



CIEE Global Institute – Sydney

Course name:	Contemporary Challenges in Global Health
Course number:	(GI) PUBH 3006 SYAU / (GI) INRE 3008 SYAU
Programs offering course:	Open Campus
Open Campus Track:	Global and Community Health
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 on Southeast Asian countries and Australia.

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 inequalities and big pharma
- Critically analyse 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 one semester course in health studies or international relations.

Methods of Instruction

Among other techniques, the methodology used throughout this course will include: teacher presentations with student-teacher dialogue and discussion; active discussion in which students will be expected to prepare presentations to argue a specific case and defend it to an opponent and the class, attendance of and active participation during site visit.

Assessment and Final Grade

1. Weekly Report (4)	20%
2. Discussion Paper	15%
3. Public Awareness Campaign Piece	25%
4. Country Health Profile Presentation	20%
5. Class Participation	20%
TOTAL GRADE:	100%

Course Requirements

Weekly Report

At the end of weeks 1-4, every student will submit a 375–word synthesis that reports on the highlights, main contributions and learning points during the week. These will be uploaded to the online CANVAS forum. Mandatory readings must be included in each report. The facilitator will provide the students with guidelines in the first week of the course.

Discussion Paper

A 1200–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 in the last week of the course. 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.

Public Awareness Campaign Piece

Students will research a current global health issue. They will then complete a 1500–word SWOT analysis of the challenges pertaining to the increase and address of the issue using data and the mandatory readings to support their analysis. They will then compose an informative public information pamphlet on a proposed (real or imagined) national policy response to the health issue that they have analyzed. The pamphlet will be created using PICTOCHART or CANVA digital technology. The pamphlet will be no more than 1000-words. It will be visually appealing and readable with the directed audience being the general public in a respective country where the health issue is significant. The students will then produce a poster using the same digital technology that will act to increase public awareness and convince them to take action to improve the selected health issue. 5% of the grade will be appropriated to the visual design of the poster in terms of visual appeal, readability from a reasonable distance, persuasive concepts based on the facts, the logos, written slogans or statements, font choice, placement of images and text used to produce the poster and the effectiveness of projecting the desired concept.

Country Health Profile Presentation

Students will be required to prepare a presentation to argue action for a specific significant global health case. The presentation will be 7–minutes in length (excluding a 3–minute class discussion). The presentation is aimed to contribute to the whole group’s understanding of various challenges in global health including the determinants and drivers of the emerging health issue and provide an open collegial space for discussing issues based on current research. As such, the presentation should show a good understanding of a selected topic and the ability to put it in perspective. The presentation can build on the research undertaken for the public awareness campaign assessment but **MUST** include the demographic data collection undertaken in week one of the course. Furthermore, it should be presented in a concise yet comprehensive manner. Content (40%), handout to the group (20%), as well as the form of presentation (both slides and the presentation itself, 20%) will influence the grade. Topics will be assigned at the beginning of the course.

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, students over 15 minutes late 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	Automatic course failure, and



	language classes	possible expulsion
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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

Introduction to class, course requirements and formal aspects of assessment requirements are discussed. A group digital mind map creating a cumulative knowledge bank about current understandings of contemporary global health issues is created called “The Grand Challenges of Global Health”.

In pairs, students then begin to collect demographic and health data around an assigned global health issue for a country of their choice. They will continue adding data to this profile throughout the course which will contribute to their presentation and group discussion during the class in Week 6.

Readings:

Merson M, Black R, Mills A. (2012). *Global Health: Diseases, Programs, Systems and Policies*. 3rd Edition. Burlington: Jones & Bartlett Learning.

United Nations (2017). *World Population Prospects 2017*. Population Division. Accessed at: <https://esa.un.org/unpd/wpp/dataquery/>

World Health Organization (2017). *Global Health Observatory Country Views*. Accessed at: <http://apps.who.int/gho/data/node.country>

World Health Organization (2017). *Health Research in the Western Pacific*. http://www.wpro.who.int/health_research/documents/Health_in_Asia_and_the_Pacific/en/

Due Date for Submission of Weekly Report #1

Week 2

Who Pays? – Economic Challenges



Population Dynamics and their relation to Global Health: Components of population growth with respect to fertility, mortality and migration are discussed over two classes.

Class 2:1 Professional and Ethical Dilemmas

This class will explore the doctor's dilemma: The tension between healing people and making money.

Reading:

Chiu, E. (2008). 'Ageing in Asia'. *Ageing International*. (32)4, p. 257.

Class 2:2 Placing Blame

This class will explore bad pharma: It's all your own fault blame – Individual risk factors (like smoking) and their impact on an individual's health and health care.

Reading:

Goldcare, B. (2012). *Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients*. Farrar, Straus and Giroux: New York.

Due Date for Submission of the Weekly Report #2

Week 3: Organizational Challenges Part One

Class 3:1 Who Provides? –

Components of population structure with respect to age, gender and location is the focus of this class. In addition, students will be involved in examining safeguarding of health care; comparing and discussing different systems (main examples: Singapore, Australia)

The demographic challenge of Safeguarding health care in an aging society is also explored.

Class 3:2 How do they provide?

Guest Lecture from Healthy Ageing, Illawarra Health & Medical Research Institute (TBA).

Reading:



Van Beurden et al. (2011). 'Making sense in a complex landscape: how the Cynefin framework from complex adaptive systems theory can inform health promotion practice'. *Health Promotion International*. (28)1, pp. 73-83.

Due Date for Submission of the Weekly Report #3

Week 4 Class 4:1 Organizational Challenges Part Two Who Provides?

Universal access to qualified health care is discussed around the following broad inquiries involving how it be achieved, who decides and the problem of coordinating global efforts.

Reading:

Salkeld, G. (2014). *Creating a Better Health System: Lessons from Singapore*.

Accessed at <https://theconversation.com/creating-a-better-health-system-lessons-from-singapore-30607>

Due Date for Submission of the Weekly Report #4

Class 4:2 The impacts of when we don't provide

Measures to enhance the donor pool in well-resourced countries to meet their own needs that are reliant on the proliferation of transplant tourism in impoverished nations is discussed. Groups research contemporary articles and share findings in expert groups. As a class the provocation of when health care kills – Fighting criminal practices like organ trade, counterfeit medications is discussed in view of the clearly defined ethical codes of conduct for health care facilities and professionals.

Readings:

Jafar, T.H. (2009). Organ Trafficking: Global Solutions for a Global Problem. *US National Library of Medicine, National Institutes of Health*, (6)54, pp 1145-1157.

Levine, S. (2014). 'Assessing resilience: why quantification misses the point'. Humanitarian Policy Group Working Paper.

Due Date for the Submission of the Discussion Paper

Week 5 Knowledge Challenges



Class 5:1 **Who Knows? –**
Consumer protection and patient’s rights – breaking the despotism of the professionals is the focus of this class. The provision of basic knowledge on hygiene, vaccination and prevention worldwide is overviewed.

Class 5:2 **Who Cares?**
How professional are the professionals is discussed in terms of global standards of medical schooling. Amidst this controversy, understanding the role of resilience in healthcare and access to healthcare during emergencies is debated.

Reading:

Harris-Roxas et al. (2012). ‘Health impact assessment: the state of the art’. *Impact Assessment and Project Appraisal*, (30)1, pp. 43 - 52. McMichael A,

Reading:

Woodruff R, Hales S. (2006). ‘Climate change and human health: present and future risks’. *The Lancet*. (367)9513, pp. 859 – 869.

Due Date for Submission of the Public Awareness Campaign Piece

Week 6 **Culture, Ethics, Religion and Climate**

Class 6.1 **Who is Right?**

The challenges of prioritizing medical care are discussed centered around the following provocations:

It’s forbidden– The rejection of medical treatment out of cultural/religious reasons.

The end justifies the means... – How do we regulate medical research?

Health vulnerability and adaptation to climate change is also debated along with health system responses to climate change and the Health Impact Assessment (HIA).

Class 6:2 This class is dedicated to the presentations of individual health profile assessments.

Due Date for Submission of the Country Health Profile Presentation



Course Materials

Readings

- Chiu, E. (2008). 'Ageing in Asia'. *Ageing International*. (32)4, p. 257.
- Harris-Roxas et al. (2012). Health impact assessment: the state of the art. *Impact Assessment and Project Appraisal*, (30)1, pp. 43 - 52.
- Goldcare, B. (2012). *Bad Pharma: How Drug Companies Mislead Doctors and Harm Patients*. Farrar, Straus and Giroux: New York.
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- McMichael A, Woodruff R, Hales S. (2006). Climate change and human health: present and future risks. *The Lancet*, (367)9513, pp. 859 – 869.
- Merson M, Black R, Mills A. (2012). *Global Health: Diseases, Programs, Systems and Policies*. 3rd Edition. Burlington: Jones & Bartlett Learning.
- Van Beurden et al. (2011). 'Making sense in a complex landscape: how the Cynefin framework from complex adaptive systems theory can inform health promotion practice'. *Health Promotion International*, (28)1, pp. 73-83

Online Resources

- <https://esa.un.org/unpd/wpp/dataquery/>
- <http://apps.who.int/gho/data/node.country>
- http://www.wpro.who.int/health_research/documents/Health_in_Asia_and_the_Pacific/en/
- <https://www.westernalliance.org.au/2016/06/the-great-health-divide-why-rural-australians-have-poorer-health-outcomes-than-their-urban-counterparts>
- https://theconversation.com/creating-a-better-health-system_lessons-from-singapore-30607
- <https://www.westernalliance.org.au/2016/06/the-great-health-divide-why-rural-australians-have-poorer-health-outcomes-than-their-urban-counterparts>