

स्वास्थ्य सेवा तह ९, हेल्थ इकोनोमिक्स पदको खुला प्रतियोगितात्मक परीक्षाको पाठ्यक्रम

पाठ्यक्रमको रूपरेखा:- यस पाठ्यक्रमको आधारमा निम्नानुसारका चरणमा परीक्षा लिइने छ :

प्रथम चरण :-अन्तर्वार्ता

नेपाल सरकार
स्वास्थ्य विभाग
टेकु, काठमाडौं
२०७६

पूर्णाङ्क :- ४०

परीक्षा योजना (Examination Scheme)

विषय	पूर्णाङ्क	परीक्षा प्रणाली	समय
व्यक्तिगत अन्तर्वार्ता	४०	मौखिक	-

A) INTRODUCTION TO ECONOMICS AND HEALTH ECONOMICS

1. Introduction to Economics and Health Economics

- Principles of Economics, meaning, relevance and its application in Health and Health Care, production and distribution of health care, scarcity and production possibilities curve and trade-off

2. Microeconomics Tools for Health Economics

- Demand, Supply and Pricing System, market equilibrium, elasticity of demand and supply
- Production Function, Isoquants, Isocosts, Law of Diminishing Returns
- Consumer Behaviour Theory: Demand Curve, Utility Maximization, Indifference Curve Analysis, budget constraint

3. Production and Cost of Health Care

- Cost Function and Economies of Scale, cost of delivering health services
- Asymmetric Information and Agency, imperfect agency and supplier induced demand
- Change in Technology/Technology Diffusion
- Managed Care and Health Maintenance Organizations

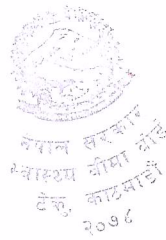
4. Markets and Market Failure in Health Care

- Market and how does it work, types of markets, market mechanism in healthcare, market failure
- Public goods / Merit goods, externalities (spill over effect)
- Role of government and market in health care

B) ECONOMIC ANALYSIS AND EVALUATION OF HEALTH CARE SERVICES

5. Concepts of Costs and Cost Calculation:

- Financial Costs Vs Economic Costs (opportunity costs)
- Direct, Indirect, Average, Marginal, Total, and Unit Costs
- Component of Costs: Fixed and Variable; Capital and Recurrent Costs
- Costs Calculation**
- Issues to be considered in costs calculation
- Costs to whom, cost classification, shadow pricing, costs apportion, Net Present Value (NPV), discounting factor, internal rate of return (IRR), return on investment, cost recovery, break-even point (BEP)



6. Economic Evaluation

- Meaning, Importance and Basis of Economic Evaluation; Analytical techniques, steps of economic analysis: Identification, Measurement and Valuation of costs and consequences
- Methods of Economic Evaluation: Cost-minimization Analysis (CMA), Cost-Effectiveness Analysis (CEA), C/E Ratio, Incremental Cost-Effectiveness Ratio (ICER), Sensitivity Analysis, Cost-Benefit Analysis (CBA), C/B Ratio, General approaches to Monetary Valuation of Health Outcomes: human capital approach, revealed preference and contingent valuation; expected costs, expected benefits; net benefit; Cost-Utility Analysis (CUA): Utility, value, preference, C/U Ratio
- Measuring Health Outcomes: Disability Adjusted Life Years (DALY), Quality Adjusted Life Years (QALY), Healthy Years Equivalent (HYE)

7. Health Policy, Planning and Budgeting

- Approaches to planning, planning cycle including priorities setting
- Resources allocation: Program-based budgeting (PBB) and Result-based Budgeting (RBB) in health, decentralized planning and budgeting
- Allocative and technical efficiency
- Health Sector Budget Analysis: Trend of health sector budget allocation and expenditure against GDP; trend in government health sector budgeting; per capita government health expenditure; share of health sector budget against total government budget; budgeting and expenditure tracking in federal context of Nepal.

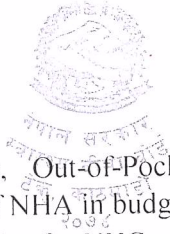
C) HEALTH CARE FINANCING AND HEALTH SECTOR REFORM

8. Equity, Efficiency and Needs

- Equity: Concept of equity in health, vertical equity, horizontal equity, equal access to equal need, equal utilization of equal needs, equal treatment for equal needs, equal expenditure on equal needs, equity in financing, allocation and delivery of health care, geographical equity, gender equity; equity and equality.
- Measuring disparities in health: Methods and indicators, Inter-group differentials, Inter-individual differentials (Gini-Coefficient)
- Measure and improving efficiency in health care: Concept of economic efficiency, allocation efficiency, technical efficiency, administrative efficiency, common causes of inefficiency, strategies for increasing efficiency.

9. Health Care Financing and Health Insurance:

- Financing mechanism in general, public and quasi-public source of finance: General tax revenue: Progressive tax, Kakwani's Index of Progressivity, regressive tax & earmarked tax, health insurance, social security, public-private mix, foreign aids and borrowings.
- **Private Source of Financing:** Private health insurance, employer finance scheme, charity and voluntary contribution, community financing and self-help, direct household expenditure (User fee)
- **National Health Accounts (NHA):** Health Care Expenditure as a proportion of gross domestic product (GDP), Current Health Expenditure (CHE), Total Health Expenditure (THE), Expenditure by various sources of funds, Expenditure for



various types of services, Out-of-Pocket Spending (OOP), Projection of expenditure to future, role of NHA in budget allocation.

- Alternative financing strategies for UHC
- **Health Insurance and social security:** Uncertainty in health care, fundamental principle of health insurance, demand for health insurance, risk pooling, health insurance market failure (adverse selection, moral hazard, non-price competition, incomplete coverage), mitigating strategy for reducing adverse selection and moral hazard, types of health insurance (Social health insurance, community health insurance, private health insurance) and comparison between types of health insurances, designing benefit package, setting premium. Health Social Security Program (Health Insurance) in Nepal. Organizational structure of Health Insurance Board and source funding.
- **Provider Payment Mechanisms:** Capitation (per capita), Fee for Service, Case-based (DRG), Global Budget, Line-item budget, per-diem and their strengths and weaknesses. Strategic purchasing to maximize health system performance to get the most value for money (VfM).

10. Health Sector Reform

- The forces of driving health reform, health reform cycle
- The five control knobs: Financing, Payment, Organization; Macro Strategies: Changing Public –private mix, changing provider mix, decentralization, contracting; Micro Strategies: Corporatization and automation, improving public sector performance, altering the distribution of inputs, regulation, and Behaviour
- Health Sector reform in Nepal: Theory and practice in federal context.

D) LEADERSHIP AND GOVERNANCE

- Strengthening health system governance through better polices and strengthened performance
- Public Financial Management (PFM): PFM Cycle, mobilization of revenue, public spending, public procurement, accounts for public funds, audit queries and audit clearance, issues and challenges on mobilizing public funds reported in annual report of Auditor General, fiduciary risk, transparency, and accountability
- Health care spending and economic growth, public investing in health
- Determinants and outcome (aging and long-term care, social capital)
- PFM Analysis: Adequacy, effectiveness, efficiency, transparency, accountability and equity in use of public resources, public expenditure review
- Critical Analysis: how poor PFM can negatively impact citizen's right to health care?

E) नीतिगत ब्यबस्था

- Health Policy, Public Health Service Act, Nepal Health Sector Strategy
- स्वास्थ्य बीमा ऐन, २०७४
- स्वास्थ्य बीमा नियमावली, २०७५.
- विपन्न कार्यक्रम अन्तर्गत दिईदै आएका कडा रोगहरुको उपचार खर्च स्वास्थ्य बीमामा आवद्ध गर्ने कार्यविधि २०७८
- नेपाल सरकारले संचालन गरेका सामाजिक स्वास्थ्य सुरक्षा कार्यक्रमको अवस्था