



Course FMED 619

Program Management in Global Health & Primary Health Care

3 credits

Winter Term 2019

Days and Times: Fridays 2pm – 5pm, January 11th to April 12th

Room: Purvis Hall, Room 25

Instructor

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Course objective: To learn the fundamentals of program leadership and management toward universal health coverage, sustained impact, and the development of resilient health systems, in both global health and domestic settings, with a focus on primary health care.

Short Course Description: Program leadership and management theory, methods and practical applications in both domestic and global health settings, with a focus on primary health care, in order to achieve rapid scale-up of effective health interventions toward universal health coverage while strengthening health systems for sustained impact.

Long Course Description: This interactive 600-level aims to give students the opportunity to understand program leadership and program management design, theory, methods and practical applications in both domestic and global health settings, with a focus on primary health care, to achieve rapid scale-up of effective health interventions toward universal coverage while strengthening health systems for sustained impact. Learning from the progress made toward reaching the Millennium Development Goals, the course will address some of the opportunities and challenges in making progress toward the Sustainable Development Goals of 2030. Applications in health service delivery, public health and intersectoral action for health will be discussed. The theory and methods will be learned using practical examples throughout the course and there will be a strong focus on measuring program results.

Learning Outcomes:

At the end of the course, students will be able to:

1. Understand the path from effective interventions to health impact: an emphasis will be placed on quantitative approaches: burden of disease; efficacious and effective interventions; principles of scale-up in the general population and targeting of vulnerable groups; identification of program bottlenecks; marginal analysis; universal health coverage, precision public health and impact; priority setting; and strategic health planning.

2. Measure program results: understand measurement in program management: goals, targets, baselines, milestones; selection of indicators; monitoring; health management information systems; evaluation; measurement of impact; the role of Civil Registration and Vital Statistics; and the basics of population dynamics as related to program management.

3. Understand how to deliver different interventions at scale through a functioning health system and through intersectoral action: using practical examples, understand the contributions of each of the six WHO health system building blocks in delivering interventions at scale toward program impact and resilient, sustainable health systems: 1) health service delivery; 2) human resources for health; 3) medical products, vaccines and technologies; 4) financing; 5) information; and 6) leadership/governance. Role of public health and of intersectoral action in delivering interventions at scale.

4. Understand the fundamentals of primary health care: from Alma-Ata onward, and its application in the context of different countries, including Canada and some developing countries; and modern concepts of high performing family health teams (groupes de médecine familiale, medical homes), including home- and community-centred coordinated care and continuity. Universal Health Coverage (UHC) and Precision Public Health (PPH).

5. Understand the synergistic mix of interventions for optimal impact: the role of health service delivery, public health, and intersectoral action for health in achieving high coverage of effective interventions and desired social change.

6. Understand the organization of the health system: including at the local (family health teams/community health centres), regional (regional health authorities), provincial/sub-national, and national levels, and the role of the private sector.

7. Understand the characteristics of high performing health systems: toward the Triple Aim of Better Health, Better Care, and Better Value, with examples from different countries. Quadruple Aim.

8. Begin applying the above to practical program leadership and management in health from strategic plans through annual workplans to management of operations for results: including results frameworks, team work and delegation; work breakdown structures; management of activities; time management (timelines, PERT and GANTT charts); budgets and cash flow; competent and motivated human resources; and contracting.

Course pre-requisites: graduate level epidemiology course (or equivalent as agreed with course instructor)

Structure of sessions: The course consists of lectures (including guest lectures); case studies; small group work and student presentations; discussions and problem solving.

Date	Topic	Faculty
11 JAN	1A. Course overview	Yves Bergevin
	1B. From effective interventions to deaths averted: principles highlighted through two practical examples of major mortality reductions	Yves Bergevin

	over the past few decades: measles and maternal mortality	
18 JAN	<p>2A. Tracking progress from vision to impact: learning from the Millennium Development Goals: the global strategic health and business planning process; setting priorities; vision; goals; selection of indicators, targets, baselines, and milestones; monitoring; health management information systems; and evaluation</p> <p>2B. Transforming our world, the 2030 agenda for sustainable development: Sustainable Development Goals</p>	<p>Yves Bergevin</p> <p>Yves Bergevin</p>
25 JAN	<p>3A. Population dynamics relevant to program management: births, deaths, migration, fertility/contraception, demographic transition, and Civil Registration and Vital Statistics (CRVS)</p> <p>3B. Primary health care: from concepts to modern practice, a pillar of universal health coverage (UHC)</p>	<p>Yves Bergevin</p> <p>Yves Bergevin</p>
31 JAN	Submission of topics and teams for primary health care presentation	Students
1 FEB	<p>Quiz # 1 (sessions of January 11th, 18th and 25th) – 30 minutes</p> <p>4A. Delivering interventions at scale: the contributions of each of the six WHO health system building blocks toward program scale-up: 1) health service delivery; 2) human resources for health; 3) medical products, vaccines and technologies; 4) financing; 5) information; and 6) leadership/governance</p> <p>4B. Delivering interventions at scale: competent and motivated health workers at the right place and time; financing</p> <p>4C. Review of topics for primary health care presentation topics</p>	<p>Alexandre Trottier</p> <p>Yves Bergevin</p> <p>Yves Bergevin</p> <p>Students</p>

8 FEB	<p>Review of Quiz #1</p> <p>5A. Strategic plans through to workplans to management of operations for results: results framework; team work and delegation; work breakdown structures; management of activities; time management (timelines, PERT and Gantt charts); contracting for performance; budgets; and cash flow</p> <p>5B. In-class exercise: designing and implementing the Katana Health Centre</p> <p>5C. Preparation of Class Simulation of Quebec’s Cabinet on Addressing Tobacco</p>	<p>Alexandre Trottier</p> <p>Yves Bergevin</p> <p>Yves Bergevin</p> <p>Yves Bergevin</p>
15 FEB	<p>6A. Transforming Regions into High Performing Health Systems Toward the Triple Aim of Better Health, Better Care and Better Value for Canadians: examples of high performing health systems in other jurisdictions, quadruple aim</p> <p>6B. Synergistic mix of interventions for optimal impact: service delivery, public health and intersectoral action: examples of control of tobacco and non-communicable diseases</p>	<p>Presentation by Yves Bergevin, “consultant”</p> <p>Critique by Provincial Deputy Ministers (each student to choose province for role play)</p> <p>Interactive discussion</p> <p>Yves Bergevin</p>
22 FEB	<p>Quiz # 2 (sessions of February 2nd, 9th and 16th) – 30 minutes</p> <p>7A. Organizing and financing responsive health systems for impact: primary care, districts/regions, specialized services and their scale, academic health centres, ministries of health; fair financing; value-based financing; the role of the private sector (not for profit, for profit)</p> <p>7B. Group work: preparation of student presentation on primary health care (TA and instructor available)</p>	<p>Alexandre Trottier</p> <p>Yves Bergevin</p> <p>Alexandre Trottier / Yves Bergevin</p>
28 FEB	<p>Submission of topics and teams for program management presentation</p>	<p>Students</p>
1 MAR	<p>Review of Quiz #2</p> <p>8A. Primary health care: is it still relevant today to achieve health impact? Student presentations</p> <p>8B. Review of topics for program management presentation</p>	<p>Alexandre Trottier</p> <p>Student teams / Alexandre Trottier / Yves Bergevin</p> <p>Students</p>

4 - 8 MAR	Reading week – no class	
15 MAR	<p>9A. Toward malaria elimination by 2030: scaling-up an important and complex infectious disease program</p> <p>9B. Group work: preparation of student presentations on program management (TA and instructor available)</p>	<p>Yves Bergevin</p> <p>Students Alexandre Trottier / Yves Bergevin</p>
22 MAR	<p>10A. Student presentations on program management; general discussion on key elements identified</p>	<p>Student teams Alexandre Trottier / Yves Bergevin</p>
29 MAR	<p>11A. An Effective, Scalable Solution: PMC’s Entertainment Improves Lives</p> <p>11B. The practice of modern evidence-based primary care: family medicine/family health teams (GMFs); advanced access and work flow; integration and continuity; maximizing autonomy and maintaining individuals in the community and at home (decreasing emergency department use and hospitalization); telehealth; and patient engagement in shaping their health destiny</p>	<p>Bill Ryerson (CEO, Population Media Centre)</p> <p>Yves Bergevin</p>
5 APR	<p>12A. Program Evaluation</p> <p>12B. Putting it together: skills for, and practice of, program leadership and management; synthesis</p> <p>12C. Course evaluation: feedback for continuous quality improvement, online evaluation to be completed by students (feedback from students)</p>	<p>Britt McKinnon, PhD, University of Toronto</p> <p>Yves Bergevin</p> <p>Students</p>
12 APR	13. Final exam	To consolidate learning: problem-solving open-book/ laptop (without email, internet not recommended, to manage your time)

Assigned readings: Pertinent readings will be assigned for each class, and made available via MyCourses. Students are expected to have completed all required readings prior to class so as to be prepared to be active participants in the discussions.

Course Textbooks:

Global Health 101, 3rd Ed., Richard Skolnik

Health Program Management: From Development through Evaluation 2nd Ed., Beaufort B. Longest, Jr

The 7 Habits of Highly Effective People, Stephen Covey

The Checklist Manifesto, Atul Gawande

Course Evaluation:

- 30% Quizzes; 2 quizzes, each worth 15% – to ensure that the fundamentals are well learned
- 30% Student presentations (oral and written), each worth 15% – to ensure that program management theory can be applied using practical examples
- 30% Final exam: the final exam will cover all topics from the course, will be problem-solving open-book/laptop (without email)
- 10 % Class participation

Class Presentations: Students will be asked to work in groups (depending on class size), and prepare two presentations:

1. Presentation on primary health care: a critical analysis of the current relevance of primary health care in a given country setting, based on the principles of the Declaration of Alma Ata
 - Expectations: use situational analysis to analyze a community of 10,000+ individuals; identify strengths and areas in need of strengthening; present opportunities and constraints to achieving meaningful results for patients and populations
2. Presentation on program management: a case study in program design and implementation that addresses a specific health issue relevant to primary health care
 - Expectations: design an evidence-based program using concept of matrix management; clearly present the pathways from inputs to results (including coverage and the potential population health impact)

McGill University values academic integrity. Therefore, all students must understand the meaning and consequences of cheating, plagiarism and other academic offences under the Code of Student Conduct and Disciplinary Procedures (see www.mcgill.ca/students/srr/honest/ for more information) (approved by Senate on 29 January 2003). L'université McGill attache une haute importance à l'honnêteté académique. Il incombe par conséquent à tous les étudiants de comprendre ce que l'on entend par tricherie, plagiat et autres infractions académiques, ainsi que les conséquences que peuvent avoir de telles actions, selon le Code de conduite de l'étudiant et des procédures disciplinaires (pour de plus amples renseignements, veuillez consulter le site www.mcgill.ca/students/srr/honest/).

In accord with McGill University's Charter of Students' Rights, students in this course have the right to submit in English or in French any written work that is to be graded." (approved by Senate on 21 January 2009 - see also the section in this document on Assignments and evaluation.)

Conformément à la Charte des droits de l'étudiant de l'Université McGill, chaque étudiant a le droit de soumettre en français ou en anglais tout travail écrit devant être noté (sauf dans le cas des cours dont l'un des objets est la maîtrise d'une langue).