and plenary discussion (3 hours)
- Individual written assignments (14 hours)
In preparation for the course, participants are expected to prepare a five-minute presentation (not to be assessed) on a GMH topic of their choice. This can be a presentation of the situation of GMH in a region/country/district or in a particular population/sub-population.

**Assessment procedures:**

- 60% Multiple choice test (Grading A-D, F)
- 40% group presentation (15 minutes + discussion)
  (peer assessment using a standard form accounts for 10% and two facilitators´ assessment using a standard form account for 15% each)

If the student fails to reach the passing grade of 60% (average from both assessments), students will be assigned a 2000-word essay on a topic as defined by the facilitators.

It can be submitted within a time frame defined by the facilitator.
# Mixed Methods

| Course Coordinators       | Prof. Dr. Aurélia Souares  
|                          | Prof. Dr. Malabika Sarker |
| Duration                  | 2 weeks                   |
| Credit points and SIT     | 3 ECTS                    |
|                          | 90 hours SIT             |
|                          | (75 contact hours, 15 self-study hours) |
| Module                    | Advanced Module          |
| Status                    | Additional (part-time students only) |

## Learning Objectives:

Focusing on the joint application of quantitative and qualitative tools and methods, this course aims to train participants to conduct mixed methods research.

At the end of the module the student should be able to:

- Apply the knowledge and skills acquired in class to develop and write an individual research protocol in international health using a mixed methods approach.

- Discuss and reflect on the epistemology of research and its direct influence on the methodological choices in the everyday practice of research in international health.

- Identify the most common quantitative and qualitative methodological tools used in research in international health;

- Critically analyse the role and the specific contribution of mixing quantitative and qualitative methods to research in international health.

- Assess which research questions and in which situations require the application of mixed methods research.

## Content:

The course covers the following topics:

- Overview of epistemology of research with an emphasis on the critical assessment of theories on how knowledge is generated and retained
- Analytical appraisal of quantitative and qualitative methods as applied in different areas of research in international health
- Debatable aspects of using mixed methods in international health research
- Personal skills development in the application of mixed methods research both in high and low- and middle-income countries
- Case studies of mixed methods research in the fields of global health, ex.: malaria control, HIV/AIDS, health financing, women’s health, and clinical management etc.
- Planning, designing, and writing an individual mixed methods research protocol suitable for grant application

**Learning methods:**

The course uses a mixture of conceptual teaching and case studies from the field to illustrate the role of mixed methodology and instruct participants on its applicability in international health research both in high and low- and middle-income countries.

The course is composed of a series of

- lectures
- class discussions
- tutor guided group exercises
- self-directed learning
- peer review
- individual tutoring

Lectures and class discussions based on the lectures make up about 40% of the course time. The group exercises and the self-directed learning make up another 30% of the course time. Individual tutoring to support self-directed learning makes up another 30% of course time.

Participants will work individually and in groups. Students will be divided into groups of max 5 people with similar interests and/or areas of focus.

Individual tutoring on their own research protocol will be delivered by one of the lecturers within these pre-established groups. This arrangement will allow both the lecturer and the peers to comment and offer feedback already during the proposal development phase.

**Assessment procedures:**

Course participants are expected to attend teaching sessions and individual tutoring within small group sessions and actively participate in class discussion and group work.

Assessment of participants’ achievement of the learning objectives will be determined by:

- Peer-assessment of oral group presentation on selected case studies using checklist with defined assessment criteria: 30%
- Individual written research proposal (3500 words +/- 10%) to be delivered at the end of the course: 70%

If students do not reach the passing mark of 60% (from the combined two individual grades), an opportunity is offered to redo the proposal within one month after announcement of grade results.
E-Learning Course: Quality Improvement – a key for Health Systems Strengthening

<table>
<thead>
<tr>
<th>Course Coordinators</th>
<th>PD Dr. Svetla Loukanova</th>
</tr>
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<tbody>
<tr>
<td>Duration and dates</td>
<td>6 months</td>
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<td></td>
<td>each May and November</td>
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<td>Credit points and SIT</td>
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<td>student module input hours: 100.5 h</td>
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<td></td>
<td>group work: 36 h</td>
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<td></td>
<td>independent study: 88.5 h</td>
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<tr>
<td>Module</td>
<td>Advanced Module</td>
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<td>Status</td>
<td>Additional (part-time students only)</td>
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### Learning Objectives:

By the end of the Course participants should be able to:

- Critically analyse the importance of QI in health systems
- Analyse strengths and weaknesses of different regulatory and other mechanisms that influence QI in the health system
- Use systems thinking in QI activities at all levels of a health care system
- Propose appropriate methods for monitoring and evaluating quality within a specific context
- Formulate patient safety, patient centred care and family/community engagement in QI initiatives within health systems
- Demonstrate how appropriate human resource interventions contribute towards QI
- Interpret how financial mechanisms impact the quality of services and the decision-making of patients and providers
- Develop a QI initiative in current health setting

### Content:

The course aims at strengthening the capacity of professionals responsible for managing quality in health care settings at all levels in the health system.

The course consists of 7 content-related modules (see “Main Topics”) and one module where participants will elaborate a transfer project.

The course aims to increase competencies for strategic decision making in managing quality, enhance skills in quality improvement mechanisms and build positive patient-centred
attitudes. Participants will be introduced to current health system concepts, financing mechanisms, human resource methods and other key elements associated with improving quality at all levels of a health system. Participants will be exposed to examples of international and local quality problems, methods to identify improvement opportunities and various mechanisms for change management.

**Main Topics:**

- The importance of quality within a health system/country context
- Quality improvement strategies
- Basic principles of health systems thinking
- Basis concepts of QI Monitoring & Evaluation
- Patient Safety
- Health human resource management
- Quality and related financial concepts

**Learning methods:**

During the six months’ course, the participants will be guided by an online tutor and supported by experts. Next to self-study activities, the learners will collaborate in small groups and communicate on the course learning platform.

For the 7 content-based modules, distribution of time is: individual engagement with learning material 60%, chats and discussion 15%, assignments 25%.

The course also includes a transfer project with 60 hours, distributed as follows: online individual engagement 20%, chats and discussions 10%, individual assignment investment 70%.

**Assessment procedures:**

Participants’ achievement of the learning objectives will be assessed on:

- 54% individual transfer project based on project template and project assessment criteria
- 25% multiple-choice final exam based on all learning objectives
- 21% seven modular assessments

Participants will be informed about all assessment processes at the beginning of the course.
4.5 Thesis & Oral Exam

Master’s Thesis and Final Oral Exam

| Thesis Coordinator       | Dr. Alain Vandormael  
|                         | Dr. Michael Lowery Wilson |
| Duration                | 4 months              |
| Credit points           | 20 ECTS (SIT 600)     |
| Module                  | Thesis and Oral Exam |
| Status                  | Mandatory             |

Learning Objectives Thesis & Oral Exam:
By the end of the module students should be able to:

- Work independently, within a given period of time and using academic methods, to address a problem from the field of international public health
- Find, analyse, evaluate, select and integrate information using various sources
- Formulate research questions and hypotheses, and operationalise them.
- Develop a research plan
- Conduct systematic scientific research applying qualitative and quantitative research methods as well as public health theory
- Consider ethical aspects of public health research
- Demonstrate the ability to analyze and critically evaluate different methodological and theoretical approaches in public health research in written and spoken English
- Present and discuss the findings of their research in written and spoken English

Learning Methods:

There are three possible ways to complete a thesis research project:

1. Secondary Data Analysis: students may conduct an analysis of already existing data sets, such as DHS data or Living Standard Measurement Study (LSMS), household surveys or other kind of data collected to answer a specific research question. This includes a critical analysis of the quality of the data and the methods applied in during the data collection.

2. Field Study: students may conduct a primary data collection study during a stay in a field site. Study questions are normally provided by or developed in conjunction with a partner institution in the host country.

3. Literature Review/Systematic Literature Review: students may conduct a literature/systematic literature review by using, analysing and discussing theoretical texts related to their research question and/or research reports from empirical studies conducted by third persons. In this case, the emphasis of the thesis lies on the critical analysis and discussion of the literature selected. Students must explain and justify the criteria for their selection of texts.

Learning and Teaching Methods: thesis market, thesis week (workshops, lectures, individual and ‘public coaching’, group work, self-study), thesis supervision, thesis presentations
**Assessment Procedure:**

(1) Master’s Thesis:

The Master’s thesis has to be submitted in form of a written research paper. The thesis will be assessed by two examiners, one of whom must be a professor or a junior professor. The first examiner should be the supervisor of the thesis. The grade of Master’s thesis weighs 25% of the final MScIH grade. The examination is considered passed when the candidate’s performance is graded as “sufficient” (4.0) or better by the two examiners.

(2) Oral Exam:

The final oral examination of 30 minutes is carried out by three examiners, including one external examiner. Contents cover the candidate’s thesis topic, the Core Course Modules and Advanced Modules. The grade of the oral exam weighs 25% of the final MScIH grade. The examination is considered passed when the candidate’s performance is graded as “sufficient” (4.0) or better by the three examiners.