

**GLOBAL PUBLIC HEALTH (DWA & UEP 248), Fall 2016**  
**Tuesday and Thursday 10:05 – 11:30 am, WEIN 209**

Instructor: Jane Schmitz, Ph.D.

Contact information: email [schmitz@oxy.edu](mailto:schmitz@oxy.edu)

Office hours: Tuesdays & Thursday 11:45 to 1:15, UEP 204

**Course description**

The course will examine major global public health problems and the range of responses from international organizations, transnational networks, and domestic and community-based institutions. Despite improvements in the health status of low- and middle-income countries over the last half-century, the challenges to advance global public health remain daunting. What are the sorts of strategies these actors have used in addressing such health issues as HIV/AIDS, malaria, unsafe food and water, tobacco use, and others? Can a biosocial approach improve our response to underlying determinants of ill-health? The course will present basic concepts for understanding global public health, including indicators of population health and the political, social and economic determinants of health. We will utilize a case study method to examine successful and less successful efforts to improve global health and to debate enduring political, economic, social and cultural controversies in the arenas of global health. Students can expect to gain knowledge of the major issues and actors in global public health and an introduction to the analytic and quantitative skills needed to be effective.

Course website: Cross-listed moodle site “XLSA 2201701” <https://moodle.oxy.edu/course/view.php?id=20164>

**Required textbooks**

Farmer P, Yong Kim J, Kleinman A and Basilio M. Reimagining Global Health: An Introduction.

**Grading**

Class attendance & participation	10%	
Quizzes Quizzes will be administered at the beginning of class and will be composed of no more than 5 questions.	15%	9/13, 9/22, 9/25 & 11/17
Mid-term paper For this assignment you are asked to present the health situation of a low- or middle-income country of your choice. For your country, you will collect and present relevant statistics and outline the country’s position in the demographic and epidemiologic transition and describe the overall health profile.	35%	10/18
Final paper This paper will build on the knowledge you gain while developing your mid-term paper. For the country about which you chose to write your mid-term paper, you will assert and defend the top health priority.	15%	11/15
Final exam This will be a comprehensive, in-class exam in multiple choice, short answer and essay format.	25%	12/9 @ 8:30
Letter grades will be assigned according to the following scale: $\geq 93$ A; 90 to 92 A-; 87 to 89 B+; 83 to 86 B; 80 to 82 B-; 77 to 79 C+; 73 to 76 C; 70 to 72 C-; 67 to 69 D+; 63 to 66 D; 50 to 62 D-; $\leq 49$ F		

**Course schedule**

Session	Date	Topic	Deliverable
		<b>GLOBAL HEALTH FUNDAMENTALS</b>	
1	Thu Sept 1	What is global health? The cholera epidemic in Haiti; Introduction to course	
2	Tue Sept 6	Biosocial approach to global health- from Upper Silesia to Kibera	
3	Thu Sept 8	Social theories relevant to global health	
4	Tue Sept 13	History of global health, part I: colonial medicine	<b>QUIZ #1</b>
5	Thu Sept 15	History of global health, part II: health for all?	
6	Tue Sept 20	History of global health, part III: The global AIDS response	
7	Thu Sept 22	Global burden of disease & Health transitions	<b>QUIZ #2</b>
8	Tue Sept 27	Metrics of health & disease	
9	Thu Sept 29	Maternal and neonatal health	
10	Tue Oct 4	Dynamics of climate and health in sub-Saharan Africa, <i>Mimi Nartey</i>	<b>Mid-term paper: tables &amp; figure(s)</b>
11	Thu Oct 6	Child undernutrition and mortality	
	Tue Oct 11	NO CLASS, Fall Break	
12	Thu Oct 13	Non-communicable disease	
		<b>GLOBAL HEALTH IN ACTION</b>	
		<i>Health Services and Health Services Research</i>	
13	Tue Oct 18	Introduction to health systems & cross-national comparisons	<b>MID-TERM PAPER</b>
14	Thu Oct 20	Community responses to humanitarian health crisis in Burma, <i>Adam Richards</i>	<b>Screening of Walk to Beautiful at 7pm</b>
15	Tue Oct 25	Discussion of <i>Walk to Beautiful</i>	<b>QUIZ #3</b>
16	Thu Oct 27	Case studies in health systems in acute humanitarian emergencies, <i>Parveen Parmar</i> <i>Global Health Programs</i>	
17	Tue Nov 1	Introduction to programs in global health	
18	Thu Nov 3	Behavior change programs to improve sanitation and hygiene	
19	Tues Nov 8	Global reproductive health programs, <i>Melissa Withers</i>	
20	Thu Nov 10	Programs to prevent obesity and non-communicable disease	
21	Tue Nov 15	Funding global health: foreign aid & philanthropy <i>Global Health Governance</i>	<b>FINAL PAPER DUE</b>
22	Thu Nov 17	The World Health Organization	<b>QUIZ #4</b>
23	Tue Nov 22	The Trans-Pacific Partnership & health	
	Thu Nov 24	NO CLASS, Thanksgiving	
24	Tue Nov 29	Debate	
25	Thu Dec 1	The Framework Convention on Tobacco Control, <i>Heather Wipfli</i>	
26	Tue Dec 6	Re-cap course & final exam review	
	Fri Dec 9 @ 8:30 am	<b>FINAL EXAM</b>	

## Readings

### *Session 1, Introduction*

RGH Preface, Ch 1

### *Session 2, Biosocial approach*

Marmot M. Social determinants of health inequalities. *Lancet*. 2005;365:1099-104.

Report on the Typhus Epidemic on the Upper Silesia. *Am J Public Health* 2006; 96:2102-5

### *Session 3, Social theories*

RGH Ch 2

Kalofonos IA. "All I eat is ARVs": the paradox of AIDS treatment interventions in central Mozambique. *Med Anthropol Q*. 2010 Sep;24(3):363-80.

Kleinman, The art of medicine: Four social theories for global health. *Lancet*

### *Session 4, History of global health, colonial medicine*

RGH Ch 3

### *Session 5, History of global health, health for all?*

RGH Ch 4

### *Session 6, History of global health, global AIDS response*

RGH Ch 5

Power, S. The AIDS Rebel; An activist fights drug companies, the government-and his own illness. *The New Yorker*. 19 May 2003.

### *Session 7, Demographic & epidemiologic transitions*

Vallin & Mesle. Convergences and divergences in mortality. A new approach to health transition. *Demo Research*.

Leon et al. Huge variation in Russian mortality rates 1984–94: artefact, alcohol, or what? *Lancet*.

### *Session 8, Metrics of health and disease*

RGH Ch 8

Murray & Lopez. Measuring the global burden of disease. *NEJM* 2013.

Economist & CSIS Blog posts

Byass et al. Reflections on the Global Burden of Disease 2010 Estimates. *PLoS Medicine*.

Byass. The Imperfect World of Global Health Estimates, *PLoS Medicine*.

### *Session 9, Maternal and neonatal health*

Ronsmans C, Graham W. Maternal mortality: Who, when, where and why. *Lancet*. 2006;368:1189-2000.

*Session 10, Dynamics of climate and health in sub-Saharan Africa, Mimi Nartey*

*Session 11, Undernutrition II*

Unicef & UN Inter-agency group for child mortality estimation. Levels and Trends in Child Mortality, Report 2014.

Bryce, Victora and Black. The unfinished agenda in child survival. *Lancet* 2013.

*Session 12, NCDs*

Caballero B. The global epidemic of obesity: An overview. *Epidemiol Rev*. 2007 Jun 13.

Caballero B. A Nutrition Paradox – Underweight and Obesity in Developing Countries. *New Engl J Med*. 2005;352: 1514-1516.

*Session 13, Introduction to health systems*

RGH, ch 6

World Health Organization. Health systems: improving performance. 2000

Dilorenzo. A Liberian Hospital After Ebola. *The Atlantic*. 2015 <http://www.theatlantic.com/health/archive/2015/05/a-liberian-hospital-after-ebola/394265/>

*Session 14, Community responses to the humanitarian health crisis in Burma, Adam Richards*

*Session 15, Discussion of Walk to Beautiful*

“The film tells the personal stories of rural women who make their way to Ethiopia's capital, Addis Ababa, seeking treatment for obstetric fistula, a life-shattering complication of childbirth.” –NOVA website <http://www.pbs.org/wgbh/nova/body/a-walk-to-beautiful.html>

Miller S et al. Obstetric Fistula: A Preventable Tragedy. *J of Midwifery and Women's Health*. 2005;50: 286-294

*Session 16, Health systems in acute humanitarian emergencies: case studies, Parveen Parmar*

*Session 17, Introduction to programs in global health*

*Session 18, Behavior change programs to improve sanitation and hygiene*

Bartram J, Cairncross S. Hygiene, sanitation, and water: forgotten foundations of health. *PLoS Med*. 2010

Curtis, Danquah & Aunger. Planned, motivated and habitual hygiene behaviour: an eleven country review. *Health Educ Research*. 2009;244: 655-673

*Session 19, Global reproductive health programs, Mellissa Withers*

*Session 20, Vitamin A supplementation programs*

Sommer & West. Vitamin A Deficiency: Health, Survival and Vision. Read Chapter 1: Background & Chapter 2: Child survival

Awasthi et al. Vitamin A supplementation every 6 months with retinol in 1 million pre-school children in north India: DEVTA, a cluster-randomised trial. *Lancet*.

Masanga et al. Vitamin A supplementation in Tanzania: the impact of a change in programmatic delivery strategy on coverage. *BMC Health Services Research*.

Reducing child death with vitamin in Nepal. Ch 4. Millions Saved Case Study.

West et al. Efficacy of vitamin A in reducing preschool child mortality in Nepal. *Lancet*. 1991

Sommer, West & Martorell. Vitamin A supplementation in Indian children. *Lancet*.

Organization.

*Session 21, Funding global health*

Ravishankar et al. Financing of global health: tracking development assistance for health from 1990 to 2007. *Lancet* 2009 Jun 20;373(9681):2113-24.

*Session 22, The World Health Organization and control of non-communicable disease*

Who runs global health? *Lancet*. 2009;373:2083.

Strong K, Mathers C, Leader C, Beaglehole S. Preventing chronic diseases: How many lives can we save? *Lancet*. 2005;365:1578-82.

Alleyne G, Stuckler D, Alwan A. The hope and the promise of the UN Resolution on non-communicable diseases. *Global Health*;6:15.

2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Noncommunicable Diseases. World Health

*Session 23, The Trans-Pacific Partnership*

Luo & Kesselheim. The Trans-Pacific Partnership Agreement and Implications for Access to Essential Medicines. *J Amer Med Assoc*.

Medecins Sans Frontieres. Trading Away Health: The Trans-Pacific Partnership Agreement. Briefing Note.

Lee, Sridhar & Patel. Bridging the divide: global governance of trade and health. *Lancet*. 2009;373: 416-22

*Session 24, Debate. Resolved: Less media attention and funding should be paid to infectious disease epidemics and more to the pandemic of chronic non-communicable disease*

*Session 25, Framework Convention on Tobacco Control, Heather Wipfli*

Yach D, Wipfli H. A century of smoke. *Ann Trop Med Parasitol* 2006;100:465-79.

Samet JM, Wipfli HL. Globe still in grip of addiction. *Nature*;463:1020-1.

*Session 26, Wrap up course & final exam review*

## From the Student Handbook, Occidental College

<http://www.oxy.edu/student-handbook/academic-ethics/academic-ethics>

### **Cheating Defined**

Cheating occurs when a student attempts to complete or take credit for work by any dishonest means or assists another in doing so. Some examples of cheating include lying; copying from another's exam or assignment or collaborating on an exam or assignment, unless specifically allowed by the instructor; submitting the same work in more than one course without instructor permission; falsifying data collected in research or laboratory courses; taking or receiving copies of an exam without the permission of the instructor; and using notes or other information devices inappropriate to the test conditions.

### **Plagiarism Defined**

Plagiarism occurs when the ideas, organization, or language of another are incorporated into one's work without properly crediting the original source with a citation or other disclosure. It includes re-writing or re-formatting material without acknowledging the original source of the ideas. Even if the language and organization are in the student's own words, any ideas or information that is not common knowledge must be acknowledged in a reference.

Students are responsible for knowing and using the correct procedures for acknowledging and identifying sources of borrowed material. Failure to properly credit sources in all or part of work presented in draft or final form to anyone is plagiarism, regardless of whether it occurs as a result of dishonest intent or carelessness and regardless of the course credit attached to it. As a student scholar, if you:

- Quote directly from a source: you must enclose the quoted material, even if it is no more than a phrase or a single distinctive word (such as a neologism), within quotation marks, and provide a reference.
- Paraphrase, i.e., restate the material in your own words: (a) the paraphrasing must represent a substantial change from the original, not just the changing of occasional words and phrases, and (b) you must provide a reference.
- Present material that is common knowledge, but borrow someone else's organizational pattern: you must acknowledge that borrowing in a reference.