Diploma in Health Economics

Prospectus 2021-2022

Pakistan Institute of Development Economics (PIDE)

in collaboration with

Health Service Academy (HSA)

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Diploma in Health Economics

The demand for specialists in health economics continues to rise, and Diploma in Health Economics is designed to meet the increasing demand for professionals in this field with the collaboration of **Health Services Academy**. It introduces the ways in which microeconomic and macroeconomic concepts can be applied to the analysis of decisions by consumers, firms and governments regarding health and health care. It develops an appreciation of health economics, both as an intellectual discipline and as a way of making decisions about health policy and resource distribution. Also gain an understanding of the techniques that are being used in present-day economic research generally and in health research and epidemiology specifically. This programme will help you develop an advanced understanding of the core principles in health economics, health economic evaluation, issues in public health and, and how these influence optimal health care expenditure. The programme will also teach you how to apply techniques used in professional health evaluation to determine the appropriate mix of health interventions, as well as the appropriate analytical techniques and research methodologies that can be used in the exploration of health care decisions.

After completion of the Health Economics Diploma, the participants will be able to:

1. Demonstrate a systematic understanding of the application of Health Economics in healthcare decision making;
2. Critically evaluate current research in Health Economics for healthcare decision making;
3. Apply a critical awareness of current issues in Health Economic evaluations and implement Health Economic evaluations in clinical practice scenarios.

Diploma Structure

The length of the diploma is one year comprising of 2 semesters and each semesters' duration is 6 months.

Total Credit Hours: 30

Diploma structure

S. No	Course Code	Course Title	Credits	
Semester-I				
1.	HE-660	Health Economics, financing and Health Insurance	3	PIDE
2.	HE-670	Decision Modeling for Health Economic Evaluation.	3	PIDE
	HE-680	Health Policy and Planning	3	PIDE
4.	HE-720	Hospital Management	3	HSA
5.	HE-735	Pharmaceutical Economics	3	HAS
6.	HE-780	Issues in Public Health and Economics Challenges	3	PIDE
Semester-II				
1.	HE-785	Health Project/ Hospital Project	6	HSA
2.	HE-789	On the Job Practicum in Health Organization or Hospital	6	HSA
Total Credits			30	

List of Courses

HE-660	Health Economics, financing and Health Insurance
HE-670	Decision Modeling for Health Economic Evaluation
HE-680	Health Policy and Planning
HE-720	Hospital Management
HE- 705	Health Development and Critical Social Science
HE- 710	Health Impact Assessment
HE-735	Pharmaceutical Economics
HE-780	Issues in Public Health and Economics Challenges

HE-660 Health Economics, Financing and Health Insurance 3 credits

The emphasis will be on looking at a wide variety of health-related topics from an economist's perspective. Participants will gain a sense of how to use economic theory and empirical analysis to evaluate health policy issues. They will be able to use specific tools of health economics to analyze current issues and decisions in health care. Finally, the course will focus on the critical analysis position papers, academic journal articles and other text related to health economics

Topics

Consumer theory and Market demand

The health capital model and the demand for health (includes demand for bads such as smoking or junk food, and addictions as seen by economists).

Demand for health care as a derived demand. Price and income elasticities of demand for health care (the Rand Health Insurance Experiment).

Production theory and Market supply

Health care professionals and institutions, their objectives and the environment in which they work (economic perspectives).

Physician agency. What can we learn from geographic variations in health care utilization? What do we know about supplier induced demand?

Demand and Supply for Health Insurance

The demand for health insurance and welfare consequences of moral hazard.

Competition on the health insurance market and adverse selection as a market failure. Reclassification risk (also known as premium risk) in competitive markets as another potential source of market failure.

Paying health care providers (funding of health care) and insurers as statistical buyers.

Innovations in health care (pharmaceuticals)

The supply of R&D in health (special emphasis on pharmaceuticals)

Evaluating innovation (methods of evaluation and technology assessment in health care).

How much innovation do we want? The Value of Life approach and equity considerations.

Textbooks

1. Economics of Health and Health Care, by Sherman Folland, Allen C. Goodman, and Miron Stano; published by Prentice Hall.
2. Health Policy Issues: An Economic Perspective, by Paul J. Feldstein; published by Health Administration Press.

HE- 670 Decision Modeling for Health Economic Evaluation 3 Credits

The course is designed to evaluate health interventions for program in developing countries. It aims to teach how to estimate healthcare costs, measure health outcomes and interpret different type of economic evaluations. The course includes a focus on modeling methods and analysis tools to help you make economically sound healthcare decisions. The course is appropriate for public health professionals seeking to understand tools, approaches and applications of economic evaluations.

Topics

Program Design, Planning Monitoring and Implementation

Loiacono F, Vargas M.S., and A. Tumusiime. (May 2020). We need more respectful and inclusive experiments. Stigler Center at the University of Chicago Booth School of Business.

GreenMills et al. (2013) "Evaluation of a Childhood Obesity Awareness Campaign Targeting Head Start Families" Journal of Health Care for the Poor and Underserved, 24(2)(S): 25-33.

Morestin, F. and Castonguay, J. (2013). Constructing a logic model for a healthy public policy: why and how? Montréal, Québec. National Collaborating Centre for Healthy Public Policy.

Types of Evaluation. Department of Health and Human Services. Center for Disease Control. National Center for HIV/AIDS, Division of STD Prevention.

Process evaluation, program monitoring, Data collection methods

Robbins LB, Ling J, et al. (2016). "Examining Reach, Dose, and Fidelity of the 'Girls on the Move' After-School Physical Activity Club." BMC Public Health,16:671.**(CS)**

Skim: Mye, SC and Moracco, KE. (2015). Compassion, pleasantry, and hope: A process evaluation of a volunteer-based nonprofit.

Developing Process Evaluation Questions (2018). Department of Health and Human Services. Center for Disease Control. Evaluation Briefs No. 4.

Curran, Gittelsohn, Anliker, et al (2005). Process evaluation of a store-based environmental obesity intervention on two American Indian reservations.

Woodcock, M. (2016, July 20). Using Case Studies to Explore and Explain Complex Interventions.

Measurement, Reliability and Validity

Wachter, RM. How Measurement Fails Doctors and Teachers. The New York Times. January 16, 2016, Op-ed.

Watch "Gordon Aitken, 10-step guide to Questionnaire Design": Gordon Aitken Youtube Video

Evans, D. "Do you agree or disagree? How to ask the question." Development Impact. Worldbank, April 28, 2014.

Rosenberg, S. (2017). "Respectful Collection of Demographic Data". www.Medium.com, March 13, 2017.

Dufrene, R. (2000). An evaluation of a patient satisfaction survey: validity and reliability.

Strengthening Evaluation Designs

Bamberger, M., (2010). *Reconstructing Baseline Data for Impact Evaluation and Results Measurement,* The World Bank. Nov 2010. Num 4.

Pettifor, A., Taylor, E., Nku, D., Duvall, S., Tabala, M., Mwandagalirwa, K., Meshnick, S., & Behets, F. (2009). Free distribution of insecticide treated bed nets to pregnant women in Kinshasa.

Moore, K. (2008). Quasi-Experimental Designs. Child Trends.

Smith, G and J Pell (2003). Parachute Use to prevent death and major trauma. Parachute Use to Prevent Death and Major Trauma

Goldstein, M. (2015). "Notes from the Field: October edition." World Bank Blogs. October 21, 2015.

Keller, D. The Tao of Statistics (2006). Impediments-Confounds & Nuisances–Covariates. Sage Publications.

Textbooks

1. Rogers, P. (2012). Introduction to Impact Evaluation.
2. Health Econometrics using Stata - by Partha Deb (Author), Edward C. Norton (Author), Willard G. Manning (Author)

HE-680 Health Policy and Planning 3 Credits

The course introduces students to the concepts of health policy planning and the application of these concepts to the delivery of health care. It further focuses on methodological issues in conceptualizing, designing and conducting health policy research and analysis. The students are guided to appropriately ask health policy and systems research questions given the multidisciplinary perspective and methodology it embrace and applies.

Topics

Health System, Health policy development, health policy from economic perspective, impact of other National policies on health system and role of international commitments of health policies (MDGs). Culture, economic systems and health policy, Political power and policy, health policy and ethics, health policy and analysis, evidence based health policy and evaluation. Health policy development and process in context of Pakistan, National health policies, policy versus planning, health care planning, current context of health care planning, health planning and budgeting, district health system, health sector reforms.

Text Books

1. An Introduction to Health Policy, Planning and Financing (1994), Brian Abel-Smith, 1st Edition, Routledge.
2. Key Concepts in Healthcare Policy and Planning: An Introductory Text, 1999th Edition by Colin Palfrey
3. Health Policy A Critical Perspective by Iain Crinson

HE- 705 Health, Development and Critical Social Science 3 Credits

Course Description

Health is dynamic; it involves biological, psychological, cultural, and social interplay. Culture refers to a range of historical, social, political, and economic contexts and processes in which human development occurs. In this course, we aim to understand the current theoretical debates at the intersections of culture, health, and human development with social science optics. Students will be familiarized with diverse theoretical and methodological perspectives on culture, health, and human development. This course is both reading and writing intensive. Although this course will include lecture and discussion, much of the learning will take place through guided class discussions based on the readings.

Topics

What is health? What is culture? What are ethnomedicines, and biomedicine? Systems approaches to health and Health and social behavior. Theoretical approaches and key concepts in medical anthropology, sociology of health and illness, historical dimensions on medicine. The body and medicine, Representation of medicine, illness and the body, body as sociocultural object, medicalization of body, sick role. Social control of medical practices, theorizing power, countervailing power, political economy, complementary and alternative medicine. Health Inequalities/ Social Demography of Health/ Poverty and Health, Components of social class, modern disease and the poor, equality of care, neighborhood disadvantage, SES sickness and mortality, demography oh health-gender, age, race. Political Economy and Medical Anthropology. Political economy approaches to health and critical medical anthropology, social networking and support, public policy and community involvement. Global Health Care and Health care delivery Systems. Health care reforms, health equity, health care-a right or privilege? socialized medicine, decentralized national health programs, socialist medicine, healthy in capitalist society. Mental Health, Identity and Culture, Tanscultural psychiatry and indigenous psychology, Cultural healing, Psychoneuroimmunology, Shamanic paradigm of ethnomedicine. Pharmaceutical Industry and Medicine Marketing. Complexity of Modern illness, Epidemiology, Communicable and non-communicable diseases, HIV/AIDS, Pandemic. Health- War, Violence and Displacement, Effects of conflict on health, Violence and Social repair, health in displacement camps, trauma and post traumatic disorders.

Text Books

1. Winkelman, M. (2013). Culture and Health: Applying Medical Anthropology. (1st ed.). San Francisco, Calif.: SAGE Publications.
2. Lupton, D. (2012). Medicine as culture: Illness, disease and the body. Sage. Fadiman, A.
3. Cockerham, W. C. (2017). Medical sociology. Routledge.
4. Jafree, S. R. (2020). The Sociology of South Asian Women's Health. Springer

HE- 710 Health Impact Assessment 3 Credits

Course Description

Health impact assessment is 'a combination of procedures, methods and tools by which a policy, a program or project may be judged as to its potential effects on the health of a population and the distribution of effects within the population'(WHO Gothenburg Consensus Paper). The overall goal of this course is to develop skills in reviewing and conducting health impact assessment (HIA) within the context of fostering an integrated understanding of how public policies and decisions influence the determinants of population health.

Topics

HIA aims and scope of practice. History of HIV and its analogs, Environment impact assessment, "Health for ALL" and "Healthy Cities" , Legislative policy and analysis. **Challenges to Conducting HIAs;** Technical feasibility, Political Acceptance and overtake, Unintended Consequences, Internet Resources for HIA. **Stakeholder Participation;** Types of stakeholders Ethical and utilitarian rationale for participation, Limits and drawback to participation. **Screening and Scoping;** When is HIA warranted and feasible? The uncertainty dilemma and evidence Logic Framework, Iterative scoping. **The Science and Art of Impact Assessment;** Estimating the proximal effects of policy, Characterizing the affected population, Qualitative Description, Quantitative description and predictions. **Communicating finding and follow-up;** Presenting results for impact, Evaluation of HIA. **HIA Integrated into Environment Impact Assessment;** NEPA and CEQA requirements for EIA, Interaction of EIA and HIA**,** Lessons learned from EIA practice. **Building HIA capacity and supporting use of HIA;** Reducing barriers to HIA, Legislative mandates to require HIA, other approaches to encourage use of HIA

Text Books

1. Health Impact Assessment: Concepts, Theory, Techniques and Applications. John Kemm, Jayne Parry, Stephen Palmer, eds. Oxford University Press, 2004.

2. Patton, Carl V; Sawicki, David S. Basic Methods of Policy Analysis and Planning. Prentice-Hall, 1993.

HE-720 Hospital Management 3 Credits

The course provides a range of applicable skills and a solid foundation of hospital management knowledge. The programmer helps candidates become competent and capable hospital managers. The training course enables participants to become familiar with modern management theories and concepts needed for managing healthcare organizations effectively and efficiently.

Topics

Introduction to hospital administration, Health care delivery system, Quality management in hospitals, Hospital architecture, and design, Hospital information systems, Hospital emergency and disaster management, Hospital planning, Health economics Research methodology for hospital managers, Human resources management, Financial management in hospitals, Creativity and innovation management, Management principles Computer applications in hospitals Hospital evaluation and accreditation

Recommended Readings

1. Barnum H, Kutzin J. Public hospitals in developing countries: resource use, cost, financing.Baltimore, MD: JohnsHopkinsUniversity Press; 1993.
2. Blanchet KD, Switlik MM. The handbook of hospital admitting management. USA: Aspen Publications; 1985.
3. Goel SL, Kumar R. Management of hospitals. New Dehli, India: Deep and Deep Publications; 2002.
4. King M, Lapsley I, Mitchell F, Moyes J. Activity based costing in hospitals: a case study investigation. London, UK: Chartered Institute of Management Accountants; 1994.
5. McMahon R, Barton E, Piot M, Gelina N, Rose F. On being in charge. Geneva: World Health Organization; 1992.
6. PrekerAS, Harding A (eds.). Innovations in health service delivery: the corporatization of public hospitals, vol. 1. WashingtonDC: World Bank; 2002.

HE-735 Pharmaceutical Economics 3 Credits

HE-780 Issues in Public Health and Economics Challenges 3 Credits

This is an introductory course designed to introduce students to the various facets of public health concepts, the problem-solving paradigm, and to prepare them for a multi-disciplinary approach towards public health. By the end of the course, participants should be able to examine public health through its historical context and use this information in the evaluation of current public health issues, and analyse a public health problem and evaluate interventions and policy alternatives using the problem-solving methodology. This course will explore multiple priority issues facing the public health system. The issues will be ranging from Workforce training deficiencies; smoking prevention; genetics in public health and the implications of managed care etc

Topics

- Introduction to Public Health (Concept of health, what is public health, theories in public health, is public health controversial? who is responsible for the health of public?)
- Social Determinants of Health
- Epidemiological Transition
- Ethics in Public Health
- Issues in Public Health – Non-communicable, communicable and genetic diseases, Nutrition issues (Malnutrition, Obesity), Maternal and Child Health, Tobacco use and other unhealthy practices, Injuries/Occupational health, Mental Health, Environmental Health, Climate change and Health, Cultural issues in Public Health (Gender and health, traditional medicine practices), Ageing and Public Health, Contemporary Health Issues and Practices (Both global and in country context. Health Promotion, Interventions, Behavior and Education.

Recommended Reading Material

Abdesslam Boutayeb, The double burden of communicable and non-communicable diseases

Alwan et al. (2010) Monitoring and surveillance of chronic non communicable diseases:

American public health association. Principles for the ethical practice of public health. New Orleans: public health leadership society, 2003

Asim, M. & Nawaz, Y. (2018). Child Malnutrition in Pakistan: Evidence from Literature. Children 2018, 5(5), 60; https://doi.org/10.3390/children5050060

Beauchamp, D. "Community: The neglected transition of public health." Hashtags center report. 15(6):28-36. 1985.

Caldwell, J.C. (1990). Cultural and Social Factors Influencing Mortality Levels in Developing Countries. Annals of the American Academy of Political and Social Science, 510, 44-59.

Carr, S., Unwin, N., & Pless-Mulloli, T. (2007). An Introduction to Public Health and Epidemiology. Ed. Open University Press, Berkshire, UK 2007.

Childress, J., Faden, R., Gaare, R., Gostin, L., Kahn, J., Bonnie, R., Kass, N., Mastroianni, A., Moreno, J., Nieburg, P. "Public health ethics: Mapping the Terrain." Journal of law, medicine and ethics. 30(2): 170-8. 2002.

Chirwa, E. W. & Ngalawa, H. (2008). Determinants of Child Nutrition in Malawi. South African Journal of Economics, 76(4), 628-640

Dallongeville, J., Marecaux, N., Fruchart, J.C., & Amouyel, P. (1998). Cigarette smoking is associated with unhealthy patterns of nutrient intake: a meta-analysis. Journal of Nutrition, 128, 1450–7.

economists, Islamabad.

Eighteenth annual general meeting and conference of the Pakistan society of development

Halvorson, S.J. (2002). Environmental Health Risks and Gender in the Karakoram-Himalaya, Northern Pakistan. Geographical Review, 92(2). 257-281.

Hruschka, D.J., & Hadley, C. (1979). A glossary of culture in epidemiology. Journal of Epidemiology and Community Health, 62(11), 947-951.

in developing countries, Transactions of the royal society of tropical medicine and hygiene,

Mahmood, N., & Ali, S.M. (2003). The disease pattern and utilisation of health care services in Pakistan. The Pakistan development review, 41(4), papers and proceedings PART II

Omran, A.R. (1971). The Epidemiologic Transition: A Theory of the Epidemiology of Population Change. The Milbank Memorial Fund Quarterly, 49(4), 509-538.

Omran, A.R. (1998). The Epidemiologic Transition Theory Revisited Thirty Years Later. Hodges Library Stacks. 51(2-4). World Health Organization.

O'Neill, O. " Public health or clinical ethics: Thinking beyond borders." Ethics and international affairs. 16(2): 35-45. 2002.

Popkin, B.M. (2006). Global Nutrition Dynamics: The World is Shifting Rapidly towards a Diet Linked with Non-communicable Diseases. The American Journal of Clinical Nutrition, 84, 289-98.

progress and capacity in high burden countries. The Lancet Volume 376, issue 9755, pages 1861-1868

Reddy, R.S., & Yusuf, S. (1998). Emerging epidemic of cardiovascular diseases in developing countries. American heart association, ISSN: 1524-4539

Sherin, A. (2013). Obesity: How to Prevent Pakistani People from Getting Heavier? Khyber Medical University Journal, 5(2), 59-60.

Tanzil, S., Jamali, T. (2016). Obesity, an emerging epidemic in Pakistan-a review of evidence.. J Ayub Med Coll Abbottabad, 28(3), 597-600.

volume 100, Issue 3, march 2006, pages 191-199. https://doi.org/10.1016/j.trstmh.2005.07.021

Woolf, S.H., & Laudan, A. (Eds). (2013). Individual Behaviors. Chapter 5 in U.S. Health in International Perspective: Shorter Lives, Poorer Health. Washington, D.C: The National Academies Press; 2013.

HE- 785 Health Project/ Hospital Project 6 Credits

After completing the courses students are able to demonstrate their understanding of core competencies through successful application of core knowledge and principles, critical thinking and analytic reasoning skills. The student is advised to select a topic for research consistent with his/her professional requirements during the first semester. The proposal formulated has to be critically appraised by the Academic Committee of Health Services Academy and simultaneously the Institutional Research Board (IRB) at end of the 2nd semester which is before the student is allowed to start with the data collection. The committee can suggest changes which will be communicated to the student at the time of critical appraisal. The students will carry out data collection, data analysis, interpretation and presentation of the results leading to conclusions from the study under the dissertation writing guidelines during the third semester. The primary educational objective of the dissertation is to demonstrate appropriate consideration and application of core concepts, skills, and knowledge in analyzing a public health problem within any of the proscribed frameworks. The core area competencies must be addressed in each project. These competency areas cut across the domains identified for each specific framework. For example, quantitative competence may be demonstrated in the literature review and/or methodology section and/or results and/or discussion section of a publication framework. All papers are required to demonstrate minimum competence but are held accountable to a level of competence consistent with the problem and framework as defined by the student.

HE-789 On the Job Practicum 6 Credit

Public health focuses on monitoring, achieving and improving the health of a population and is practiced in a variety of settings. The public health professional applies knowledge and skill from the core content areas of public health (biostatistics, epidemiology, environmental health, health services management, and social and behavioural sciences) to design, manage and valuate solutions to public health problems.

The practicum is intended to develop direct understanding and experience in hospitals, thereby exposing the student to organizational cultures, management systems, operations and resources, programs and services and target populations. Such knowledge, skills, abilities, and experiences will continue to develop and grow as each student graduates and becomes a life-long learner and practitioner of public health. The goal of the practicum is to provide a structured and supervised opportunity for the student to apply the theories, principles, knowledge and skills of public health and hospital management, as learned in the classroom, in a practice setting. The practice experience occurs in a carefully selected health services organisation approved by the Program Coordinator and is supervised by HSA faculty and an immediate supervisor/mentor. This takes into account the transition from education to professional practice. At the conclusion the students are required to present their project as a poster presentation.

Mode of Classes

All Classes will be taught online.

Methodology of Assessment/ Examination, and Rules

A student shall be evaluated in each course on the basis of sessional tests, class assignments, term papers and presentations, quizzes and terminal examinations. It depends on instructor if he/she wants to include all the assessment criteria of choose few among the above mentioned schemes. Nevertheless it is mandatory for all the instructors to take terminal exam and mandatory for students to appear in the terminal exam. Each course shall carry 100 marks and the terminal examination shall normally be allocated at least 50% marks.

Eligibility to Appear in Terminal Examination

A student shall be eligible to appear in the terminal examinations provided that:

a) He/she has been on the rolls of the Institute during that semester;
b) He/she has registered himself/herself for the courses of study, and
c) He/she has attended, not less than 75% of the lectures/seminars delivered-to his/her class in each course.
d) He/she has paid all of his dues.

Grades, Promotions and Merit

The total marks for a course will be 100 and shall be divided between sessional awards and terminal examination. The minimum pass marks for each course shall be 50%. A student obtaining less than 50% marks in any course shall be deemed to have failed in that course. If a student fails to appear in the terminal examination in a course(s) he/she shall be treated as failed.

Percentage and Grades

Percentage of marks shall be calculated up to two decimal digits. If the second digit after decimal is 4 or less, it will be ignored. However, if the second digit is 5 or more, it will be taken into account by raising the first digit after decimal point to the next higher digit. (Examples: 59.91 through 59.94 will be considered 59.9 while 59.95 through 59.99 will be raised to 60. The performance of a student in credit courses/project/thesis shall be graded in the following manner.

Percentage	Grades
Less than 50	F
50-54	C-
55-59	C
60-64	C+

65-69	B-
70-74	B
75-79	B+
80-84	A-
85-89	A
90 and Above	A+

Grade Point Average and Grades

Grade Point Average (GPA) shall be calculated in accordance with the following formula:

Sum of (GPE x Cr)/ Total credits where
GPE = Grade Points Earned in a course
Cr = Credits of the corresponding course
(and sum is over all the courses)
The Cumulative Grade Point Average (CGPA) at the end of a semester shall be the Grade Point Average of all the courses which have been passed up to that time.

Policy of Rechecking

There is no provision of re-evaluation of any examination once the results are submitted to the examination office. However, within one week of the announcement of results, a student can request for the rechecking of an answer sheet on the payment of rechecking fee as prescribed from time to time. The rechecking is restricted to confirm whether all the questions have been marked and the marks in individual questions add up exactly to the recorded aggregate marks.

Student Recruitment and Admissions

Eligibility Criteria

Diploma in Health Economics is developed for NHS Managers, Doctors, Nurses, Allied Health Professionals, Pharmaceutical Industry Professionals and other suitably qualified and interested individuals.

- The candidate should possess one of the following qualifications or an equivalent degree from a recognized university or accrediting body.
    - MBBS (Bachelor of Medicine & Bachelor of Surgery)
    - BDS (Bachelor of Dental Surgery)
    - B. Pharmacy (Bachelor's in Pharmacy)/ D. Pharmacy (Doctor of Pharmacy) or M. Pharmacy (Master's in Pharmacy)
    - BSc Nursing (Bachelor of Sciences in Nursing)
    - DVM (Doctor of Veterinary Medicine)
    - The program is also intended for students having Masters and/or four years BA/BSc degree with 2.5 CGPA out of 4.00 or equivalent in any field such as Anthropology, Business Administration, Economics, Human Nutrition, Microbiology, Physiology, Psychology, Public Health Engineering, Sociology, Statistics and Zoology

PIDE abides by its strict merit-based criteria with absolute transparency to select its students.

Work Experience

The candidate should preferably have one years of full-time work experience (in the case of medical doctors, after the house job) in public health-related fields in either the private sector the public sector, including the armed forces.

Age Limit

There is no Age-limit restrictions for admission in this Program.

Admissions

PIDE has its own Admissions Committee. The Admissions Committee has the responsibility for the selection of applicants to be admitted to the Program. It establishes procedures for the timely review of applications to the Program. Deferrals of admission are at the discretion of the Admissions Committee. The selected candidates from the Admissions Committee will be exempted from any test or interview.

Final Selection

The applicant's acceptance is contingent upon the receipt of all required documents including official transcripts. The Admissions Committee is responsible for identifying those students with missing documents and/or credentials which do not meet eligibility standards.

Fee Information

Total fee for Diploma in Health Economics is **Rs 120,000/-**