

School of Population and Public Health
University of British Columbia

SPPH 300: Working in International Health

Course Syllabus

Course Description

- **Pre/co-requisites:** none. **Maximum enrolment:** 50
- **Term date:** January 6, 2020 - April 29, 2020
- **Course Materials:** No textbook is required for this course. All articles will be provided to you for review. Supplementary reading is also available for your own interest.

Sessions	Date	Time	Location
F2F#1	Wed Jan 15	08:00-11:00 PST	SPPH B151
F2F#2	Wed Feb 5	08:00-11:00 PST	SPPH B151
F2F#3	Wed March 18	08:00-11:00 PST	SPPH B151

Course Team		Office Hours	Email
Instructors	Prof. Jerry Spiegel	E-mail for appointment	jerry.spiegel@ubc.ca
	Prof. Annalee Yassi	E-mail for appointment	annalee.yassi@ubc.ca
Co-instructors	Dr. Ryan Hoskins	E-mail for appointment	ryan.hoskins@ubc.ca
	Dr. Prince A. Adu	E-mail for appointment	prince.adu@alumni.ubc.ca
Teaching Assistant	Dr Arnold Okpani	E-mail for appointment	arnold.okpani@alumni.ubc.ca

This course is designed for students that have done some work in the realm of global health or are contemplating doing such work. It seeks to prepare students to be **critical thinkers attuned to the ethical complexities** in this area, following closely the framework set up by the Canadian Coalition for Global Health Research (CCGHR).

Reading material will emphasize case studies to cover a range of important topics, and students will hear from health workers and researchers who have engaged in global health work during their careers. Topics to be introduced in the course – albeit very briefly - include the history of global health work; social determinants/determination of health; infectious diseases such as HIV, TB, malaria; maternal and infant health; non-communicable diseases such as cardiovascular disease, mental health and surgical needs; universal health coverage and health financing; pharmaceuticals and health research; the major institutions in global health; health of Indigenous peoples and other marginalized populations; as well as climate change and global health.

In addition to the online activity, there will be three face-to-face (F2F) sessions held on campus that are mandatory for student attendance.

The course assignments will comprise 1) three individual online discussion posts due at different times in the course; 2) a group project proposal – due at the end of the course; 3) a group presentation (at the final F2F session); and 4) a final exam.

The group projects are expected to analyze and propose an intervention addressing a health issue in a particular country or region. It is essential that students familiarize themselves with the CCGHR principles from an early stage in the course. These principles will serve as the primary lens taken in this course; they will serve as a point of reflection and will be subject to students' own reflection as this course navigates the various ideals and realities of global health today.

SUMMARY OF ASSESSMENT

Assignment	Description	Type	%	Due Date
Online Discussion #1	There will be "online discussions" at 3 points during the course – each consisting of a 200 -250-word initial post and a 100-150word response to a blog by someone else in the class. An instructor and/or teaching assistant will moderate the on-line discussion.	Individual	5	Fri Jan 31 at 11.59pm Mon Feb 3 at 11.59 pm
Online Discussion #2		Individual	5	Fri Feb 14 at 11.59 pm Mon Feb 17 at 11.59 pm
Online Discussion #3		Individual	5	Fri Feb 28 at 11.59 pm Mon March 2 at 11.59 pm
Written project	A group project "grant proposal" will be submitted	Group	20	April 8 at 11.59PST
Oral presentation	At F2F #3- your group will present its proposal (15 min).	Group	15	March 18 (F2F #3)
Final Exam	The exam will consist of short answers reflecting the core material presented by the speakers, as well as the principles, discussions and readings.	Individual	50	TBD
Total			100	

GRADING PRACTICES

Faculties, departments and schools reserve the right to scale grades in order to maintain equity among sections and conformity to University, faculty, department, or school norms. Students should therefore note that an unofficial grade given by an instructor might be changed by the faculty, department or school. Grades are not official until they appear on a student's academic record.

Grade Equivalents

A+	90-100%	B+	76-79%	C+	64-67%	D	50-54%
A	85-89%	B-	72-75%	C	60-63%	E	0-49%
A-	80-84%	B-	68-71%	C-	55-59%		

NOTE: Final course grades will not be rounded up (e.g. 93.5 % will be 93%).

ASSIGNMENT SUBMISSION

All assignment files must be submitted on Canvas in the format specified for each assignment. For group assignments, please elect one member of the group to serve as the group representative who will be responsible for submitting assignments on the group's behalf.

Late Assignments: Late assignments will receive a deduction of 10% of the maximum possible points for each day (24-hour period) they are submitted late, beginning on the date and time they are due. All timing is based on Pacific Standard Time, and assignment due dates are satellite set. To avoid late deductions, requests for extensions must be made by e-mail, including rationale, to the co instructor Prince Adu and copy the TA, 3 days prior to the deadline.

EXPECTATIONS FOR STUDENT AND INSTRUCTOR

Students are expected to fulfill the course objectives, assignments, and discussions in a timely manner, and to contact instructors proactively via course mail whenever help is needed. Prince Adu will be the first point of contact. E-mails will be responded to within 12hrs. Students should spend enough time on the background resources assigned in order to make the most of the face-to-face session. The instructors reserve the right to make changes to the course syllabus.

UNIVERSITY POLICIES

UBC provides resources to support student learning and to maintain healthy lifestyles but recognizes that sometimes crises arise and so there are additional resources to access including those for survivors of sexual violence. UBC values respect for the person and ideas of all members of the academic community. Harassment and discrimination are not tolerated nor is suppression of academic freedom. UBC provides appropriate accommodation for students with disabilities and for religious observances. UBC values academic honesty and students are expected to acknowledge the ideas generated by others and to uphold the highest academic standards in all of their actions. Details of the policies and how to access support are available on [the UBC Senate website](#)

Academic Integrity

The academic enterprise is founded on honesty, civility, and integrity. As members of this enterprise, all students are expected to know, understand, and follow the codes of conduct regarding academic integrity. At the most basic level, this means submitting only original work done by you and acknowledging all sources of information or ideas and attributing them to others as required. This also means you should not cheat, copy, or mislead others about what is your work. Violations of academic integrity (i.e., misconduct) lead to the breakdown of the academic enterprise, and therefore serious consequences arise, and harsh sanctions are imposed. For example, incidences of plagiarism or cheating may result in a mark of zero on the assignment or exam and more serious consequences may apply if the matter is referred to the President's Advisory Committee on Student Discipline. Careful records are kept in order to monitor and prevent recurrences. A more detailed description of academic integrity, including the University's policies and procedures, may be found in the Academic Calendar at <http://calendar.ubc.ca/vancouver/index.cfm?tree=3,54,111,0>.

IMPORTANT NOTES

Students are expected to know the following: (1) what constitutes plagiarism, (2) that plagiarism is a form of academic misconduct and (3) that such misconduct is subject to penalty. Please review the Student Discipline section of the UBC Calendar (available on-line at www.ubc.ca). Please also visit the UBC Plagiarism Resource Centre for Students (available on-line at ww.library.ubc.ca/home/plagiarism/).

References for assignments should be from reputable sources, as ability to critically assess evidence is important. Wikipedia is not considered an appropriate “source” – but could be mentioned to illustrate positions being presented on this popular platform.

INSTRUCTOR INFORMATION

Dr. Jerry Spiegel, MA MSc PhD

Dr Spiegel is a Professor in the School of Population and Public Health and co-director with Dr. Yassi of the Global Health Research Program, a WHO Collaborating Centre in Occupational and Environmental Health. He was the founding President of CCGHR and received the Canadian Public Health Association’s 2011 International Award. His research interests include the effects of globalization on health equity; an ecosystem approach; and the economic evaluation of interventions. He has led a range of research and capacity-building projects in Cuba, Ecuador and South Africa.

Dr. Annalee Yassi, MD, MSc, FRCPC

Dr. Yassi is also a Professor in the School of Population and Public Health at UBC and holds a Tier 1 Canada Research Chair in Global Health and Capacity Building. A medical specialist in both Public Health and Preventive Medicine as well as Occupational Medicine, Dr. Yassi has projects in Latin America and Southern Africa, focusing on the healthcare workplace, the mining sector, issues and methods in community-based health research and North-South partnerships. She is especially interested in ethics in global health research and transdisciplinarity, including the use of arts-based methods.

Dr. Ryan Hoskins, MD MPA, MSc, DipTMH

Dr. Ryan Hoskins is a Clinical Professor in Medicine at UBC. He mostly does emergency medicine in remote areas – BC, NWT and Nunavut. He trained in health economics at the London School of Economics, and in tropical medicine at the London School of Hygiene and Tropical Medicine. He has worked in Ethiopia, Kenya, Russia and Nicaragua. He thinks the economics and historical part of global health really needs to be explained better - which he has tried to do with journalism and podcasting. His focus area is in cardiovascular disease in low income countries - and snakebites.

Dr. Prince A. Adu MA, MPH, PhD

Dr Adu received his bachelor’s degree in Psychology from the University of Ghana and has MPH degree and a Master’s in International Development Studies, both from Ohio University, Athens. He received his PhD from UBC’s School of Population and Public Health and is currently a postdoctoral research fellow at BC Centre for Disease Control. He is passionate about global health and has worked in several countries. His current research examines the structural determinants of health in populations.

Teaching Assistant, Dr. Arnold Ikedichi Okpani, MB; BS, MSc

Arnold is a PhD candidate in the School of Population and Public Health, UBC. He received his medical degree from Ebonyi State University, Nigeria, and his Msc in Public Health in Developing Countries (now Public Health for Development) from the London School of Hygiene and Tropical Medicine, United Kingdom. He is a fellow of the International Program in Public Health Leadership of the Evans School of Public Policy and Governance of the University of Washington, Seattle. Arnold worked in primary health care systems development in Nigeria where he collaborated on a range of tasks that spanned maternal and child health, research, health information systems, advocacy and resource mobilization. He recently worked with the Centre for Health Economics in London on a multi-country research project focused on designing fit-for-purpose regulation for evolving health care systems. He is interested in the use of research evidence to support better priority-setting and resource use to improve lives in deprived communities.

COURSE SCHEDULE

Week	Learning Objectives	Activities
<p>Week 1 (from Jan 6)</p> <p>Introduction to Working in Global Health</p>	<p>To be familiar with the overview of course content, goals, and assessment.</p> <p>To understand the Canadian Coalition for Global Health Research (CCGHR) principles, as a lens to be taken throughout the course.</p> <p>To consider the complexity of some real-life challenges of global health in an international context and focus on ethical issues these imply.</p>	<p>Tasks to complete for this week:</p> <p>Watch welcome video from instructors [6mins]</p> <p>Introduce yourself on Canvas</p> <p>Start thinking about an area of interest for your project proposal (see assignment information section)</p> <p>Join the Q&A webinar on Thur Jan 9th from 7.00pm-8.00pm. Click here to join or dial in using +1-571-392-7651 PIN: 409 917 6644.</p> <p>Required Readings:</p> <ol style="list-style-type: none"> 1. Watch “Unseen Enemy” film (link provided on Canvas – access is restricted) [1h38mins] 2. Koplan, J. Bond C., Merson M. et al. (2009). Towards a common definition of global health. Lancet, 373 (9679), 1993-1995 [3 pages] 3. Canadian Coalition for Global Health Research. CCGHR Principles for Global Health Research [14 pages] 4. Yassi, A., Breilh, J., Dharamsi, S., Lockhart, K., & Spiegel, J. M. (2013). The ethics of ethics reviews in global health research: Case studies applying a new paradigm. J Acad Ethics, 11(2), 83-101. [19 pages] 5. American with no training podcast: https://www.npr.org/sections/goatsandsoda/2019/08/09/749005287/american-with-no-medical-training-ran-center-for-malnourished-ugandan-kids-105-d <p>Additional Readings:</p> <ol style="list-style-type: none"> 1. https://www.wickedproblems.com/1_wicked_problems.php 2. https://www.npr.org/sections/goatsandsoda/2019/03/27/656172038/is-it-time-to-rethink-the-fly-in-medical-mission 3. Petticrew, M., Tugwell, P., Welch, V., Ueffing, E., Kristjansson, E., Armstrong, R., ... & Waters, E. (2009). Better evidence about wicked issues in tackling health inequities. <i>Journal of public health</i>, 31(3), 453-456.

<p>Week 2</p> <p>F2F#1 (Wed. Jan 15)</p> <p>8.00am-11.00am</p> <p>Room B151, SPPH Building</p> <p>Working to address Global Health and its Determinants</p> <p>Panel with global health practitioners (Peter Berman, Gina Ogilvie, Prince Adu)</p>	<p>To be able to:</p> <ol style="list-style-type: none"> 1. Explain the CCGHR Principles and their implications for work in international health 2. Understand different meanings and perspectives on global health, international health, population and public health. 3. Define ‘social determinants of health’ and appreciate the ambiguities and debates surrounding this concept 4. Appreciate the scope of health issues and range of actors and stakeholders involved in international health 	<p>Tasks to Complete Prior to the Class Session:</p> <ol style="list-style-type: none"> 1. On Canvas choose area of interest for your project proposal (see assignment information section of the syllabus. Also, see F2F#1 schedule 2. Watch Hans Rosling’ video [20mins] <p>Required Readings During the Week:</p> <ol style="list-style-type: none"> 3. Pinto, A and Upshur R. (2013). “The context of global health ethics” In A. Pinto & R. Upshur (Eds.), An Introduction to Global Health Ethics. New York, NY: Routledge. [13pages] 4. World Health Organization. (2018). Randall Packard: Learning to learn from global history. DOI: 10.2471/BLT.18.030418 [2pages] 5. Johns Hopkins Bloomberg School of Public Health – Why we are named the Department of International Health [1 webpage page] 6. Islam MM. Social Determinants of Health and Related Inequalities: Confusion and Implications. Front Public Health. 2019;7:11. Published 2019 Feb 8. doi:10.3389/fpubh.2019.00011 [4pages] 7. Spiegel JM, Breilh J, Yassi A. Why language matters: Insights and challenges in applying a social determination of health approach in a North-South collaborative research program. <i>Globalization and Health</i>. 2015 11:9 [pp 1-5]; other pages are additional readings] <p>Additional Readings</p> <p>Birn, A. E. (2009). The stages of international (global) health: Histories of success or successes of history? <i>Global Public Health</i> 4(1):50-68.</p> <p>Marmot, M., Friel, S., Bell, R., Houweling, T. A., & Taylor, S. (2008). Closing the gap in a generation: health equity through action on the social determinants of health. <i>The Lancet</i>, 9650(372), 1661-1669.</p> <p>Birn, A. E. (2009). Making it politic (al): closing the gap in a generation: health equity through action on the social determinants of health. <i>Social Medicine</i>, 4(3), 166-182.</p> <p>Murray, C.J.L. (2015). Shifting to Sustainable Development Goals — Implications for Global Health. <i>N Engl J Med</i>. 373;15.</p>
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<p>Week 3 (from Jan 20)</p> <p>Global Burden of Disease in Transition</p>	<p>To be able to articulate an understanding of:</p> <ol style="list-style-type: none"> 1. current context of disease burden across the globe 2. theory of demographic transition, its relevance in different parts of the world 3. some basic appreciation of causes of mortality and morbidity as well as Disability Adjusted Life-Years (DALYs) (and the meaning of this term.) 	<p>Tasks for the week:</p> <ol style="list-style-type: none"> 1. Visit: https://vizhub.healthdata.org/gbd-compare/ <p>Required Readings:</p> <ol style="list-style-type: none"> 2. Institute for Health Metrics and Evaluation (IHME). Findings from the Global Burden of Disease Study 2017. Seattle, WA: IHME, 2018 [18pages] 3. The Economist. 2018. The epidemiological transition is now spreading to the emerging world [3 pages] <p>Additional readings</p> <p>Murray, C & Lopez A. (2013). Measuring the global burden of disease. <i>NEJM</i>, 369: 448-57. DOI: 10.1056/NEJMra1201534.</p> <p>Horton, R. (2012). GBD 2010: understanding disease, injury, and risk. <i>The Lancet</i>, 380(9859), 2053-2054.</p> <p>Watch video at Khan Academy. Demographic Transition [8mins video]</p>
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<p>Week 4 (from Jan 27)</p> <p>Communicable Diseases</p> <p>(Start thinking more deeply about partnerships and shared benefits)</p>	<p>To be able to:</p> <ol style="list-style-type: none"> 1. Understand the global response to HIV, and consider case studies of local response 2. Begin to appreciate the complexity of and importance of respectful partnerships 	<p>Tasks:</p> <p>Start working with your team on your project</p> <p><u>Discussion#1</u></p> <ol style="list-style-type: none"> 1. Discuss potential approaches you would apply for ensuring the shared benefits and the equitable distribution of those benefits among all sides of a partnership you in a topic of your choice (200-250-word limit). Due Fri Jan 31 at 11.59pm 2. Then post a response to a post by someone else in the class (100-150-word limit). Due Mon Feb 3 at 11.59 pm <p>Required Readings:</p> <ol style="list-style-type: none"> 1. Messac, L & K Pradu. (2013). Redefining the Possible: The Global AIDS Response. In P. Farmer, J. Kim, M Basilio et al. (Eds.). Reimagining Global Health: An Introduction. Los Angeles: University of California Press [22 pages] 2. Center for Global Development. Case study 2: Preventing HIV/AIDS and Sexually Transmitted Infections in Thailand [8pages] <p><u>Re Partnerships</u></p> <ol style="list-style-type: none"> 3. Boutilier, Z., Daibes, I. & Di Ruggiero, E. Global health research case studies: lessons from partnerships addressing health inequities. <i>BMC Int Health Hum Rights</i> 11, S2 (2011) doi:10.1186/1472-698X-11-S2-S2 [6 pages] 4. Zarowsky, C. Global health research, partnership, and equity: no more business-as-usual. <i>BMC Int Health Hum Rights</i> 11, S1 (2011) doi:10.1186/1472-698X-11-S2-S1 [2 pages] <p>Additional Readings:</p> <p>Brandt. A.M. (2013) How AIDS Invented Global Health. <i>New England Journal of Medicine</i> 368(23): 2149-2152. https://www.globalhealthdelivery.org/files/ghd/files/ghdc10_clinical_disease_background_note_1.pdf</p>
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<p>Week 5</p> <p>F2F#2 (Wed. Feb 5)</p> <p>8.00-11.00am</p> <p>Room B151, SPPH Building Partnerships</p> <p>Health as a Human Right</p> <p>Impact of global systems on health</p>	<ol style="list-style-type: none"> 1. Deepen an appreciation of the implications of partnerships and shared benefits, as well as the other CCGHR principles (including root causes) 2. Understand the evolution of health as a human right. 3. Consider diverse motivations for global health funding, including security and economic development 4. Acquire a sensitivity to the root causes of health inequities. 	<p>Tasks:</p> <p>See F2F#2 Schedule Watch Neoliberalism as a water balloon [12min]</p> <p>Required Readings</p> <ol style="list-style-type: none"> 1. Yassi A, Zungu M, Kistnasamy B, Spiegel JM, Lockhart K, Jones D, Nophale L, O’Hara LM, Bryce EA, Darwin L. (2016) Protecting health workers from infectious disease transmission: An exploration of a Canadian-South African partnership of partnerships. <i>Globalization and Health</i>, 12: 10. [15pages] 2. Forman L and Nixon S. (2013). “Human Rights Discourse within global health ethics.” In A Pinto and R Upshur (Eds.), <i>An Introduction to Global Health Ethics</i>. New York, NY: Routledge. [11pages] 3. Feldbaum H, Lee K, Michaud J (2010). <i>Global Health and Foreign Policy</i>. <i>Epidemiological Reviews</i> [11pages] 4. World Health Organization (2001). A summary of the findings of the Commission on Macroeconomics and Health. pp 1-2 [rest is additional reading] [2 pages] <p>Additional Readings</p> <p>Labonté, R., & Gagnon, M. L. (2010). Framing health and foreign policy: lessons for global health diplomacy. <i>Globalization and health</i>, 6(1), 14</p> <p>Spiegel, J.M. and A. Yassi. (2004). "Lessons from the Margins of Globalization: Appreciating the Cuba Health Paradox." <i>Journal of Public Health Policy</i> 25(1): 96-121.</p> <p>World Health Organization. (2007). Human Rights and Health. Retrieved at http://www.who.int/mediacentre/factsheets/fs323/en/</p> <p>United Nations High Commissioner for Refugees & World Health Organization. The Right to Health: Fact Sheet Number 31. Retrieved at http://www.ohchr.org/Documents/Publications/Factsheet31.pdf</p>
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<p>Week 6 (from Feb 10) NCDs: Cardiovascular disease, surgery, mental health</p>	<ol style="list-style-type: none"> 1. Consider the implications of rising non-communicable diseases in low and middle-income countries. 2. Examine case studies of local response with respect to NCDs 	<p>Tasks: Continue working with your team on your project</p> <p>Discussion #2</p> <ol style="list-style-type: none"> 1. Following from Online Discussion 1, indicate ways of promoting genuine participation by all impacted by a health issue of your choice, promoting the involvement and participation of people who are historically marginalized (e.g., because of their race, class, sex, ability, religion, sexual identity, Indigeneity, etc.). (200-250-word limit). Due Fri Feb 14 at 11.59 pm 2. Then post a response to a post by someone else in the class (100-150-word limit). Due Mon Feb 17 at 11.59 pm <p>Required Readings:</p> <ol style="list-style-type: none"> 1. Chow, C. K. and R. Gupta (2019). "Blood pressure control: a challenge to global health systems." <i>The Lancet</i> 394(10199): 613-615 [3pages] 2. Frankish, H., et al. (2018). "Mental health for all: a global goal." <i>The Lancet</i> 392(10157): 1493-1494. [2 pages] 3. NPR podcast: A Place Where The Opioid Problem Is Upside Down.(2019) [6mins] 4. Huber, B. (2015). "Finding surgery's place on the global health agenda." <i>The Lancet</i> 385(9980): 1821-1822. [2 pages] 5. de-Graft Aikins, A., Unwin, N., Agyemang, C. et al. Tackling Africa's chronic disease burden: from the local to the global. <i>Global Health</i> 6, 5 (2010) doi:10.1186/1744-8603-6-5 <p>Additional Reading: Ebrahim S Smeeth L (2005). Non-communicable Diseases in Low and Middle-Income Countries: A Priority or a Distraction? <i>International Journal of Epidemiology</i> 34: 961</p>
<p>Week 7 (from Feb 17)</p>	<p>READING WEEK</p>	

<p>Week 8 (from Feb 24) Maternal and Reproductive Health</p>	<ol style="list-style-type: none"> 1. Review the achievements and ongoing challenges of maternal and reproductive health. 2. Examine case studies in local responses to these issues. 	<p>Tasks: Continue working with your team on your project</p> <p><u>Discussion #3</u></p> <ol style="list-style-type: none"> 1. Following from Online Discussion 2, discuss challenges you may encounter in developing sustainable project proposals for the health issue of your choice. Suggest ways to mitigate some of these anticipated challenges (200-250-word limit). Due Fri Feb 28 at 11.59 pm 2. Then post a response to a post by someone else in the class (100-150-word limit). Due Mon March 2 at 11.59 pm <p>Required Readings: Bhutta, Z.A. & Black, R.E. (2013). Global maternal, newborn, and child health - so near and yet so far. <i>N Engl J Med</i>, 369:2226-2235 [10pages] McArthur John W, Rasmussen Krista, Yamey Gavin. How many lives are at stake? Assessing 2030 sustainable development goal trajectories for maternal and child health <i>BMJ</i> 2018; 360 :k373 [9pages]</p>
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<p>Week 9 (from Mar 2)</p> <p>Universal Health Coverage and Health Human Resources</p>	<ol style="list-style-type: none"> 1. Define universal health coverage (UHC) and consider the challenges and opportunities it presents 2. Explore the role of community health workers and their impact in different health contexts 3. Understand the drivers and mitigation of the brain drain in global health 	<p>Tasks:</p> <p>Continue working with your team on your project. No assignment is due this week ☺</p> <p>Required Readings:</p> <ol style="list-style-type: none"> 1. The Economist (2018) Universal health care, worldwide, is within reach 2. Jamison et al (2013). Global health 2035: a world converging within a generation, <i>The Lancet</i>, 382: 1898–955. (only Summary and Intro) [4pages] 3. Global Health Watch 5 Chapter B1: <i>Universal Health Coverage: Only about financial protection?</i> pp.73-95. [22 pages] 4. Singh, P. & Chokshi, D.A. (2013). Community health workers--a local solution to a global problem. <i>N Engl J Med</i>. 369(10):894-6. [3 pages] 5. Cometto G, Tulenko K, Muula AS, Krech R (2013) Health Workforce Brain Drain: From Denouncing the Challenge to Solving the Problem. <i>PLoS Med</i> 10(9): e1001514. [2pages] <p>Additional Reading</p> <p>Sturchio J, Goel A (2012). The Private-Sector Role in Public Health: Reflections on the New Global Architecture in Health. CSIS Report, January 2012. http://csis.org/files/publication/120131_Sturchio_PrivateSectorRole_Web.pdf https://healthcareinamerica.us/the-doctor-surge-in-ethiopia-f3011662376a An examination of the controversial way in which Ethiopia dealt with the brain drain</p>
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<p>Week 10 (from Mar 9)</p> <p>Pharmaceuticals, Global Health Research and Trade</p>	<ol style="list-style-type: none"> 1. Consider reasons for the shortages in pharmaceuticals, and the 10/90 gap in research for diseases of low-income countries. 2. Critique trade agreements for their impact on health, including tobacco and sugar 	<p>Tasks:</p> <p>Continue working with your team on your project. No assignment is due this week ☺</p> <p>Required Readings:</p> <ol style="list-style-type: none"> 1. Wilson P (2010). Giving developing countries the best shot: An overview of vaccine access and R&D - introduction. Oxfam and MSF Report, April 2010. [4pages] 2. Kollewe, J. Non-profit's \$300 hepatitis C cure as effective as \$84,000 alternative. Guardian. Accessed December 5, 2019 3. Stuckler D, et al (2012). Manufacturing Epidemics: The Role of Global Producers in Increased Consumption of Unhealthy Commodities Including Processed Foods, Alcohol, and Tobacco. <i>PLoS Medicine</i> Vol 9(6) [12pages] <p>Additional Reading</p> <p>Attaran, Amir and Gillespie-White, Lee, Do Patents for Antiretroviral Drugs Constrain Access to Aids Treatment in Africa? (August 3, 2010). <i>Journal of the American Medical Association</i>, Vol. 286, pp. 1886-1892. Available at SSRN: https://ssrn.com/abstract=350080</p>
<p>Week 11</p> <p>F2F#3 (Wed. Mar 18)</p> <p>Room B151, SPPH Building</p> <p>Presentations Summary of key concepts to date</p>		<p>Tasks:</p> <p>Final oral presentations due. See F2F#3 Schedule for details.</p>

<p>Week 12 (from Mar 23)</p> <p>Indigenous Health and Impact of Colonialism</p>	<p>Understand the unique challenges in health faced by Indigenous peoples and other minorities across the globe</p>	<p>Tasks:</p> <p>Continue working with your team on your proposal. No assignment is due this week</p> <p>Required Readings</p> <ol style="list-style-type: none"> 1. Stephens, C., et al. (2005). "Indigenous peoples' health; why are they behind everyone, everywhere?" <i>The Lancet</i> 366 (9479): 10-13. [2pages] 2. Gracey, M., & King, M. (2009). Indigenous health part 1: determinants and disease patterns. <i>The Lancet</i>, 374(9683), 65-75. [10pages] <p>Additional Reading</p> <p>King, M., Smith, A., & Gracey, M. (2009). Indigenous health part 2: the underlying causes of the health gap. <i>The lancet</i>, 374(9683), 76-85</p>
<p>Week 13 (from Mar 30)</p> <p>Climate Change and Global Health</p>	<p>Consider the impact the climate change is having on health</p>	<p>Tasks:</p> <p>Continue working with your team on your proposal. No assignment is due this week</p> <p>Required Readings:</p> <ol style="list-style-type: none"> 1. WHO (2018) Climate Change and health [4 page] 2. Ted Talk: Courtney Howard Healthy Planet, Healthy People [16min video]
<p>Week 14 (from April 6)</p> <p>(Finish proposals)</p>		<p>Tasks:</p> <p>Written Proposal due April 8 at 11.59PST</p>

F2F Schedule

F2F #1 Wed Jan 15

SPPH B151

8.00-8:30

- Introduction to key concepts in the course & social determination of health– Jerry Spiegel

8:40- 9:00

- Introduction to the global burden of disease – Ryan Hoskins

9:00 -9:15

- Introduction to the CCGHR principles and partnership models - Annalee Yassi

9.15-9.30 Break

9.30-10.00 Experiences and Lessons in Working in International Health I: (principles)

- Panel of Drs. Peter Berman, Gina Ogilvie and Prince Adu

10.00-10.45 Group forming and discussion

10.45-11.00 Q& A about the course and assignments – Prince Adu and Instructor team

F2F #2 Wed Feb 5

SPPH B151

8.00-8.30

- Reflection, Q&A- Instructor Team

8.30-9.15 Experiences and Lessons in Working in International Health II (focus on partnerships)

- Simona Powell, Dr. Angela McIntyre, Dr. Patricia Spittal

9.15-9.30 Break

9.30-10.45 Teamwork

10.45-11.00 Closing remarks

F2F #3 Wed March 18

SPPH B151

8.00-8.15 Introduction and Q&A- Instructor Team

8.15—10:30 Group presentations

10.30-11.00 Review of key concepts and closing remarks

ASSIGNMENT INFORMATION

ONLINE DISCUSSION 1-3 (5% each)

There will be “online discussions” at 3 points during the course- each consisting of a 200 -250-word initial post and a 100-150word response to a blog by someone else in the class. An instructor and/or teaching assistant will moderate the on-line discussion.

1. 5% each

- **Discussion #1**

1. Discuss potential approaches you would apply for ensuring the shared benefits and the equitable distribution of those benefits among all sides of a partnership you would establish for your proposal (200-250-word limit). **Due Fri Jan 31 at 11.59pm**
2. Then post a response to a post by someone else in the class (100-150-word limit). **Due Mon Feb 3 at 11.59 pm**

- **Discussion #2**

1. Following from Online Discussion 1, indicate ways of promoting genuine participation by all impacted by your health issue, promoting the involvement and participation of people who are historically marginalized (e.g., because of their race, class, sex, ability, religion, sexual identity, Indigeneity, etc.). (200-250-word limit). **Due Fri Feb 14 at 11.59 pm**
2. Then post a response to a post by someone else in the class (100-150-word limit). **Due Mon Feb 17 at 11.59 pm**

- **Discussion #3**

1. Following from Online Discussion 2, discuss challenges you may encounter in developing sustainable project proposals for your health issue. Suggest ways to mitigate some of these anticipated challenges (200-250-word limit). **Due Fri Feb 28 at 11.59 pm**
2. Then post a response to a post by someone else in the class (100-150-word limit). **Due Mon March 2 at 11.59 pm**

RUBRIC

Initial Post: 3% (scored out of 6 points)

	2	0
Relevance	Thoughtful discussion relevant to the question topic	Discussion has little or no relevance to the question/topic
Content and/or argument	States a clearly defined set of actions or supports a position and provides evidence for the argument. Advances innovative ideas.	No clear actions articulated, or substantive support of a position provided. Ideas are superficial and do not reflect a great deal of thinking about the question.
Word count and reference	Adheres to the word count guideline and provides at least 2 credible references to support the argument.	Does not adhere to the word count nor provide credible and relevant references.

Response to a Peer: 2% (scored out of 4 points)

	2	0
Relevance and Content	Thoughtful follow-up of classmate's post. Provides additional perspective, either agreeing or disagreeing with support for position.	No substantive response. Restatement of original with minimal unique thoughts or additional support for agreeing or disagreeing.
Word count and reference	Adheres to the word count and provides at least one credible reference to support claim.	Does not adhere to the word count nor provide credible reference/s.

WRITTEN PROJECT PROPOSAL (20%)

For this assignment, one of the following areas of interest will be chosen by your group and your group will submit a proposal to address a global health problem identified by the group.

1. Communicable diseases, tropical medicine, infectious disease transmission
2. Women and child health (neonatal, maternal and postnatal care), reproductive health, gender-based violence, prison health
3. Non-communicable diseases, wellbeing, lifestyle, healthy eating, physical activity, social isolation, importance of trade, climate change/environmental concerns, globalization, development, security
4. Health systems, access to care, capacity building, Human Resources (health workers, medical personnel, etc.)
5. Addiction, substance use, smoking, mental health and homelessness

The following template is recommended.

Formatting: 10-12 pages, 12 Times New Roman; double spacing; abstract, references & appendices not included in page count

TEMPLATE FOR PROJECT PROPOSAL

Title Page: Optional

Project title: _____

ABSTRACT (300 words)

Background/Situation

1. Set out essential information introducing the issue you will address
2. Identify the specific context(s) for what you will address

Objective/s

Briefly state your project objective/s

Method/Activities

Clearly identify what you propose to do and highlights of how this will be achieved

Briefly summarize who will be involved and processes for engagement

Expected results/findings

Identify any effects, outputs, outcomes and impacts that you expect will be produced

Identify what additional knowledge you intend to learn from the project

Discussion

Anticipated relevance and implications in general

Identify any knowledge exchange needed to achieve intended impacts and/or outcomes

FULL PROPOSAL

BACKGROUND/SITUATION

Health concern being addressed

- What is the health concern?
- What is the extent and strength of the evidence in general about this health issue - and in your chosen context?
- What are gaps in knowledge

What contributes to the health concern?

- What determinants or risk factors are involved & what processes generate this?

What is being done about your identified areas of concern?

- What approaches to address such concerns have been or are being pursued? Who is doing what & where (characteristics of what is being pursued & evidence?)
- What is the extent and strength of the evidence of the effectiveness of approaches?
- What are gaps in knowledge (e.g. approaches that have limited attention)

Any other key background for your project

YOUR OBJECTIVE IN UNDERTAKING THE PROJECT

- Provide a clear statement of what you hope to achieve
- Specify your *scale* of focus (local / community? national; global?)

METHODS (Inputs & Activities)

(For a proposal - this is a key section)

Summary of process followed to prepare proposal

Methods you propose applying

- Provide a description of the specific methods you propose pursuing to reach your objective
- Discuss implications related to the feasibility of your approach

How will you analyze (evaluate) any observed findings?

- What specific techniques will you apply?
- What processes (including for knowledge exchange) will you pursue?
- [*Knowing how we will analyze findings in turn sets out how we make sure we collect the right information in the first place.*]

EXPECTED FINDINGS (Outputs & any links to Outcomes & Impacts)

Specific effects, outputs or impacts that you expect will be produced

- General introduction of the scope of what you see to be produced
- Each identified set of effects, outputs or impacts can serve as a subsection

DISCUSSION (Implications for further Outcomes & Impacts)

Reflect on the relevance and insights to be gained

- Discuss substantive implications of the initiative you wish to pursue
- Identify any knowledge exchange needed to achieve intended impacts and/or outcomes – and sustainability

Consider implications for different scales (e.g. if focused domestically - what considerations for applying internationally; if focused internationally - what considerations for applying domestically)

Marking rubric for written proposal
Marking rubric for written proposal

CRITERIA	No mark (Poor)	Full mark (excellent)	Mark Awarded
Abstract/Summary	The abstract is poorly written, and information contained in it does not reflect the information in the main body of the proposal. Does not follow the format including word count restriction.	The abstract is well written and captures all the essential components of the proposal. Follows the format including word count restriction	/10
Content/Argument	Poorly addresses the issues referred in the proposed topic. The provided information is not necessary or not sufficient to discuss these issues.	Addresses with an exhaustive analysis all the issues referred in the project statements. The provided information is necessary and sufficient to discuss these issues, and a strong and convincing argument is made. All elements of the topics are addressed. The information is technically sound Information based on careful research	/20
Quality of writing	The proposal is not well written, and contains many spelling errors, and/or grammar errors and/or of English errors. The proposal is badly organized, lacks clarity and/or does not present ideas in a coherent way. Does not make use of credible references. Improper citation and references	The proposal is extremely well written from start to finish, without spelling, grammar or use of English errors. The proposal is well organized, clear and presents ideas in a coherent and compelling way. The arguments in the proposal are backed with credible evidence/sources that are appropriately cited.	/15
Feasibility and innovativeness	Does not balance feasibility and innovativeness. The project is not feasible. The ideas contained in the proposal are far-fetched	The proposed project is feasible. The proposed activities are practical and innovative.	/15
Comments			/60

ORAL PRESENTATION (15%)

CRITERIA	No mark (Poor)	Full mark (excellent)	Mark Awarded
Content	The presentation was only a brief look at the problem. Majority of information irrelevant and significant points left out.	The presentation contained all the basic components of the proposal	/20
Comprehension	Presenter/s didn't seem to understand the topic. Majority of questions not adequately answered.	Extensive knowledge of the application of the CCGHR was demonstrated. Presenter(s) showed complete understanding of assignment. Accurately answered all questions posed.	/10
Presentation Skill	Presenters spoke too quickly or quietly making it difficult to understand. Presentation went beyond the time allotted. Discussion was not stimulated/conducted.	Regular/constant eye contact. Appropriate speaking volume. Presentation was within the time allotted. Discussion was well stimulated/conducted.	/10
Comments			/50

At F2F #3- your group will present its proposal (15 min)/ split into two rooms for presenting

FINAL EXAM (50%)

The exam will consist of short answers reflecting the core material presented by the speakers, as well as the principles, discussions and readings. (See sample questions and responses)