



CIEE Global Institute – Shanghai

Course name:	Contemporary Challenges in Global Health
Course number:	(GI) PUBH 3006 / INRE 3008 SHCN
Programs offering course:	Open Campus
Language of instruction:	English
U.S. semester credits:	3
Contact hours:	45
Term:	Spring 2020

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.

Learning Objectives

By the end of the course, students will be able to:

- Articulate the most important challenges in national/local health care
- Demonstrate a theoretical understanding of different social science perspectives to global health and related key concepts of governance, social inequality and big pharma
- Analyse critically specific approaches to such challenges in a comparative, international context
- Evaluate the problems emerging from the interaction of different national health care systems
- Examine instances where cultural and religious traditions impact health care
- Contextualise cross-cultural and cross-disciplinary approaches to health
- Critically assess or adapt specific approaches to such challenges and developments



Course Prerequisites

Students should have completed at least a one-semester course in health studies or international relations.

Methods of Instruction

The methodology used throughout this course will include teacher presentations with student-teacher dialog and discussion, as well as prepared debates in which students are expected to give presentations to argue a specific case and defend it to an “opponent” and the class. Presentations will be enhanced by the use of multimedia elements wherever useful and/or pertinent. Students are expected to participate actively during site visits.

Assessment and Final Grade

Presentation	25%
Final discussion paper	25%
Video Discussion Contributions	10%
Advocacy Statement	20%
Participation	20%
Total:	100%

Course Requirements

Presentation

Students will be required to prepare presentations to argue a specific case and defend it to an “opponent” and the class. The presentation of about 15 minutes (excluding



“opponent” and class discussion) should show a good understanding of a selected topic and the ability to put it in perspective. Furthermore, it should be presented in a concise yet comprehensive manner. Content (40%), handout (20%), form of presentation (both slides and the presentation itself, 20%) and response to the “opponent” and queries (20%) will influence the grade. Topics will be assigned at the beginning of the course.

Final discussion paper

A 1,500-word discussion paper will be required. This paper should cover a specific topic and needs to show a solid understanding of and reflection on the topic assigned. The topic may be the same as the presentation topic. Grading is based on formal correctness (10%), logical coherence of the outline and quality of reasoning (30%) and content (40%). The paper must be complemented by a succinct summary of no more than 250 words (20%). Inappropriate citation will lead to a mark reduced by at least one grade level. Topics will be assigned at the beginning of the course.

Video Discussion Contributions

Each week the instructor will post a discussion prompt (either a question or topic) on FlipGrid that relates to the week’s corresponding topics and readings. Students are responsible for posting a 30-second video response to the prompt that a) presents a clearly articulated position on the prompt and b) explicitly relates the position to a position presented in an assigned reading that week. Grading is based on the quality of reasoning presented in your response (50%) and the clear logical connection to a position presented in one of the weekly readings (50%). The purpose is to analyse critically specific approaches to the global health issue under discussion and as such you are encouraged to avoid composing and reading a script in your responses. Your response should be posted prior to the meeting time of the third class session each week so that your responses may be incorporated into our class discussion during that session.

Advocacy Statement

Develop an advocacy statement to give voices to a local vulnerable population impacted by a global health issue discussed in class. The advocacy statement should include a description of the population (exp. children, elderly, specific ethnic or racial groups, people living with a disability or in poverty) and its key global health vulnerability. The advocacy statement itself should advocate for specific solutions that



address the rights of the population in relation to topics covered in class and individual research such as: health status, access to healthcare services, access to treatment, and/or services that address a specific determinant of health (exp. Education, discrimination, sanitation, essential services, socioeconomic conditions, etc.). Not only should your statement be convincing when you present it in class during a five minute presentation but also be founded on existing research and literature. After presenting your advocacy statement in class you will submit it in writing to the instructor along with a bibliography citing at least 6 references. Advocacy statements will be presented during Weeks 4 and 5 and students will sign up for their time during class 1.2.

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, online discussion boards, peer-to-peer feedback (after presentations), interaction with guest speakers, and attentiveness on co-curricular and outside-of-classroom activities.

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

Please note this schedule is subject to change if opportunities arise to enhance the curriculum.

Week 1 Orientation Week



Class 1:1 The “Grand Challenges in Global Health” of 2003

Using Bill Gates’s research initiative of 2003, which he titled “Grand Challenges of Global Health,” as a starting point, the introductory lecture will give an overview of diseases and public health problems that plague mankind in the current era and affect the developing world disproportionately. The lecture will be followed by an introduction to the concept of the course, grade requirements, and formal aspects.

Week 2 Who Pays? – Economic Challenges

Class 2:1 Population dynamics and their relation to global health

This session will consider the impact of population growth on global health initiatives. Students will explore the relationship between factors such as migration, the distribution and availability of medical resources, and overarching public health issues impacting location and community demographics such as fertility and mortality.

Rahman, M.O & Menken, J., Rahman, M. O. (2006) Population and Reproductive Health, in International Public Health: Diseases, Programs, Systems and Policies, Manson MH, Black RE and Mills AJ (Eds.). Available at http://www.dess.fmp.ueh.edu.ht/pdf/Green_Collins_2006_management_planning_public_health.pdf pp 115-176 (61pp)

Class 2:2 The doctor’s dilemma & bad pharma

This session will encourage students to consider the ethical tensions between a doctor’s responsibilities to heal and the need and desire to make a profit. Students will consider how this dilemma manifests itself similarly in drug policy decision-making and the pharmaceutical industry. By comparing and contrasting drug policies in China and India, and by speaking with a mental health professional in Shanghai, students will develop critical understandings of economic and ethical challenges impeding public health



systems and their actors. To develop an understanding of economic and ethical challenges impacting access to mental health resources in Shanghai, a guest speaker from the Mental Health Department at Shanghai Family United Hospital will be invited to this session.

Zhongliang Zhou, Yanfang Su, Benjamin Campbell, Zhiying Zhou, Jianmin Gao, Qiang Yu, Jiu hao Chen & Yishan Pan (2015) The impact of China's Zero-Markup Drug Policy on county hospital revenue and government subsidy levels, *Journal of Asian Public Policy*, 8:1, 102-116, DOI: 10.1080/17516234.2015.1005561

Ecks, Stefan. (2005) "Pharmaceutical Citizenship: Antidepressant Marketing and the Promise of Demarginalization in India." *Anthropology & Medicine* 12(3): 239-254.

Class 2:3 It's all your own fault! – Individual risk factors and their impact on health care

Understandings of risk factors associated with common public health issues such as cancer are varied. In some communities, risk factors are rooted in local ways of knowing and relationships with nature. This class will explore the politics of responsibility and the role of the individual, community and public health institutions by examining the tobacco industry in China in relation to China's government-sponsored cancer awareness initiatives and understandings of risk factors expressed by rural communities.

Kohrman, Matthew. Depoliticizing Tobacco's Exceptionality: Male Sociality, Death and Memory-making among Chinese Cigarette Smokers [online]. *China Journal*, The, No. 58, July 2007: [85]-109. Availability: <<https://search.informit.com.au/documentSummary;dn=723778542301025;res=IELHSS>> ISSN: 1324-9347.

Lora-Wainwright, Anna (2010) An anthropology of 'cancer villages': villagers' perspectives and the politics of responsibility. *Journal of Contemporary China*, 19(63): 77-99.

Week 3 Who Provides? – Organizational Challenges Part I



Class 3:1 Components of population structure with respect to age, gender and location

This week's discussions will focus on comparing different systems for safeguarding health care. Today's introductory session will focus on critically discussing the demographics and challenges in the United States in relation to organizational structures that support health care at county, state and national levels.

Majid, E., Friedman, A. B., Kulkarni, C. S., Murray, C. J. L. (2008). The reversal of fortunes: trends in county mortality and cross-county mortality disparities in the United States. *PLOS Medicine*: (volume 5). Available at <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0050066> (11p).

Class 3:2 Safeguarding health care

Safeguarding health care is a major public concern in some states, and left largely, if not entirely to private enterprise in others. In this class students are comparing and discussing different safeguarding system in China, the U.K. and in select European states.

Xi Li, Jiapeng Lu, Shuang Hu, KK Cheng, Jan De Maeseneer, Qingyue Meng, Elias Mossialos, Dong Roman Xu, Winnie Yip, Hongzhao Zhang, Harlan M Krumholz, Lixin Jiang, Shengshou Hu, (2017). The primary health-care system in China, *The Lancet*, Volume 390, Issue 10112, pp.2584-2594, [https://doi.org/10.1016/S0140-6736\(17\)33109-4](https://doi.org/10.1016/S0140-6736(17)33109-4).

Nixon, J. (2000). How does the UK NHS compare with European standards? A review of EU health care systems using hierarchical cluster analysis. St. Louis: Federal Reserve Bank of St Louis. Retrieved from <https://ezproxy-prd.bodleian.ox.ac.uk:7316/docview/1698151604?accountid=13042>

Class 3:3 The demographic challenge: Safeguarding health care in an aging society

This class will critically discuss the demographic challenge of safeguarding health care in an aging society where non-communicable diseases have been on the rise since the 1990s and have now overtaken communicable diseases as the



leading cause of adult mortality. The class will particularly focus on the emergence of public-private partnerships in global health since the 1990s and will ask who these organizations are accountable to.

Rechel, B., Grundy, E., Robine, J. M., Cylus, J., Mackenbach, J. P., Knai, C., McKee, M. (2013). "Ageing in the European Union." *The Lancet*. Vol 381, No. 9874. Available at <http://www.healthyageing.eu/sites/www.healthyageing.eu/files/resources/Ageing%20in%20the%20EU%20The%20Lancet.pdf> pp 1312-22 (10pp).

Week 4 Who Provides? – Organizational Challenges Part II

Class 4:1 Universal access to qualified health care – how can it be achieved?

This class will continue the discussion on providing health care on a worldwide basis. Questions will centre on universal access to qualified health care and how this can be achieved.

Bloom et al. 2018. The promise and peril of universal health care. *Science*, 24 Aug 2018: Vol. 361, Issue 6404. Available at: DOI: 10.1126/science.aat9644
Advocacy Statements due during classes 4.1, 4.2, 4.3. Session sign up will occur during class session 1.2.

Class 4:2 Who decides? The problem of coordinating global efforts

In order to explore the decision-making process and the coordination of global health responses, this class will contrast united international responses to pandemic health crises (exp. The Ebola 2014 pandemic in West Africa, the 2016 Zika virus pandemic in South America) with China's selective engagement in coordinated global health initiatives and responses.

Liu, Guo, Qian, Tang, Li, & Chen. (2014). China's distinctive engagement in global health. *The Lancet*, 384(9945), 793-804.



Cyranoski, D. (2003). Taiwan left isolated in fight against SARS. *Nature*, 422(6933), 652.

Class 4:3 When health care kills – fighting criminal practices

Due to shortage of medical supplies and cost of medical services/resources, criminal practices have been adopted in medical industries worldwide. In this class we will use two case studies to examine illegal practices found in our region: organ trade and counterfeit medications.

Shimazono, Y. (2007). The state of the international organ trade: A provisional picture based on integration of available information. World Health Organization. *Bulletin of the World Health Organization*, 85(12), 955-62.

Newton, P. N., Fernández, F. M., Plançon, A., Mildenhall, D. C., Green, M. D., Ziyong, L., Palmer, K. (2008). A collaborative epidemiological investigation into the criminal fake artesunate trade in South East Asia. *PLoS Medicine*, 5(2), e32.

Week 5 Who Knows? – Knowledge Challenges

Class 5:1 Patient activism and biological citizenship

In our globalized world, biological rights claims are made both at the state level and with international actors like NGOs, inter-governmental bodies and pharmaceutical companies. This class will problematize the concept of patient's rights within the framework of biological citizenship at these intersecting levels of engagement.

Rose, Nikolas and Novas, Carlos (2004) Biological citizenship. In: Ong, Aihwa and Collier, Stephen J, (eds.) *Global Assemblages: Technology, Politics, and Ethics as Anthropological Problems*. Blackwell Publishing, Oxford, pp. 439-463. ISBN 0631231757



Presentations (1) – topic guide will be handed out in week 1

Class 5:2 Public health education

This class will focus on teaching health. Students will consider how communities worldwide disseminate basic knowledge on hygiene, vaccination and prevention. This will be contrasted with today's readings on public health education in China.

Dombroski, K. (2015). Multiplying possibilities: A postdevelopment approach to hygiene and sanitation in Northwest China. *Asia Pacific Viewpoint*, 56(3), 321-334.

Tao Wu, & Liming Li. (2017). Evolution of Public Health Education in China. *American Journal of Public Health*, 107(12), 1893–1895. <https://ezproxy-prd.bodleian.ox.ac.uk:4563/10.2105/AJPH.2017.304110>

Presentations (2) – topic guide will be handed out in week 1

Class 5:3 Global standards of medical schooling

This class will explore medical schooling from two perspectives. First, students will consider the need for and effectiveness of global standards of medical schooling. Second, students will compare medical education experiences and systems in the U.S. with those in China.

Good, Byron J., and Mary-Jo DelVecchio Good. 1993. "Learning medicine: the constructing of medical knowledge at Harvard Medical School". *Knowledge, Power and Practise: The Anthropology of Medicine and Everyday Life* 81-107.

Xu D 1 , Sun B , Wan X , Ke Y Medical education reform in China, *The Lancet*, Volume 390 , Issue 10092 , 334. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31921-9/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31921-9/fulltext)



Presentations (3) – topic guide will be handed out in week 1

Week 6 Who is Right? Culture, Ethics, Religion and Climate

Class 6:1 Cultural competence in medicine and public health

In this class students will consider the important role cultural competency plays in the field of medicine, and public health specifically. By researching and debating cases where medically-oriented ethics collide with religious and cultural beliefs, students will examine their personal-cultural competencies.

Birn, A. (1999). Reviewed Work: *The Spirit Catches You and You Fall down: A Hmong Child, Her American Doctors, and the Collision of Two Cultures* by Anne Fadiman, *Journal of Public Health Policy*, 20(4), 504-507. doi:10.2307/3343137

Whitcomb, Michael E. 2002 Assisting Medical Educators to Foster Cultural Competence. *Academic Medicine* 77:191-192.

Class 6:2 The end justifies the means...

This class will introduce students to institutions, entities and measures established to regulate medical research.

Harris-Roxas, B., Vilianni, F., Harris, P., Bond, A., Cave, B., Divall, M., Furu, P., Soeberg, M., Wernham, A., Winkler, M. (2012). Health impact assessment: the state of the art. *Impact Assessment and Project Appraisal*, 30, (1), Available at <http://www.tandfonline.com/doi/full/10.1080/14615517.2012.666035> 43-52 (9pp).

Class 6:3 Health vulnerability and adaptation to climate change



This class will explore health system responses to climate change. Students will consider the impact of the Health Impact Assessment (HIA) on future worldwide coordinated initiatives.

McMichael, A.J., Woodruff, R.E., Hales, S. (2006). Climate change and human health: present and future risks. *The Lancet*. 367 (9513) Available at [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(06\)68079-3/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(06)68079-3/fulltext) (will need to be downloaded via university access) pp. 859-869 (10pp).

Final discussion paper due

Additional Readings

Obermann/Müller et al.: *The German Health Care System*. Ratgeberverlag 2013

Bhattacharya J, Hyde T and Tu P: *Health Economics*. Palgrave-Macmillan 2013

Morrison E (Ed.): *Health care ethics. Critical issues for the 21st century*. Jones and Bartlett 2009

Pedersen KM, Beck M, Vrangbaek K. The Danish Healthcare System: An analysis of strengths, weaknesses, opportunities and threats (SWOT analysis). University of Southern Denmark working paper 2011. Available at http://www.sdu.dk/-/media/files/om_sdu/centre/cohere/working+papers/2011/2011_2.pdf

Tulchinsky TH, Varavikova EA. *The new public health: an introduction for the 21st century*. 3rd ed., Elsevier 2014

Winchester, Margaret S; Knapp, Caprice; BeLue, Rhonda (2018). *Global health collaboration: challenges and lessons*. Springer.



Lakeoff, A. (2017). *Unprepared: Global Health in a Time of Emergency*. University of California Press.

Fourie, C. (2018). "The trouble with inequalities in global health partnerships." *Medical Anthropology Theory* 5(2): 142-155.

Munro, N. and J. Duckett (2016), 'Explaining public satisfaction with health care systems: findings from a nationwide survey in China', *Health Expectations*, Vol. 19, Issue 3, pp. 654–666.

Duckett, J. (2011) *The Chinese State's Retreat from Health: Policy and the Politics of Retrenchment*. Series: Routledge studies on China in transition (36). Routledge: London. ISBN 9780415573894

Online Resources

The Grand Challenges in Global Health of the Bill & Melinda Gates Foundation are presented in detail at: <http://www.grandchallenges.org/Pages/BrowseByGoal.aspx>

The Lancet Series on Europe provides a comprehensive examination of issues affecting the health of people in Europe. Articles from the series are found at: <http://www.thelancet.com/series/health-in-europe>

WHO's Health Care Systems in Transition series is an excellent source to look at the health care system of a country, including financial and organizational issues. (<http://www.euro.who.int/en/about-us/partners/observatory/health-systems-in-transition-hit-series>)

E-learning Resources for Global Health Researchers from the National Institute of Health <https://www.fic.nih.gov/Global/pages/training-resources.aspx>

Global Health E-Learning Resources by Unite For Sight Global Health University <http://www.uniteforsight.org/global-health-university/courses>