

3 credits

20.0 h

Q2

Teacher(s)	Tubeuf Sandy ;
Language :	French
Place of the course	Bruxelles Woluwe
Prerequisites	<i>The prerequisite(s) for this Teaching Unit (Unité d'enseignement – UE) for the programmes/courses that offer this Teaching Unit are specified at the end of this sheet.</i>
Aims	<i>The contribution of this Teaching Unit to the development and command of the skills and learning outcomes of the programme(s) can be accessed at the end of this sheet, in the section entitled "Programmes/courses offering this Teaching Unit".</i>
Evaluation methods	
Bibliography	<ul style="list-style-type: none"> • Documents déposés sur Moodle WFSP2203 <p>1. L'analyse coût-efficacité : E Marseille, S Morshed. Essential surgery is cost effective in resource-poor countries. <i>The Lancet Global Health.</i> (2014), 2 (6): e302-e303</p> <p>TE Chao, K Sharma, M Mandigo, L Hagander, SC Resch, TG Weiser, JG Meara. Cost-effectiveness of surgery and its policy implications for global health: a systematic review and analysis. <i>The Lancet Global Health.</i> (2014). 2 (6): e334-e345</p> <p>S Verguet, BC Alkire, SW Bickler, JA Lauer, T Uribe-Leitz, G Molina, TG Weiser, G Yamey, MG Shrime. Timing and cost of scaling up surgical services in low-income and middle-income countries from 2012 to 2030: a modelling study. <i>The Lancet Global Health.</i> (2015). 3 (Supplement 2): S28-S37</p> <p>1. Le financement de la santé au niveau macroéconomique: DM Cutler. What Is The US Health Spending Problem? <i>Health Affairs.</i> (2018) 37(3):493-497. W Savedoff. What should a country spend on health care? <i>Health Affairs.</i> (2007). Page 962-70 I Papanicolas, LR Woskie, AK Jha. Health Care Spending in the United States and Other High-Income Countries. <i>JAMA.</i> (2018) ;319(10):1024-1039.</p> <p>1. La couverture sanitaire universelle : A Wagstaff, G Flores, J Hsu, et al. Progress on catastrophic health spending in 133 countries: a retrospective observational study. <i>Lancet Glob Health,</i> 6 (2018), pp. e169-e179 A Wagstaff, G Flores, M-F Smitz, J Hsu, K Chepynoga, P Ezenou. Progress on impoverishing health spending in 122 countries: a retrospective observational study. <i>Lancet Glob Health,</i> 6 (2018), pp. e180-e192 B McPake. Crunching health expenditure numbers: important but treacherous terrain. <i>The Lancet Global Health,</i> Volume 6, Issue 2, (2018), Pages e124-e125</p> <p>1. Le financement basé sur la performance. VY Fan, D Duran, R Silverman, A Glassman. Performance-based financing at the Global Fund to Fight AIDS, Tuberculosis and Malaria: an analysis of grant ratings and funding, 2003–12. <i>The Lancet Global Health,</i> Volume 1, Issue 3, (2013), Pages e161-e168 R Soeters. Why is it so difficult for the Global Fund to show value for money? <i>The Lancet Global Health,</i> Volume 1, Issue 3, (2013), Pages e123-e124 Cleaning up: can the Global Fund to fight Aids, Tuberculosis and Malaria restore its reputation as the best and cleanest in the aid business? <i>Economist</i> (Feb 17, 2011) http://www.economist.com/node/18176062</p>
Faculty or entity in charge	FSP

Programmes containing this learning unit (UE)				
Program title	Acronym	Credits	Prerequisite	Aims
Master [120] in Public Health	ESP2M	3	WFSP2103 AND WFSP2112	