

Masterstudiengang Public Health Health Economics

2025/26

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Lectures:

Monday	08h00 - 09h45
Thursday	08h00 - 09h45

Meeting link:

[Online Lectures](#)

Appointments:

One-on-one online meetings (by appointment only)

Content:

Overall, this course aims to equip students with the capacity to have a firm grasp of the various economic aspects and dimensions relevant to informed debate and decision making in relation to health and healthcare. We kick off the course with a critical theory-informed overview of the health-development nexus, with a focus on the role of the health SDGs in achieving the other SDGs, and vice versa. Next, we reflect on how key features of the demand for health and healthcare as well as the supply of human resources in health are relevant to health policy, followed by a birds eye view on how principles of behavioural economics are relevant to the study of health-related behaviours and the design of policies and programmes that harness these principles to improve public and population health. This is followed by an interrogation of the implications for healthcare of various market failures in the health domain. We then proceed with a comparative study of health economic evaluation and health financing systems, concluding with an exposition of the ways in which the macroeconomy is related to public health. We adopt an inter-disciplinary and integrated approach in reflecting on how these foundational principles of health economics enable us to better understand topical real-world health challenges in the Global North and South.

Outcomes:

Students who successfully complete this course will be able to:

1. Critically reflect on the complex relationships between health and development within the context of health inequalities.
2. Adopt the key features of the demand for health and healthcare in informing health policy.
3. Conduct an economic analysis of the health labour market to inform policy on human resources for health
4. Critically reflect on the nature of externalities and internalities in the health domain and the associated policy implications
5. Critically reflect on the behavioural economics of health-related behaviour and its policy implications.
6. Appreciate the policy implications for healthcare of market failures in drug development.
7. Provide an assessment of the efficiency of healthcare delivery and the associated policy issues.
8. Appreciate the implications for healthcare of concentrated and competitive market structures.
9. Provide a critical exposition of the characteristics, interpretation and assessment of the main types of health economic evaluation.
10. Provide a comparative assessment of alternative health financing systems.
11. Critically reflect on the complex relationships between public health and the macro-economy.
12. Provide a contextualised and integrated health economics perspective on health issues and health policy that is inter-disciplinary in nature.

Lecture schedule:

Lecture:	Date:	Topic:
1	27 Oct	Inequality and the health-development nexus
2	30 Oct	Demand for health and healthcare
3	3 Nov	Health labour markets
4	6 Nov	Externalities
5	10 Nov	Behavioural health economics
6	13 Nov	Integrative policy perspective I
7	17 Nov	Drug development
8	20 Nov	Efficiency
9	24 Nov	Competition
10	27 Nov	Health economic evaluation
11	1 Dec	Health financing systems
12	4 Dec	Health and the macroeconomy
13	8 Dec	Integrative policy perspective II
14	11 Dec	Open discussion (Q&A)

Assessment schedule:

	Date:
Issue Brief (written assignment) (submission via email)	Monday 5 Jan (23:59)
Written examination	Friday 9 Jan (time TBC)

Course readings:

@ core reading ; * open access

The essence of readings that are not open access will be summarised in each lecture's presentation. If you are particularly interested in reading non-open access readings but cannot obtain access to these readings through your own institution or other means, contact the lecturer.

Lecture 1: Inequality and the health-development nexus

@ * Aftab, W., Siddiqui, F. J., Tasic, H., Perveen, S., Siddiqi, S., & Bhutta, Z. A. (2020). Implementation of health and health-related sustainable development goals: progress, challenges and opportunities—a systematic literature review. *BMJ Global Health*, 5(8). <https://doi.org/10.1136/bmjgh-2019-002273>

* Buse, K., & Hawkes, S. (2015). Health in the sustainable development goals: ready for a paradigm shift? *Globalization and Health*, 11(1), 13. <https://doi.org/10.1186/s12992-015-0098-8>

Bhattacharya, J., Hyde, T., & Tu, P. (2014). *Health economics*. New York, Palgrave Macmillan.

@ * Garzón-Orjuela, N., Samacá-Samacá, D. F., Luque Angulo, S. C., Mendes Abdala, C. V., Reveiz, L., & Eslava-Schmalbach, J. (2020). An overview of reviews on strategies to reduce health inequalities. *International Journal for Equity in Health*, 19(1), 192. <https://doi.org/10.1186/s12939-020-01299-w>

Hillier-Brown, F., Thomson, K., McGowan, V., Cairns, J., Eikemo, T. A., Gil-González, D., & Bambra, C. (2019). The effects of social protection policies on health inequalities: evidence from systematic reviews. *Scandinavian Journal of Public Health*, 47(6), 655-665. <https://doi.org/10.1177/1403494819848276>

Lecture 2: Demand for health and healthcare

* Cu, A., Meister, S., Lefebvre, B., & Ridde, V. (2021). Assessing healthcare access using the Levesque's conceptual framework—a scoping review. *International Journal for Equity in Health*, 20(1), 116. <https://doi.org/10.1186/s12939-021-01416-3>

Dawkins, B., Renwick, C., Ensor, T., Shinkins, B., Jayne, D., & Meads, D. (2021). What factors affect patients' ability to access healthcare? An overview of systematic reviews. *Tropical Medicine & International Health*, 26(10), 1177-1188. <https://doi.org/10.1111/tmi.13651>

Grossman, M. (2022). The demand for health turns 50: Reflections. *Health Economics*, 31(9), 1807-1822. <https://doi.org/10.1002/hec.4563>

@ * Levesque, J. F., Harris, M. F., & Russell, G. (2013). Patient-centred access to health care: conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12(1), 18. <https://doi.org/10.1186/1475-9276-12-18>

@ * Schneider-Kamp, A. (2020). Health capital: Toward a conceptual framework for understanding the construction of individual health. *Social Theory & Health*, 19(3), 205. <https://doi.org/10.1057/s41285-020-00145-x>

Lecture 3: Health labour markets

* Leong, S. L., Teoh, S. L., Fun, W. H., & Lee, S. W. H. (2021). Task shifting in primary care to tackle healthcare worker shortages: an umbrella review. *European Journal of General Practice*, 27(1), 198-210. <https://doi.org/10.1080/13814788.2021.1954616>

@ * McPake, B., Maeda, A., Araújo, E. C., Lemiere, C., El Maghraby, A., & Cometto, G. (2013). Why do health labour market forces matter? *Bulletin of the World Health Organization*, 91, 841-846. <https://doi.org/10.2471/BLT.13.118794>

* Russell, D., Mathew, S., Fitts, M., Liddle, Z., Murakami-Gold, L., Campbell, N., ... & Wakerman, J. (2021). Interventions for health workforce retention in rural and remote areas: a systematic review. *Human Resources for Health*, 19(1), 103. <https://doi.org/10.1186/s12960-021-00643-7>

Vujicic, M., & Zurn, P. (2006). The dynamics of the health labour market. *International Journal of Health Planning and Management*, 21(2), 101-115. <https://doi.org/10.1002/hpm.834>

@ * World Health Organization. (2016). [*Global strategy on human resources for health: workforce 2030*](#). Geneva, World Health Organization.

Lecture 4: Externalities

@ Barrio, P., Reynolds, J., García-Altés, A., Gual, A., & Anderson, P. (2017). Social costs of illegal drugs, alcohol and tobacco in the European Union: A systematic review. *Drug and Alcohol Review*, 36(5), 578-588. <https://doi.org/10.1111/dar.12504>

@ * Bikomeye, J. C., Rublee, C. S., & Beyer, K. M. (2021). Positive externalities of climate change mitigation and adaptation for human health: a review and conceptual framework for public health research. *International Journal of Environmental Research and Public Health*, 18(5), 2481. <https://doi.org/10.3390/ijerph18052481>

* Eaton, E., Hunt, A., & Black, D. (2023). Developing and testing an environmental economics approach to the valuation and application of urban health externalities. *Frontiers in Public Health*, 11, 1070200. <https://doi.org/10.3389/fpubh.2023.1070200>

* Endarti, D., & Riewpaiboon, A. (2016). Vaccination Externalities: The Concept and Application in Pharmacoeconomic Studies. *Asian J Pharm Clin Res*, 9(1), 204-208. Available: <https://core.ac.uk/download/pdf/477851705.pdf> [accessed 23 September 2025]

* Zohrabian, A., & Philipson, T. J. (2010). External costs of risky health behaviors associated with leading actual causes of death in the US: a review of the evidence and implications for future research. *International Journal of Environmental Research and Public Health*, 7(6), 2460-2472. <https://doi.org/10.3390/ijerph7062460>

Lecture 5: Behavioural health economics

@ * Congiu, L., & Moscati, I. (2022). A review of nudges: Definitions, justifications, effectiveness. *Journal of Economic Surveys*, 36(1), 188-213. <https://doi.org/10.1111/joes.12453>

* Hollands, G. J., Shemilt, I., Marteau, T. M., Jebb, S. A., Kelly, M. P., Nakamura, R., ... & Ogilvie, D. (2013). Altering micro-environments to change population health behaviour: towards an evidence base for choice architecture interventions. *BMC Public Health*, 13(1), 1218. <https://doi.org/10.1186/1471-2458-13-1218>

Meder, B., Fleischhut, N., & Osman, M. (2018). Beyond the confines of choice architecture: A critical analysis. *Journal of Economic Psychology*, 68, 36-44. <https://doi.org/10.1016/j.joep.2018.08.004>

@ * Murayama, H., Takagi, Y., Tsuda, H., & Kato, Y. (2023). Applying nudge to public health policy: practical examples and tips for designing nudge interventions. *International Journal of Environmental Research and Public Health*, 20(5), 3962. <https://doi.org/10.3390/ijerph20053962>

Vlaev, Ivo, Dominic King, Paul Dolan, and Ara Darzi. (2016). The theory and practice of “nudging”: changing health behaviors. *Public Administration Review*, 76(4), 550-561. <https://doi.org/10.1111/puar.12564>

Lecture 6: Integrative policy perspective I – human nutrition transition

* Afshin, A., Penalvo, J. L., Del Gobbo, L., Silva, J., Michaelson, M., O'Flaherty, M., ... & Mozaffarian, D. (2017). The prospective impact of food pricing on improving dietary consumption: a systematic review and meta-analysis. *PloS ONE*, 12(3), e0172277. <https://doi.org/10.1371/journal.pone.0172277>

* Alao, R., Nur, H., Fivian, E., Shankar, B., Kadiyala, S., & Harris-Fry, H. (2021). Economic inequality in malnutrition: a global systematic review and meta-analysis. *BMJ Global Health*, 6(12). <https://doi.org/10.1136/bmjgh-2021-006906>

* Dokova, K. G., Pancheva, R. Z., Usheva, N. V., Haralanova, G. A., Nikolova, S. P., Kostadinova, T. I., ... & Aleksandrova, K. (2022). Nutrition transition in Europe: east-west dimensions in the last 30 years — a narrative review. *Frontiers in Nutrition*, 9, 919112. <https://doi.org/10.3389/fnut.2022.919112>

@ Poulain, J. P. (2021). Food in transition: The place of food in the theories of transition. *The Sociological Review*, 69(3), 702-724. <https://doi.org/10.1177/00380261211009092>

Purohit, B. M., Dawar, A., Bansal, K., Nilima, Malhotra, S., Mathur, V. P., & Duggal, R. (2023). Sugar-sweetened beverage consumption and socioeconomic status: a systematic review and meta-analysis. *Nutrition and Health*, 29(3), 465-477. <https://doi.org/10.1177/02601060221139588>

Lecture 7: Drug development

* Borges dos Santos, M. A., dos Santos Dias, L. L., Santos Pinto, C. D. B., da Silva, R. M., & Osorio-de-Castro, C. G. S. (2019). Factors influencing pharmaceutical pricing-a scoping review of academic literature in health science. *Journal of Pharmaceutical Policy and Practice*, 12(1), 24. <https://doi.org/10.1186/s40545-019-0183-0>

Haakonsson, S. J. (2009). The changing governance structures of the global pharmaceutical value chain. *Competition & Change*, 13(1), 75-95. <https://doi.org/10.1179/102452909X390574>

@ * Lee, K. S., Kassab, Y. W., Taha, N. A., & Zainal, Z. A. (2020). Factors impacting pharmaceutical prices and affordability: narrative review. *Pharmacy*, 9(1), 1. <https://doi.org/10.3390/pharmacy9010001>

Lee Mendoza, R. (2019). Incentives and disincentives to drug innovation: evidence from recent literature. *Journal of Medical Economics*, 22(8), 713-721. <https://doi.org/10.1080/13696998.2019.1613240>

@ * Mueller-Langer, F. (2013). Neglected infectious diseases: are push and pull incentive mechanisms suitable for promoting drug development research? *Health Economics, Policy and Law*, 8(2), 185-208. <https://doi.org/10.1017/S1744133112000321>

Lecture 8: Efficiency

@ * Andrews, A., & Emvalomatis, G. (2024). Efficiency measurement in healthcare: the foundations, variables, and models—a narrative literature review. *Economics*, 18(1), 20220062. <https://doi.org/10.1515/econ-2022-0062>

* Imani, A., Alibabayee, R., Golestani, M., & Dalal, K. (2022). Key indicators affecting hospital efficiency: a systematic review. *Frontiers in Public Health*, 10, 830102. <https://doi.org/10.3389/fpubh.2022.830102>

@ * Lötscher-Stamm, M., & Lenzin, G. (2024). Definition and understanding of “efficiency” in healthcare provision research: a scoping review. *Frontiers in Public Health*, 12, 1439788. <https://doi.org/10.3389/fpubh.2024.1439788>

* Mbau, R., Musiega, A., Nyawira, L., Tsofa, B., Mulwa, A., Molyneux, S., ... & Barasa, E. (2023). Analysing the efficiency of health systems: a systematic review of the literature. *Applied Health Economics and Health Policy*, 21(2), 205-224. <https://doi.org/10.1007/s40258-022-00785-2>

Varabyova, Y., & Müller, J. M. (2016). The efficiency of health care production in OECD countries: a systematic review and meta-analysis of cross-country comparisons. *Health Policy*, 120(3), 252-263. <https://doi.org/10.1016/j.healthpol.2015.12.005>

Lecture 9: Competition

* Barros, P. P., Brouwer, W. B., Thomson, S., & Varkevisser, M. (2016). Competition among health care providers: helpful or harmful?. *European Journal of Health Economics*, 17(3), 229-233. <https://doi.org/10.1007/s10198-015-0736-3>

@ * Henriquez, J., van de Ven, W., Melia, A., & Paolucci, F. (2025). The roads to managed competition for mixed public–private health systems: a conceptual framework. *Health Economics, Policy and Law*, 20(2), 110-125. <https://doi.org/10.1017/S1744133123000373>

Shen, V. C. Y., Ward Jr, W. J., & Chen, L. K. (2019). Systematic review and meta-analysis on the effect of hospital competition on quality of care: Implications for senior care. *Archives of Gerontology and Geriatrics*, 83, 263-270. <https://doi.org/10.1016/j.archger.2019.05.001>

* Siciliani, L., Chalkley, M., & Gravelle, H. (2017). Policies towards hospital and GP competition in five European countries. *Health Policy*, 121(2), 103-110. <https://doi.org/10.1016/j.healthpol.2016.11.011>

@ * Wood, B., Williams, O., Baker, P., Nagarajan, V., & Sacks, G. (2021). The influence of corporate market power on health: exploring the structure-conduct-performance model from a public health perspective. *Globalization and Health*, 17(1), 41. <https://doi.org/10.1186/s12992-021-00688-2>

Lecture 10: Health economic evaluation

* Brent, R. J. (2023). Cost-benefit analysis versus cost-effectiveness analysis from a societal perspective in healthcare. *International Journal of Environmental Research and Public Health*, 20(5), 4637. <https://doi.org/10.3390/ijerph20054637>

Mauskopf, J. A., Paul, J. E., Grant, D. M., & Stergachis, A. (1998). The role of cost—consequence analysis in healthcare decision—making. *Pharmacoeconomics*, 13(3), 277-288. <https://doi.org/10.2165/00019053-199813030-00002>

@ * Sittimart, M., Rattanaipapong, W., Mirelman, A. J., Hung, T. M., Dabak, S., Downey, L. E., ... & Turner, H. C. (2024). An overview of the perspectives used in health economic evaluations. *Cost Effectiveness and Resource Allocation*, 22(1), 41. <https://doi.org/10.1186/s12962-024-00552-1>

@ * Turner, H. C., Archer, R. A., Downey, L. E., Isaranuwatthai, W., Chalkidou, K., Jit, M., & Teerawattananon, Y. (2021). An introduction to the main types of economic evaluations used for informing priority setting and resource allocation in healthcare: key features, uses, and limitations. *Frontiers in Public Health*, 9, 722927. <https://doi.org/10.3389/fpubh.2021.722927>

Ward, T., Mujica-Mota, R. E., Spencer, A. E., & Medina-Lara, A. (2022). Incorporating equity concerns in cost-effectiveness analyses: a systematic literature review. *Pharmacoeconomics*, 40(1), 45-64. <https://doi.org/10.1007/s40273-021-01094-7>

Lecture 11: Health financing systems

@ * Koochi Rostamkalaee, Z., Jafari, M., & Gorji, H. A. (2022). A systematic review of strategies used for controlling consumer moral hazard in health systems. *BMC Health Services Research*, 22(1), 1260. <https://doi.org/10.1186/s12913-022-08613-y>

* Kutzin, J. (2008). [*Health financing policy: a guide for decision-makers*](#). *Health Financing Policy Paper*. Copenhagen, WHO Regional Office for Europe.

Savedoff, W. D., de Ferranti, D., Smith, A. L., & Fan, V. (2012). Political and economic aspects of the transition to universal health coverage. *The Lancet*, 380(9845), 924-932. Available: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)61083-6/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61083-6/abstract) [accessed 22 September 2025]

Toth, F. (2016). Classification of healthcare systems: Can we go further?. *Health Policy*, 120(5), 535-543. <https://doi.org/10.1016/j.healthpol.2016.03.011>

@ * van Kleef, R. C., Reuser, M., McGuire, T. G., Armstrong, J., Beck, K., Brammli-Greenberg, S., ... & Wasem, J. (2024). Scope and incentives for risk selection in health insurance markets with regulated competition: a conceptual framework and international comparison. *Medical Care Research and Review*, 81(3), 175-194. <https://doi.org/10.1177/10775587231222584>

Lecture 12: Health and the macroeconomy

Burgard, S. A., & Kalousova, L. (2015). Effects of the Great Recession: Health and well-being. *Annual Review of Sociology*, 41(1), 181-201. <https://doi.org/10.1146/annurev-soc-073014-112204>

@ * Fumagalli, E., Pintor, M. P., & Suhrcke, M. (2024). The impact of health on economic growth: A narrative literature review. *Health Policy*, 143, 105039. <https://doi.org/10.1016/j.healthpol.2024.105039>

* Movsisyan, A., Wendel, F., Bethel, A., Coenen, M., Krajewska, J., Littlecott, H., ... & Rehfuss, E. (2024). Inflation and health: a global scoping review. *The Lancet Global Health*, 12(6), e1038-e1048. Available: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(24\)00133-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(24)00133-5/fulltext) [accessed 22 September 2025]

@ * Naik, Y., Baker, P., Ismail, S. A., Tillmann, T., Bash, K., Quantz, D., ... & Bambra, C. (2019). Going upstream—an umbrella review of the macroeconomic determinants of health and health inequalities. *BMC Public Health*, 19(1), 1678. <https://doi.org/10.1186/s12889-019-7895-6>

* Picchio, M., & Ubaldi, M. (2024). Unemployment and health: A meta-analysis. *Journal of Economic Surveys*, 38(4), 1437-1472. <https://doi.org/10.1111/joes.12588>

Lecture 13: [Integrative policy perspective II](#) – universal health coverage (UHC)

In this lecture, we will reflect on the course content as a whole in an integrative manner, within the context of the global policy goal of universal health coverage, drawing on relevant content from each of the twelve learning units.

Lecture 14: Open discussion (Q&A)

In this lecture, we will reflect on the course content as a whole in an integrative manner, within the context of the global policy goal of universal health coverage, drawing on relevant content from each of the twelve learning units.

NOTES:

Assessment guidelines:

Written examination:

In the written examination, you will be required to write two short essays in which you present an integrative economic perspective on a specific public health issue – you will be provided with a list of five topics, from which you have to choose any two. The question will include some brief context and background to the relevant public health issue.

The essay answers in the examination will be assessed using the following rubric:

Criterion:	Score
"no health economics insight"	4.3 – 5.0
"weak health economics insight"	3.7 – 4.0
"acceptable health economics insight"	2.7 – 3.3
"extensive integrative health economics insight"	1.7 – 2.3
"comprehensive integrative health economics insight"	1.0 – 1.3

In summary, you are required to present...

CLEAR and

RELEVANT

APPLICATIONS to public health

THROUGH an

INTEGRATIVE

ECONOMIC lens.

This composite criterion, of being "**CREAtive**", holds the key to illustrating the required competency of drawing lessons for both policy and practice from viewing public health through an integrative economic lens based on the course content.

Issue Brief:

An “Issue Brief” introduces the reader to a particular public health issue of importance in Health Economics and proposes a solution or set of solutions to address this particular challenge.

Topic:

You can choose any of the following topics:

- | | |
|--|--------------------------------------|
| 1. Primary healthcare | 6. Informal payments |
| 2. Rationing and queuing | 7. Medical tourism |
| 3. Catastrophic & impoverishing health expenditure | 8. Supply/provider-induced demand |
| 4. Anti-microbial resistance | 9. Defensive medicine |
| 5. Injuries and violence | 10. Suicidal thoughts and behaviours |

Structure:

While there are various proposed formats for briefs of this nature, the following format is adopted in this course:

1. *Problem statement*: include a description of the Issue Brief topic, with the focus on the problem the brief is attempting to solve, including a contextualised description of the problem. Provide relevant background details that are required to understand the topic.
2. *Proposed solution(s)*: this section consists of a description of the solution(s) and the application of the solution (description of how the solution solves the problem identified in the problem statement. Include evidence that the solution works, comparisons, or case studies, and may identify the solution’s success factors, etc.). A proposed solution might consist of several options with varying degrees of complexity or sophistication. Group the proposed solutions by category and focus on higher level understanding than detailed implementation of solutions. Include graphics, figures, etc. only if they are necessary to convey key thoughts or ideas pertaining to the proposed solutions and their causal mechanisms.
3. *Recommendation*: make a recommendation of one solution, or if there are multiple solutions, of one solution over another to solve the problem. Explain succinctly why this solution is being recommended (over alternative solutions).
4. *Future direction(s)*: provide some thoughts regarding the overall future direction of work to enhance the understanding of the problem and its solution(s).
5. *References*: include the full bibliographical details for all resources cited in the text, using any standard referencing guideline.



Technical specifications:

The Issue Brief must be 1,000-1,200 words in length (excluding the References), with 1.5 spacing and Arial font size 11. Provide the total word count for the main text on the Issue Brief's cover page.

Generative AI:

You are allowed to use generative AI in accordance with the University's policy on the use of generative AI tools in the preparation of assignments and other submissions.

Assessment:

The Issue Brief will be assessed using the rubric in *Annexure A* below.



Annexure A: Issue Brief assessment rubric

Criteria:	"Inadequate" 4.3 – 5.0	"Unsatisfactory" 3.7 – 4.0	"Satisfactory" 2.7 – 3.3	"Good" 1.7 – 2.3	"Excellent" 1.0 – 1.3
Problem statement / 20	"no identifiable identification of a problem"	"a problem(s) is identified but remains unclear"	"problem is sufficiently clear but not well justified or supported by evidence"	"succinct and concise problem statement that is supported by some evidence"	"succinct and concise problem statement that is well supported by extensive evidence"
Solutions / 30	"present no identifiable solution(s)"	"solution(s) are presented but remain unclear and inadequately justified"	"the presented solution(s) are clearly stated but not well justified"	"the presented solution(s) are stated concisely and clearly and are well justified"	"the presented solution(s) are stated succinctly and are supported by comprehensive evidence"
Recommendations / 25	"no recommendations regarding prioritized solution(s)"	"some prioritization of solution(s) but weakly justified"	"prioritization of solution(s) with some relevant supporting evidence"	"clear prioritization of solution(s) with relatively strong supporting evidence"	"clear prioritization of solution(s) with extensive supporting evidence"
Future directions / 5	"offers no future perspectives on the issue or its development over time"	"offers little future perspectives on the issue or its development over time"	"offers some future perspectives on the issue or its development over time"	"offers clear and justified future perspectives on the issue or its development over time"	"offers succinct and well justified future perspectives on the issue or its development over time"
References / 5	"no references"	"some but few relevant references"	"references are generally relevant to the subject matter and not too dated"	"good number of relatively recent references that for the most part remain relevant to the subject matter"	"references are substantive in number and recent and all highly relevant to the subject matter"
Technical presentation / 5	"no structure with many technical deficiencies; no referencing"	"weak structure with some technical deficiencies; poor referencing"	"adequate structure with few or any technical deficiencies; bibliographic details omitted in some references"	"good structure with no technical deficiencies; referencing is near perfect"	"logical and integrated structure, with technical excellence; referencing 100% correct"
Writing / 10	"poor and incoherent writing in a mostly non-academic style"	"poor though somewhat coherent writing in a suitable academic style"	"sufficiently coherent writing in a suitable academic style"	"clear arguments presented in a coherent fashion in an academic style"	"strong, well-constructed arguments presented coherently and logically"