

Course Title: *Cross National Comparisons of Health Systems and Policy*

Course Number: *HBSP 0623*

Course Pre- and Co-requisite(s): *n/a*

Course Location: *Online Synchronous via Zoom (HBSP0623)*
Online Asynchronous (HBSP0623-DIS)

Course Date & Time: *Online Synchronous: Wednesdays, 3-5pm (Eastern Time)*

Course Instructor: *Vincent M.B. Silenzio, MD, MPH, Professor of Urban-Global Public Health, Rutgers School of Public Health*

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Course Website: canvas.rutgers.edu

Required Course Text: *None*

Additional/Supplemental Readings/Resources: *All class readings consist of articles and book chapters. Readings will be posted on the Canvas system for the course. When this is not possible, readings will be distributed in class, via e-mail, or through links to electronic journals or other web sites.*

Course Description: *Developed and developing countries face a range of common problems in their health care systems. These include demographic and technological pressures on costs, rising expectations of consumers, the assimilation into medical and policy practice of rapidly growing knowledge about the system's performance, and the tensions that arise when swollen public budgets, slow economic growth, and rising health care costs converge. These nations face these common pressures in quite diverse ways, however. Their responses vary with the historical, cultural, legal, social, and political character of individual countries, and embody significant strategic differences in decisions about coverage, provider payment, funding, and more.*

In this course we will go beyond the discussion of comparative health systems in the core course in public health and survey the policy responses of a range of nations to the strains imposed by the evolution of modern public health and health care systems. We will seek to

explain why nations differ in their policy choices, explore the pros and cons of some of these approaches, and draw implications for U.S. policy debates. Students should leave the course with an enhanced understanding of the range of strategic responses to the major policy problems facing modern societies, and this understanding should help them to comprehend more fully both the dynamic environment in which they work and the complexities of health care reform.

Selected Concentration Competencies Addressed: The competencies addressed in this course for the MPH include:

1. Explain the social, political, and economic determinants of health and how they contribute to population health and health inequities
2. Assess and delineate public health policies and practices recognizing legal and ethical implications for individuals and populations;
3. Assess community health needs, disparities, and the health care delivery system within the context of social, cultural, political, legal and economic forces; Apply quantitative and qualitative research methods in the analysis of health service and policy issues.
4. Evaluate determinants of global public health in a range of context based on the five major public health perspectives: systems and policies, epidemiology, biostatistics, environmental and occupational health, and health education and behavioral science.
5. Demonstrate an understanding of the economic, educational, political, sociocultural, environmental, ecological, and biological conditions that represent obstacles to attaining global health.
6. Demonstrate an understanding of international regulations, transfer of new pharmaceuticals into health systems and management of global health programs.
7. Analyze root causes of morbidity and mortality in major regions of the world and how they are affected by demographic, sociocultural, biological, occupational and environmental factors.
8. Exhibit skill sets required for global health practice including written and verbal communication skills, capacity for interprofessional teamwork, leadership, social awareness, and cultural competency to enhance capacity strengthening and service delivery with compassion and integrity.

Please visit the Concentration webpages on the School of Public Health's website at sph.rutgers.edu for additional competencies addressed by this course for other degrees and concentrations.

Course Objectives: By the completion of this course, students will be able to:

- a. identify the challenges facing health care systems in high, middle, and low income countries (based on [World Bank classification](#))
- b. assess competing methods for evaluating health system performance
- c. evaluate competing strategies for global health governance

Course Requirements and Grading:

- **N.B. Additional details about the course's projects/assignments will be provided during the semester.**
 - *Group Assignment 1: Draw a FIGURE for the time trend of one variable (health or health care indicator such as life expectancy at birth or health expenditure as percentage of GDP) in three to five countries over a certain period (e.g. 1980-2010, at least a 20 year period) or draw a relationship between two variables (e.g. health expenditure per capita and life expectancy) across selected countries (N [the number of observations] > 20) or regions within a country ($N > 20$) in a given year. In approximately two double spaced pages, explain the meaning of your figure. Please also add the data sources of your figure at the bottom of the figure. Students can get access to public available data through the websites of many international agencies, such as the World Bank or WHO. The assignment is due in Week 4. (N.B. Useful Websites for data about health systems around the globe include the following: World Bank: <http://data.worldbank.org>; OECD: <http://www.oecd.org>; United Nations Development Program: <http://www.undp.org>; Commonwealth: http://www.cmwf.org/topics/topics.htm?attrib_id=12009; Kaiser Family Foundation: <http://www.globalhealthfacts.org>; Kaiser Family Foundation: <http://www.globalhealthreporting.org>; European Observatory on Health Systems and Policies: <http://www.euro.who.int/observatory>).*
 - *Group Assignment 2: Prepare a TABLE to give a comparison on a set of indicators on health systems among three to six selected countries ($3 < N < 6$). Then, explain the meaning (message) of this table. This assignment is due in Week 8.*
 - *Group presentation: Groups of up to five students each will develop and present a comparison of at least two countries, drawing on data from the two assignments. The presentations should be approximately 15 minutes. Presentations will be completed by groups in Weeks 13 through 15.*
 - *Students will also be evaluated based on the contributions they make to class discussions and online assignments. Individual students or groups may be asked to help lead at least one class discussion of specific readings in the course syllabus.*
 - *In addition to the assignments described above, students will be asked to post questions or comments about the class readings in advance of class. The discussion questions encourage students to reflect on issues raised by the class readings and are designed to facilitate in-person class discussion. The responses to discussion questions are graded on a pass-fail basis.*
 - *The **final examination** will be cumulative and consist of three sections. The first section will include multiple choice and true/false questions. The second section will include "identifications" in which students will be asked to define several terms and their significance. The third section will be an essay that addresses broad themes covered by the course.*

- The list of activities, assignments, projects, exams, etc. that contribute to course grade, and the respective point/percentage value of each, is as follows:

1. Group Assignment #1	15 %
2. Group Assignment #2	15 %
3. Group Final Project & Presentation	25 %
4. Group Teamwork Assessment	10 %
5. Class Participation/Discussions	10 %
6. Final Exam	<u>25 %</u>
Total:	100 %

- Class participation grades will be determined based on online discussions and in-class participation both synchronous and/or asynchronous. Students will be expected to post and/or respond to posted questions, readings, and other activities as assigned each week. In-class participation assessment will also include any week(s) assigned to you or your group to post questions or comments about the class readings in advance of class, and to help lead at least one class discussion of specific readings in the course syllabus. Your assigned week(s) will be graded on a pass-fail basis.
- The following information details the links between the course competencies, course objectives, lessons, and assessments:

Competency	Course Objectives(s)	Lessons (Weeks)	Assessment(s)
1	a,b,c	11,12	Group Presentation and Final Exam
2	b	1, 2, 3, 4, 5, 6, 7, 8, 10, 11, 12	Assignments #1 and #2
3	b	10, 11, 12, 13, 14, 15	Group Presentation, Final Exam
4	a, c	10,11,12	Assignment #1
5	a, c	10, 11, 12	Group Presentation and Final Exam
6	a, c	2, 3, 4, 5, 6, 7, 8, 10, 11, 12	Assignments #1 and #2, Group Presentation, and Final Exam
7	a, b, c	2, 3, 4, 5, 6, 7, 8, 10	Assignments #1 and #2, Group Presentation
8	a, c		Assignments #1 and #2, Group Presentation

- Please add the school-wide uniform grading scale:

Grading Policy:

94 – 100	A
90 – <94	A-
87 – <90	B+
84 – <87	B
80 – <84	B-
77 – <80	C+
70 – <77	C
<70	F

Course Schedule:

N.B. Each of the weekly group annotation Hypothesis reading assignments are **highlighted in RED text** below. These readings are required to be annotated and discussed within your group using Hypothesis, and your participation in these activities — which is required each week, **as indicated in RED text** below — is included as part of your final grade for the course. Please note for Week 8, your group will be assigned to one of the BRICS countries, and you will need to read the assigned paper for that country, as detailed under Week 8 below.

Week 1: Introduction: The International Standard (January 18th)

Objectives: Describe principles on which most health care systems in the developed world are based; Review the course objectives and schedule.

Online 30: 1) Complete your “1 minute” Personal Introduction video in the Discussion Board, and 2) Complete the assigned Group Reading using Hypothesis in CANVAS.

Marmor, Theodore R. 2010. “The United States Can Do Better,” *Health Affairs* 29, 1: 213-214.

Quadagno, Jill. 2010. “Institutions, Interest Groups, and Ideology: An Agenda for the Sociology of Health Care Reform,” *Journal of Health and Social Behavior* 51(2): 125-136.

Stabile, Mark, Sarah Thomson, Sara Allin, Seán Boyle, Reinhard Busse, Karine Chevreul, Greg Marchildon and Elias Mossialos. 2013. “Health Care Cost Containment Strategies Used In Four Other High-Income Countries,” *Health Affairs* 32(4): 643-652.

White, Joseph. 1995. “Health Care Reform the International Way,” *Issues in Science and Technology* Fall: 34-42.

Week 2: US Health Care System in Comparative Perspective (January 25th)

Objectives: Assess the performance of health care systems in the developed world.

Online 30: Complete the assigned Group Reading using Hypothesis in CANVAS.

Anderson GF, BK Frogner & UE Reinhardt. 2007. Health spending in OECD countries in 2004: An update. *Health Affairs*, 26(5):1481-9.

Hussey, P. Anderson, G. et. al. 2004. “How Does the Quality of Care Compare in Five Countries?” *Health Affairs* (23)3: 89-99.

Schoen C. Davis, K. How, S. and Schoenbaum S. 2006. U.S. Health System Performance: A National Scorecard. *Health Affairs* Web Exclusive. Sept. 20, 2006: W457-475.

Schoen, Cathy, Robin Osborn, David Squires and Michelle M. Doty. 2013. “Access, Affordability, And Insurance Complexity Are Often Worse In The United States Compared to Ten Other Countries,” *Health Affairs* 32:2205-2215 doi: 10.1377/hlthaff.2013.0879.

Week 3: How to Compare Health Care Systems: Methodological Issues (February 1st)

Objectives: Evaluate alternative methods for comparing health care systems.

Online 30: Complete the assigned Group Reading using Hypothesis in CANVAS.

Gusmano, M.K. and V.G. Rodwin. 2015. “Comparative Health Systems,” Chapter 4 in Jonas and Kovner’s *Health Care Delivery in the United States*, 11th Edition (Anthony R. Kovner and James R. Knickman, editors). New York: Springer Publishing Company: 53-75.

Marmor, T, R. Freeman and K. Okma. 2005. “Comparative Perspectives and Policy Learning in

the World of Health Care,” *Journal of Comparative Policy Analysis* 7 (4) 331-348.

Week 4: Sick Around the World, Video Presentations (Assignment #1 is due) (February 8th)

Objectives: Evaluate how the UK, Japan, Germany, Taiwan and Switzerland deliver care

Online 30: 1) Complete the assigned Group Reading using Hypothesis in CANVAS, and 2)

Please develop at least one question or comment about the assigned videos and upload your question/comment on CANVAS in the Discussion folder provided.

Assigned Viewing:

- *Sick Around the World*: “FRONTLINE teams up with veteran Washington Post foreign correspondent T.R. Reid to find out how five other capitalist democracies -- the United Kingdom, Japan, Germany, Taiwan and Switzerland -- deliver health care, and what the United States might learn from their successes and their failures.
- *SICKO*: “A documentary comparing the highly profitable American health care industry to other nations, and HMO horror stories including shotgun deaths.”

Week 5: The English NHS (February 15th)

Objectives: Describe the English NHS; Compare the performance of the English NHS with other health systems; Assess recent proposals for reform.

Online 30: Complete the assigned Group Reading using Hypothesis in CANVAS.

Hunter, David J. 2011. “Change of Government: One More Big Bang—Health Care Reform in England’s National Health Service,” *International Journal of Health Services*, vol. 41: 159-174.

Oliver, Adam. 2009. “The Single-Payer Option: A Reconsideration,” *Journal of Health Politics, Policy and Law*, vol. 34 (2009): 509-530.

Steinbrook, R. 2008. “Saying No Isn’t NICE – The Travails of Britain’s National Institute for Clinical Excellence.” *New England J. of Medicine* (359)19.

Timmins, Nicholas. 2010. “Letter From Britain: Across The Pond, Giant New Waves Of Health Reform,” *Health Affairs* 29(12): 2138-2141.

Timmins, Nicholas. 2011. “Remaking England’s National Health Service? Not So Fast” *Health Affairs* 30(8): 1399-1401.

Week 6: Comparing France and Germany (February 22nd)

Objective: Compare the French and German health care systems.

Online 30: Complete the assigned Group Reading using Hypothesis in CANVAS.

Brown, Lawrence D. and Miriam Laugesen. 2018. Fees and Frames: Self-Government and State Governance in the Politics of Payment to Ambulatory Care Physicians in Germany. Paper Prepared for the 114th American Political Science Association Annual Meeting & Exhibition, Boston, MA, September 1.

Gusmano, M.K. and V.G. Rodwin. 2018. The Evolution of Physician Payment in France. Paper Prepared for the 114th American Political Science Association Annual Meeting & Exhibition, Boston, MA, September 1.

Gusmano, M.K., V.G. Rodwin and D. Weisz. 2014. “Using Comparative Analysis To Address Health System Caricatures,” *International Journal of Health Services*, 44(3): 553-565.

Shmueli, A., Stam, P., Wasem, J. and Trottmann, M., 2015. Managed care in four managed competition OECD health systems. *Health Policy*, 119(7), pp.860-873.

Wildner, M., Niehoff, J.U. and Hoffmann, W., 2016. Development of Social Medicine and Public Health in Germany. *Gesundheitswesen (Bundesverband der Ärzte des Öffentlichen Gesundheitsdienstes (Germany))*, 78(2), p.113.

Week 7: The Experiences of Smaller Nations (March 1st)

Objectives: Evaluate the health care systems of several smaller countries around the world. Compare these systems to France, Germany, the UK and the US.

Online 30: Complete the assigned Group Reading using Hypothesis in CANVAS.

Okma, K., T-M Cheng, D. Chinitz, L.Crivelli, M-K Lim, H. Maarse and M.E. Labra. 2010. "Six Countries, Six Health Reform Models?" *Journal of Comparative Policy Analysis* 12 (1-2): 75-113.

Ricardo Bitrán1, Liliana Escobar and Patricia Gassibe. 2010. "After Chile's Health Reform: Increase In Coverage And Access, Decline In Hospitalization And Death Rates," *Health Affairs* December 29(12): 2161-2170.

Week 8: BRICS Health Systems: An Overview (Assignment #2 is due) (March 8th)

Objectives: Compare the health care systems in Brazil, Russia, India, China and South Africa

Online 30: Complete the assigned Group Reading using Hypothesis in CANVAS according to your group's assigned country.

*If you group has been assigned **Brazil** as your reading:*

Gragnolati, M., Lindelow, M. and Couttolenc, B., 2013. *Twenty Years of Health System Reform in Brazil*. The World Bank.

*If you group has been assigned **Russia** as your reading:*

Chubarova, Tatiana and Natalia Grigorieva. 2015. "The Russian Federation," Chapter 14 in *Comparative Health Care Federalism: Competition and Collaboration in Multistate Systems*. Edited by K. Fierlbeck and H. Palley. Burlington, VT: Ashgate Publishing Company.

*If you group has been assigned **India** as your reading:*

Duran, A., Kutzin, J. and Menabde, N., 2014. Universal coverage challenges require health system approaches; the case of India. *Health policy*, 114(2), pp.269-277.

*If you group has been assigned **China** as your reading:*

Blumenthal, D. and Hsiao, W., 2015. Lessons from the East—China's rapidly evolving health care system. *New England Journal of Medicine*, 372(14), pp.1281-1285.

*If you group has been assigned **South Africa** as your reading:*

Mayosi, B.M. and Benatar, S.R., 2014. Health and health care in South Africa—20 years after Mandela. *New England Journal of Medicine*, 371(14), pp.1344-1353.

Week 9: SPRING RECESS (No Class or assignments due March 15th)

Week 10: BRICS Health Systems: Achieving Universal Health Coverage (March 22nd)

Objectives: Assess the extent to which BRIC Nations have achieved the goal of universal health coverage

Online 30: Complete the assigned Group Reading using Hypothesis in CANVAS.

Gusmano, M.K., V.G Rodwin, D. Weisz, R. Ayoub. 2016. "Health Improvements in BRIC Cities: Moscow, São Paulo and Shanghai, 2000-2010," *World Medical & Health Policy*

Marten, R., McIntyre, D., Travassos, C., Shishkin, S., Longde, W., Reddy, S. and Vega, J., 2014. An assessment of progress towards universal health coverage in Brazil, Russia, India, China, and South Africa (BRICS). *The Lancet*, 384(9960), pp.2164-2171.

Barreto, M.L., Rasella, D., Machado, D.B., Aquino, R., Lima, D., Garcia, L.P., Boing, A.C., Santos, J., Escalante, J., Aquino, E.M. and Travassos, C., 2014. Monitoring and evaluating progress towards universal health coverage in Brazil. *PLoS Med*, 11(9), p.e1001692.

Ataguba, J.E., Day, C. and McIntyre, D., 2014. Monitoring and evaluating progress towards universal health coverage in South Africa. *PLoS Med*, 11(9), p.e1001686.

Week 11: Theories of Development and Its Relationship to Global Health (March 29th)

Objectives: Evaluate the causes of global health inequalities.

Online 30: Complete the assigned Group Reading using Hypothesis in CANVAS.

Burroway, Rebekah. 2017. "Political Economy, Capability Development, and Fundamental Cause: Integrating Perspectives on Child Health in Developing Countries" *Journal of World - Systems Research* 23(1): 62-92.

O'Laughlin, Bridget. 2016. "Pragmatism, Structural Reform and the Politics of Inequality in Global Public Health" *Development and Change* 47(4): 686-711.

Rudra, Nita and Daniel Tirone, 2017. "Trade, Politics, and the Poor: Is Sen Right and Bhagwati Wrong?" *Studies in Comparative International Development*. 52(1): 1-22.

Sernau, Scott. 2009. "Class: A World of Rich and Poor" in *Global Problems: The Search for Equity, Peace and Sustainability*.

Week 12: Democracy and Health (April 5th)

Objectives: Evaluate the relationships between political and global health inequalities.

Online 30: Complete the assigned Group Reading using Hypothesis in CANVAS.

Bollyky, Thomas J., Tara Templin*, Matthew Cohen, Diana Schoder, Joseph L Dieleman, Simon Wigley. 2019. "The relationships between democratic experience, adult health, and cause-specific mortality in 170 countries between 1980 and 2016: an observational analysis." *Lancet*. 393: 1628-40.

Grassi, Davide J. 2014. "Democracy, social welfare and political violence: the case of Latin America." *Journal of International Relations and Development*, 17: 242.

Grépin, Karen A. and Kim Yi Dionne. 2013. "Democratization and Universal Health Coverage: A Case Comparison of Ghana, Kenya, and Senegal." *Global Health Governance*. VI(2): 1-31.

Ross, Michael. 2006. Is Democracy Good for the Poor? *American Journal of Political Science* 50: 860-874. doi:10.1111/j.1540-5907.2006.00220.x

Week 13: Group Presentations (April 12th)

Online 30: For those groups who are not assigned to present this week, please develop at least one question or comment about this week's presentations and upload your question/comment on CANVAS in the Discussion folder provided within 48 hours. If you or your group is assigned to present this week, you are expected to respond to posted questions or comments about your presentation.

Week 14: Group Presentations (April 19th)

Online 30: For those groups who are not assigned to present this week, please develop at least one question or comment about this week's presentations and upload your question/comment on CANVAS in the Discussion folder provided within 48 hours. If you or your group is assigned to present this week, you are expected to respond to posted questions or comments about your presentation.

Week 15: Group Presentations / Doctoral Student Presentations, and Review for Final Exam (April 26th)

Online 30: For those groups who are not assigned to present this week, please develop at least one question or comment about this week's presentations and upload your question/comment on CANVAS in the Discussion folder provided within 48 hours. If you or your group is assigned to present this week, you are expected to respond to posted questions or comments about your presentation.

Week 16: Final Exam (May 3rd)

N.B. There are no assigned readings or Online 30 activities for this week.

Learning Management System: Canvas will be used extensively throughout the semester for course syllabus, assignments, announcements, communication and/or other course-related activities. It is the student's responsibility to familiarize themselves with Canvas and check it regularly. If you have difficulties accessing Canvas, please inform the instructor and Canvas Support (help@canvas.rutgers.edu). Canvas is accessible at canvas.rutgers.edu.

School of Public Health Honor Code: The School of Public Health Honor Code is found in the School Catalog (sph.rutgers.edu/academics/catalog.html). Each student bears a fundamental responsibility for maintaining academic integrity and intellectual honesty in his or her graduate work. For example, all students are expected to observe the generally accepted principles of scholarly work, to submit their own rather than another's work, to refrain from falsifying data, and to refrain from receiving and/or giving aid on examinations or other assigned work requiring independent effort. In submitting written material, the writer takes full responsibility for the work as a whole and implies that, except as properly noted by use of quotation marks, footnotes, etc., both the ideas and the works used are his or her own. In addition to maintaining personal academic integrity, each student is expected to contribute to the academic integrity of the School community by not facilitating inappropriate use of her/his own work by others and by reporting acts of academic dishonesty by others to an appropriate school authority. It should be clearly

understood that plagiarism, cheating, or other forms of academic dishonesty will not be tolerated and can lead to sanctions up to and including separation from the Rutgers School of Public Health.

Students with Disabilities: Rutgers University welcomes students with disabilities into all of the University's educational programs. In order to receive consideration for reasonable accommodations, a student must apply for Services by first completing a Registration Form with the Rutgers Office of Disability Services (ODS) at ods.rutgers.edu. The student will also be required to participate in an ODS intake interview and provide documentation. If reasonable accommodations are granted, ODS will provide you with a Letter of Accommodations which should be shared with your instructors as early in your courses as possible.

Commitment to Safe Learning Environment: The Rutgers School of Public Health is committed to helping create a safe learning environment for all students and for the School as a whole. Free expression in an academic community is essential to the mission of providing the highest caliber of education possible. The School encourages civil discourse, reasoned thought, sustained discussion, and constructive engagement. Provocative ideas respectfully presented are an expected result. An enlightened academic community, however, connects freedom with responsibility. The School encourages all students to disclose any situations where you may feel unsafe, discriminated against, or harassed. Harassment or discrimination of any kind will be not tolerated and violations may lead to disciplinary actions.

Reporting Discrimination or Harassment: If you experience any form of gender or sex-based discrimination or harassment, including sexual assault, sexual harassment, relationship violence, or stalking, know that help and support are available. You may report such incidents to the [RBHS Title IX Office](#) or to the School of Public Health's [Office of Student Affairs](#). Rutgers University has staff members trained to support survivors in navigating campus life, accessing health and counseling services, providing academic and housing accommodations, and more. If you experience any other form of discrimination or harassment, including racial, ethnic, religious, political, or academic, please report any such incidents to the School's [Office of Student Affairs](#). The School strongly encourages all students to report any incidents of discrimination or harassment to the School. Please be aware that all Rutgers employees (other than those designated as confidential resources such as advocates, counselors, clergy and healthcare providers as listed in Appendix A to [Policy 10.3.12](#)) are required to report information about such discrimination and harassment to the School and potentially the University. For example, if you tell a faculty or staff member about a situation of sexual harassment or sexual violence, or other related misconduct, the faculty or staff member must share that information with the [RBHS Title IX Coordinator](#). If you wish to speak to a confidential employee who does not have this reporting responsibility, you can find a list of resources in Appendix A to University [Policy 10.3.12](#). For more information about your options at Rutgers, please visit [Rutgers Violence Prevention and Victim Assistance](#).

Graduate Student Computer Policy: Students are required to possess a personal laptop, no older than approximately two years, that must meet minimum requirements which may be found online at: sph.rutgers.edu/student-life/computer-support.html

Policy Concerning Use of Recording Devices and Other Electronic Communications Systems: When personally owned communication/recording devices are used by students to record lectures and/or classroom lessons, such use must be authorized by the faculty member or instructor who must give either oral or written permission prior to the start of the semester and identify restrictions, if any, on the use of mobile communications or recording devices.

Policy Concerning Use of Turnitin: Students agree that by taking this course all required papers may be subject to submission for textual similarity review to Turnitin.com (directly or via learning management system, i.e. Canvas) for the detection of plagiarism. All submitted papers will be included as source documents in the Turnitin.com reference database solely for the purpose of detecting plagiarism of such

papers. Use of the Turnitin.com service is subject to the Usage Policy posted on the Turnitin.com site. Students who do not agree should contact the course instructor immediately.

Withdrawal/Refund Schedule: Students who stop attending their course(s) without submitting a completed [Add/Drop Course](#) form will receive a failing grade. Furthermore, students dropping to zero credits for the semester are considered withdrawn and must submit a completed [Leave of Absence](#) form from the School of Public Health's Office of Student Affairs. The School of Public Health refunds tuition only. Administrative and technology fees are non-refundable. You may find the Withdrawal/Refund Schedule on the School of Public Health website at: sph.rutgers.edu/academics/academic-calendar.html