



YEREVAN STATE MEDICAL UNIVERSITY
AFTER MKHITAR HERATSI



FACULTY OF PUBLIC HEALTH

MPH IN HEALTHCARE PLANNING AND MANAGEMENT PROGRAM
STUDENT MANUAL 2026-2027

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2026-2027 ACADEMIC YEAR CALENDAR

Fall Term

Fall Term Begins.....	31 Aug
Independence Day.....	21 Sep
New Year and Christmas Holidays.....	31Dec-06 Jan
Recap Session for the First Year Students.....	14 Dec-29 Jan
Recap Session for the Second Year Students.....	During the Term
Master Thesis Defense.....	18 Jan -29 Jan
1 st Reexamination Period.....	25 Jan – 05 Feb
2 nd Reexamination Period.....	08 Feb – 19 Feb
Fall Term Ends.....	22 Jan

Spring Term

Spring Term Begins.....	01 Feb
Women's days.....	08 March
Genocide Commemoration Day.....	24 April
Labor Day.....	01 May
Victory Day.....	09 May
Recap Session.....	24 May-18 June
First Republic Day.....	28 May
Spring Term Ends.....	02 July
1 st Reexamination Period.....	21 June – 02 July
Admission Period for 2026-2027	21 June- 25 Aug
Admission Interviews	26 Aug - 27 Aug
2 nd Reexamination Period.....	16 Aug – 27 Aug

DEAN'S OFFICE OF THE FACULTY OF PUBLIC HEALTH

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PROGRAM OVERVIEW

The Master of Public Health (MPH) in Healthcare Management and Planning at Yerevan State Medical University (YSMU) is a structured, full-time, on-campus program delivered over 18 months (three consecutive semesters). It prepares future public health professionals with the theoretical knowledge, applied skills, and strategic leadership capacities needed to strengthen health systems in Armenia and internationally. The program emphasizes both foundational public health principles and advanced competencies in healthcare planning and management, with particular focus on evolving health system challenges such as digital transformation, health literacy, misinformation, and system resilience.

The program awards 90 ECTS credits, fully aligned with Armenian higher education regulations and the European Credit Transfer and Accumulation System (ECTS), where 1 ECTS equates to 30 hours of student workload. It adheres to the European Qualifications Framework (EQF) Level 7 descriptors, ensuring graduates possess advanced knowledge and demonstrate critical thinking, problem-solving, and decision-making skills for complex public health environments.

Instruction is conducted in Armenian, with course materials based on internationally recognized sources, including WHO technical guidelines, European public health frameworks, and authoritative academic textbooks widely used in global public health education.

Delivered in intensive two-week modules, the program allows students to focus on one subject at a time. The first semester builds foundational skills in epidemiology, biostatistics, research methods, and public health theory, alongside introductory training in planning and management. The second semester deepens applied competencies in leadership, human resources, economics, hospital administration, and health policy. The third semester emphasizes integration and specialization through modules on digital health, health promotion, comparative health systems, and thesis preparation.

Key features of the program include its interdisciplinary design, integration with Armenia's public health institutions, alignment with national reform goals, and emphasis on real-world application. Students engage with planning tools, benefit package models, and simulated decision-making using Armenian data. They explore inclusive communication strategies, stakeholder engagement, and the ethical use of digital technologies.

Designed for early- and mid-career professionals, as well as recent graduates in medicine, pharmacy, biology, and social sciences, the program builds competencies in healthcare planning, management, and evidence-informed policymaking.

The curriculum culminates in a three-part integrating experience: a written master's thesis, an interdisciplinary computer-based examination, and an oral defense. The structured progression—from foundational knowledge to applied systems-level skills—ensures graduates are well-prepared to lead in healthcare management, health policy, and system strengthening both in Armenia and globally.

Program Objectives

MPH in Healthcare Management and Planning is designed:

1. To provide advanced knowledge and analytical competences in public health, epidemiology, biostatistics, health systems, healthcare management, and public health research.
2. To develop the capacity to assess population health needs and to design, implement, manage, and evaluate public health programs, healthcare services, and health-system interventions.
3. To develop leadership, strategic management, communication, and interdisciplinary collaboration competences applicable to healthcare and public health organisations.
4. To promote ethical, equitable, and socially responsible public health practice through application of human rights principles, social justice approaches, and professional accountability.

5. To develop the ability to conduct independent public health research and formulate evidence-informed solutions to national and global public health challenges.

Program competences and learning outcomes

On completion of the programme, graduates of the MPH in Healthcare Management and Planning program will be able to:

- PLO1** Apply epidemiological, statistical, and analytical methods to assess population health needs, monitor public health trends, and evaluate healthcare systems and services.
- PLO2** Design, implement, and evaluate public health programmes and health service interventions based on population needs, evidence, and public health priorities.
- PLO3** Critically analyse health systems, governance structures, policies, and financing mechanisms, and propose evidence-based strategies to improve healthcare delivery and population health outcomes.
- PLO4** Demonstrate leadership, strategic management, and interdisciplinary collaboration skills applicable to healthcare and public health organizations.
- PLO5** Communicate public health information effectively to professional, policy, and community audiences, including promotion of health literacy and addressing misinformation.
- PLO6** Integrate ethical reasoning, human rights principles, and social justice approaches into public health policy, programme design, and service implementation.
- PLO7** Conduct independent public health research or applied field projects using quantitative, qualitative, or mixed-methods approaches aligned with ethical and scientific standards.
- PLO8** Critically analyse national and global public health challenges and formulate context-sensitive and sustainable solutions.

Timetable & Structure

The curriculum is structured to promote progressive competence development, beginning with foundational knowledge and research methods in public health and culminating in the integration and application of those skills through practice-oriented coursework, strategic management modules, and a research-based thesis. It consists of 25 compulsory modules (3 ECTS each), Field Practicum (2 ECTS), one elective module (3 ECTS), and a master's thesis (10 ECTS). Each module concludes with a summative assessment, and students are allowed up to two re-sit opportunities. Re-sits for the first and second semesters are held post-semester, while the third semester allows in-semester re-sits to support timely graduation.

Teaching is delivered using an intensive, modular block format, where each module carries 3 ECTS credits and is delivered over a two-week period. Regular classes are held on Mondays, Wednesdays, and Fridays to allow time for independent study, thesis development, and supervisory consultation. To accommodate working professionals, all modules are offered in two fixed shifts—morning (09:00–14:00) and afternoon (15:00–20:00)—with students selecting one shift for the full program. Exceptions to the M/W/F schedule are made for Data Management and Biostatistics I & II, which are delivered daily to support intensive skill-building. The structured academic calendar includes three semesters (Fall, Spring, and Final Fall), with diploma issuance scheduled for February upon successful completion of all graduation requirements.

The curriculum ensures the progressive development of core public health competencies with clear thematic emphasis by semester. The first semester lays the foundational knowledge and research skills in public health. It introduces students to quantitative and qualitative research methods, core statistical and epidemiological

tools, and the social, behavioural, and environmental determinants of health. Students also explore introductory health management and planning concepts. The second semester builds on foundational knowledge by focusing on advanced methods, managerial functions, and public health program design. Students explore leadership, ethics, health financing, human resources, and policy-making, alongside continued statistical and epidemiological training. The final semester emphasizes the integration and application of public health competencies through specialized modules and a comprehensive capstone. Students engage in health systems comparison, marketing, digital health, and thesis preparation. The semester culminates with an integrating experience comprising a written master's thesis, interdisciplinary exam, and oral defence. Students also select an elective in a specialized area such as global health, healthcare in emergencies, injury prevention, or healthcare system strengthening. Elective courses allow students to tailor part of their learning to areas of specific interest or relevance to their professional goals, enabling deeper engagement within the general public health framework.

A research seminar is integrated into the final semester to support students in the design and execution of their master's thesis. The semester concludes with submission of the written thesis, a computer-based interdisciplinary examination, and the oral defence of the thesis. The interdisciplinary examination is a multiple-choice test designed to assess students' integrated knowledge across the core subjects of healthcare management and planning, including healthcare management, healthcare planning, and healthcare quality management. This structured progression ensures comprehensive coverage from foundational knowledge and methods, to systems and policy, and integrative, cross-cutting experience.

The programme includes a field practicum in the hospitals, NCDC and MOH. Practical competencies are developed also through scenario-based exercises, case studies, policy simulations, stakeholder engagement, and a master's thesis focused on real-world public health challenges in Armenia. Additionally, the programme benefits from the active involvement of invited lecturers from Armenia's Ministry of Health, NCDC, international organizations (including WHO and UNICEF), and public health NGOs, who bring direct field experience and policy-level expertise into the classroom. Students also gain practical exposure through participation in ongoing research activities, including collaborative survey-based studies conducted annually in partnership with international academic institutions such as the University of California, Los Angeles (UCLA), the University of Utah and public health NGOs (e.g. Children of Armenia Fund-COAF, The Task Force for Global Health-TFGH). These projects involve student participation in training sessions, data collection through interviews, focus groups, and stakeholder engagement on priority public health topics in Armenia, as well as manuscript development. Through these activities, students acquire real-world competencies in applied research, scientific communication, and population health assessment. Collectively, these elements enable students to engage directly with contemporary public health challenges, reinforce experiential learning, and develop the professional readiness.

A wide range of teaching and learning activities is employed throughout the programme, including lectures, seminars, group discussions, oral presentations, academic writing exercises and case analysis. Students also engage in policy simulation exercises, and guided research development. These activities are designed to promote analytical thinking, collaborative learning, and the practical application of public health knowledge to contemporary challenges.

The academic calendar is organized according to a structured schedule that follows a sequential modular delivery format. The first semester runs from September to the end of January, followed by the second semester from February to mid-June. A summer break is observed from late June through August. During the summer vacation period between the second and third semesters, students are expected to continue

working on their master's thesis under mentors' supervision, allowing for uninterrupted progress toward final submission and defence. The third semester begins in September and extends through February, encompassing coursework, thesis development, the interdisciplinary examination, final thesis defence and official diploma issuance.

Semester	Period	ECTS	Focus
Semester 1 (Fall – Year 1)	September – January	30	Foundations of public health and research: problem solving paradigm, core epidemiology, biostatistics, qualitative and quantitative methods, social determinants, environmental health, and introductory planning and management.
Semester 2 (Spring – Y1)	February – mid-June	32	Applied public health management: advanced analytical methods, health program planning and evaluation, health economics, ethics, leadership, hospital administration, quality management, and Field Practicum
Semester 3 (Fall – Y2)	September – February	28	Integration and specialization: comparative analysis of healthcare systems, health education, digital health, marketing, elective focus area, research seminar, elective course, capstone integrating experience (written thesis, CB-exam, oral defence) and official diploma issuance.

Total: 90 ECTS credits

Individual supervision of the Master's thesis is a core component of the research training within the MPH programme.

Supervisory time is distributed flexibly across the academic term and is tailored to each student's progress. It encompasses ongoing academic mentorship and methodological guidance, supporting students as they conceptualize, design, implement, and finalize their research. The supervisory process is structured around key research development milestones and includes regular feedback and consultation to enhance the academic quality of the thesis and ensure timely completion. It also plays a formative role in developing students' analytical, writing, and presentation skills, and prepares them for successful thesis defence.

Summary of Graduation Requirements

To be eligible for graduation with a Master of Public Health (MPH) degree, students must successfully complete a total of 25 compulsory courses, Field Practicum, one elective course, and an Integrating Experience. Together, these components are equivalent to 90 credit hours of academic work.

In order to qualify as an MPH degree candidate, students must maintain a minimum cumulative Grade Point Average (GPA) of 5.0 on a 10-point scale throughout the program.

Additionally, students are required to fulfil a minimum of 18 months of full-time residency, during which they must be physically present and actively participating in coursework and academic activities. This residency ensures adequate engagement with faculty, peers, and the broader academic environment, which is considered essential for professional and scholarly development in the field of public health.

Academic Standards

Students must meet minimum academic standards to remain in the MPH Program. A student's failure to meet any of the criteria below is grounds for being placed on academic warning and/or being dismissed from the program.

- **Grade Point and Passing Standards**

- Students must obtain a minimum passing grade of 5 out of 10 in all modules, examinations, and the Master's Thesis.
- If a student fails to achieve the minimum passing grade in any module, they are permitted to retake the assessment up to two additional times during the designated re-examination sessions.
- Repeated failures in the same module after the permitted re-sit opportunities result in dismissal from the program.

- **Assessment Completion**

- All required assessments (oral presentations, written assignments, paper-based tests, and computer-based tasks) must be completed in accordance with the academic calendar.
- Failure to complete required assessments by the specified deadlines results in dismissal from the program.

- **Integrating Experience Requirements**

- Interim deliverables (formal approval of the Master's thesis topic by the YSMU Scientific Council of the Faculty of Public Health, formal approval from the YSMU Ethics Committee, submission of the literature review, methodology chapter, and the pre-submission progress report) must be completed according to the official academic calendar.
- Failure to submit required components on time may result in delayed graduation.
- Successful completion of all three components of the Integrating Experience is mandatory:
 - a. Written Master's Thesis (minimum 5/10)
 - b. Interdisciplinary Computer-Based Examination (minimum 50%+1 correct response)
 - c. Oral Defense of the Thesis (minimum 5/10)
- Failure in any component will result in dismissal from the program.

- **Attendance and Engagement**

- Students must attend scheduled classes, seminars and defense sessions as outlined in the academic calendar.
- Students are required to complete a minimum of 14 contact hours for each module, with the exception of Data Management and Biostatistics I and II, which require 20 contact hours. Students who fail to meet the mandatory contact hours will be ineligible to participate in the summative assessment of the module. Such students must compensate for the missed hours and will be permitted to undertake the summative assessment only during the designated re-examination period.
- Students' failure to meet attendance requirements for 71-100 academic hours (one academic hour is 40 minute) will result in written warning and for 101 academic hours and more will result in dismissal from the program.

- **Academic Integrity**

- Plagiarism, falsification of data, or academic dishonesty in any assessment or thesis work are considered serious violations.

- A confirmed violation of academic integrity policies may lead to immediate dismissal from the program.
- **Progression Standards**
 - Students must successfully complete all modules of each semester before progressing to the next semester.
 - Students who fail to complete all modules of the semester will be dismissed.

MPH IN HEALTHCARE PLANNING AND MANAGEMENT PROGRAM CURRICULUM 2026-2027

Year I, Semester 1 (Fall), August 2026 – January 2027				
Module	Shift	Teaching Week	Week starting	Class days
Problem Solving Paradigm in Public Health	Morning shift 9.00-14.00	1- 2	31/8/2026	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Data Management	Morning shift 9.00-14.00	3 – 4	14/9/2026	Monday-Friday
	Afternoon shift 15.00-20.00			
Biostatistics I	Morning shift 9.00-14.00	5 - 6	28/9/2026	Monday-Friday
	Afternoon shift 15.00-20.00			
Epidemiology I	Morning shift 9.00-14.00	7-8	12/10/2026	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Qualitative Research Methods	Morning shift 9.00-14.00	9-10	26/10/2026	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Quantitative Research Methods	Morning shift 9.00-14.00	11-12	09/11/2026	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Social and Behavioral Sciences in Public Health	Morning shift 9.00-14.00	13-14	23/11/2026	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Healthcare Planning	Morning shift 9.00-14.00	15-16	07/12/2026	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Environmental Health	Morning shift 9.00-14.00	17-19	21/12/2026	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
New Year Holiday - Teaching Week 18, Week starting 28/12 2025				
Health Care Management	Morning shift 9.00-14.00	20-21	11/1/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Winter Holiday - Teaching Week 22, Week starting 25/1/2027				
First re-sit Session, Teaching Week 22-23, Week starting 25/1/2027				
Second re-sit Session, Teaching Week 24-25, Week starting 08/2/2027				
Year I, Semester 2 (Spring), February – Mid-June 2026				
Module	Shift	Teaching Week	Week starting	Class days
Individual Thesis Supervision	Individual meetings with thesis supervisor	23-42 Longitudinal, concurrent	01/2/2027	Scheduled by supervisors

Biostatistics II	Morning shift 9.00-14.00	23-24	01/2/2027	Monday-Friday
	Afternoon shift 15.00-20.00			
Epidemiology II	Morning shift 9.00-14.00	25-26	15/2/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Bioethics	Morning shift 9.00-14.00	27-28	01/3/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Health Program Planning, Implementation and Evaluation	Morning shift 9.00-14.00	29-30	15/3/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Health Finance and Economics	Morning shift 9.00-14.00	31-32	29/3/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Human Resource Management	Morning shift 9.00-14.00	33-34	12/4/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Leadership	Morning shift 9.00-14.00	35-36	26/4/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Health Care Quality Management	Morning shift 9.00-14.00	37-38	10/5/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Hospital Administration	Morning shift 9.00-14.00	39-40	24/5/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Health Policy and Law	Morning shift 9.00-14.00	41-42	07/6/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Field Practicum		43-44	21/06/2027	Monday-Friday
Summer Holiday - Teaching Week 45-52, Week starting 05/7/2027				
First re-sit Session, Teaching Week 43-44, Week starting 21/6/2027				
Second re-sit Session, Teaching Week 52-53, Week starting 16/8/2027				
Year II, Semester 3 (Fall), September 2027 – February 2028				
Module	Shift	Teaching Week	Week starting	Class days
Individual Thesis Supervision	Individual meetings with thesis supervisor	53-73 Longitudinal, concurrent	06/9/2027	Scheduled by supervisors
Comparative Analysis of Healthcare Systems	Morning shift 9.00-14.00	53-54	20/9/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Health Education and Promotion	Morning shift 9.00-14.00	55-56	04/10/2027	

	Afternoon shift 15.00-20.00			Monday, Wednesday, Friday
Health Care Marketing	Morning shift 9.00-14.00	57-58	18/10/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Digital Health	Morning shift 9.00-14.00	59-60	01/11/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Elective Course*	Morning shift 9.00-14.00	61-62	15/11/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Research Seminar and Thesis Preparation	Morning shift 9.00-14.00	63-64	29/11/2027	Monday, Wednesday, Friday
	Afternoon shift 15.00-20.00			
Master Thesis Finalization and Submission	-	65-69	13/12/2027	-
Master Thesis Submission	-	69	27/12/2027	-
Interdisciplinary Computer-Based Exam	Morning shift 9.00-14.00	71-72	11/1/2028	Monday-Friday
Master Thesis Oral Defense	Morning shift 9.00-14.00	73	17/1/2028	Monday-Friday
New Year Holiday - Teaching Week 70, Week starting 27/12 2027				
The first and second re-sit sessions are administered during the academic semester in accordance with the schedule established by the Dean's Office.				

*One of the elective courses must be chosen:

1. Global Health
2. Healthcare in Emergencies
3. Violence and Injury Prevention
4. Strengthening Healthcare System

COURSE DESCRIPTIONS

Problem Solving Paradigm in Public Health (3 credits)

This module introduces students to structured approaches for analyzing and addressing complex public health problems, with a strong emphasis on systems thinking, root cause analysis, and evidence-based decision-making. Students learn to apply analytical tools such as problem trees, logic models, and prioritization matrices to define issues, identify determinants, and develop feasible solution strategies. Through case-based learning, with examples drawn from Armenia and global health, the module emphasizes stakeholder engagement, option appraisal, and integration of national policy priorities and data systems into decision-making processes. By the end of the module, students will be equipped to design and communicate contextually relevant, ethically grounded, and actionable recommendations for improving public health practice.

Learning competences / objectives

1. Demonstrate critical understanding of structured approaches to public health problem solving, including systems thinking, root-cause analysis, and evidence-informed decision-making frameworks.
2. Apply stepwise problem-solving methodologies and analytical tools to define, assess, and address complex public health problems using diverse sources of evidence.
3. Identify the determinants and causal pathways of public health challenges and formulate clear problem statements and feasible solution strategies.
4. Conduct stakeholder and contextual analyses and engage relevant actors across sectors and organisational settings.
5. Appraise alternative solutions according to feasibility, equity, cost-effectiveness, sustainability, and cultural appropriateness.
6. Communicate evidence-informed public health recommendations clearly, ethically, and appropriately to professional, policy, and community audiences.
7. Analyse how political, institutional, cultural, and resource-related factors influence public health decision-making, particularly in the Armenian context.

Syllabus content

- Structured problem-solving frameworks in public health: stages of analysis, systems thinking, and decision-making under uncertainty.
- Tools and techniques: problem trees, fishbone (Ishikawa) diagrams, force field analysis, logic models, and prioritization matrices.
- Defining problems and identifying causal pathways using epidemiological, behavioral, qualitative, and institutional data.
- Stakeholder analysis and engagement strategies, with examples from Armenia's Ministry of Health, National Institute of Health, and civil society actors.
- Criteria-based option appraisal: feasibility, equity, cost-effectiveness, sustainability, and cultural appropriateness.
- Application of structured methods to real-world cases from Armenia and global health (e.g., maternal health access, vaccination uptake, service equity).
- Integration of Armenian health policy priorities and data systems (e.g., HSPA reports, surveillance data) into decision-making processes.
- Communicating solutions and leading change: development of actionable, evidence-informed recommendations tailored to local public health contexts.

Reading materials associated with the module. The course is taught in Armenian. International sources are used by faculty to prepare Armenian-language teaching materials. Armenian sources are listed using translated English titles.

Essential Reading

- Fraser, M.R., 2012. Problem-Solving and Decision-Making Skills for Public Health Practice. 2nd ed. San Francisco: Jossey-Bass.
- World Health Organization, 2017. Strategizing National Health in the 21st Century: A Handbook.
- Ministry of Health of the Republic of Armenia, 2022. National Health Strategy 2022–2026.

Recommended Reading

- Schneider, M.-J. and Schneider, H.S., 2021. Introduction to Public Health. 6th ed. Burlington, MA: Jones & Bartlett Learning.
 - Marmot, M. and Wilkinson, R.G., 2006. Social Determinants of Health. Oxford: Oxford University Press.
 - Armenian Ministry of Health. Selected policy documents, surveillance reports, and Health System Performance Assessment materials.
 - Armenian National Institute of Health. Selected public health bulletins, reports, and research outputs.
- Additional Armenian-language readings, case materials, and data sources are provided by the teaching team.

Assessments used

The summative assessment consists of two components:

Component A: 1,500-word written group assignment— 50%

Component B: 15-minute oral presentation with questions— 50%

Component A: Written Assignment

Students work in groups to analyse a selected public health problem using appropriate structured problem-solving frameworks and relevant evidence.

- a clear definition of the public health problem;
- analysis of determinants and causal pathways;
- use of relevant epidemiological, behavioural, qualitative, institutional, or policy evidence;
- stakeholder and contextual analysis;
- application of appropriate problem-solving tools;
- identification and appraisal of alternative solutions;
- assessment of feasibility, equity, cost-effectiveness, sustainability, and cultural appropriateness;
- justified and actionable recommendations;
- appropriate use of literature, data, and referencing.

The written assignment assesses students' ability to analyse a public health problem systematically, apply appropriate frameworks and analytical tools, integrate evidence, and formulate feasible and context-sensitive solutions.

Component B: Oral Presentation

Students present the selected public health problem and proposed solutions in a 15-minute presentation supported by PowerPoint slides. The presentation is followed by questions from the teaching team.

- clear formulation of the public health problem;
- logical use of a structured problem-solving framework;
- appropriate use of analytical and decision-making tools;
- consideration of stakeholders and contextual factors;
- evidence-informed justification of proposed solutions;
- clear, concise, and professional communication;
- appropriate use of visual materials;

- ability to respond to questions and justify decisions.

Where the presentation is delivered as a group, each student is assessed individually on their assigned contribution, analytical reasoning, communication performance, and responses to questions.

Assessment Criteria

The written assignment and oral presentation are assessed using standardised rubrics provided to students in advance. The main assessment criteria are the clarity of the problem definition, the quality of the causal and contextual analysis, the appropriate application of problem-solving frameworks, the use of relevant evidence, the feasibility and justification of the proposed recommendations, critical thinking and logical organisation, the quality of academic and oral communication, and the student's individual contribution and ability to respond to questions.

Grading and Passing Requirements

The final course grade is calculated as the weighted average of the written assignment and oral presentation.

Formative Assessment and Feedback

Formative assessment is ungraded and is used to support students' preparation for summative assessment. Depending on the course, it may include practical exercises, case discussions, draft reviews, peer feedback, presentations, workshops, and instructor guidance. Students receive verbal feedback during learning activities and may receive feedback on draft work where appropriate. Detailed formative activities and feedback arrangements are provided in the Course Book and course-specific assessment guidance.

Data Management (3 credits)

This module provides students with a comprehensive introduction to the principles and practices of public health data management across its full lifecycle, from collection and entry to quality assurance, storage, and archiving. Emphasis is placed on applying international standards and Armenian health information systems, including ARMED and Ministry of Health reporting protocols. Students gain hands-on experience with data management software such as Excel and SPSS, learning to prepare real-world datasets for analysis, reporting, and policy use. The module also addresses ethical and legal dimensions of data protection, confidentiality, and secure handling of sensitive information, equipping students with the skills to manage public health data responsibly and effectively.

Learning competences / objectives

1. Explain the principles, stages, and quality requirements of the public health data lifecycle, including planning, collection, entry, processing, storage, reporting, sharing, and archiving.
2. Design and use data structures, coding schemes, data dictionaries, file-naming conventions, and metadata appropriate for public health datasets.
3. Apply procedures for data entry, coding, cleaning, validation, de-duplication, and identification and management of missing or inconsistent values.
4. Use spreadsheet and statistical software to organise, retrieve, transform, and prepare public health datasets for analysis and reporting.
5. Evaluate data quality in relation to completeness, accuracy, consistency, validity, timeliness, and integrity and document the actions taken to address identified problems.

Syllabus content.

- Concepts and stages of public health data management: planning, collection, entry, quality control, storage, analysis, reporting, and archiving, referencing both international frameworks and national systems such as ARMED and MOH reporting protocols.
- Data quality assurance processes: validation, data cleaning, outlier detection, and strategies to minimize data loss, illustrated with national reporting outputs (e.g., Health System Performance Assessment reports).
- Overview and application of commonly used data management software tools (e.g., Microsoft Excel, SPSS), with hands-on exercises using datasets from national health registries.
- File formats, data dictionaries, naming conventions, and standardization protocols based on global and national coding practices in health information systems.
- Ethical and legal aspects of public health data management: informed consent, confidentiality, data security, and alignment with public sector data protection laws.
- Preparing public health datasets for statistical analysis and reporting, with a focus on usability for surveillance, research, and policy.
- Managing large-scale and multisource datasets, addressing challenges of interoperability, access control, metadata completeness, and long-term archiving.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

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Essential Reading

- Briney, K. (2015). *Data Management for Researchers: Organize, Maintain and Share Your Data for Research Success*. Pelagic Publishing.
- World Health Organization. Standards and guidance relevant to public health information services and health-data quality.
- Selected Ministry of Health of the Republic of Armenia HSPA reports and data bases provided by the teaching team.

Recommended Reading

- Centers for Disease Control and Prevention. *Data Management Plan guidance for public health programmes*.
- Armenian National Institute of Health. Selected public health bulletins and research outputs.
- Additional Armenian-language practical guides, datasets, and software instructions provided by the teaching team.

Assessments used

The summative assessment consists of a structured series of 10 individual practical data-management tasks completed using a provided public health dataset.

Students are required to demonstrate the main stages of data handling, including:

- creation or review of the dataset structure and variable definitions;
- data entry and coding;
- application of naming and formatting conventions;

- identification and correction of missing, duplicate, inconsistent, or invalid values;
- validation and quality-control checks;
- restructuring or recoding where required;
- data-cleaning decisions;
- application of confidentiality and secure data-handling principles;
- preparation of the dataset for analysis and reporting;
- submission of the final cleaned dataset.

Assessment criteria include technical accuracy, completeness, consistency, systematic workflow, appropriate use of software and data-quality judgement.

The assessment is graded on the University's 10-point scale. Students must achieve at least 5 out of 10 to pass the course. Students who do not meet the passing requirement are reassessed in accordance with the YSMU Master's Programme Assessment Regulations.

Biostatistics I (3 credits)

This module introduces students to the foundational concepts and methods of biostatistics, with a focus on summarizing, presenting, and interpreting public health data. Students learn to classify variables, calculate descriptive measures, and apply statistical tools to real datasets from Armenian surveillance and health information systems. Emphasis is placed on the construction of meaningful indicators of health system performance, graphical presentation of data consistent with national reporting formats, and the application of probability concepts and statistical distributions to public health problems. The module equips students with essential skills for understanding variability, uncertainty, and representativeness in population health data, laying the groundwork for advanced statistical analysis in subsequent coursework.

Learning competences / objectives

1. Explain the role of biostatistics and statistical reasoning in public health, epidemiology, research, surveillance, and health-system decision-making.
2. Classify variables according to type and level of measurement and select appropriate methods for summarising each type of data.
3. Calculate and interpret frequencies, percentages, proportions, rates, and commonly used public health indicators.
4. Calculate and interpret measures of central tendency and dispersion and select appropriate summaries according to data type and distribution.
5. Construct and interpret tables and graphical displays of public health data.
6. Apply basic probability concepts and explain the characteristics and public health applications of binomial and normal distributions.
7. Calculate and interpret sensitivity, specificity, and predictive values in introductory diagnostic-testing examples.
8. Describe basic probability and non-probability sampling approaches, representativeness, sampling error, and their implications for interpretation and generalisability.
9. Use statistical software to summarise and present public health data and communicate results accurately.

Syllabus content.

- Introduction to biostatistics: purpose, core concepts, and the role of statistical reasoning in public health and epidemiology.

- Types of data and variables: nominal, ordinal, interval, and ratio scales; data coding and classification using Armenian public health datasets.
- Descriptive statistics: calculation and interpretation of frequencies, percentages, proportions, and rates (e.g., vaccination coverage, infant mortality).
- Measures of central tendency and dispersion: mean, median, mode, range, standard deviation, and interquartile range; selection of appropriate measures based on data characteristics.
- Graphical presentation of data: construction and interpretation of bar charts, histograms, pie charts, and line graphs using national reporting formats (e.g., MOH statistical bulletins).
- Basic sampling principles: introduction to random, stratified, and systematic sampling; discussion of representativeness and sampling error in public health data.
- Probability concepts: basic rules, conditional probability, and interpretation of diagnostic test results (e.g., sensitivity, specificity, predictive values).
- Introduction to statistical distributions: characteristics and applications of binomial and normal distributions using Armenian demographic and health indicators.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Sullivan, L.M. (2011). *Essentials of Biostatistics in Public Health*. 2nd ed. Jones & Bartlett Learning.
- Tadevosyan, A.E., Hayrapetyan, A.K., Sakanyan, G.H., and Sukiasyan, R.R. (2019). *Fundamentals of Biostatistics: A Textbook*. Yerevan State Medical University. In Armenian.
- Selected Armenian Ministry of Health HSPA reports and statistical bulletins used for practical examples.

Recommended Reading

- Pagano, M. and Gauvreau, K. (2018). *Principles of Biostatistics*. 2nd ed. CRC Press.
- World Health Organization. Selected guidance and statistical resources relevant to public health indicators.
- Armenian National Institute of Health. Selected public health bulletins and research outputs.
- Additional Armenian-language exercises, formula sheets, and datasets provided by the teaching team.

Assessments used

The summative assessment follows a sequential two-stage structure that evaluates both theoretical understanding and applied competence.

Summative Assessment

Stage 1: Paper-Based Test

Students complete a paper-based test consisting of 20 closed-ended questions, including multiple-choice, true/false, and single-best-answer items.

The test assesses variable types and measurement levels, descriptive measures, data presentation, probability, diagnostic-test concepts, distributions, sampling principles, and interpretation of basic statistical information. A minimum score of 50% is required to pass Stage 1. Students who do not achieve this threshold do not proceed to Stage 2 and are reassessed in accordance with programme regulations.

Stage 2: Computer-Based Practical Assignment

Students who pass Stage 1 complete 10 individual computer-based tasks using a provided public health dataset.

The tasks assess students' ability to:

- classify and summarise variables;
- calculate frequencies, percentages, proportions, rates, and descriptive measures;
- select appropriate statistical summaries;
- construct and format tables and graphs;
- interpret descriptive statistical output accurately;
- communicate concise, evidence-based conclusions.

Both stages are mandatory. The course grade is determined in accordance with the approved assessment rubric, and students must achieve an overall grade of at least 5 out of 10 to pass the course. Students who do not meet the passing requirements are reassessed under the YSMU Master's Programme Assessment Regulations.

Epidemiology I (Non-Communicable Diseases) (3 credits)

This module provides students with a comprehensive introduction to the epidemiology of non-communicable diseases (NCDs), emphasizing their distribution, determinants, and public health impact in Armenia and globally. Students gain competence in applying epidemiological study designs and calculating key measures of disease occurrence and association using NCD datasets. The module explores behavioral, environmental, occupational, and genetic determinants of chronic diseases, with practical application of national surveillance systems, cancer registries, and global burden of disease metrics. Ethical, legal, and methodological issues in NCD research are integrated throughout, preparing students to interpret evidence critically and contribute to evidence-based prevention and control strategies.

Learning competences / objectives

1. Explain the distribution, determinants, and public health impact of major non-communicable diseases at national and global levels.
2. Calculate and interpret incidence, prevalence, mortality, relative risk, odds ratio, and attributable measures using non-communicable disease data.
3. Differentiate descriptive, cross-sectional, case-control, and cohort study designs and select an appropriate design for a defined public health question.
4. Interpret findings from epidemiological studies and critically assess the validity, strengths, and limitations of study designs.
5. Analyse behavioural, social, environmental, occupational, and genetic determinants of non-communicable diseases.
6. Interpret data from national surveillance systems, disease registries, and burden-of-disease indicators, including DALYs and YLL.
7. Use epidemiological evidence to formulate justified recommendations for prevention, control, policy, or further research.

Syllabus content

- Introduction to epidemiology in public health: history, terminology, and role in policy and planning.
- Focus on non-communicable disease epidemiology: burden, distribution, and public health significance in Armenia.
- Measures of disease occurrence and association: incidence, prevalence, risk ratios, odds ratios, attributable risk.

- Study designs in epidemiology: descriptive studies, cross-sectional surveys, case-control and cohort studies.
- Analysis of determinants of NCDs: behavioral (e.g., smoking, nutrition), environmental (e.g., urban pollution), occupational, and genetic factors.
- National surveillance systems and health data sources: Armenia's national statistical databases, cancer registry, MoH/NCDC bulletins.
- Disability-Adjusted Life Years (DALYs), Years of Life Lost (YLL), and other burden of disease metrics.
- Interpretation of epidemiological evidence for national NCD strategies and WHO targets.
- Ethics in epidemiological research: informed consent, confidentiality, data use in chronic disease surveillance.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Gordis, L. (2014). *Epidemiology*. 5th ed. Elsevier Saunders.
- Beaglehole, R., Bonita, R., and Kjellström, T. (2020). *Basic Epidemiology*. 3rd ed. World Health Organization.
- WHO. *Noncommunicable Diseases Country Profiles: Armenia*.
- Selected Armenian national surveillance, registry, and Ministry of Health/NCDC reports provided by the teaching team.

Recommended Reading

- Marmot, M. and Wilkinson, R.G. (eds.) (2006). *Social Determinants of Health*. 2nd ed. Oxford University Press.
- Bruce, N., Pope, D., and Stanistreet, D. (2018). *Quantitative Methods for Health Research: A Practical Interactive Guide to Epidemiology and Statistics*. 2nd ed.
- World Health Organization. *Global reports and monitoring resources on non-communicable diseases*.
- Additional Armenian-language case materials and datasets provided by the teaching team.

Assessments used

The summative assessment consists of two components:

Component A: Paper-Based Test — 40%

Component B: Group-Based Case Written Assignment — 60%

Component A: Paper-Based Test

The paper-based test consists of 50 closed-ended questions, including multiple-choice, single-best-answer, and exception-type items.

The test assesses understanding and interpretation of measures of disease frequency and association, study-design selection, determinants of non-communicable diseases, surveillance and registry data, and introductory ethical considerations.

Students must achieve at least 50% correct responses to pass this component.

Component B: Group-Based Case Written Assignment

Students work in small groups on a provided non-communicable disease case scenario or dataset. The assignment requires them to:

- define the epidemiological problem and relevant population;

- calculate or interpret appropriate measures of frequency, burden, or association;
- select and justify an appropriate epidemiological study design;
- analyse relevant behavioural, social, environmental, occupational, or genetic determinants;
- interpret the strengths and limitations of the available evidence;
- formulate evidence-informed recommendations for public health intervention, policy, surveillance, or further research.

The assignment is assessed using a standardised rubric. Individual achievement is verified through an individual contribution statement and each student's responses to questions or clarification requests related to the submitted work.

Grading and Passing Requirements

The final course grade is calculated from the weighted scores of the two components. Students must achieve an overall grade of at least 5 out of 10 and pass the paper-based test threshold. Students who do not meet the passing requirements are reassessed in accordance with the YSMU Master's Programme Assessment Regulations.

Qualitative Research Methods (3 credits)

This module introduces students to the theoretical foundations and practical application of qualitative research in public health. It emphasizes the value of qualitative inquiry for understanding experiences, behaviors, and systems, particularly in contexts where quantitative methods may be insufficient. Students gain hands-on experience with key data collection techniques, including interviews, focus groups, and observation, and develop competence in systematic approaches to data analysis such as coding and thematic analysis. The module also addresses issues of rigor, reflexivity, and ethics, with examples drawn from Armenian public health research to illustrate methodological and cultural considerations.

Learning competences / objectives

1. Explain the epistemological foundations, purposes, and appropriate uses of qualitative research in public health.
2. Differentiate major qualitative approaches, including phenomenology, grounded theory, and ethnography, and select an approach appropriate to a defined research question.
3. Formulate a focused qualitative research question and develop a feasible qualitative study protocol.
4. Select and justify an appropriate sampling strategy for qualitative public health research.
5. Design and apply appropriate qualitative data-collection methods, including in-depth interviews, focus groups, and observation.
6. Develop and use an interview or focus-group guide that is aligned with the research question and sensitive to context and participants.
7. Organise, code, categorise, and interpret qualitative data using systematic thematic analysis.
8. Apply principles of reflexivity, credibility, dependability, transferability, and confirmability when evaluating qualitative research quality.
9. Apply ethical, cultural, confidentiality, and informed-consent principles throughout qualitative research.
10. Report qualitative methods and findings clearly and transparently using appropriate academic and reporting conventions.

Syllabus content

- Epistemological foundations of qualitative research and its relevance for exploring complex issues in public health.
- Overview of key qualitative research methodologies including ethnography, grounded theory, and phenomenology.
- Data collection techniques: semi-structured and in-depth interviews, focus group discussions, and participant/non-participant observations.
- Approaches to data analysis: coding procedures, thematic analysis, and the use of qualitative data management software.
- Strategies to ensure rigor and credibility in qualitative research including reflexivity, triangulation, trustworthiness, and ethical considerations such as informed consent and confidentiality.
- Where applicable, examples from qualitative public health research conducted in Armenia—such as studies on community health behaviors, patient experiences, or public health program evaluations—will be used to contextualize methods and ethical considerations.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Green, J. and Thorogood, N. (2018). *Qualitative Methods for Health Research*. 4th ed. SAGE Publications.
- Pope, C. and Mays, N. (eds.) (2020). *Qualitative Research in Health Care*. 4th ed. Wiley-Blackwell.
- Tong, A., Sainsbury, P., and Craig, J. (2007). Consolidated Criteria for Reporting Qualitative Research (COREQ): A 32-Item Checklist for Interviews and Focus Groups. *International Journal for Quality in Health Care*, 19(6), 349–357.

Recommended Reading

- Liamputtong, P. (2013). *Qualitative Research Methods in Health: Foundations for Evidence-Based Practice*. 2nd ed. Oxford University Press.
- Ministry of Health of the Republic of Armenia. National Health Strategy 2022–2026 and selected public health reports.
- Selected Armenian and international qualitative public health studies provided by the teaching team.
- Additional Armenian-language protocols, transcripts, coding exercises, and reporting guidance provided by the teaching team.

Assessments used

The summative assessment consists of an individual 1,500–2,000-word Qualitative Fieldwork Report. Each student independently designs and conducts a short qualitative data-collection exercise using either one in-depth interview or one small focus-group discussion on a relevant public health topic.

The report must include:

- a clear public health research question and rationale for using a qualitative approach;
- description and justification of the selected methodology and sampling approach;
- the data-collection procedure and interview or focus-group guide;
- ethical procedures, including informed consent, confidentiality, and data protection;
- description of transcription, coding, and thematic analysis;
- presentation of key categories or themes supported by appropriate evidence;

- interpretation of findings in relation to the research question and relevant literature;
- reflection on researcher positioning, limitations, rigour, and practical learning.

The assessment evaluates the student's ability to design and conduct a feasible qualitative inquiry, collect and analyse qualitative data systematically, address ethical and cultural considerations, and report findings clearly and transparently.

Assessment Criteria

- clarity and relevance of the research question;
- appropriateness and justification of methodology and sampling;
- quality of the data-collection tool and fieldwork procedure;
- systematic coding, thematic development, and interpretation;
- application of ethical principles and confidentiality safeguards;
- attention to reflexivity, rigour, and limitations;
- organisation, academic writing, and appropriate referencing.

Grading and Passing Requirements

The report is graded on the University's 10-point scale. Students must achieve at least 5 out of 10 to pass the course. Students who do not meet the passing requirement are reassessed in accordance with the YSMU Master's Programme Assessment Regulations.

Quantitative Research Methods (3 credits)

This module equips students with the theoretical foundations and practical skills required to design, implement, and analyze quantitative public health research, with a particular focus on Armenia's health system priorities and data sources. Students learn to construct structured surveys, apply sampling strategies, and calculate sample sizes using national demographic and health indicators. The module emphasizes rigorous study design—including cross-sectional, cohort, and case-control approaches—while addressing threats to validity, measurement error, and instrument reliability. Hands-on training in data preparation and exploratory analysis using statistical software enables students to work directly with datasets from national surveys and program monitoring systems. Ethical and cultural considerations in survey-based research are integrated throughout, ensuring alignment with institutional and national regulatory frameworks.

Learning competences / objectives

1. Explain quantitative research paradigms and the principles of rigorous public health study design.
2. Formulate focused quantitative research questions, objectives, hypotheses, variables, and operational definitions.
3. Select and justify an appropriate descriptive or analytical study design for a defined public health question.
4. Design a structured questionnaire, including item construction, response formats, translation, cultural adaptation, and pretesting.
5. Select and justify appropriate probability sampling methods and perform basic sample-size calculations.
6. Evaluate validity, reliability, measurement error, and potential bias in quantitative research instruments and study procedures.
7. Develop a structured and ethically compliant quantitative research protocol.

Syllabus content

- Quantitative research paradigms and their role in public health inquiry, including their application in evaluating health program performance in Armenia.

- Survey design: item construction, response formats, translation and cultural adaptation, pretesting, and validity/reliability testing using tools relevant to Armenia's population health needs (e.g., non-communicable disease surveys, maternal health assessments).
- Sampling strategies and sample size calculation methods, with examples using national census data, DHS surveys, and regional health statistics from Armenia.
- Quantitative study designs: cross-sectional, cohort, and case-control studies applied to real-world public health challenges in Armenia such as tobacco use, hypertension, or service access disparities.
- Instrument bias, measurement error, and validity threats in community-based and institutional health surveys in Armenia's mixed urban-rural health system.
- Research protocol development, ethical review procedures, and compliance with the guidelines of the YSMU Institutional Ethics Committee and national legal frameworks for biomedical research.
- Data preparation, cleaning, and descriptive statistical analysis using locally relevant survey datasets (e.g., eHealth reports, national screening programs, household health surveys).

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Bowling, A. (2014). *Research Methods in Health: Investigating Health and Health Services*. 4th ed. McGraw-Hill Education.
- Fink, A. (2017). *How to Conduct Surveys: A Step-by-Step Guide*. 6th ed. SAGE Publications.
- Creswell, J.W. and Creswell, J.D. (2018). *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. 5th ed. SAGE Publications.
- Selected Armenia Demographic and Health Survey and national statistical materials provided by the teaching team.

Recommended Reading

- World Health Organization. *Health Research Methodology: A Guide for Training in Research Methods*.
- National Statistical Committee of the Republic of Armenia and Ministry of Health. *Armenia Demographic and Health Survey 2015–16*.
- YSMU Ethics Committee. *Guidelines for preparation and submission of research protocols for ethical review*.
- Additional Armenian-language protocols, questionnaires, datasets, and software exercises provided by the teaching team.

Assessments used

The summative assessment consists of four components:

Component A: Paper-Based Test — 40%

Component B: Group Research Plan — 20%

Component C: Group Questionnaire Development — 20%

Component D: Group Oral Presentation and Defence — 20%

Component A: Paper-Based Test

The paper-based test consists of multiple-choice, single-best-answer, and exception-type questions. It assesses students' understanding of quantitative research paradigms, formulation of research questions and

hypotheses, study-design selection, sampling, questionnaire development, validity, reliability, measurement error, bias, research ethics, and protocol development.

Students must achieve at least 50% correct responses to pass this component.

Component B: Group Research Plan

Working in small groups, students develop a structured quantitative research plan for a selected public health issue. The plan must include:

- a clear research problem and rationale;
- research question, aim, objectives, and hypothesis where appropriate;
- definition of the main variables and operational terms;
- selection and justification of an appropriate quantitative study design;
- description of the target population and eligibility criteria;
- sampling method and basic sample-size justification;
- proposed data-collection procedures;
- consideration of validity, reliability, measurement error, and potential sources of bias;
- ethical, confidentiality, and data-protection considerations;
- an implementation timeline and relevant resource requirements.

Component C: Group Questionnaire Development

Each group develops a structured questionnaire aligned with its research question, objectives, variables, target population, and selected study design.

The questionnaire is assessed according to the relevance and clarity of the items, appropriateness of response formats, logical organisation and sequencing, alignment with the study variables, use of clear and culturally appropriate language, avoidance of ambiguity and bias, and inclusion of a plan for translation, adaptation, pretesting, or pilot testing where relevant.

Component D: Group Oral Presentation and Defence

Each group presents and defends its research plan and questionnaire using PowerPoint slides. The presentation must explain the research problem, objective and hypothesis, study design, sampling approach, main variables, questionnaire structure, ethical considerations, potential limitations and sources of bias, implementation arrangements, and justification of the principal methodological decisions.

Each student must contribute to the presentation and respond to questions related to the group's work. Individual achievement is verified through the student's contribution, presentation performance, methodological reasoning, and responses to questions.

The final course grade is calculated from the weighted scores of all four components. Students must achieve an overall grade of at least 5 out of 10 and meet the minimum threshold for the paper-based test. Students who do not meet the passing requirements are reassessed in accordance with the YSMU Master's Programme Assessment Regulations.

Social and Behavioral Sciences in Public Health (3 credits)

This module introduces students to the application of behavioral and social science theories in addressing public health challenges, with a focus on Armenia's cultural and social context. Students examine how social determinants such as poverty, displacement, and aging shape health behaviors, equity, and access to services. Emphasis is placed on designing and evaluating culturally grounded interventions that address mental health stigma, vaccine hesitancy, and health literacy. Through case studies and intersectional approaches, the

module prepares students to develop strategies that respond to the needs of vulnerable and marginalized groups in Armenia, including rural, war-affected, and minority populations.

Learning competences / objectives

1. Explain major social and behavioural science theories and their relevance to public health.
2. Apply behavioural theories to analyse health-related beliefs, decisions, and practices in Armenian populations.
3. Analyse how social and structural determinants influence health equity, health-seeking behaviour, and access to services.
4. Assess the influence of culture, identity, stigma, trust, and social norms on public health behaviour and communication.
5. Use behavioural insights to develop culturally responsive health-promotion and communication strategies.
6. Apply intersectional approaches to identify and analyse vulnerability among marginalised and underserved populations.
7. Design an evidence-informed behavioural intervention or communication strategy appropriate to an Armenian public health context.

Syllabus content

- Overview of core social and behavioral science theories applied to Armenian public health challenges (e.g., smoking, vaccine hesitancy, maternal health).
- Social and structural health determinants in Armenia: poverty, displacement, rural–urban disparities, and trust in healthcare institutions.
- Mental health stigma and cultural beliefs: implications for reproductive health, aging, and adolescent wellbeing.
- Culturally grounded design and evaluation of health promotion and behavior change interventions using case studies from national campaigns.
- Addressing vulnerability and inequality using intersectionality: case scenarios involving LGBTQ+ youth, ethnic minorities, and rural elderly populations.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Glanz, K., Rimer, B.K., and Viswanath, K. (eds.) (2015). *Health Behavior: Theory, Research, and Practice*. 5th ed. Jossey-Bass.
- Green, L.W., Simons-Morton, D.G., and Gottlieb, N.H. (2021). *Behavioral Science and Public Health: An Integrative Approach*. Johns Hopkins University Press.
- Selected Armenian Ministry of Health and National Institute of Health reports on health behaviour, vaccine confidence, and mental-health literacy.

Recommended Reading

- Wallerstein, N., Duran, B., Oetzel, J., and Minkler, M. (eds.) (2017). *Community-Based Participatory Research for Health*. 3rd ed. Jossey-Bass.

- Van Bavel, J.J. et al. (2020). Using Social and Behavioural Science to Support COVID-19 Pandemic Response. *Nature Human Behaviour*, 4, 460–471.
- Selected YSMU and Armenian public health publications on social determinants, stigma, and community engagement.

Assessments used

The summative assessment consists of two components:

Component A: Individual Written Research Assignment, 1,500–2,000 words — 70%

Component B: Individual Oral Presentation — 30%

Component A: Written Research Assignment

Each student analyses a behavioural health issue relevant to Armenia. The paper must:

- define and contextualise the behavioural or social public health issue;
- apply an appropriate social or behavioural theory;
- use national data, research evidence, or case material;
- analyse relevant social, cultural, structural, and intersectional determinants;
- propose a culturally responsive intervention or communication strategy;
- consider feasibility, equity, ethics, and policy or practice relevance.

Component B: Oral Presentation

Students present the main findings and proposed strategy to peers and instructors. The presentation assesses clarity, theoretical application, cultural competence, feasibility, policy relevance, and professional communication.

Grading and Passing Requirements

The final course grade is the weighted average of the written assignment and oral presentation. Students must achieve at least 5 out of 10 overall. Reassessment follows the YSMU Master's Programme Assessment Regulations.

Healthcare Planning (3 credits)

This module provides students with a comprehensive understanding of healthcare planning principles and their application within Armenia's evolving and decentralized health system. Students learn to conduct health needs assessments using epidemiological and administrative data, and to apply strategic planning tools such as SWOT analysis, problem trees, and logical frameworks. The module emphasizes the development of evidence-informed health plans that integrate budgeting, resource allocation, implementation strategies, and insurance coverage within the context of national benefit packages and ongoing sector reforms. Special attention is given to addressing health inequalities and social determinants of health, with focused applications in maternal and child health, rural and underserved populations, and displaced communities. By the end of the module, students will be able to design comprehensive and adaptive healthcare plans aligned with national priorities, financing mechanisms, and Sustainable Development Goals.

Learning competences / objectives

1. Explain the principles, cycles, and systems-level context of healthcare planning.
2. Assess population health and service needs using epidemiological, demographic, administrative, and survey data.
3. Apply situational-analysis and strategic-planning tools, including SWOT analysis, stakeholder mapping, problem trees, and logic models.

4. Set justified priorities and formulate goals, objectives, activities, outputs, and monitoring indicators.
5. Develop a feasible, evidence-informed healthcare plan that integrates implementation, budgeting, resource allocation, and financing considerations.
6. Apply equity-oriented planning approaches to address social determinants and geographic or socioeconomic inequalities.
7. Analyse governance roles and stakeholder responsibilities in national, regional, and organisational planning.
8. Communicate and justify a planning response to professional and policy audiences.

Syllabus content

- Foundations of healthcare planning: planning principles, structured models, systems thinking, and their application within transitioning and mixed health system contexts.
- Situational analysis and health needs assessment: use of epidemiological, demographic, and service utilization data from national surveys and statistical reports to define planning priorities.
- Strategic planning tools: application of SWOT, stakeholder mapping, logical frameworks, and problem trees to design health interventions tailored to national and subnational contexts.
- Planning cycles and key stages: goal-setting, objective formulation, strategy development, implementation design, and budgeting aligned with national health strategies and financing mechanisms.
- Priority setting and resource allocation: use of cost-effectiveness, equity, and feasibility criteria in planning under limited resources, with attention to benefit package development and rural health disparities.
- Integration of social determinants and equity considerations: planning frameworks that address socioeconomic, geographic, and access-related disparities in service delivery.
- National and regional planning processes: roles of central ministries, provincial authorities, and intersectoral partnerships in aligning health plans with overarching development and SDG commitments.
- Maternal and child health in planning: life-course approaches, continuum of care models, and evidence-based interventions informed by strategic frameworks and national program targets.
- Planning feedback mechanisms: incorporation of performance indicators, routine review systems, and participatory stakeholder engagement practices into adaptive planning processes.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Green, A. and Collins, C. (2019). *Health Planning: An Introduction to Strategy and Systems*. 2nd ed. Oxford University Press.
- Issel, L.M. and Wells, R. (2017). *Health Program Planning and Evaluation: A Practical, Systematic Approach for Community Health*. 4th ed. Jones & Bartlett Learning.
- Andriasyan, D., Bazarchyan, A., et al. (2024). *Health System Performance Assessment: Armenia 2024*. National Institute of Health.
- Selected Armenian national health strategies and statistical yearbooks provided by the teaching team.

Recommended Reading

- Kettner, P.M., Moroney, R.M., and Martin, L.L. (2017). *Designing and Managing Programs: An Effectiveness-Based Approach*. 5th ed. SAGE Publications.
- World Health Organization. *Practical Guidance for the Development of a National Health Plan*.
- Richardson, E. (2013). *Armenia: Health System Review*. *Health Systems in Transition*, 15(4).
- World Health Organization. *Health Systems Financing: The Path to Universal Coverage*.

Assessments used

The summative assessment consists of two components:

Component A: Computer-Based Test — 40%

Component B: Healthcare Planning Assignment, 1,500–2,000 words — 60%

Component A: Computer-Based Test

The 50-item CBT includes multiple-choice, single-best-answer, and exception-type questions. It assesses planning principles, needs assessment, priority setting, planning tools, implementation, resource allocation, equity, governance, and monitoring.

Students must achieve more than 50% correct responses to pass this component.

Component B: Healthcare Planning Assignment

Students analyse a realistic healthcare or public health planning scenario and develop a concise, evidence-informed planning response. The assignment must include:

- a clear statement of the planning problem and target population;
- use of appropriate data to justify needs and priorities;
- application of relevant planning tools;
- realistic goals and objectives;
- feasible activities, responsible stakeholders, and resource considerations;
- equity and access considerations;
- appropriate monitoring indicators and review mechanisms.

Grading and Passing Requirements

The final course grade is calculated from the weighted scores of the two components. Students must achieve an overall grade of at least 5 out of 10 and meet the CBT threshold. Reassessment follows the YSMU Master's Programme Assessment Regulations.

Environmental Health (3 credits)

This module explores the relationships between environmental factors and population health, with an emphasis on risks, interventions, and policies relevant to Armenia. Students learn to assess and manage environmental and occupational hazards across domains such as air and water quality, food systems, housing, and climate change, using Armenian surveillance data and case studies. The module highlights approach to environmental justice, child health, and nutrition, while introducing frameworks for risk assessment, exposure monitoring, and regulatory action. Students also examine climate change adaptation, the One Health approach, and planetary health principles, equipping them to design evidence-informed interventions and contribute to sustainable public health planning in Armenia.

Learning competences / objectives

1. Explain how physical, chemical, biological, ecological, and occupational hazards affect population health.

2. Apply hazard-identification, exposure-assessment, and risk-assessment principles to environmental health problems.
3. Analyse environmental health risks related to air, water, housing, food systems, climate change, and occupational settings.
4. Evaluate policies, regulations, surveillance systems, and interventions intended to reduce environmental exposures.
5. Apply environmental justice, equity, and ethical principles to identify vulnerable populations and unequal exposure burdens.
6. Design an evidence-informed preventive or policy response to an environmental or occupational health problem.
7. Apply One Health concepts to risks at the human-animal-environment interface.
8. Explain planetary-health and sustainability principles and their relevance to national public health planning.

Syllabus content

- Core concepts in environmental public health and disease burden attributable to environmental exposures, with focus on preventive strategies and relevance to Armenia.
- Air and water pollution, housing, food systems, and climate change: health risks and mitigation strategies illustrated by Armenian case studies and surveillance data.
- Risk assessment and exposure monitoring methods applied to physical, chemical, and biological hazards; national standards and Armenian institutional practices.
- Occupational health in public health: key hazards in Armenia's mining, construction, and agricultural sectors.
- Environmental influences on nutrition and child health in Armenia; social determinants and regional disparities.
- Environmental justice and health equity: addressing geographic and socioeconomic vulnerabilities within Armenia.
- Climate change adaptation and resilience strategies at the community level, aligned with Armenia's national environmental commitments and SDG agenda.
- National and international frameworks for environmental regulation and public health protection, including Armenian legislation and WHO/EU guidance.
- One Health: interdisciplinary approaches to zoonoses, antimicrobial resistance, and environmental degradation in Armenia.
- Planetary health and sustainable development: ecological boundaries, biodiversity, and long-term strategies for public health in the Armenian context.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Frumkin, H. (ed.) (2016). Environmental Health: From Global to Local. 3rd ed. Jossey-Bass.
- Avetisyan, L.R. (ed.) (2022). Hygiene and Ecology: Handbook. Yerevan State Medical University. In Armenian.

- World Health Organization. WHO Global Air Quality Guidelines.
- World Health Organization. Guidelines for Drinking-Water Quality.

Recommended Reading

- Frumkin, H. (ed.) (2021). Planetary Health: Protecting Nature to Protect Ourselves. Island Press.
- Levy, B.S., Wegman, D.H., Baron, S.L., and Sokas, R.K. (eds.) (2017). Occupational and Environmental Health. 7th ed. Oxford University Press.
- Fanzo, J. et al. (2021). Global Food Systems, Diets, and Nutrition. Springer.
- Selected Armenian Ministry of Health, Ministry of Environment, NIH, NDC, and climate-risk materials provided by the teaching team.

Assessments used

The summative assessment consists of two components:

Component A: Paper-Based Test — 40%

Component B: Individual Written Assignment, case analysis — 60%

Component A: Paper-Based Test

The test consists of 50 closed-ended questions, including multiple-choice, true/false, and single-best-answer items. It assesses environmental hazards, risk assessment, exposure monitoring, occupational health, climate-related pathways, One Health, planetary health, governance, and policy.

Students must achieve at least 50% correct responses to pass this component.

Component B: Individual Written Assignment — Case Analysis

Students randomly select one case from a set of environmental or occupational health cases provided by the instructor and prepare an individual written analysis. The assignment requires students to: clearly define the environmental or occupational health problem and explain its public health relevance;

- identify the main environmental, social, occupational, behavioural, institutional, and policy determinants contributing to the problem;
- describe the affected population groups and explain how risk and vulnerability are distributed;
- analyse the problem using relevant environmental health evidence and, where appropriate, systems thinking, environmental justice, One Health, climate, and sustainability perspectives;
- propose feasible, evidence-informed preventive, regulatory, policy, or public health solutions relevant to Armenia or a comparable setting;
- justify the proposed solutions by considering their expected effectiveness, feasibility, equity, sustainability, and potential implementation barriers.

The assignment assesses students' ability to define an environmental health problem, analyse its key determinants, and develop context-appropriate solutions based on available evidence.

Grading and Passing Requirements

The final course grade is calculated from the weighted scores of the two components. Students must achieve at least 5 out of 10 overall and meet the paper-based test threshold. Reassessment follows the Y

Healthcare Management (3 credits)

This module provides students with a comprehensive understanding of healthcare management principles and their application within complex and evolving health systems. It covers organizational behavior, governance, leadership, and operational management, with an emphasis on improving performance and service delivery in healthcare institutions. Students develop skills in strategic planning, change management,

and workflow analysis, as well as in coordinating interdepartmental operations during emergencies. Ethical, legal, and accountability considerations are integrated throughout, with case studies drawn from Armenian and international contexts to illustrate practical challenges and solutions. By the end of the module, students will be equipped to manage healthcare organizations effectively, promote innovation, and strengthen system resilience.

Learning competences / objectives

1. Explain core healthcare-management functions, organisational structures, governance models, and accountability relationships.
2. Analyse organisational behaviour, leadership, culture, and communication in healthcare settings.
3. Apply management tools to improve operational performance, workflow, coordination, and service delivery.
4. Analyse a healthcare organisation or service process to identify managerial problems, root causes, and stakeholders.
5. Develop and justify a feasible management response to an organisational or operational problem.
6. Apply strategic-management and change-management principles to healthcare organisations.
7. Coordinate facility operations and interdepartmental workflows during emergencies, including surge capacity and continuity of care.
8. Apply ethical, legal, and accountability principles to managerial decision-making in public and private healthcare settings.

Syllabus content

- Theories and principles of healthcare management: organizational structures, governance models, and management functions.
- Leadership in healthcare: leadership styles, team coordination, communication strategies, and crisis leadership.
- Operational management: workflow design, service delivery coordination, scheduling, logistics, and process improvement methods.
- Strategic management and change: visioning, goal-setting, organizational culture, and managing resistance to change.
- Health system performance and quality: assessment of efficiency, responsiveness, and patient outcomes.
- Accountability and legal responsibilities in healthcare management: ethics, regulation, and professional conduct.
- Emergency coordination and healthcare system resilience: managing hospital services during outbreaks, disasters, and supply chain disruptions, with lessons from Armenian health system responses.
- Case studies of healthcare management challenges in Armenian and international health systems.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Longest, B.B. and Darr, K. (2014). Managing Health Services Organizations and Systems. 6th ed. Health Professions Press.

- Swayne, L.E., Duncan, W.J., and Ginter, P.M. (2012). Strategic Management of Health Care Organizations. 7th ed. Wiley.
- Richardson, E. (2013). Armenia: Health System Review. Health Systems in Transition, 15(4).
- Selected Armenian Health Sector Development Strategy and HSPA materials provided by the teaching team.

Recommended Reading

- World Health Organization Regional Office for Europe. Assessing Governance for Health and Well-being.
- Melkomian, D. et al. (2017). National Scale-up of Results-Based Financing in Primary Health Care: The Case of Armenia. Health Systems & Reform, 3(2), 130–140.
- Selected Armenian COVID-19 response, emergency-coordination, and healthcare-management case materials.

Assessments used

The summative assessment consists of two components:

Component A: Computer-Based Test — 40%

Component B: Organisational Problem-Solving Assignment, 1,500–2,000 words — 60%

Component A: Computer-Based Test

The 50-item CBT includes multiple-choice, single-best-answer, and exception-type questions. It assesses management functions, organisational models, governance, leadership, operations, strategic management, change, performance, ethics, and emergency coordination.

Students must achieve more than 50% correct responses to pass this component.

Component B: Organisational Problem-Solving Assignment

Students analyse a realistic managerial problem in a hospital, primary healthcare facility, public health organisation, or health-service unit. The assignment must include:

- a clear description of the organisational or operational problem;
- analysis of causes, workflow, stakeholders, and relevant contextual factors;
- application of appropriate management concepts and tools;
- a feasible evidence-informed management response;
- implementation responsibilities, communication, and change considerations;
- a simple approach for monitoring performance and results;
- ethical, legal, and accountability considerations.

Grading and Passing Requirements

The final course grade is calculated from the weighted scores of the two components. Students must achieve an overall grade of at least 5 out of 10 and meet the CBT threshold. Reassessment follows the YSMU Master's Programme Assessment Regulations.

Biostatistics II (3 credits)

This module builds on foundational biostatistical knowledge to develop students' competence in inferential statistics and applied data analysis for public health research. Students learn to apply bivariate and multivariate methods—including regression, chi-square tests, and ANOVA—to investigate associations and evaluate health outcomes using real or simulated datasets. Emphasis is placed on building, interpreting, and critically assessing statistical models, checking assumptions, and addressing limitations, while using statistical software such as SPSS for data preparation, analysis, and visualization. By the end of the module, students

will be able to interpret complex statistical outputs and communicate findings effectively to support evidence-informed decision-making and health system evaluation.

Learning competences / objectives

1. Explain inferential statistical principles, including sampling distributions, standard error, confidence intervals, and hypothesis testing.
2. Select and apply appropriate statistical tests for group comparisons and associations in public health data.
3. Apply correlation, linear regression, logistic regression, chi-square tests, and analysis of variance using statistical software.
4. Build, interpret, and critically assess bivariate and multivariable statistical models.
5. Evaluate model assumptions, goodness of fit, multicollinearity, residuals, and other diagnostic information.
6. Apply introductory survival-analysis methods, including life tables and Kaplan-Meier analysis.
7. Interpret and communicate p-values, confidence intervals, regression coefficients, odds ratios, and time-to-event results accurately.
8. Use statistical findings to support evaluation of public health interventions and health-system performance.

Syllabus content

- Principles of inferential statistics: population vs. sample, sampling distributions, standard error, confidence intervals, and hypothesis testing in public health research.
- Bivariate and multivariate statistical methods: correlation, linear regression, logistic regression; interpretation of coefficients and model fit.
- Categorical data analysis: chi-square tests, contingency tables, and odds ratios for evaluating associations in epidemiological studies.
- Analysis of variance (ANOVA): comparing means across groups, interpretation of F-statistics, and applications in health program evaluation.
- Model assumptions and diagnostics: multicollinearity, outliers, goodness-of-fit, and residual analysis.
- Introduction to survival analysis: life tables, Kaplan–Meier curves, and time-to-event outcomes in health system performance monitoring.
- Application of statistical software (SPSS): dataset management, coding, transformation, regression analysis, and graphical output generation.
- Interpretation and communication of statistical findings: translating outputs into actionable insights for public health decision-making and policy reports.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Rosner, B. (2015). *Fundamentals of Biostatistics*. 8th ed. Cengage Learning.
- Pallant, J. (2020). *SPSS Survival Manual*. 7th ed. McGraw-Hill.
- Tadevosyan, A.E., Hayrapetyan, A.K., Sakanyan, G.H., and Sukiasyan, R.R. (2019). *Fundamentals of Biostatistics*. Yerevan State Medical University. In Armenian.

Recommended Reading

- Kleinbaum, D.G., Kupper, L.L., Nizam, A., and Rosenberg, E.S. (2013). Applied Regression Analysis and Other Multivariable Methods. 5th ed.
- Hosmer, D.W., Lemeshow, S., and Sturdivant, R.X. (2013). Applied Logistic Regression. 3rd ed.
- Selected Armenian HSPA and ArmStat datasets supplied by the teaching team.

Assessments used

The summative assessment follows a sequential two-stage structure.

Stage 1: Paper-Based Test

Students complete a 50-item paper-based test consisting of closed-ended questions, including multiple-choice, true/false, and single-best-answer items.

The test assesses inferential statistics, hypothesis testing, group comparisons, regression methods, categorical data analysis, model interpretation, diagnostics, and introductory survival analysis.

Students must answer more than 50% of the questions correctly to proceed to Stage 2.

Stage 2: Computer-Based Practical Assignment

Students who pass Stage 1 complete 10 individual advanced data-analysis tasks using a provided public health dataset.

The tasks require appropriate method selection, software execution, interpretation of output, assessment of assumptions and limitations, and communication of evidence-informed conclusions.

Both stages are mandatory. Students must achieve an overall grade of at least 5 out of 10 to pass the course.

Reassessment follows the YSMU Master's Programme Assessment Regulations.

Epidemiology II (Communicable Diseases) (3 credits)

This module provides students with advanced knowledge and skills in the epidemiology, surveillance, and control of communicable diseases, with applications to both national and global public health contexts. Students learn to analyze surveillance data, investigate outbreaks, and evaluate the effectiveness of prevention and control strategies using evidence-based approaches. The module emphasizes emergency preparedness, intersectoral coordination, and digital risk communication to manage misinformation and enhance public trust. Students also explore the One Health framework, including zoonotic disease epidemiology and antimicrobial resistance, while developing leadership, ethical reasoning, and communication competencies essential for effective outbreak response and public health decision-making.

Learning competences / objectives

1. Explain communicable-disease transmission dynamics, including incidence, prevalence, basic reproduction number, and herd immunity.
2. Analyse surveillance data, epidemic curves, and outbreak scenarios using appropriate epidemiological methods.
3. Apply the stages of outbreak investigation and formulate evidence-informed response objectives.
4. Evaluate vaccination, isolation, sanitation, behavioural, and other prevention and control measures.
5. Develop a feasible communicable-disease response plan aligned with national capacities and international frameworks.
6. Apply One Health principles to zoonotic diseases, antimicrobial resistance, and intersectoral surveillance.
7. Apply infodemiology and risk-communication approaches to address misinformation and strengthen public trust.

8. Demonstrate ethical reasoning, leadership, and intersectoral coordination in outbreak response.

Syllabus content

- Overview of communicable diseases, transmission dynamics (R_0 , herd immunity), and their national and global public health impact.
- Surveillance systems and outbreak investigation methods, including digital tools, electronic reporting, and the role of Armenia's NCDCP.
- Control and prevention strategies: vaccination, isolation, sanitation, and behavioural interventions, with application to national systems.
- Emergency preparedness and response: IHR, national preparedness plans, and cross-border coordination.
- Infodemiology and digital risk communication in managing misinformation and enhancing public engagement.
- One Health in communicable disease control: epidemiology of zoonotic diseases, antimicrobial resistance (AMR), and intersectoral surveillance, with reference to global collaboration frameworks such as the WHO/FAO/WOAH tripartite initiatives and their application in national policy and preparedness.
- Leadership and ethics in outbreak response: prioritization, stakeholder coordination, and public accountability.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Nelson, K.E. and Williams, C.M. (2014). *Infectious Disease Epidemiology: Theory and Practice*. 3rd ed.
- Giesecke, J. (2017). *Modern Infectious Disease Epidemiology*. 3rd ed.
- Rasmussen, S.A. and Goodman, R.A. (eds.) (2019). *The CDC Field Epidemiology Manual*.

Recommended Reading

- WHO. *Outbreak Communication Planning Guide*.
- WHO/FAO/WOAH. *One Health Joint Plan of Action 2022–2026*.
- Selected Armenian national communicable-disease, immunisation, and surveillance documents supplied by the teaching team.

Assessments used

Summative Assessment

The summative assessment consists of two components.

Component A: Computer-Based Test — 40%

Component B: Written Outbreak Response Plan — 60%

Component A: Computer-Based Test

The CBT assesses transmission dynamics, surveillance, outbreak investigation, prevention and control measures, One Health, preparedness, and risk communication through MCQ, single-best-answer, and exception-type questions.

Students must achieve at least 50% correct responses to pass this component.

Component B: Written Outbreak Response Plan

Students prepare an individual 1,500–2,000-word response plan based on a communicable-disease case. The plan must interpret the epidemiological information, define priority objectives, propose context-appropriate measures, identify institutions and stakeholders, address communication, and propose implementation and monitoring indicators.

The final course grade is calculated from the weighted scores of both components. Students must achieve an overall grade of at least 5 out of 10 and meet the CBT threshold. Reassessment follows programme regulations.

Bioethics (3 credits)

This module introduces students to the ethical principles, theories, and normative frameworks guiding public health, clinical practice, and health policy decision-making. Students develop competence in applying structured ethical reasoning to dilemmas in healthcare delivery, public health programming, and biomedical research, with reference to Armenian regulatory and institutional frameworks. The module emphasizes balancing individual rights and population health, addressing issues of equity, justice, and public trust. Students explore ethical, legal, and human rights considerations in the design and evaluation of public health interventions and research involving human participants, guided by both national standards and international norms.

Learning competences / objectives

1. Explain major ethical principles, theories, and normative frameworks relevant to public health, healthcare, and research.
2. Apply structured ethical reasoning to dilemmas in healthcare delivery, public health programmes, policy, and biomedical research.
3. Evaluate tensions between individual rights and population health, including autonomy, equity, justice, and public trust.
4. Integrate ethical, legal, and human-rights considerations when analysing public health interventions and policies.
5. Assess the ethical, legal, and human-rights safeguards relevant to a selected healthcare, public health, policy, or research dilemma, including informed consent, vulnerable populations, privacy, data protection, and research oversight where applicable.
6. Critically analyse a selected controversial ethical issue in healthcare, public health, policy, or biomedical research, taking account of competing values, legal considerations, cultural context, and opposing viewpoints.
7. Develop and defend an ethically justified position using relevant national and international standards.

Syllabus content

- Core principles of bioethics: autonomy, beneficence, non-maleficence, and justice.
- Ethical dilemmas in public health practice, including vaccination, screening, isolation/quarantine, and behavior change policies.
- Ethics in health research: informed consent, risk-benefit analysis, vulnerable populations, and international standards.
- Intersection of health ethics with legal frameworks and human rights obligations, including public health law, patient rights legislation, and data protection regulations.

- Ethical dimensions of controversial health issues such as end-of-life care, reproductive health services, genetic testing, and the prioritization of limited health resources, discussed in light of local cultural values, access challenges, and health system capacity.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Beauchamp, T.L. and Childress, J.F. (2019). Principles of Biomedical Ethics. 8th ed.
- CIOMS. International Ethical Guidelines for Health-Related Research Involving Humans.
- UNESCO. Universal Declaration on Bioethics and Human Rights.
- Nersesova, L.S., Khachatryan, Z.A., and Mkrtchyan, S.A. (2012). Introduction to Bioethics. In Armenian.

Recommended Reading

- Resnik, D.B. (2018). The Ethics of Research with Human Subjects.
- WHO. Guidance on Ethics in Public Health Surveillance.
- Relevant Armenian legislation and YSMU Ethics Committee documents supplied by the teaching team.

Assessments used

Summative Assessment

The summative assessment consists of two linked group components:

Component A: Group Analytical Written Assignment — 70%

Component B: Group Oral Presentation and Defence of the Written Assignment — 30%

For Component A, each group prepares a 1,500–2,000-word analytical essay on a selected ethical issue in public health, healthcare delivery, policy, or biomedical research. The assignment must clearly define the ethical problem and the group's position, describe the relevant context, apply appropriate ethical principles and normative frameworks, analyse competing values, integrate relevant Armenian and international legal and human-rights considerations, critically address opposing views, and present a coherent conclusion and justified recommendation.

For Component B, the group presents the same written analysis orally using PowerPoint slides and defends the selected ethical framework, reasoning, conclusions, and recommendations in response to questions and counterarguments. Each student must contribute to the presentation and respond to questions related to the group's analysis.

The written assignment is assessed according to the clarity of the ethical problem and position, quality of the contextual and ethical analysis, consideration of legal and human-rights issues, critical engagement with opposing views, quality of the conclusion and recommendation, and academic structure, language, referencing, and presentation. The oral component assesses clarity of ethical reasoning, consistency with the written analysis, justification of the selected position, professional communication, and responses to questions.

The final course grade is calculated from the weighted scores of both components. Individual achievement is verified through each student's contribution to the written assignment, presentation performance, and responses to questions. Students must achieve an overall grade of at least 5 out of 10 to pass the course.

Reassessment follows the YSMU Master's Programme Assessment Regulations.

Health Program Planning, Implementation and Evaluation (3 credits)

This module equips students with the knowledge and skills necessary to plan, implement, and evaluate healthcare programs at local, national, and international levels. Students learn to apply evidence-based tools such as logic models, problem trees, and results frameworks to design effective interventions, incorporating stakeholder engagement, resource planning, and operational logistics. The module emphasizes the development of monitoring and evaluation systems, the use of quantitative and qualitative data for assessing program performance, and the integration of ethical, contextual, and system-level considerations. Through case studies and practical exercises—including examples from Armenian health programs—students gain the competence to critically assess program relevance, efficiency, impact, and sustainability, and to use evaluation findings for adaptive management and policy decision-making.

Learning competences / objectives

1. Explain the programme cycle and the principles of planning, implementation, monitoring, and evaluation.
2. Conduct situational, problem, and stakeholder analyses using epidemiological and service-delivery evidence.
3. Develop a logic model, objectives hierarchy, results framework, and coherent programme theory.
4. Design implementation strategy specifying activities, timelines, responsibilities, partnerships, resources, and risk-management measures.
5. Develop a monitoring and evaluation framework with appropriate indicators, baselines, targets, data sources, and feedback mechanisms.
6. Select appropriate evaluation questions, criteria, and designs for assessing relevance, efficiency, effectiveness, impact, and sustainability.
7. Use monitoring and evaluation information to assess expected programme results, formulate justified recommendations, and support programme improvement.
8. Communicate a comprehensive programme plan clearly to professional and stakeholder audiences.

Syllabus content

- Introduction to healthcare program planning: definitions, purpose, and stages in the program cycle (planning, implementation, monitoring, evaluation), including reference to Armenia's national health strategy and planning procedures.
- Situational and problem analysis: stakeholder mapping, root cause analysis, priority setting, and use of epidemiological and service delivery data from national health information systems.
- Planning tools and frameworks: development of logic models, problem trees, objectives hierarchies, and results-based management approaches, including applications in maternal and child health, NCDs, or primary care reforms in Armenia.
- Implementation planning: defining activities, timelines, roles, partnerships, budgeting, and coordination strategies, considering institutional structures such as regional health departments and MoH implementation units.
- Monitoring and evaluation (M&E) systems: development of input, output, outcome, and impact indicators; setting baselines and targets.
- Data collection and analysis for M&E: quantitative and qualitative tools, ethical considerations, and data quality assurance, with emphasis on Armenia's legal and institutional data governance context.
- Mid-term and end-line evaluation: formative vs. summative evaluation, evaluation design, analysis, reporting, and learning, using examples from national or donor-supported health programs.

- Feedback loops and adaptive management: using M&E data for decision-making, program improvement, and accountability within Armenia's decentralized health governance framework.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Issel, L.M. and Wells, R. (2017). Health Program Planning and Evaluation. 4th ed.
- McKenzie, J.F., Neiger, B.L., and Thackeray, R. (2016). Planning, Implementing, and Evaluating Health Promotion Programs. 7th ed.
- Kettner, P.M., Moroney, R.M., and Martin, L.L. (2017). Designing and Managing Programs. 5th ed.

Recommended Reading

- WHO. Strategizing National Health in the 21st Century: A Handbook.
- Selected Armenian national health strategy and programme-evaluation documents provided by the teaching team.
- Additional Armenian-language planning templates, programme cases, and M&E resources supplied by faculty.

Assessments used

Summative Assessment

The summative assessment consists of two components:

Component A: Paper-Based Test — 60%

Component B: Individual Oral Presentation of a Comprehensive Programme Plan — 40%

Component A: Paper-Based Test

The paper-based test consists of multiple-choice, single-best-answer, and exception-type questions. It assesses students' understanding of programme-planning frameworks, implementation approaches, monitoring systems, indicator development, evaluation designs, data-flow processes, and the use of monitoring and evaluation findings.

Students must achieve at least 50% correct responses to pass this component.

Component B: Individual Oral Presentation

Each student develops and presents a comprehensive programme plan addressing a selected public health issue. The presentation lasts 10 minutes and is followed by approximately 5 minutes of questions and discussion. It is supported by a PowerPoint presentation of no more than 10–12 slides.

The presentation must include:

- a brief description of the public health issue, programme purpose, target population, and relevance to the Armenian health system or population;
- analysis of the problem using relevant research findings, statistics, and contextual evidence;
- a programme logic model or logical framework;
- programme objectives, activities, expected outputs, outcomes, and impact;
- an implementation timeline and estimated budget;
- SMART indicators and measurable programme targets;
- data sources, data-collection procedures, data recording and analysis arrangements, and data-flow processes;

- an explanation of how monitoring and evaluation findings will be used to adjust programme implementation, support accountability, and inform organisational learning and future improvement;
- programme personnel, stakeholder responsibilities, partnerships, and collaboration arrangements;
- key implementation risks and relevant mitigation measures;
- evidence-informed recommendations and an assessment of the expected programme impact.

The presentation is assessed according to the clarity of the introduction and context, the quality of the situation analysis, the appropriateness of the logical framework, implementation timeline, and budget, the quality of the SMART indicators and data-flow arrangements, and the adequate consideration of human resources and partnerships. Assessment also considers the student's oral presentation skills, use of professional language, ability to provide justified recommendations and respond to questions, as well as the overall structure, clarity, readability, and appropriate use of visual materials.

The final course grade is calculated from the weighted scores of both components. Students must achieve an overall grade of at least 5 out of 10 and meet the minimum threshold for the paper-based test. Students who do not meet the passing requirements are reassessed in accordance with the YSMU Master's Programme Assessment Regulations.

Health Finance and Economics (3 credits)

This module introduces students to the principles and applications of health economics in public health and healthcare systems, with a particular focus on Armenia. Students gain critical understanding of concepts such as opportunity cost, efficiency, equity, and marginal analysis, and apply economic reasoning to evaluate resource allocation, healthcare market behavior, and financing decisions. The module covers methods of economic evaluation—including cost-effectiveness, cost-utility, and cost-benefit analyses—and explores the design, sustainability, and equity implications of various health financing models, including public, private, and social insurance systems. Case studies from Armenian health reforms and international systems provide practical context for evidence-informed decision-making and policy analysis.

Learning competences / objectives

1. Explain core health-economic concepts, including scarcity, opportunity cost, efficiency, equity, and marginal analysis.
2. Analyse demand, supply, provider incentives, consumer behaviour, moral hazard, and market failure in healthcare.
3. Compare public, private, social-insurance, and out-of-pocket health-financing models.
4. Apply cost-effectiveness, cost-utility, cost-benefit, and budget-impact approaches to public health and healthcare decisions.
5. Evaluate provider-payment and strategic-purchasing mechanisms, including capitation and case-based payment.
6. Assess financing options in relation to equity, access, financial protection, sustainability, and universal health coverage.
7. Develop and justify an evidence-informed financing recommendation for an Armenian health-system scenario.

Syllabus content

- Core principles and concepts in health economics: opportunity cost, demand and supply in healthcare, efficiency, and equity, with examples from Armenia's health sector reforms and policy goals.
- Economic behavior of healthcare markets: provider incentives, consumer choice, moral hazard, and informal payments, with reference to challenges in the Armenian system.
- Methods of economic evaluation: cost-effectiveness, cost-utility, cost-benefit, and budget impact analysis, including case studies relevant to Armenian public health programs.
- Health care pricing, provider payment systems (including case-based and capitation models), and strategic purchasing mechanisms applied within Armenia's state-guaranteed healthcare package.
- Comparative study of international health financing models (Beveridge, Bismarck, out-of-pocket systems, and public-private partnerships), and their relevance to ongoing financing debates in Armenia.
- Economic aspects of universal health coverage (UHC), sustainability, and access to care, including analysis of Armenia's UHC roadmap and equity implications for vulnerable populations.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Morris, S., Devlin, N., and Parkin, D. (2020). *Economic Analysis in Health Care*. 3rd ed. Wiley-Blackwell.
- WHO. *World Health Report: Health Systems Financing - The Path to Universal Coverage*.
- Selected Armenian health-financing strategies and reports provided by the teaching team.

Recommended Reading

- Jakab, M., Kutzin, J., and Cashin, C. (eds.) (2010). *Implementing Health Financing Reform*.
- Selected WHO, World Bank, and Armenian HSPA materials on financing and universal health coverage.

Assessments used

The summative assessment consists of two components.

Component A: Paper-Based Test — 40%

Component B: Health Financing Policy Brief — 60%

Component A: Paper-Based Test

The test consists of closed-ended questions, including multiple-choice, single-best-answer, and exception-type items. It assesses health-economic concepts, market behaviour, financing models, economic evaluation, provider payment, and policy reasoning.

Students must achieve at least 50% correct responses to pass this component.

Component B: Health Financing Policy Brief

Students prepare an individual 1,200–1,500-word policy brief based on an Armenian health-system financing scenario.

The brief must define the financing problem, assess its implications for access, equity, efficiency, sustainability, financial protection, or quality, compare feasible options, justify a preferred option, identify stakeholders and implementation challenges, and propose monitoring indicators.

The final grade is calculated from both weighted components. Students must achieve an overall grade of at least 5 out of 10 and meet the test threshold. Reassessment follows programme regulations.

Human Resource Management (3 credits)

This module provides students with an in-depth understanding of human resource management (HRM) principles, processes, and frameworks as applied to healthcare systems. Students learn to plan, recruit, retain, and develop healthcare staff effectively, while considering workforce distribution, performance management, and motivation strategies within national and decentralized health contexts. The module emphasizes the role of leadership, team dynamics, organizational culture, and labor relations in shaping staff performance and system effectiveness. Through practical examples and case studies, students develop the competence to design and implement HRM interventions that align with institutional goals, enhance workforce productivity, and support ongoing reforms in Armenia's healthcare system.

Learning competences / objectives

1. Explain the main principles and functions of human resource management in healthcare organisations and health systems.
2. Assess workforce needs, distribution, staffing gaps, and future workforce requirements.
3. Apply appropriate workforce recruitment, selection, onboarding, performance-management, or professional-development processes to a defined HRM challenge.
4. Analyse motivation, engagement, retention, and workforce-performance challenges.
5. Evaluate relevant leadership, teamwork, organisational-culture, stakeholder, and labour-relations factors influencing workforce performance.
6. Interpret the labour, licensing, professional, employee-rights, workplace-safety, and other regulatory requirements relevant to a defined HRM issue.
7. Develop an evidence-informed HRM intervention aligned with organisational goals and health-system priorities.

Syllabus content

- Human resource planning and forecasting: needs assessment, workforce distribution, and staffing strategies, informed by national health workforce policies and regional disparities.
- Recruitment, selection, induction, and orientation processes in healthcare institutions, with consideration of public sector employment procedures.
- Performance management, staff appraisal systems, and continuous professional development (CPD), including licensing and regulatory frameworks.
- Motivation theories, staff engagement strategies, and retention policies suited to public healthcare settings.
- Leadership and team management: communication, delegation, conflict resolution, and multidisciplinary collaboration in healthcare environments.
- Labor laws, employee rights, collective bargaining, and workplace safety regulations relevant to the healthcare workforce.
- Strategic alignment of HRM with organizational mission, service delivery models, and health system goals in the context of ongoing national health sector reforms.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Fried, B.J. and Fottler, M.D. (2018). Human Resources in Healthcare: Managing for Success. 5th ed.
- Armstrong, M. and Taylor, S. (2023). Armstrong's Handbook of Human Resource Management Practice. 16th ed.
- Selected Armenian health-workforce strategy and labour-law documents.

Recommended Reading

- WHO and World Bank materials on the Armenian health workforce and primary healthcare.
- Additional HRM toolkits and organisational case materials provided by the teaching team.

Assessments used

The summative assessment consists of an individual 10–15-minute oral presentation supported by PowerPoint slides and followed by questions from the teaching team.

Each student selects and analyses a specific human resource management issue in a public health or healthcare organisation, such as workforce shortage, staff turnover, low motivation, inadequate performance appraisal, training needs, or team-performance challenges. The presentation must describe the organisational context and importance of the selected issue, analyse the relevant workforce-planning, motivation, retention, performance-management, stakeholder, legal, ethical, financial, and systemic factors, and apply appropriate HRM theories or models.

Students must propose a clear, evidence-informed, and feasible HRM policy or management response. The proposed response should include implementation steps, required resources, legal and regulatory considerations, expected results, performance indicators, potential risks, sustainability considerations, and the anticipated effect on organisational performance, staff satisfaction, service quality, and access.

The presentation is assessed according to the appropriate application of HRM principles and models, the depth and relevance of the analysis, the feasibility and justification of the proposed response, consideration of legal and regulatory requirements, use of relevant evidence, clarity and professionalism of communication, quality of the presentation structure and visual materials, and the student's ability to respond to questions and justify decisions.

Students must achieve at least 5 out of 10 to pass the course. Students who do not meet the passing requirement are reassessed in accordance with the YSMU Master's Programme Assessment Regulations.

Leadership (3 credits)

This module equips students with the knowledge and skills required to lead effectively within public health and healthcare systems, with particular reference to Armenia's evolving health governance and reform context. Students explore core leadership theories and develop competencies in team management, change facilitation, innovation, and stakeholder engagement. The module emphasizes ethical, culturally informed, and emotionally intelligent leadership, applying systems approaches to enhance organizational performance, cross-sector collaboration, and health equity. Practical applications include crisis leadership, resilience-building, and strategic decision-making in resource-constrained, post-conflict, and climate-sensitive health settings.

Learning competences / objectives

1. Explain major leadership theories and their relevance to public health and healthcare organisations.
2. Assess leadership styles and competencies in relation to team performance, governance, organisational change, reform, and innovation.
3. Propose appropriate communication, negotiation, advocacy, and stakeholder-engagement strategies for addressing a defined leadership challenge.

4. Analyse approaches for leading interdisciplinary teams and managing conflict, organisational change, resistance, and uncertainty.
5. Integrate emotional intelligence, cultural competence, ethics, and professional accountability into the analysis of leadership decisions and proposed responses.
6. Apply systems and collaborative leadership perspectives to analyse complex healthcare or public health challenges.
7. Develop and justify a context-sensitive leadership response to a real or hypothetical challenge involving organisational change, crisis, resilience, reform, or sustainability.

Syllabus content

- Core leadership theories relevant to public health, including transformational, situational, and servant leadership, with application to Armenia's health governance structures.
- Leadership competencies in health system performance, including strategic visioning, evidence-based decision-making, and accountability in public service.
- Change management and innovation leadership in public health institutions, focusing on policy reform and system modernization efforts in Armenia.
- Crisis leadership and resilience-building, with case examples from Armenia's COVID-19 response, post-conflict recovery, and health system adaptation.
- Emotional intelligence, cultural competence, and ethical leadership practices in managing diverse public health teams and navigating sensitive policy environments.
- Systems leadership for promoting cross-sector collaboration, health equity, and sustainable solutions, including planetary health approaches to Armenia's environmental and climate-related risks.
- Intersectoral and interprofessional collaboration strategies to advance national health priorities, address governance gaps, and support regional development.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Northouse, P.G. (2022). Leadership: Theory and Practice. 9th ed.
- Rowitz, L. (2013). Public Health Leadership. 3rd ed.
- Goleman, D. (2011). Leadership: The Power of Emotional Intelligence.

Recommended Reading

- WHO. Towards Better Leadership and Management in Health.
- Selected Armenian health-sector strategy and performance reports.
- Additional leadership and crisis-management case materials provided by the teaching team.

Assessments used

The summative assessment consists of an individual 10-minute oral presentation supported by PowerPoint slides, followed by approximately 5 minutes of questions and discussion.

Each student analyses a real or hypothetical leadership challenge arising in a healthcare organisation or health-system setting. The presentation must clearly describe the leadership problem and its significance, explain the relevant organisational or health-system context, identify the principal stakeholders, and apply one or two appropriate leadership theories or approaches.

Students must propose a clear and justified leadership response, outline the actions required to address the challenge, explain how the proposed change should be implemented, and identify the expected results. The presentation is assessed according to the clarity of the problem definition, the appropriate selection and application of leadership theories, the quality and justification of the proposed response, the depth of the contextual and stakeholder analysis, the structure and clarity of the presentation, professional communication, and the student's ability to respond to questions and justify decisions.

Students must achieve at least 5 out of 10 to pass the course. Students who do not meet the passing requirement are reassessed in accordance with the YSMU Master's Programme Assessment Regulations.

Health Care Quality Management (3 credits)

This module provides students with a comprehensive understanding of healthcare quality principles, frameworks, and methodologies, emphasizing both international standards and Armenia's national context. Students learn to assess and manage service quality, evaluate accreditation models, and analyze regulatory and compliance requirements. The module equips students to design evidence-informed quality improvement initiatives that enhance patient safety, service effectiveness, and organizational efficiency, taking into account local healthcare delivery structures, resource constraints, and institutional accountability. Practical case studies and exercises illustrate applications in Armenian primary, hospital, and specialized healthcare settings.

Learning competences / objectives

1. Explain the core dimensions, concepts, and frameworks of healthcare quality and patient safety.
2. Apply quality-assessment tools, including clinical audit, surveys, indicators, and benchmarking.
3. Compare accreditation, licensing, regulatory, and quality-assurance models.
4. Analyse patient-safety incidents, risks, contributing factors, and system failures.
5. Apply quality-improvement approaches, including CQI, TQM, Lean, and Six Sigma.
6. Develop an evidence-informed quality-improvement proposal with implementation steps and indicators.
7. Evaluate how leadership, organisational culture, accountability, and regulation influence quality improvement.

Syllabus content

- Principles and dimensions of healthcare quality: safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity, as defined in WHO and Armenian national health policy frameworks
- Tools and methods for quality assessment: clinical audits, satisfaction surveys, performance benchmarking, and their adaptation in Armenian primary and hospital care settings
- National and international accreditation systems: overview of Armenia's hospital accreditation process and alignment with international models such as JCI and ISO standards
- Quality improvement frameworks: Total Quality Management (TQM), Lean, Six Sigma, and Continuous Quality Improvement (CQI), with examples of pilot initiatives in Armenian healthcare institutions
- Patient safety strategies: systems for adverse event reporting, complaint handling, and continuous feedback in the context of Armenia's National Strategy on Patient Safety and Risk Management
- Use of performance indicators and outcome measurement tools, including those mandated by the Ministry of Health of Armenia for state-funded providers

- Designing quality improvement plans: integrating team-based interventions, leadership engagement, and cultural change strategies within Armenia's public and private healthcare system

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Spath, P. (2018). Introduction to Healthcare Quality Management. 3rd ed.
- Sollecito, W.A. and Johnson, J.K. (2020). Continuous Quality Improvement in Health Care. 5th ed.
- WHO. Quality of Care: A Process for Making Strategic Choices in Health Systems.

Recommended Reading

- Donabedian, A. (2003). An Introduction to Quality Assurance in Health Care.
- Selected OECD quality indicators and Armenian legal and regulatory materials.

Assessments used

The summative assessment consists of two components.

Component A: Computer-Based Test — 40%

Component B: Healthcare Quality and Patient Safety Assignment — 60%

Component A: Computer-Based Test

The CBT uses multiple-choice, single-best-answer, and exception-type questions to assess quality frameworks, patient safety, accreditation, regulation, measurement, and improvement methods.

Students must answer more than 50% of the questions correctly to pass this component.

Component B: Written Improvement Proposal

Students prepare an individual 1,200–1,500-word proposal based on a quality or patient-safety case.

The proposal must define the problem, explain its significance, analyse contributing factors, propose a feasible improvement action, identify responsible stakeholders, outline implementation steps, and suggest two to three indicators.

The final grade is calculated from both weighted components. Students must achieve an overall grade of at least 5 out of 10 and meet the CBT threshold. Reassessment follows programme regulations.

Hospital Administration (3 credits)

This module provides students with a comprehensive understanding of hospital administration, governance, and service delivery systems, with particular focus on the Armenian health system. Students explore core management principles—including budgeting, human resource management, procurement, and logistics—and apply them to the operation of inpatient and outpatient services within national frameworks such as Armenia's Basic Benefit Package. The module emphasizes hospital performance evaluation through quality assurance, accreditation, and patient-centered safety protocols, while integrating legal, ethical, and accountability considerations. Students also examine the role of hospitals in ensuring continuity of care, equity, and emergency preparedness.

Learning competences / objectives

1. Explain the principal functions, structures, governance arrangements, and accountability mechanisms of hospitals and other healthcare institutions.

2. Analyse a defined hospital-administration or operational challenge by considering the relevant financial, human-resource, quality, governance, legal, ethical, and organisational factors.
3. Assess the resource implications of a proposed administrative response, including relevant budgeting, staffing, procurement, logistics, and infrastructure considerations.
4. Evaluate appropriate quality-assurance, patient-safety, legal, ethical, and regulatory requirements relevant to a selected hospital-management challenge.
5. Analyse relevant relationships between hospital operations, primary healthcare, referral systems, service continuity, access, and equity.
6. Propose appropriate measures for organisational preparedness, operational continuity, or crisis response where relevant to the selected challenge.
7. Develop and justify a feasible strategic management or policy response to a real or hypothetical hospital-administration problem, including expected results and implications for institutional performance and patient care.

Syllabus content

- Governance models and organizational structures in hospitals, including Armenian examples (state-funded vs. private institutions, decentralization trends)
- Hospital budgeting, financial control, and resource efficiency, with special attention to Armenia's Basic Benefit Package, DRG-based financing pilots, and public accountability standards
- Hospital-based human resource management: recruitment, scheduling, retention, staff development, and sector-specific HR constraints in Armenia
- Procurement and logistics systems: infrastructure planning, inventory control, vendor relations, emergency stockpiling
- Legal and ethical responsibilities of hospital administrators under national and international frameworks, including MOH licensing and compliance systems
- Hospital quality assurance systems: internal audits, accreditation, patient satisfaction, and risk management protocols
- Monitoring and evaluation of hospital performance using national and international indicators (e.g., MOH performance dashboard, WHO metrics)
- Hospital's role in integrated service delivery: coordination with PHC, referrals, discharge planning, and population-based service planning
- Ensuring equity and access to hospital services in rural, underserved, and vulnerable populations through policy levers and system redesign
- Hospital disaster preparedness and crisis leadership: surge capacity, multi-agency coordination, and health security planning
- Continuity of Operations Planning (COOP): maintaining critical services during emergencies, based on COVID-19 and earthquake response models
- Armenian case studies on hospital adaptation and resilience during the 1988 earthquake, COVID-19 pandemic, and post-crisis system reforms.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- McConnell, C.R. (2020). Hospital and Healthcare Management.
- Olden, P.C. (2019). Management of Healthcare Organizations. 3rd ed.
- Selected Armenian hospital-sector, licensing, and accreditation documents.

Recommended Reading

- WHO. Hospitals of the Future.
- The Joint Commission. Hospital Accreditation Standards.
- Additional hospital-resilience and management case materials provided by the teaching team.

Assessments used

The summative assessment consists of an individual 10-minute oral presentation supported by PowerPoint slides, followed by approximately 5 minutes of questions and discussion.

Each student analyses a real or hypothetical hospital-administration challenge in a healthcare institution and develops a justified strategic response plan. The presentation must describe the institutional context and significance of the selected challenge, analyse the relevant operational, financial, human-resource, quality, governance, legal, ethical, and organisational factors, identify key stakeholders, risks, and constraints, and apply appropriate hospital-management principles.

The proposed response must include relevant resource considerations, such as budget, staffing, and logistics, and should integrate applicable quality-assurance, patient-safety, legal, ethical, and regulatory requirements. Students should also consider relevant links with primary healthcare, referral systems, continuity of care, service access, and equity and, where applicable, emergency preparedness or crisis-response considerations. The presentation is assessed according to the appropriate application of hospital-management principles, the depth and contextual relevance of the analysis, the coherence, feasibility, and justification of the proposed response, the consideration of resources, stakeholders, risks, quality, and regulatory requirements, the expected implications for institutional performance and patient care, the clarity and professionalism of communication, and the student's ability to respond to questions and justify decisions.

Students must achieve at least 5 out of 10 to pass the course. Students who do not meet the passing requirement are reassessed in accordance with the YSMU Master's Programme Assessment Regulations.

Health Policy and Law (3 credits)

This module provides students with a comprehensive understanding of health policy formulation, implementation, and evaluation, as well as the legal frameworks that underpin public health and healthcare delivery. Students learn to analyze the influence of governance structures, policy instruments, and stakeholder interests on population health outcomes, equity, and system performance. The module emphasizes the application of policy analysis tools, critical assessment of national and international health policies—including those relevant to Armenia—and interpretation of public health laws and regulations. Special attention is given to legal foundations for emergency preparedness, disaster response, and health system accountability, integrating ethical and human rights considerations.

Learning competences / objectives

1. Explain the stages, institutions, and processes of health-policy formulation, implementation, and evaluation.
2. Analyse how legislation, regulation, strategy, and other policy instruments influence health outcomes, services, and equity.
3. Apply policy-analysis tools to national and international health-policy problems.

4. Interpret and apply relevant Armenian public health and healthcare laws and regulations.
5. Evaluate governance, stakeholder interests, accountability, transparency, and human-rights considerations in health-system reform.
6. Compare Armenian policy and legal approaches with international frameworks and practice.
7. Analyse legal foundations of emergency preparedness, public-health powers, and crisis coordination.
8. Develop and justify a feasible legal or policy response to a practical health-system case.

Syllabus content.

- Fundamentals of health policy: agenda setting, policy development, implementation, and evaluation
- Legal foundations of public health: rule of law, legal authority, and regulatory mechanisms in health protection and promotion
- Types of health policy instruments: legislation, regulation, guidelines, strategic planning, and intersectoral collaboration
- Policy analysis frameworks and tools: stakeholder mapping, impact assessment, and evidence-based policymaking
- Health governance structures: roles of government, ministries, agencies, civil society, and international organizations
- Comparative perspectives on health law and policy: models from high-, middle-, and low-income countries
- National health policy development in Armenia: key strategies, reform priorities, and alignment with WHO frameworks and UHC goals
- Overview of Armenian legal documents governing health: the Law on Medical Care and Services to the Population, Law on Public Health, and patient rights legislation
- Legal dimensions of emergency preparedness and disaster management: health emergency powers, coordination mechanisms, legal frameworks for outbreak response, and protection of rights in emergencies
- Legal dimensions of priority health issues: vaccination mandates, health emergency powers, licensing, data protection, and health equity
- The intersection of public health law, ethics, and human rights in national and international contexts
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Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Buse, K., Mays, N., and Walt, G. (2012). Making Health Policy. 2nd ed.
- WHO. Health Systems Governance for Universal Health Coverage.
- Key Armenian legal and strategic documents supplied by the teaching team.

Recommended Reading

- Selected Armenian and international health-policy reform reports.
- Additional public-health law, emergency-law, and policy-analysis materials provided by faculty.

Assessments used

The summative assessment consists of two components.

Component A: Paper-Based Test — 40%

Component B: Policy and Legal Case Analysis — 60%

Component A: Paper-Based Test

The 50-item test uses multiple-choice, single-best-answer, and exception-type questions to assess policy concepts, legal definitions, governance, regulatory frameworks, emergency law, and applied legal reasoning.

Students must answer more than 50% of the questions correctly to pass this component.

Component B: Policy and Legal Case Analysis

Students prepare an individual 1,200–1,500-word analysis of a public health or healthcare legal or policy case.

The analysis must define the main issue, identify the relevant Armenian legal, regulatory, or policy framework, clarify institutional and professional responsibilities, propose and justify a response, and consider legality, public health relevance, ethics, equity, feasibility, implementation challenges, and risks. The final grade is calculated from both weighted components. Students must achieve at least 5 out of 10 and meet the test threshold. Reassessment follows programme regulations.

Field Practicum (2 credits)

The Field Practicum is a two-week, workplace-based learning experience completed in an approved public health or healthcare organization. Through supervised observation, guided participation, document review, and interaction with staff and stakeholders, students apply programme knowledge to real organizational, managerial, and service-delivery processes. They analyse professional practice, data use, communication, teamwork, and opportunities for improvement, while developing professional and ethical conduct. Assessment is Pass/Fail and is based on completion of the practicum period, a satisfactory Field Practicum Report, and the Host Organization Supervisor Evaluation.

Learning competences / objectives

- Demonstrate understanding of the mission, structure, functions, services, and target population of a public health or healthcare organization.
- Analyse organizational, managerial, service-delivery, communication, teamwork, and stakeholder-engagement processes in a real professional setting.
- Apply MPH knowledge to interpret professional practice, including the use of data, documentation, monitoring, evaluation, and reporting in decision-making.
- Evaluate organizational strengths, operational challenges, and opportunities for improvement within a selected process, service, programme, or policy.
- Demonstrate professional, ethical, responsible, and respectful conduct in accordance with host-organization requirements.
- Reflect critically on practicum learning and professional development and formulate realistic, evidence-informed recommendations for improvement.

Field Practicum content.

- Orientation to the host organization: mission, structure, functions, services, target population, departmental roles, policies, procedures, and professional expectations
- Organizational and management processes: service organization, workflow, programme implementation, operational coordination, and managerial decision-making

- Data, documentation, monitoring, and reporting: data collection, recording, analysis, reporting tools, performance information, and evidence use in decision-making
- Communication and collaboration: teamwork, internal and external communication, stakeholder engagement, and interorganizational and intersectoral cooperation
- Guided professional participation: attendance at relevant meetings, involvement in routine activities, and completion of supervised professional tasks
- Professional and ethical practice: confidentiality, safety, responsibility, punctuality, professional conduct, and compliance with organizational requirements
- Organizational analysis and improvement: identification of a relevant issue, analysis of strengths, challenges, and contributing factors, and development of evidence-informed recommendations
- Reflection and reporting: activity documentation, reflection on learning and professional development, preparation of the Field Practicum Report, and completion of the Host Organization Supervisor Evaluation Form

Assessments used

Pass/Fail Assessment

The Field Practicum is assessed on a Pass/Fail basis. No numerical course grade is assigned.

Assessment is based on three sources of evidence:

1. Completion of the Required Practicum Period

Students must complete the scheduled practicum activities and comply with the host organization's requirements for attendance, punctuality, confidentiality, ethical conduct, and professional behaviour.

2. Field Practicum Report

Students submit a structured report describing the host organization's mission, structure, functions, services, and target population; the principal activities and tasks completed; and the relevant organizational, managerial, service-delivery, or public health processes observed. The report should demonstrate how knowledge and competences acquired during the MPH programme were applied, identify the main learning outcomes achieved, reflect on the most valuable aspects and challenges of the placement and its contribution to professional development, and provide realistic, evidence-informed recommendations for improvement. The report is evaluated as Satisfactory or Unsatisfactory against the Field Practicum learning outcomes and approved assessment criteria.

The host supervisor completes a standardised evaluation of the student's attendance and punctuality, professional behaviour and responsibility, communication skills, engagement and participation, ability to work with colleagues and stakeholders, overall performance, demonstrated strengths, and areas for further development. Based on this evaluation, the supervisor recommends that the student has successfully completed the practicum, successfully completed it with recommendations for improvement, or should complete additional practicum activities.

A Pass is awarded when the student completes the required practicum period, receives a satisfactory Field Practicum Report evaluation, and demonstrates satisfactory professional performance in the Host Organization Supervisor Evaluation.

Where the evidence is incomplete or unsatisfactory, the student must complete additional practicum activities, revise and resubmit the report, or undertake another required action in accordance with the programme's reassessment procedures.

Comparative Analysis of Healthcare Systems (3 credits)

This module introduces students to the comparative study of health systems, focusing on their structural, functional, and governance characteristics across diverse country contexts, with particular attention to Armenia's post-Soviet health system. Students critically examine the influence of political, economic, social, and cultural factors on health system organization, financing, and service delivery. The module emphasizes performance assessment using international indicators of access, quality, equity, and efficiency, and explores strategies for health system reform, resilience, and post-conflict recovery. Case studies from high-, middle-, and low-income countries provide practical insights into system strengthening and adaptation to evolving public health challenges.

Learning competences / objectives

1. Differentiate major health-system models and explain their structural and functional characteristics.
2. Analyse how political, economic, social, and cultural contexts influence health-system governance, financing, and service delivery.
3. Compare health-system performance using internationally recognised indicators of access, equity, quality, efficiency, responsiveness, and financial protection.
4. Apply WHO, OECD, and other comparative frameworks to selected national health systems.
5. Critically assess reform strategies, implementation challenges, and policy trade-offs in transition and mixed health systems.
6. Evaluate health-system resilience and recovery in relation to crises, instability, and post-conflict contexts.
7. Formulate evidence-informed lessons and recommendations relevant to Armenia's health-system development.

Syllabus content:

- Core health system models: Beveridge, Bismarck, National Health Insurance, and mixed systems, including Armenia's hybrid post-Soviet model
- Key health system functions: financing, service provision, regulation, and stewardship, with reference to WHO and OECD frameworks
- Health system performance metrics: access, quality, efficiency, equity, and responsiveness based on international benchmarks and national assessments
- Country case studies from high-, middle-, and low-income settings, including selected European, Asian, and post-Soviet countries
- Cross-national comparisons and health system typologies, using tools such as the WHO building blocks and UHC service coverage index
- Role of culture, policy, and economy in shaping health systems, with attention to system transformation in transitional and decentralized governance contexts
- Trends in health reform and system resilience in the face of global crises (e.g., COVID-19), as well as post-conflict recovery and peacebuilding, including Armenia's health system response following periods of instability

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Mossialos, E., Djordjevic, A., Osborn, R., and Sarnak, D. (eds.) (2017). International Profiles of Health Care Systems.
- European Observatory on Health Systems and Policies and WHO Regional Office for Europe. (2024). Health Systems in Action: Armenia.
- Selected WHO and OECD comparative health-system frameworks and datasets.

Recommended Reading

- Gauld, R. (2019). Comparative Health Policy. 5th ed.
- European Observatory on Health Systems and Policies. Armenia: Health System Review.
- WHO Europe. Guidance on Building Health-System Resilience.
- Selected Armenian strategy and statistical documents supplied by the teaching team.

Assessments Used

The summative assessment consists of an individual 10–15-minute oral presentation supported by PowerPoint slides.

Each student selects a country and conducts a structured comparative analysis of its health system, using Armenia or another relevant system as an explicit comparator.

The presentation must address:

- the structural health-system model and principal functions;
- governance and financing mechanisms;
- selected performance indicators covering access, equity, quality, efficiency, responsiveness, or financial protection;
- political, economic, social, and cultural influences;
- major reforms, implementation challenges, and resilience issues;
- evidence-informed lessons relevant to Armenia or comparable settings.

Assessment criteria include analytical depth, appropriate use of comparative frameworks, accuracy and interpretation of data, coherence of conclusions, quality of visual presentation, professional communication, and responses to questions.

Students must achieve at least 5 out of 10 to pass the course. Reassessment follows the YSMU Master's Programme Assessment Regulations.

Health Education and Promotion (3 credits)

This module provides students with a comprehensive understanding of health education and promotion theories, frameworks, and practical applications. Emphasizing participatory, evidence-based, and culturally sensitive approaches, students learn to design, implement, and evaluate interventions that address behavioral, social, and structural determinants of health. The module highlights the use of communication, advocacy, and literacy strategies to promote sustainable behavior change, with a particular focus on equity, rights-based approaches, and the diverse regional, ethnic, and social contexts of Armenia. Case studies from national and international campaigns illustrate practical application and ethical considerations in promoting health across populations.

Learning competences / objectives

1. Explain major theories and frameworks used in health education, health promotion, and behaviour change.
2. Assess population needs, behavioural determinants, health-literacy barriers, and contextual influences relevant to a selected health issue.
3. Design a theory-informed, evidence-based, and culturally responsive health-promotion intervention.
4. Apply participatory and stakeholder-engagement approaches to intervention development.
5. Develop inclusive communication and advocacy strategies that address misinformation and public trust.
6. Integrate equity, human rights, intersectionality, and ethical considerations into health-promotion planning.
7. Develop appropriate implementation and evaluation elements for a proposed intervention.
8. Communicate and justify a feasible health-promotion intervention to professional and stakeholder audiences.

Syllabus content

- Theoretical models of health behavior change, including Health Belief Model, Theory of Planned Behavior, and Transtheoretical Model.
- Planning, implementation, and evaluation of health education and promotion programs, with Armenian case examples.
- Community-based and participatory approaches: empowerment, stakeholder engagement, and culturally responsive design.
- Health communication and public health literacy strategies tailored to language, cultural, and regional diversity, including inclusive health messaging and media analysis.
- Advocacy in health promotion: rights-based frameworks, policy influence, and multi-level engagement.
- Case studies from Armenia and international campaigns (e.g., tobacco control, maternal health, vaccine confidence).
- Ethical and practical considerations in promoting health equity, autonomy, and culturally aligned interventions, including addressing stigma, gender dynamics, and barriers to access in marginalized groups.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Glanz, K., Rimer, B.K., and Viswanath, K. (eds.) (2015). Health Behavior: Theory, Research, and Practice. 5th ed.
- Naidoo, J. and Wills, J. (2016). Foundations for Health Promotion. 4th ed.
- WHO. Shanghai Declaration on Promoting Health in the 2030 Agenda for Sustainable Development.

Recommended Reading

- Nutbeam, D. and Harris, E. Theory in a Nutshell.
- Ewles, L. and Simnett, I. Promoting Health: A Practical Guide.
- CDC health-communication tools and campaign resources.

- Selected Armenian health-promotion guidelines and campaign materials.

Assessments used

The summative assessment consists of an individual 10–15-minute oral presentation supported by PowerPoint slides.

Students design and present a comprehensive health-promotion intervention addressing a selected health issue in a defined population group in Armenia.

The intervention must include:

- a clear needs assessment and defined target population;
- application of an appropriate behavioural or health-promotion theory;
- participatory and stakeholder-engagement approaches;
- health-literacy and communication strategies;
- approaches to misinformation, public trust, and inaccurate health information;
- culturally appropriate and inclusive methods;
- equity, rights, and intersectionality considerations;
- implementation and evaluation elements.

Assessment focuses on theoretical integration, feasibility, inclusiveness, ethical and contextual appropriateness, stakeholder alignment, clarity, professionalism, and responses to questions.

Students must achieve at least 5 out of 10 to pass the course. Reassessment follows programme regulations.

Healthcare Marketing (3 credits)

This module equips students with a critical understanding of marketing principles and their application in public and private healthcare contexts. Students will learn to conduct market research, segment populations, and design strategic communication campaigns that align with organizational objectives and public health priorities. Emphasis is placed on analyzing consumer behavior, leveraging branding and digital outreach, and assessing the effectiveness of marketing strategies, with attention to cultural, legal, and infrastructural considerations specific to Armenia. Practical examples from national health programs and NGO initiatives illustrate the integration of marketing into evidence-informed healthcare delivery and population engagement.

Learning competences / objectives

1. Explain core marketing principles and their application in public and private healthcare settings.
2. Conduct basic market and audience analysis using demographic, behavioural, and health-utilisation information.
3. Segment and prioritise target audiences for a healthcare service or public health campaign.
4. Analyse consumer behaviour, communication needs, and determinants of service use.
5. Develop an integrated healthcare marketing and communication strategy.
6. Apply branding, positioning, health-literacy, and digital-outreach principles appropriately.
7. Evaluate ethical, legal, cultural, and infrastructural considerations affecting healthcare marketing.
8. Develop indicators for evaluating audience engagement, service uptake, and campaign effectiveness.
9. Present and defend an evidence-informed healthcare marketing strategy professionally.

Syllabus content.

- Fundamentals of marketing and consumer behaviour in healthcare, including characteristics of Armenian health service users
- Strategic marketing planning and the service marketing mix in healthcare institutions
- Branding, health communication, and public relations in the context of public trust and healthcare reputation in Armenia
- Market research, segmentation, and audience targeting using available demographic and health utilization data in Armenia
- Campaign development and promotional strategies for health services, including examples from Ministry of Health initiatives and NGO campaigns
- Digital marketing tools and technologies in healthcare outreach, with attention to adoption challenges in rural and underserved areas
- Evaluation of marketing effectiveness, including impact measurement on patient engagement and service uptake in Armenian healthcare settings.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Thomas, R.K. (2018). Health Services Marketing: A Practitioner's Guide. 4th ed.
- Berkowitz, E.N. (2016). Essentials of Health Care Marketing. 4th ed.
- Kotler, P., Shalowitz, J., and Stevens, R.J. Strategic Marketing for Health Care Organizations.

Recommended Reading

- Lee, N.R. and Kotler, P. Social Marketing: Changing Behaviors for Good.
- Ventola, C.L. Social Media and Health Care Professionals: Benefits, Risks, and Best Practices.
- Selected Armenian public-campaign reports and legislation on health-service advertising.

Assessments used

The summative assessment consists of an individual healthcare marketing and communication strategy project presented in a 15-minute oral presentation supported by PowerPoint slides.

The strategy must include:

- definition of the selected healthcare service, public health issue, or promotional challenge;
- target-population analysis and audience segmentation;
- assessment of communication needs and behavioural determinants;
- marketing objectives, positioning, and value proposition;
- culturally and contextually appropriate messages and outreach strategies;
- application of branding and healthcare marketing principles;
- health-literacy and audience-engagement approaches;
- ethical, legal, digital-access, and infrastructural considerations;
- indicators for evaluating reach, engagement, and service uptake.

Assessment considers strategic coherence, evidence use, audience targeting, contextual and cultural appropriateness, feasibility, ethical awareness, professional communication, and defence of decisions.

Students must achieve at least 5 out of 10 to pass the course. Reassessment follows programme regulations.

Digital Health (3 credits)

This module provides students with a comprehensive understanding of digital health technologies and their applications in healthcare and public health, with particular reference to Armenia's e-health system. Students will critically evaluate the planning, financing, and governance of digital health initiatives, and assess how digital tools enhance care delivery, surveillance, and population health outcomes. The module emphasizes ethical, legal, and regulatory considerations, including national and international standards, and explores digital literacy, equity, and inclusion in access to digital health services. Students will also examine infodemiology principles to monitor and respond to health misinformation, applying evidence-based strategies and case studies to strengthen system performance and public engagement.

Learning competences / objectives

1. Explain the principles, components, and applications of eHealth, mHealth, telemedicine, electronic health records, and digital public health.
2. Analyse how digital health can influence service delivery, surveillance, health promotion, and population-health outcomes.
3. Critically assess governance, financing, strategic planning, and sustainability of digital health initiatives.
4. Evaluate interoperability, information standards, data integration, privacy, cybersecurity, and regulatory requirements.
5. Assess digital-health equity, accessibility, literacy, usability, and inclusion.
6. Apply implementation-science and evaluation frameworks to analyse a digital health intervention.
7. Identify infodemiological risks and propose approaches for misinformation monitoring and management.
8. Evaluate digital platforms for public engagement, health promotion, and crisis response.
9. Formulate evidence-informed recommendations for responsible and context-sensitive digital transformation.

Syllabus content

- Foundations of digital health: eHealth, mHealth, telemedicine, and electronic health records (with ARMED as case study).
- Governance, financing, and strategic planning of digital health programs, including Armenian national frameworks.
- Use of digital tools in care, surveillance, and health system strengthening during crises such as COVID-19.
- Health information systems: standards, interoperability, data integration, and privacy protection (GDPR and Armenian law).
- Digital literacy, inclusion, and equity: addressing disparities in access and engagement.
- Infodemiology: monitoring and managing digital misinformation in public health.
- WHO infodemic management framework: detection, monitoring, response, and evaluation of health misinformation using evidence-based tools and digital community engagement strategies.
- Evaluation of digital health interventions using implementation science frameworks.
- Case studies from Armenia and comparable health systems illustrating success factors and barriers to digital transformation.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- WHO. Guideline: Recommendations on Digital Interventions for Health System Strengthening.
- Latifi, R., Doarn, C.R., and Merrell, R.C. (eds.) (2020). Telemedicine, Telehealth and Telepresence.
- WHO resources on infodemic management.
- Selected Armenian digital-health strategy and ARMED documentation.

Recommended Reading

- Eysenbach, G. (2002). Infodemiology: The Epidemiology of (Mis)information.
- Additional implementation-science and digital-health case materials supplied by the teaching team.

Assessments used

The summative assessment consists of an individual 10–15-minute oral presentation supported by PowerPoint slides.

Each student evaluates a real or hypothetical digital health system, platform, or tool relevant to Armenia or a comparable setting.

The presentation must address:

- the system's purpose, users, core functions, and place within the health system;
- governance, financing, strategic alignment, and sustainability;
- effects on service delivery, public health, or population outcomes;
- data standards, interoperability, privacy, security, and regulation;
- digital-equity, literacy, accessibility, and inclusion issues;
- infodemiological risks and strategies for misinformation management;
- application of relevant theoretical and evaluation frameworks, including implementation-science approaches;
- a feasible evaluation plan and evidence-informed recommendations.

Assessment criteria include synthesis of technical, system, social, ethical, and legal dimensions; appropriate framework application; analytical depth; feasibility of recommendations; clarity; professionalism; and responses to questions.

Students must achieve at least 5 out of 10 to pass the course. Reassessment follows programme regulations.

Research Seminar and Thesis Preparation (3 credits)

This module guides students through the structured preparation and development of their Master's thesis in public health. It focuses on synthesizing core public health knowledge, research evidence, and methodological principles to produce a coherent, ethically conducted, and academically rigorous thesis. Students will apply biostatistical and epidemiological techniques to analyze data, draw evidence-based conclusions, and relate findings to public health policy or practice. The module emphasizes scientific communication, proper academic formatting, referencing, and adherence to institutional and international research ethics. Students will develop a Pre-Submission Progress Report that consolidates completed work, identifies pending sections, and provides a clear timeline for full thesis submission, incorporating supervisory feedback to refine content, structure, and analytical reasoning.

Learning competences / objectives

1. Critically appraise the design, methods, analysis, findings, limitations, and practical relevance of a scientific public health article.
2. Present and justify the research question, objectives, methodology, data sources, sampling approach, and planned analytical methods of the master's thesis.
3. Assess the current progress of data collection and analysis and present preliminary findings or analytical outputs where available.
4. Develop a coherent thesis structure and identify the status of completed and remaining sections.
5. Formulate an evidence-informed plan for completing data analysis, interpretation, thesis writing, and submission within the required timeframe.
6. Demonstrate compliance with research ethics, data protection, academic integrity, and institutional thesis requirements.
7. Communicate and justify thesis progress, methodological decisions, challenges, and planned next steps in written and oral form.

Syllabus content

- Thesis writing and scientific communication: structure and composition of core thesis chapters; academic language, coherence, and scientific reasoning.
- Data presentation and interpretation: appropriate use of graphs, tables, and statistical summaries; interpretation of data within public health frameworks.
- Drawing conclusions and public health implications: formulating conclusions from data; linking evidence to public health interventions, systems, or policy implications.
- Academic integrity and referencing: institutional policies on plagiarism; referencing styles (e.g., APA, Vancouver) and citation management tools.
- YSMU formatting and submission protocols: thesis formatting rules, ethical compliance, administrative procedures, and submission standards.
- Pre-Submission Progress Report development: synthesis of thesis progress, chapter outline, methodological status, and planning for completion.
- Oral defense orientation: introduction to oral defense structure, presentation expectations, and common examiner questions.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- YSMU Master's Thesis Guideline.
- Wallace, M. and Wray, A. (2021). Critical Reading and Writing for Postgraduates. 4th ed.
- EQUATOR Network reporting guidelines.

Recommended Reading

- Hart, C. (2018). Doing a Literature Review. 2nd ed.
- APA Publication Manual. 7th ed.
- Additional YSMU templates, referencing guidance, and thesis-submission documents provided by the teaching team.

Assessments used

Pass/Fail Assessment

The course is assessed on a Pass/Fail basis. No numerical course grade is assigned.

The summative assessment consists of two compulsory components:

Component A: Critical Appraisal of a Scientific Article

Each student critically appraises a selected scientific article relevant to public health or healthcare management. The appraisal addresses the research question, study design, sampling, data-collection methods, analytical approach, ethical considerations, presentation and interpretation of results, limitations, conclusions, scientific or practical contribution, and recommendations for methodological improvement.

Component B: Individual Pre-Submission Progress Report

Each student submits an individual 1,000–1,500-word Pre-Submission Progress Report demonstrating readiness to complete and submit the final Master's thesis.

The report must include a clear research question and thesis objective; a summary of the completed literature review and methodology; the current status of data collection; the planned analytical methods and current status of analysis; preliminary findings, analytical outputs, or encountered difficulties where available; the proposed thesis structure and status of each chapter; the remaining thesis components and tasks; a realistic timeline for completion; and confirmation of compliance with YSMU formatting, academic-integrity, research-ethics, confidentiality, informed-consent, and data-protection requirements.

Passing Requirements

A Pass is awarded when both components are completed satisfactorily.

The critical appraisal must demonstrate the student's ability to evaluate the methodological quality, findings, limitations, relevance, and overall reliability of a scientific study.

The Pre-Submission Progress Report must demonstrate a coherent and methodologically appropriate thesis plan, substantial and credible progress, compliance with ethical and academic requirements, a feasible completion roadmap, and the student's capacity to manage the remaining stages of the thesis independently. Students who do not meet the passing requirements receive a Fail and must revise and resubmit the relevant assessment component in accordance with programme reassessment procedures.

ELECTIVE COURSES

Global Health (3 credits)

This module introduces students to the complex, interconnected determinants of global health and well-being, with emphasis on structural, environmental, political, and economic factors. Students will develop interdisciplinary knowledge by exploring how multiple academic fields contribute to understanding and addressing global public health challenges. The module covers ethical and human rights principles in global health, global governance structures, cross-border health threats such as pandemics, antimicrobial resistance, and climate-related risks, as well as global health financing mechanisms. Through critical analysis of international case studies and frameworks, students will gain insights into policy, coordination, and equity considerations that shape global public health strategies.

Learning competences / objectives

1. Demonstrate critical understanding of the interconnected structural, environmental, political, cultural, and economic determinants of global health and well-being.
2. Integrate perspectives from public health, sociology, anthropology, geography, political science, economics, ethics, and biomedicine in analysing global health problems.

3. Apply ethical, equity, social-justice, solidarity, and human-rights principles to global health challenges and interventions.
4. Analyse global health governance structures and the roles of WHO, UN agencies, the World Bank, global funds, donors, governments, and civil-society actors.
5. Critically assess cross-border health threats, including pandemics, antimicrobial resistance, climate change, migration, and refugee health.
6. Evaluate global health financing mechanisms, including official development assistance, vertical programmes, and donor-recipient relationships.
7. Formulate context-sensitive and sustainable responses to complex global health challenges.

Syllabus content

- Philosophical, conceptual, and theoretical perspectives on global public health, including definitions of health, illness, well-being, and wellness.
- Social, political, and ethical values in global public health, including beneficence, equity, social justice, rights, altruism, freedom, risk, and harm minimization.
- Contributions of diverse academic disciplines to global public health, including sociology, anthropology, geography, psychology, political science, economics, and biomedicine.
- Historical and geographic trends in public health development, including the evolution of the field and the impact of major global political and scientific milestones.
- Social determinants of health and inequalities in healthcare access, including classification and stratification by occupation, income, ethnicity, religion, generation, gender, and ability.
- Global health governance frameworks: roles and responsibilities of WHO, UN agencies, the World Bank, Global Fund, and major global partnerships and treaties.
- Cross-border health threats: public health dimensions of pandemics, AMR, climate change, and migration and refugee movements.
- Global health financing: official development assistance (ODA), global donor architecture, vertical funding mechanisms (e.g., GAVI, PEPFAR), and equity in donor-recipient relations.
- Global health in the context of sustainability and development: intersections with climate resilience, food systems, environmental degradation, and health security.

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Skolnik, R. (2022). Global Health 101. 4th ed.
- Birn, A.-E., Pillay, Y., and Holtz, T.H. (2017). Textbook of Global Health. 4th ed.
- Commission on Social Determinants of Health. Closing the Gap in a Generation.

Recommended Reading

- Napier, D. et al. (2014). Culture and Health. The Lancet.
- Kickbusch, I. and Szabo, M.M. (2014). A New Governance Space for Health.
- WHO World Health Statistics and selected UNDP/OECD reports provided by the teaching team.

Assessments used

The summative assessment consists of an individual 10–15-minute oral presentation supported by PowerPoint slides.

Each student selects a contemporary global health issue and presents an interdisciplinary, rights-based analysis of its causes, consequences, and implications for health equity and sustainability.

The presentation must integrate relevant theories and global health values, analyse structural, political, economic, cultural, and environmental determinants, assess governance and financing dimensions where relevant, and formulate justified recommendations.

Assessment Criteria

- depth and coherence of interdisciplinary analysis;
- appropriate application of equity, justice, solidarity, and human-rights principles;
- use of credible global and national evidence;
- critical assessment of governance, financing, and power relationships;
- feasibility and sustainability of recommendations;
- clarity, organisation, professionalism, and responses to questions.

Students must achieve more than 50% of the total assessment score to pass the course. Reassessment follows programme regulations.

Healthcare in Emergencies (3 credits)

This module provides students with a comprehensive understanding of the public health dimensions of humanitarian emergencies, including natural disasters, technological crises, and conflict-related events. Students will examine the causes, health consequences, and population vulnerabilities associated with emergencies and complex humanitarian settings. The module emphasizes the application of humanitarian principles, ethical frameworks, and international operational standards (e.g., SPHERE, IASC) in the assessment, planning, and implementation of emergency health interventions. Students will develop competence in conducting health needs assessments, prioritizing interventions, and designing evidence-based response strategies tailored to national and regional contexts, including Armenia. Attention is given to coordination mechanisms and the roles of national and international actors involved in humanitarian health response.

Learning competences / objectives

1. Explain the nature, causes, and public health consequences of natural, technological, conflict-related, and complex emergencies.
2. Apply humanitarian principles, ethics, and international operational standards to emergency health planning and response.
3. Conduct a structured health-needs assessment and prioritise interventions for crisis-affected populations.
4. Design context-appropriate emergency health interventions aligned with national risks, system capacities, and humanitarian standards.
5. Analyse health-system preparedness, surge capacity, continuity of essential services, and hospital disaster-risk management.
6. Explain the mandates and coordination mechanisms of national and international humanitarian actors.
7. Communicate priorities and justify decisions effectively in an emergency coordination setting.

Syllabus content

- Types and causes of humanitarian emergencies: natural, technological, and conflict-related

- Public health consequences of disasters and emergencies
- Humanitarian principles, ethics, and international standards (e.g., SPHERE, IASC guidelines)
- Emergency health needs assessment and priority setting
- Planning and coordination of emergency health interventions
- Health system preparedness and surge capacity planning
- Emergency response operations in Armenia: legal frameworks, MOH policies, and disaster risk profiles
- Roles of global and national actors in humanitarian response (e.g., WHO, UN OCHA, Armenian Ministry of Emergency Situations)
- Case studies on past emergency responses in Armenia and other low- and middle-income countries

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- WHO. Health Emergency and Disaster Risk Management Framework.
- Sphere Association. The Sphere Handbook. 4th ed.
- Johns Hopkins Bloomberg School of Public Health and IFRC. Public Health Guide for Emergencies.

Recommended Reading

- IASC. Operational Guidance for Coordinated Assessments in Humanitarian Crises.
- Republic of Armenia Disaster Risk Management Strategy 2023–2030.
- ICRC and IFRC materials on healthcare in conflict, fragility, and emergency response.

Assessments used

The summative assessment consists of Individual written emergency health response plan.

Students prepare a 1,500–2,000-word evidence-based response plan for a defined humanitarian crisis scenario.

The plan must include a situational health-needs assessment, prioritised objectives and interventions, application of Sphere/IASC principles, stakeholder and coordination arrangements, ethical considerations, implementation steps, and monitoring indicators.

Students must achieve at least 5 out of 10 to pass. Reassessment follows programme regulations.

Strengthening Healthcare System (3 credits)

This module explores the structure, evolution, and reform of Armenia's health system within the broader post-Soviet context. Students will develop a critical understanding of key health system components—including governance, financing, workforce, and service delivery—and apply strategic planning and monitoring & evaluation principles to assess national policies and programs. The module equips students to identify implementation gaps, analyze system challenges, and design a five-year evidence-informed health system strengthening strategy aligned with national priorities and global public health frameworks. Through case studies, comparative analyses, and practical exercises, students gain skills to evaluate, plan, and communicate actionable strategies for health system improvement in Armenia and comparable settings.

Learning competences / objectives

1. Explain the evolution and current structure of Armenia's health system within the wider post-Soviet context.
2. Analyse governance, financing, workforce, service delivery, and information-system challenges using health-system strengthening frameworks.
3. Apply strategic-planning and monitoring-and-evaluation principles to national health-system priorities.
4. Critically evaluate national strategies and policies and identify implementation gaps, risks, and opportunities.
5. Formulate evidence-informed policy options and strategic interventions addressing system-wide challenges.
6. Design and communicate a coherent five-year health-system strengthening strategy for Armenia.

Syllabus content

- Historical development of Armenia's health system: Soviet legacies and post-independence reforms
- Overview of global health systems frameworks (e.g., WHO building blocks, UHC, SDGs)
- Governance and leadership in Armenia's health sector and the broader post-Soviet context
- Analysis of Armenia's current 5-Year Health Strategy (2021–2026) and its alignment with system needs
- Health workforce challenges in Armenia: training, retention, and rural distribution
- Health financing in Armenia: tax-based models, Basic Benefit Package, out-of-pocket expenditures, and equity issues
- Service delivery models in Armenia and comparative perspectives from other post-Soviet or middle-income health systems
- Monitoring and evaluation (M&E) tools for national health planning and policy implementation
- Case studies on health reform and emergency response in Armenia and comparable LMIC settings
- Collaborative development of evidence-informed health system strengthening strategies for Armenia
-

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Ministry of Health of Armenia. National Health Strategy 2021–2026.
- WHO. Everybody's Business: Strengthening Health Systems to Improve Health Outcomes.
- Andreasyan, D. et al. Health System Performance Assessment 2024.

Recommended Reading

- WHO. Monitoring the Building Blocks of Health Systems.
- Rechel, B., Richardson, E., and McKee, M. Trends in Health Systems in the Former Soviet Countries.
- European Observatory reports on Armenia and comparable health systems.

Assessments used

The summative assessment consists of one integrated assignment:

Group Oral Presentation of a Five-Year Health-System Strengthening Strategy for Armenia — 100%

Working in small groups, students develop and present a coherent five-year strategy addressing a selected system-wide health challenge in Armenia. The presentation lasts 15–20 minutes and is supported by PowerPoint slides, followed by questions from the teaching team.

The presentation must include:

- a brief overview of the evolution and current structure of Armenia's health system within the wider post-Soviet context;
- a clear definition of the selected health-system challenge;
- analysis of relevant governance, financing, workforce, service-delivery, and health-information-system factors;
- application of an appropriate health-system strengthening framework;
- critical review of relevant national strategies or policies, including implementation gaps, risks, and opportunities;
- evidence-informed strategic goals, objectives, interventions, and expected results;
- responsible institutions, stakeholders, and implementation arrangements;
- a five-year implementation timeline;
- resource, feasibility, equity, and sustainability considerations;
- key risks and mitigation measures;
- a monitoring and evaluation framework with indicators, targets, and data sources.

Assessment focuses on the depth and coherence of the health-system analysis, appropriate application of strengthening frameworks, critical use of evidence, feasibility and internal consistency of the proposed strategy, quality of the monitoring and evaluation framework, clarity and professionalism of the presentation, and responses to questions.

Individual achievement is verified through each student's contribution, analytical reasoning, presentation performance, and responses to questions.

Students must achieve at least 5 out of 10 to pass the course. Reassessment follows the YSMU Master's Programme Assessment Regulations.

Violence and Injury Prevention (3 credits)

This module provides a comprehensive overview of the epidemiology, risk factors, and public health burden of injuries and violence at local, national, and global levels. Students will critically evaluate strategies and policies for the prevention of both intentional (e.g., interpersonal and gender-based violence) and unintentional injuries (e.g., road traffic accidents, occupational injuries, falls), applying public health frameworks to design, implement, and assess interventions. Emphasis is placed on ethical considerations, equity, and protection of vulnerable populations. The module also explores the role of legislation, community engagement, and intersectoral collaboration in reducing harm, with reference to national institutions, policies, and data. Through case studies, applied exercises, and policy analysis, students gain practical skills to develop evidence-informed strategies for injury and violence prevention.

Learning competences / objectives

1. Explain the epidemiology, burden, and determinants of intentional and unintentional injuries at local, national, and global levels.
2. Analyse risk and protective factors affecting different populations and settings.
3. Apply the public health approach, ecological model, and Haddon Matrix to violence and injury problems.

4. Critically evaluate policy, legislative, environmental, community, and service-based prevention strategies.
5. Design a context-sensitive prevention intervention that addresses ethics, equity, and vulnerable groups.
6. Analyse the roles of health, law enforcement, education, labour, transport, and civil-society sectors.
7. Develop appropriate monitoring and evaluation indicators for prevention programmes.

Syllabus content

- Epidemiology and burden of injuries and violence (intentional and unintentional) at global, national, and local levels
- Risk factors, social determinants, and population vulnerabilities, including those identified in national statistics and public health assessments
- Frameworks for prevention: Haddon Matrix, ecological model, and the public health approach
- Policy and programmatic strategies: legislation, road safety, occupational health, urban design, and school-based and community-based interventions
- Intersectoral approaches involving health, law enforcement, education, and civil society actors
- Role of legal frameworks, national safety policies, and protection services in injury and violence prevention
- Monitoring and evaluation of prevention programs: effectiveness, equity, sustainability, and impact on public health outcomes

Reading materials associated with the module. Note: Course is taught in Armenian. The following international sources are used by faculty to prepare Armenian-language content. Armenian sources are listed with translated titles.

Essential Reading

- Donnelly, P. and Ward, C.L. (eds.) (2015). Oxford Textbook of Violence Prevention.
- WHO. World Report on Violence and Health.
- WHO. Injury Surveillance Guidelines.

Recommended Reading

- Doll, L.S. et al. Handbook of Injury and Violence Prevention.
- Relevant Armenian injury, road-safety, occupational-health, and gender-based violence documents.
- Selected UNICEF, MoH, NIH, and ArmStat materials provided by the teaching team.

Assessments used

Summative Assessment

The summative assessment consists of an individual 10–15-minute oral presentation supported by PowerPoint slides.

Students select a specific injury or form of violence affecting a defined population, analyse its burden and determinants, and propose a comprehensive prevention strategy.

The presentation must apply relevant theoretical frameworks, use appropriate data, identify risk and protective factors, propose evidence-based interventions, address ethics and equity, identify intersectoral responsibilities, and present monitoring indicators.

Assessment Criteria

- quality of epidemiological and determinant analysis;

- appropriate application of prevention frameworks;
- use of evidence and data;
- feasibility, equity, ethics, and contextual relevance;
- clarity of proposed interventions and monitoring approach;
- professional communication and responses to questions.

Students must achieve more than 50% of the total assessment score to pass. Reassessment follows programme regulations.

INTEGRATING EXPERIENCE (10 credits)

The Integrating Experience is the capstone of the MPH program, designed to demonstrate students' ability to apply their knowledge and skills in healthcare management and public health. It consists of three core components: the Written Master Thesis, the Interdisciplinary Computer-Based Examination, and the Oral Defense of the Master Thesis. Completion of all components is required for graduation.

The Written Master Thesis involves independent research under the guidance of a qualified supervisor. Students develop a research plan, obtain ethical approval, collect and analyze data, and prepare a full thesis following YSMU academic and formatting standards. Supervisors provide ongoing feedback on interim drafts, data analysis, and writing. Theses are evaluated by an Examination Board using a standardized rubric to ensure consistency, rigor, and fairness.

The Interdisciplinary Computer-Based Examination is conducted at the end of the final semester and assesses knowledge across healthcare planning, management, and quality improvement. The exam uses multiple-choice, single-best-answer, and exception-type questions under standardized conditions. Passing this exam is required before progressing to the oral defense.

The Oral Defense of the Master Thesis allows students to present and defend their research before the Examination Board. The defense includes a structured presentation, responses to reviewer feedback, and a discussion with examiners. Students receive guidance from their supervisors in preparing presentations and practicing responses. The defense is evaluated on both content and presentation using a standardized rubric. Throughout the Integrating Experience, students have access to university resources, including research databases, statistical software training, writing support, formatting templates, and administrative assistance. The capstone ensures students can conduct independent, ethically sound research, synthesize knowledge, and communicate findings effectively, preparing them for leadership roles in healthcare management and public health.

For more details regarding master thesis see YSMU Master's thesis defense procedure at <https://ysmu.am/right/bardzraguyn-krtutyanyan-kanonakarger/>

Throughout much of these processes, courses are ongoing and require consistent attendance and substantial effort to complete.

ROLES AND RESPONSIBILITIES OF MPH STUDENTS

In addition to the general expectations of all Yerevan State Medical University (YSMU) students, each student enrolled in the Master of Public Health (MPH) Program in Healthcare Management and Planning is expected to uphold the following responsibilities:

- Students share the collective responsibility to uphold the law, respect the rights of others, and maintain the integrity of the University community. This includes demonstrating honorable conduct, encouraging peers to meet high standards, and taking appropriate action to protect the interests of the University and its members.
- Students are expected to read, understand, and comply with all University policies, regulations, and official documents. They must also ensure familiarity with the academic policies and procedures specific to the MPH curriculum, including graduation requirements, registration and advising processes, and grading policies.
- Maintaining academic integrity and contributing to a safe and conducive learning environment is a core responsibility. Students are required to attend all classes unless formally excused, arrive on time, submit assignments by deadlines, and participate actively in classroom discussions and activities. In cases of emergencies or unusual circumstances preventing attendance or timely submission, students must promptly communicate with the Dean's Office of the Faculty of Public Health.
- High standards of academic ethics are expected in all individual work, including homework, examinations, and written assignments. Collaboration is permitted only when explicitly assigned, and all sources must be properly cited. Cheating, plagiarism, or unauthorized copying is strictly prohibited and may result in disciplinary action, up to and including dismissal from the program.
- Students are encouraged to engage constructively with faculty and administration to resolve academic or administrative issues. They should proactively identify and develop professional career goals, incorporating relevant subject matter into projects and study areas where appropriate. Students are also expected to anticipate and discuss major academic or non-academic issues, respond to advisement notices, and adhere to guidance provided by program administrators.
- Finally, students must comply with administrative requirements related to tuition, fees, scholarships, registration deadlines, and submission of required forms, ensuring awareness of policies that affect financial and academic eligibility.

By meeting these responsibilities, students contribute to a positive, ethical, and productive learning environment, ensuring the successful pursuit of their MPH education and professional development.

For more information see the YSMU Policies and Regulations at <https://ysmu.am/en/right/higher-education-regulations/>.

GRADING WITHIN THE MPH PROGRAM

The MPH curriculum is multi-disciplinary, taught by both resident and visiting faculty with diverse academic and professional backgrounds. Consequently, instructional methods and evaluation approaches may vary across courses. Students are expected to understand the potential variability in grading practices and assessment interpretation.

Faculty will provide clear evaluation criteria at the start of each course. Assessment methods may include written assignments, problem sets, in-class exercises, presentations, examinations, and other relevant modalities. Participation in class activities may also be graded, reflecting the collaborative nature of public health practice. Faculty will clarify grading expectations, criteria, and typical grade distributions for each assessment.

Course performance is evaluated according to the following grade point scale: 9–10 (excellent), 7–8 (satisfactory), 5–6 (minimum passing), and below 5 (unsatisfactory). Some courses are assessed on a “Pass/Fail” basis; although these designations do not carry grade points and are excluded from grade point calculations, successful completion awards course credit.

Grade Appeals and Review Procedure

If a student believes that an assignment or course grade has been awarded unfairly, the concern should first be addressed directly with the course instructor. Students may petition for a grade review by following the official procedure within one hour of the formal publication of grades. The student has the right to request clarifications regarding the evaluation and grade calculation from the course instructor.

Should the student genuinely perceive that a grade reflects biased or incorrect assessment, a formal grievance may be submitted to the Dean of the Faculty. This process is intended solely to rectify grading errors or bias and must not be used to seek a higher grade for reasons unrelated to the fairness or accuracy of the assessment. For further information, students are referred to the Yerevan State Medical University Policies and Regulations: <https://ysmu.am/en/right/higher-education-regulations/> .