



## **CIEE Global Institute – London**

<b>Course name:</b>	Contemporary Challenges in Global Health
<b>Course number:</b>	(GI) PUBH 3006 LNEN / INRE 3008 LNEN
<b>Programs offering course:</b>	Comparative Public Health Systems
<b>Language of instruction:</b>	English
<b>U.S. semester credits:</b>	3
<b>Contact hours:</b>	45
<b>Term:</b>	Summer 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 the end of the course, students will be in a position to:

- Articulate the major challenges faced by national and local health care systems in Britain and relate these to the functioning of other national health care systems and the changing architecture, or governance, of Global Health, e.g. how changes in the National Health Service (NHS) in Britain since the late 2000s are bound up with trade agreements and the neoliberal global context
- Demonstrate a theoretical understanding of different social science perspectives to Global Health and related key concepts, e.g. globalisation, the G8 and neoliberalism, trade barriers and social inequalities, Global Health governance and 'big pharma', 'best practice' Global Health models such as stimulus-response innovation, Global Health institutions and people as essentially reactive, constrained learners and reluctant innovators (Cooper, Kirton, Schrecker)
- Contextualise cross-cultural approaches to health and the consequent need for an anthropological / sociological involvement in the field of Global Health.



- Foreground the political and socio-economic dimension of Global Health and identify instances where socio-cultural contexts interact, and impact upon, health care systems and delivery
- Critically reflect on the material discussed in class to produce written papers and to facilitate working in an interdisciplinary team; e.g. students will engage with the theories behind Global Health governance while being asked to address the role of Global Health practitioners in relation to specific case studies

### **Course Prerequisites**

None

### **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. Students will also attend site visits, special events, and guest lectures from local figures in health care and health management. Students will be expected to take copious notes for future reference, as course submissions, be they written word or spoken word, will require references to both readings and site visits.

### **Assessment and Final Grad**

Global Health Awareness Campaign (x 2)	20%
Presentation	15%
Midterm Exam	20%
Final Discussion Paper	25%
Attendance and Class Participation	20%

**NB: Please note that students are expected to keep copies of their work. Software and / or hardware issues are not acceptable excuses for non-submission OR late submission.**



## **Course Requirements**

### **Global Health Awareness Campaign**

Students will write a written 500-word response to two Global Health campaigns, of which at least one is from one of the major Global Health organisations, e.g. WHO, UNAIDS and the PAHO. The other can be from smaller non-governmental organisations. A key part of this exercise is to identify who the audience is for Global Health campaigns and how these campaigns need to strike a balance between the core idea of Global Health messages and the necessity to represent Global Health messages within appropriate local registers and in mediums that are accessible to the general populations.

### **Presentation**

Students will be required to deliver a presentation during the course. Each presentation should be about 10-15 minutes (excluding opponent and class discussion) and it should show a good understanding of a selected topic and the ability to put it in perspective. The topic should be presented in a concise yet comprehensive manner.

### **Midterm Exam**

The midterm exam will consist of multiple choice and short answer / paragraph questions to measure the students' progress halfway through the course.

### **Final Discussion Paper**

A 1,500-word discussion paper will be required. This paper will cover a specific topic and needs to show a solid understanding of and reflection on the topic assigned. The topic cannot be the same as the presentation topic.

### **Class Participation**

As part of your work in this course, students should demonstrate learning beyond the submission of written assignments or presentations. As such, all students receive grades based upon participation.

Participation is valued as meaningful contribution in the digital and tangible classroom, utilising the resources and materials presented to students as part of the course. Students receive grades based upon their contributions both in the classroom and in the Canvas course.

Meaningful contribution requires students to be prepared, as directed by the Instructor, in advance of each class session. Students must clearly demonstrate they have engaged with the materials where directed.



This includes valued or informed engagement in, for example, small group 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 sessions will also result in a lower final grade.

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 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	No academic penalty
10 – 20%	2	Reduction of final grade



More than 20%	3 content classes, or 4 language classes	Automatic course failure, and 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 Introduction to ‘Contemporary Challenges in Global Health’:**

Class 1.1 The first session will detail the course requirements as well as introduce the contemporary challenges in Global Health, especially the move away from the 2000 Millennium Development Goals (which expired in 2015) to the ‘new’ 2015 Sustainable Development Goals.

Class 1.2 To bring our discussions up to speed with the post-2015 context, we will listen to the 2015 UCL Lancet lecture by Ms Amina Mohammed.

#### **Reading:**

‘Towards a Common Definition of Global Health’ (2009) by Kaplan et al.

‘How AIDS Invented Global Health’ (2013) by Alan Brandt

The Key Questions in the AIDS Pandemic in 2015’ (2015) by Alan Whiteside

2015 UCL Lancet Lecture by Ms Amina J. Mohammed:

‘The new universal Sustainable Development Goals for 2030: From vision to action’ **[1 hour 30 mins]**. Available here:

<https://www.ucl.ac.uk/igh/events/current-events/lancetlecture>

#### **Week 2 ‘Who Pays? – Economic Challenges’**

Class 2.1 Financing health care: Comparing and discussing different approaches (main examples: British, United States)

#### **Readings:**

UK parliamentary report on the ‘UK’s Contribution to Health Globally Benefiting the Country and the World’ [Summary] (2015)



Class 2.2 The doctor's dilemma: The tension between healing people and making money, part 1

**Readings:**

UK parliamentary report on the 'UK's Contribution to Health Globally Benefiting the Country and the World' [Summary] (2015)

Blog post: 'US vs UK: Allied Healthcare at Home and Abroad' (2015):

<https://www.aimseducation.edu/blog/us-vs-uk-allied-healthcare/>

WHO 2010 report on 'Health Systems Financing: The Path to Universal

Coverage'. Available here: [http://www.who.int/whr/2010/10\\_summary\\_en.pdf](http://www.who.int/whr/2010/10_summary_en.pdf)

Class 2.3 Bad pharma: The tension between healing people and making money, part 2  
It's all your own fault! – Individual risk factors (like smoking) and their impact on health care

**Readings:**

'This is the NHS', *Guardian* 2016 series:

<http://www.theguardian.com/society/series/this-is-the-nhs>

**Assignment:** Global awareness campaign response 1

Class 2.4 **Site Visit:** London School of Hygiene and Tropical Medicine

Class 2.5 **Assignment:** Presentations

**Week 3: Who Provides? – Organizational Challenges Part I**

Class 3.1 Safeguarding health care is a major public concern in some states, and left largely, if not entirely, to private enterprise in others.

**Readings:**

'Grand Challenges in Global Health Governance' (2009) by Mok and Gostin

Class 3.2 **Assignment :** Midterm exam



Class 3.3 This session we are comparing and discussing different systems (main examples: British, United States) and critically discussing the demographic challenge of safeguarding health care in an aging society where non-communicable diseases, such as cancer, have been on the rise since the 1990s and have now overtaken communicable diseases as the leading cause of adult mortality.

**Reading:** Introduction, Chapter One, Chapter Two and Chapter Seven from 'The Journey' by Jones et al. from *Health for All: The Journey to Universal Health Coverage* (2015). Available here: <https://www.york.ac.uk/history/global-health-histories/publications-outreach/health-for-all/>

Class 3.4 We will particularly focus on the emergence of public-private partnerships in Global Health since the 1990s and we will ask who these organisations are accountable to?

**Reading:** 'Public-Private Partnerships for Public Health' (2000) by Reich

Class 3.5 **Guest speaker:** Microfinance approaches to HIV and AIDS in SSA contexts

**Assignment:** Global awareness campaign response 1

**Week 4: Who Provides? – Organizational Challenges Part II**

Class 4.1 In this class we continue the discussion on providing health care on a worldwide basis. Questions will center on universal access to qualified health care and how can it be achieved.

**Readings:**

Excerpts from *Health for All: The Journey to Universal Health Coverage* (2015). Available here: <https://www.york.ac.uk/history/global-health-histories/publications-outreach/health-for-all/>

Deane, Kevin and Joyce Wayomi. 'Revisiting the Economics of Transactional Sex: Evidence from Tanzania'. *Review of African Political Economy*. 2015

Class 4.2 In order to explore the decision making process and the coordination of Global Health responses, we will focus on the Ebola 2014 pandemic in West Africa, the



2016 Zika virus pandemic in South America and the challenges faced by contexts like South Africa and India when delivering primary health care. We will also have a guest talk on microfinance approaches to HIV and AIDS in SSA contexts.

**Readings:** 'Why South Africa's Health Minister is so worried about India caving in to Big Pharma' (2015) by Krishnan and Gahlot:

<http://scroll.in/article/745344/why-south-africas-health-minister-is-so-worried-about-india-caving-in-to-big-pharma>

November 2015 Conference on the failed response to the Ebola 2014 pandemic, at the London School of Hygiene and Tropical Medicine:

[http://www.lshtm.ac.uk/newsevents/news/2015/ebola\\_report.html](http://www.lshtm.ac.uk/newsevents/news/2015/ebola_report.html)

Class 4.3 We will discuss Consumer protection and patient's rights – breaking the despotism of the professionals and the link with education and teaching health: Providing basic knowledge on hygiene, vaccination and prevention worldwide

**Readings:**

'Religion and Culture: Potential undercurrents influencing hand hygiene promotion in health care' (2009) by Alegranzi et al.

'The Public Versus the World Health Organization on Health System Performance' (2001) by Blendon et al.

Class 4.4 In this session the class will be divided into critical discussion and debating groups. The topics examined and evaluated will include "The challenges of prioritizing medical care"; "It's forbidden... – The rejection of medical treatment out of cultural / religious reasons" and "The end justifies the means... – How do we regulate medical research?".

**Readings:**

'Global Health Ethics: The Rationale For Mutual Caring' (2003) by Benatar et al. Chapter 8, 'Reinterpreting the Role of Traditional Chinese Medicine in Public Health in Rural China in the 1970s', from *Health for All: The Journey of Universal Health Coverage*

Chapter 12, 'Traditional and Complementary Medicine in Primary Healthcare',



from *Health for All: The Journey of Universal Health Coverage*  
'Confronting the Tobacco Epidemic: In a New Era of Trade and Liberal Investment' (2012) WHO report.

Class 4.5      Final review session  
**Assignment: The final discussion paper**

### **Readings**

Coggon J, Gola, Swati. *Global Health and International Community: Ethical, Political and Regulatory Challenges*. London and New York: Bloomsbury Press, 2013.

Doyal and Doyal. *Living with HIV and Dying with AIDS*. Surrey: Ashgate Press, 2013.

Michelle Tempest: *The Future of the NHS*, XPL Publishing 2006.

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

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

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

### **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>

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>



National Healthcare System, <http://www.nhs.uk/NHSEngland/thenhs/nhshistory/Pages/the-nhs%20history.aspx>

Jeremy Farrar (Director of The Wellcome Trust) discusses the need to reform the WHO in 2015: <http://blog.wellcome.ac.uk/2015/01/21/discussing-global-health-at-davos/>

The Wellcome Trust blog on the role of The World Health Organisation in 2015: <http://blog.wellcome.ac.uk/2015/01/23/the-who-is-critical-to-global-health-but-reform-is-needed/>

This is the NHS (2016 Guardian article series): <http://www.theguardian.com/society/series/this-is-the-nhs>