

**GLOBAL PUBLIC HEALTH (DWA & UEP 248), Fall 2017  
Tuesday and Thursday 10:05 – 11:30 am, MOSHER 2**

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 1201801”

**Required textbooks**

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

**Grading**

	<b>% of overall grade</b>	<b>Date</b>
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	Q1 9/14 Q2 9/28 Q3 10/31 Q4 11/30
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	10/17
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	11/14
Final exam This will be a comprehensive, in-class exam in multiple choice, short answer and essay format.	25	12/8 @ 8:30
Letter grades will be assigned according to the following scale: ≥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-; ≤49 F		

## Course schedule

Day	Date	Topic	Deliverable
		<b>GLOBAL HEALTH FUNDAMENTALS</b>	
Thu	8/31	Case study: cholera in Haiti. What is global health? Who does what in global health?	
Tue	9/5	Global burden of disease & Health transitions	
Thu	9/7	Metrics of health & disease	
Tue	9/12	Maternal and neonatal health	
Thu	9/14	Child undernutrition and mortality	<b>QUIZ #1</b>
Tue	9/19	Infectious disease	
Thu	9/21	Non-communicable disease	
Tue	9/26	Social theories relevant to global health, <i>Ippolytos Kalofonos via Skype</i>	
Thu	9/28	History of global health, part I: colonial medicine	<b>QUIZ #2</b>
Tue	10/3	History of global health, part II: health for all?	
Thu	10/5	History of global health, part III: The global AIDS response	<b>Mid-term paper: tables &amp; figure(s)</b>
Tue	10/10	NO CLASS, Fall Break	
		<b>GLOBAL HEALTH IN ACTION</b>	
		<i>Health Services and Health Services Research</i>	
Thu	10/12	Introduction to health systems & cross-national comparisons	
Tue	10/17	Community health workers	<b>MID-TERM PAPER</b>
Thu	10/19	Community responses to humanitarian health crisis in Burma, <i>Adam Richards</i>	
		<i>Global Health Programs</i>	
Tue	10/24	Introduction to programs in global health	
Thu	10/26	Behavior change programs to improve sanitation and hygiene	
Tue	10/31	Vitamin A supplementation programs, Part I: Research to Programs	<b>QUIZ #3</b>
Thu	11/2	Global reproductive health programs, <i>Melissa Withers</i>	
Tue	11/7	Vitamin A supplementation programs, Part II: Sustaining, Evaluating and Phasing-out Programs	
Thu	11/9	Funding global health: foreign aid & philanthropy	
		<i>Global Health Governance</i>	
Tue	11/14	The World Health Organization	<b>FINAL PAPER</b>
Thu	11/16	The Framework Convention on Tobacco Control, <i>Heather Wipfli</i>	
Tue	11/21	Debate	
Thu	11/23	NO CLASS, Thanksgiving	
Tue	11/28	The Trans-Pacific Partnership & health	
Thu	11/30	Noname activity	<b>QUIZ #4</b>
Tue	12/5	Re-cap course & final exam review	
Fri	12/8 8:30 am	<b>FINAL EXAM</b>	

## Readings

### 8/31, Introduction

RGH Preface, Ch 1

### 9/5, Demographic & epidemiologic transitions

#### 9/7, Metrics of health and disease

RGH Ch 8 (page 225 – 234)

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

Vallin & Mesle. Convergences and divergences in mortality. A new approach to health transition. Demo Research. (not required)

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

### 9/12, Maternal and neonatal health

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

### 9/14, Child undernutrition and mortality

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.

### 9/19, Infectious disease

### 9/21, Non-communicable disease

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.

### 9/26, 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

### 9/28, History of global health, colonial medicine

Current as of Aug 31 2017

RGH Ch 3

10/3, *History of global health, health for all?*

RGH Ch 4

10/5, *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.

10/10, *no class*

10/12, *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/>

10/17, *Community health workers*

10/19, *Community responses to the humanitarian health crisis in Burma, Adam Richards*

10/24, *Introduction to programs in global health*

10/26, *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

10/31, *Vitamin A supplementation programs*

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*.

11/2, *Global reproductive health programs, Mellissa Withers*

11/7, *Vitamin A supplementation programs, cont'd*

11/9, *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.

11/4, *The World Health Organization: from control of non-communicable disease to Ebola reponse*

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.

11/16, *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.

11/21, *Debate*

11/23, *no class*

11/28, *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

11/30, *Noname Acitivity*

12/5, *Wrap up course & final exam review*

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The Writing Center (located on the Ground Floor of the Academic Commons) offers students from all disciplines two types of support to work on their writing: peer-to-peer, drop-in consultations with knowledgeable Writing Advisers, Sunday through Thursday from 7:00-11:00 p.m., and appointments with Faculty Writing Specialists from the Writing and Rhetoric department. Information about the Writing Center and a link to the appointment system is on the WC website:

<https://www.oxy.edu/writing-center>.

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## 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.