



CIEE Global Institute – Berlin

Course name:	Contemporary Challenges in Global Health
Course number:	(GI) PUBH 3006 BRGE / INRE 3008 BRGE
Programs offering course:	Berlin Open Campus, Berlin Global Architecture and Design, Berlin Global Internship
Open Campus Track:	Global and Community Health
Language of instruction:	English
U.S. semester credits:	3
Contact hours:	45
Term:	Fall 2019

Course Description

In this course students examine the economic, cultural, ethical, and structural challenges faced by health care systems today. The course explores different approaches to health care system organization and financing, strategies for using limited resources, and challenges to providing universal access to health care. Students address specific approaches to these challenges, with a comparative focus on European countries and the United States.

Learning Objectives

By completing this course, students will:

- differentiate between public, international and global health
- understand global health challenges and articulate them
- designate risk factors for the global burden of disease and articulate how to prevent these
- identify cultural and religious influences on global health patterns around the world

Course Prerequisites

There are no course prerequisites. However, students should have strong interests in global health issues and developing countries, as well as a basic knowledge on globalization

Methods of Instruction



The methodology used throughout this course will include instructor-led presentations, numerous opportunities for dialogue and discussion, student presentations, and class debates.

Assessment and Final Grade

Students will be assessed according to the following criteria:

1. Participation:	20%
2. Preparation for Final Essay:	20%
3. Annotated Bibliography:	10%
4. Presentation:	25%
5. Final Essay:	25%
TOTAL:	100%

Course Requirements

Participation

Participation is valued as meaningful contribution in the digital and tangible classroom, utilizing the resources and materials presented to students as part of the course. Meaningful contribution requires students to be prepared in advance of each class session and to have regular attendance. Students must clearly demonstrate they have engaged with the materials as directed, for example, through classroom discussions, peer-to-peer feedback (after presentations), interaction with guest speakers and lecturers, and attentiveness on co-curricular and outside-of-classroom activities.

Preparation for Final Essay

A 1,500-word paper in which students summarize the main arguments of three specific papers they will be assigned to read. These papers (primarily drawn from academic journals) are meant to be used as a potential source material for the final paper. The paper needs to show that the student understood the content, reflected critically on it, and is able to summarize it in his/her own words.

Annotated Bibliography

As preparation for submitting the final essay, students are required to submit an annotated bibliography identifying at least three scholarly sources. For each source, students are to write approximately 250 words assessing the usefulness of the source and potential insight it will provide for the essay. These sources are in addition to the papers analyzed in the “Preparation for Final Essay” assignment detailed above.



Presentation

Students will be required to prepare presentations (5-10 slides) to argue a specific case and present it to the rest of the class. The presentation (lasting 10-15 minutes) should show a good understanding of the given topic and the ability to put it in perspective. Furthermore, it should be presented in a concise yet comprehensive manner. The content of the presentation, including the way the student responds to questions from the instructor and of other students, will influence the grade. Three main topics will be assigned at the beginning of the course. Each student has to present one specific aspect of the topic he/she is assigned.

Final Essay

A 2,000-word discussion paper will be due at the end of the course. This paper should address a specific topic, selected in consultation with the instructor, and the essay needs to demonstrate a solid understanding of and reflection on the topic. It should also show that the student has critically reflected on related global health topics previously throughout the course and is able to put them into perspective. At least three sources should be cited in the essay. Inappropriate citation will lead to a reduction in the grade for this assignment.

Attendance Policy

Regular class attendance is required throughout the program, and all unexcused absences will result in a lower participation grade for any affected CIEE course. Due to the intensive schedules for Open Campus and Short Term programs, unexcused absences that constitute more than 10% of the total course will result in a written warning.

Students who transfer from one CIEE class to another during the add/drop period will not be considered absent from the first session(s) of their new class, provided they were marked present for the first session(s) of their original class. Otherwise, the absence(s) from the original class carry over to the new class and count against the grade in that class.

For CIEE classes, excessively tardy (over 15 minutes late) students must be marked absent. Attendance policies also apply to any required co-curricular class excursion or event, as well as to Internship, Service Learning, or required field placement. Students who miss class for personal travel, including unforeseen delays that arise as a result of personal travel, will be marked as absent and unexcused. No make-up or re-sit opportunity will be provided.



Attendance policies also apply to any required class excursion, with the exception that some class excursions cannot accommodate any tardiness, and students risk being marked as absent if they fail to be present at the appointed time.

Unexcused absences will lead to the following penalties:

<i>Percentage of Total Course Hours Missed</i>	<i>Equivalent Number of Open Campus Semester classes</i>	<i>Minimum Penalty</i>
Up to 10%	1 content classes, or up to 2 language classes	Participation graded as per class requirements
10 – 20%	2 content classes, or 3-4 language classes	Participation graded as per class requirements; written warning
More than 20%	3 content classes, or 5 language classes	Automatic course failure , and possible expulsion

Weekly Schedule:

NOTE: this schedule is subject to change at the discretion of the instructor to take advantage of current experiential learning opportunities.

Week 1 Orientation and Introduction into Burden of Disease

- 1.1 Part I: Introduction to class, course requirements, formal aspects
Part II: Global health, international health, public health – how to define the differences?

Reading:

Battams, S, Matlin, S. Discussing a definition of global health. *Global Health Diplomacy Briefing*. The Graduate Institute. June 2013.

Koplan, JP, Bond, TC, Merson, MH et al. Towards a common definition of global health. *Lancet* 2009; 373: 1993-95.

Brown, TM, Cueto, M, Fee, E. "The World Health Organization and the Transition from International to Global Public Health." *American Journal of Public Health* 2006; 96: 62-72.

- 1.2 Part I: The global burden of disease: what diseases do we find around the world?
Part II: How have disease patterns changed over the course of time around the world?

Reading:

Global Health Risks: mortality and burden of disease attributable to selected major risks. World Health Organization 2009.

Institute for Health Metrics and Evaluation. *The Global Burden of Disease: Generating Evidence. Guiding Policy – European Union and European Free Trade Association Regional Edition*. Seattle. WA: IHME, 2013.

Recommended Reading:

Meyrowitsch, DW, Bygbjerg, IC. "Global burden of disease – a race against time." *Dan Med Bull* 2007; 54: 32-4.

Recommended Web Link:

www.healthdata.org;

Recommended Video:

<https://www.youtube.com/watch?v=mususV-jMFk>

Week 2 Fighting communicable diseases in developing countries – examples given from field trips

Class 2:1 Part I: The launch of the Global Polio Eradication Initiative

Part II: How India managed to overcome the polio burden

In-class Videos:

<http://polioeradication.org/news-post/i-have-polio/>;

<http://polioeradication.org/news-post/the-two-polio-vaccines/>;

<http://polioeradication.org/news-post/polio-immunization-in-bihar-india/>;

Required Web Links:

<http://polioeradication.org/>; http://www.who.int/topics/infectious_diseases/en/

Class 2:2

Part I: The last mile – polio eradication in Pakistan

Part II: lessons learned - the future of the GPEI

In-Class Viewing:

<http://polioeradication.org/news-post/coffee-with-polio-experts-dr-ousmane-diop-who/>;

<http://polioeradication.org/news-post/coffee-with-polio-experts-senator-ayesha-raza-farooq-pakistan/>

Recommended Web Links:

<https://www.unfpa.org/data/world-population/PK>;

<http://www.who.int/gho/countries/pak.pdf?ua=1>

Due date for submission of preparation for final essay

Week 3

Fighting non-communicable diseases in developing countries – examples given from field trips

3.1

Part I: The rise of NCDs in India

Part II: How to fight rising NCDs in developing countries and emerging nations?

Required Reading:

Bloom, DE, Cafiero, ET, McGovern, ME, Prettner, K. “The Economic Impact of Non-communicable Disease in China and India: Estimates, Projections, and Comparisons.” *IZA DP No. 7563*, August 2013.

World Health Organization. *Global status report on non-communicable diseases 2014*.

Recommended Web Links:

<https://ncdalliance.org/resources/ncd-alliance-annual-report-2016> ;
<http://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf;jsessionid=31ED2775543ECDD3696FE2EB15827372?sequence=1>;
<http://www.who.int/ncds/governance/high-level-commission/why-2018-important-year-for-NCDs.pdf?ua=1>

- 3.2 Part I: A ticking bomb: Aging populations around the world
Part II: Challenges for elderly care In India

In-class Viewing:

<https://www.youtube.com/watch?v=Z35tYE9OakE&t=1s>;
<https://www.youtube.com/watch?v=MPT0vf1G7oI&feature=youtu.be>;
<https://www.youtube.com/watch?v=8DEICyt3bNc&feature=youtu.be>;
<https://www.youtube.com/watch?v=mU9x1upqNDg&feature=youtu.be>;
<https://www.youtube.com/watch?v=ILF2P2KzjX8&t=243s>;

Reading:

OECD. "Ageing: Debate the Issues." *OECD Insights*, OECD Publishing, Paris 2015.

Due date for submission of annotated bibliography

- 3.3 Co-Curricular Excursion: Shelter for Asylum Seekers/Tempelhofer Feld

Guided by: Dr. Peter Tinnemann

Reading:

"The humanitarian consequences of violence in Central America," in: *The Humanitarian Exchange*, Number 69, June 2017.

Zimmerman, C, Kiss, L, Hossain, M: "Migration and Health: A Framework for 21st Century Policy-Making," in: *PLoS Medicine*, Vol 8, May 2011.

Week 4 Challenges for Mother and Child Health (MNCH) in developing countries – examples given from field trips

- 4.1 Part I: Challenges for reproductive health around the world
Part II: The state of reproductive health in the Philippines

In-Class Viewing:

<https://edition.cnn.com/2018/03/05/health/philippines-teen-pregnancy-asequals/index.html>; <https://www.justasouvenir.com/project-diary/2017/7/16/opinion-use-of-condom-can-be-bad-fro-health>

Required Reading:

El-Saharty, S, Ohno, N, Sarker, I et al. *India: Maternal and Reproductive Health at a Glance*. Knowledge Brief. World Bank Group. November 2014.

Recommended Web Links:

<https://sustainabledevelopment.un.org/sdg3>; <https://www.justasouvenir.com/>

- 4.2 Part I: Challenges for MMCH in developing countries
Part II: Challenges for MNCH in Pakistan

Required Reading:

Brief of the National Maternal and Child Health Program; available from

URL: <http://www.who.int/pmnch/countries/pakistanmnchplan.pdf>

Nishtar, S, Boerma, T, Amjad, S et al: Pakistan's health system. "Performance and prospects after the 18th Constitutional Amendment." *Lancet* 2013; 381: 2193-206.

Unicef. *Pakistan Annual Report 2015*.

Recommended Reading:

Aziz, F. N. (1992). Pakistan's population welfare programme: review of communication strategy and future action. [Unpublished] 1992. Presented at the Regional IEC Experts Group Meeting on Population



Communication Strategies for the 1990s: Chiangmai Thailand April 13-19 1992.

Bhutta, Z. A., Nyaku, A., Keylock, J., Zaidi, S., & Das, J. (2015). Landscape analysis of multi-sectoral initiatives for under-nutrition in Pakistan.

Country Poverty Brief South Asia. Pakistan. World Bank, October 2017 – Available at URL: <http://www.worldbank.org/en/region/sar>

Health and Nutrition Innovation Fund Strategy (June 2015). “Empowerment, Voice and Accountability (EVA) for Better Health and Nutrition”, Available at URL: <http://hanif.futuresgroup.com/wp-content/uploads/2015/06/HANIF-Strategy.pdf>

Ikram, J. (2015, May 6). Pakistan’s ranking in mother mortality rate falls further”. DAWN, 2015.

Khalid, M., & Sattar, A. (2016). Households Study on Out-of-Pocket Health Expenditures in Pakistan. *Forman Journal of Economic Studies*, 12.

Khyber Pakhtunkhwa Population-2014. Facts At-A-Glance.

KP Government Health Sector Strategy 2010-2017 (Draft)

National Health Vision, Pakistan 2016-2025.

Week 5 Globalization of Healthcare: Economical, cultural and ethical challenges

5.1 Part I: Services and goods which are demanded around the world
Part II: The healthcare demands of growing markets

Recommended Reading:

The Boston Consulting Group. *Winning in China’s Changing Medtech Market*, July 2014.

Partners Healthcare International. *Healthcare in the High Growth Emerging Markets & Developing Economies: A Rapidly Transforming Landscape*.

Due date for submission of presentation

- 5.2 Part I: Medical Tourism around the world: facts and figures
Part II: The Medical Tourism industry in Asia/insights from the Philippines

In-class debate based on the required reading assignments

Required Reading:

Pocock, NS, Phua, KH. Medical Tourism and policy implications for health systems: a conceptual framework from a comparative study of Thailand, Singapore and Malaysia. *Globalization and Health* 2011; 7:12.

Economic and Social Commission for Asia and the Pacific. *Medical Travel in Asia and the Pacific. Challenges and Opportunities*. 2008.

Recommended Reading:

Helble, Matthias. *The movement of patients across borders: challenges and opportunities for public health*. *Bull World Health Organ* 2011, 89: 68-72.

Noree, T, Hanefeld, J, Smith, R. *Medical tourism in Thailand: a cross sectional study*. *Bull World Health Organ* 2016, 94:30-36.

- 5.3 Co-Curricular Excursion: Humanitarian Health – The Example of MSF
Guided by: Dr. Frank Doerner

Online Resource:

<http://www.msf.org/en/msf-office/germany>

Week 6 Global health challenges around the world – understanding priorities

- 6.1 Part I: WHO's priorities around global health
Part II: Safe Water, Hygiene, access to health, Rise of NCDs: Discussion about the main challenge for the future

Recommended Web Links:

<https://www.weforum.org/agenda/2015/09/what-are-the-challenges-facing-global-health/>; <https://medium.com/@who/10-threats-to-global-health-in-2018-232daf0bbef3>

- 6.2 Conclusion
Discussion of final essay; feedback session

Due date for submission of final essay

Readings:

Aziz, F. N. (1992). "Pakistan's population welfare programme: review of communication strategy and future action." [Unpublished] 1992. Presented at the Regional IEC Experts Group Meeting on Population Communication Strategies for the 1990s: Chiangmai Thailand April 13-19 1992.

Battams, S, Matlin, S. "Discussing a definition of global health." *Global Health Diplomacy Briefing*. The Graduate Institute. June 2013.

Bhutta, Z. A., Nyaku, A., Keylock, J., Zaidi, S., & Das, J. (2015). *Landscape analysis of multi-sectoral initiatives for under-nutrition in Pakistan*.

Bloom, DE, Cafiero, ET, McGovern, ME, Prettner, K. "The Economic Impact of Non-communicable Disease in China and India: Estimates, Projections, and Comparisons." IZA DP No. 7563, August 2013.

Brief of the National Maternal and Child Health Program; available from
URL: <http://www.who.int/pmnch/countries/pakistanmchnplan.pdf>

Brown, TM, Cueto, M, Fee, E. "The World Health Organization and the Transition from International to Global Public Health." *American Journal of Public Health* 2006; 96: 62-72.

Country Poverty Brief South Asia. Pakistan. World Bank, October 2017 – Available at URL:
<http://www.worldbank.org/en/region/sar>

Economic and Social Commission for Asia and the Pacific. *Medical Travel in Asia and the Pacific. Challenges and Opportunities*. 2008.



El-Saharty, S, Ohno, N, Sarker, I et al. India: Maternal and Reproductive Health At A Glance. Knowledge Brief. World Bank Group. November 2014.

Health and Nutrition Innovation Fund Strategy (June 2015). "Empowerment, Voice and Accountability (EVA) for Better Health and Nutrition", Available at URL: <http://hanif.futuresgroup.com/wp-content/uploads/2015/06/HANIF-Strategy.pdf>

Helble, Matthias. The movement of patients across borders: challenges and opportunities for public health. *Bull World Health Organ* 2011, 89: 68-72.

Ikram, J. (2015, May 6). Pakistan's ranking in mother mortality rate falls further". *DAWN*, 2015.

Institute for Health Metrics and Evaluation. *The Global Burden of Disease: Generating Evidence. Guiding Policy – European Union and European Free Trade Association Regional Edition*. Seattle. WA: IHME, 2013.

Khalid, M., & Sattar, A. (2016). Households Study on Out-of-Pocket Health Expenditures in Pakistan. *Forman Journal of Economic Studies*, 12.

Khyber Pakhtunkhwa Population-2014. *Facts At-A-Glance*.

Koplan, JP, Bond, TC, Merson, MH et al. "Towards a common definition of global health." *Lancet* 2009; 373: 1993-95.

KP Government Health Sector Strategy 2010-2017 (Draft)

Meyrowitsch, DW, Bygbjerg, IC. "Global burden of disease – a race against time." *Dan Med Bull* 2007; 54: 32-4.

National Health Vision, Pakistan 2016-2025.

Nishtar, S, Boerma, T, Amjad, S et al: "Pakistan's health system. Performance and prospects after the 18th Constitutional Amendment." *Lancet* 2013; 381: 2193-206.

Noree, T, Hanefeld, J, Smith, R. "Medical tourism in Thailand: a cross sectional study." *Bull World Health Organ* 2016, 94:30-36.

OECD. *Ageing: Debate the Issues*. OECD Insights, OECD Publishing, Paris 2015.

Partners Healthcare International. *Healthcare in the High Growth Emerging Markets & Developing Economies: A Rapidly Transforming Landscape*.



Pocock, NS, Phua, KH. "Medical Tourism and policy implications for health systems: a conceptual framework from a comparative study of Thailand, Singapore and Malaysia." *Globalization and Health* 2011; 7:12.

The Boston Consulting Group. *Winning in China's Changing Medtech Market*, July 2014.

Unicef. *Pakistan Annual Report 2015*.

World Health Organization. *Global status report on non-communicable diseases 2014*.

World Health Organization *Global Health Risks: mortality and burden of disease attributable to selected major risks*. 2009.

Online Resources:

www.healthdata.org;

<http://polioeradication.org/>;

http://www.who.int/topics/infectious_diseases/en/

<https://ncdalliance.org/resources/ncd-alliance-annual-report-2016> ;

<http://apps.who.int/iris/bitstream/handle/10665/259232/WHO-NMH-NVI-17.9-eng.pdf;jsessionid=31ED2775543ECDD3696FE2EB15827372?sequence=1>;

<http://www.who.int/ncds/governance/high-level-commission/why-2018-important-year-for-NCDs.pdf?ua=1>

<https://sustainabledevelopment.un.org/sdg3>;

<https://www.justasouvenir.com/>

<https://www.weforum.org/agenda/2015/09/what-are-the-challenges-facing-global-health/>;

<https://medium.com/@who/10-threats-to-global-health-in-2018-232daf0bbef3>

<http://www.msf.org/en/msf-office/germany>



[https://www.unfpa.org/data/world-population/PK;](https://www.unfpa.org/data/world-population/PK)

<http://www.who.int/gho/countries/pak.pdf?ua=1>