

## SPPH 581K DL3: Practical Knowledge and Skills for Working in Global Health

### Course Syllabus

- **Maximum enrolment:** 25
- **Course Duration :** Mon May 11, 2020 – Sun June 28, 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.

Course Team		Office Hours	Phone	Email
<b>SPPH core team</b>				
Lead Instructor	Jerry Spiegel	E-mail for appointment	604-764-1682 (cell)	<a href="mailto:jerry.spiegel@ubc.ca">jerry.spiegel@ubc.ca</a>
Co-lead	Prince Adu	By appointment or e-mail at anytime	778 984 9498 (cell)	<a href="mailto:prince.adu@alumni.ubc.ca">prince.adu@alumni.ubc.ca</a>
Co-lead	Annalee Yassi	By appointment or e-mail at anytime		<a href="mailto:annalee.yassi@ubc.ca">annalee.yassi@ubc.ca</a>
Teaching Assistant	TBA			

#### PRE-REQUISITES:

None, but as this is a graduate-level course, permission from the course instructor is required for upper year undergraduate students who wish to enroll.

#### COURSE OVERVIEW

This course is intended to introduce students to important practical skills and attitudes required in the field of global health. The course will cover planning, delivery, evaluation and sustainability of various projects and programs in low and middle-income countries, emphasizing “big picture” issues related to North-South partnerships including ethical issues and the impact of real-world global economic and political forces on the success and sustainability of global health interventions. [The principles](#) developed by the [Canadian Coalition for Global Health Research](#) (CCGHR) will figure prominently, and it is intended that in years when BCCI is offering its summer institutes, this course be made available for course credit to interested students across BC, to strengthen a local “community of practice” in global health and provide students access to faculty members across the universities in the province.

Over the course of the term, students will work in teams to draft proposals for a specific global health project of their choice; indeed, a large component of the course will relate to the proposals being drafted, and how the CCGHR Principles for Global Health Research are integrated into this. There will also be several “Lessons Learned” presentations by experienced global health practitioners, who will discuss their personal experiences working in global health with an emphasis on case studies and lessons learned in the field, applying the CCGHR principles.

While SPPH581K does not focus on the specifics of research methodology, we would like you to pay particular attention to setting specific knowledge objectives (as “producers” or “users” of research) as a part of what you hope to achieve through your projects (regardless of whether you frame this as primarily being “research”, “service” or “capacity-strengthening”).

## LEARNING GOALS & OBJECTIVES

SPPH 581K DL3 introduces and critically examines attitudes necessary for working in the field of global health. Special attention will be paid to the ethical implementation of frontline projects in the world's least developed countries. Using logic models in formulating proposal will also figure prominently as a way to systematically introduce, conduct and evaluate initiatives.

The following areas will be delineated and discussed:

- Multi-scalar understanding of global health issues – micro (individual), meso (organizational) and macro level (societal level): (CCGHR principle: *addressing root causes of inequities*)
- Ethical issues (including CCGHR principles: *inclusion*),
- Scale up and sustainability (incl. CCGHR principle: *commitment to the future*), and the impact of the climate crisis.
- Community engagement (incl. CCGHR principles: *shared benefits* and *authentic partnerships*)
- Cultural sensitivity, diplomacy, advocacy (including CCGHR principle: *humility*). Issues related to Indigenous rights will also be discussed.

## COURSE STRUCTURE

This course was planned as a blended course but is offered fully online with 3 *online meetings* throughout the term. It is necessary to participate fully in all parts of this course to successfully achieve the learning objectives.

During the online meetings experienced global health practitioners will discuss their projects, provide practical insight and relate valuable lessons learned in the field. During these sessions, small group discussions and class participation will provide a forum to apply the concepts to projects of the student's choice and to pursue new ideas.

## 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%)

## SUMMARY OF ASSESSMENT

Assignment	Description	Type	%	Due Date
Assign #1	Online Discussion #1	Individual	10	Fri May 15 & Mon May 18
Assign #2	Oral presentation of a global health “wicked problem” that you would potentially like to help tackle/ address/ solve & suggested approach(es)	Individual	10	Thur May 28
Assign #3	Application of the CCGHR principles (to a “wicked” problem)	Individual	20	Sun June 7, 2019
Assign #4	Online Discussion #2	Individual	10	Fri June 12 & Mon June 15
Assign #5	Final project presentation	Group	20	Thur June 25
Assign #6	Project Proposal	Group	30	Sun June 28
<b>Total</b>			<b>100</b>	

### 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 leader 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 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. Dr. Prince Adu will be the first point of contact. E-mails will be responded to within 24hrs. Students will be expected to use the Discussion Forum on Canvas (the course website) to share knowledge, seek feedback from fellow students as well as instructors on their ideas, project topics and other aspects of the course. 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>.

### **INSTRUCTOR INFORMATION**

**Lead Instructor: Dr. Jerry Spiegel, (UBC)** 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, was 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.

**Co-Instructor: ANNALEE YASSI, MD, MSc, FRCPC (UBC)**

Dr. Annalee Yassi is 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 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, 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.

**Co-Instructor: PRINCE A. ADU, MA, MPH, PhD** at UBC's School of Population and Public Health and the BC Centre for Disease Control, 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; and his PhD from UBC. His current research examines the structural determinants of health in populations.

## **CONTRIBUTING FACULTY**

### ***BARBARA ASTLE, PhD, RN (Trinity Western University)***

Dr. Barb Astle, Associate Professor of Nursing, and Director for the Centre of Equity and Global Engagement at TWU, focuses on global health equity, social justice and global health education (including competencies and partnerships). She co-authored the book “Research Literacy for Health and Community Practice” (2017), is a contributor and editor for the Consortium of Universities in Global Health Global Health Education Competencies Tool Kit (2019) and was Past Chair of the Canadian Society for International Health (CSIH) in 2009 – 2012.

### ***KATE TAIRYAN, MD, MPH (Simon Fraser University)***

Dr. Tairyan, senior lecturer at SFU with a medical degree in preventive medicine and health management, obtained her MPH in Global Health Leadership, and has worked for the Ministry of Health of Armenia, as well as projects with WHO, World Bank, UNDP, OXFAM and other organizations on health policy development and poverty reduction. Her research focuses on online distribution of health sciences education, particularly global dissemination of high-quality public health education using computer-assisted technologies and local mentorship.

**Dr. Angela McIntyre** recently received her PhD from University of Pretoria. Angela has Cree, Scottish and German heritage and has been living on the traditional territories of Cowichan, Tsawout and Saanich Peoples (Salt Spring Island). She is currently a post-doctoral researcher at UBC’s SPPH and Institute for Resources, Environment and Sustainability (IRES). With an academic background in anthropology, public health and rural development, Angela came to work in Indigenous health in British Columbia in 2017, with over 20 years of policy, program and research experience in the fields of post-conflict peace-building, community development and global health in sub-Saharan Africa. She recently left her position as a health promotion specialist at First Nations Health Authority to pursue research on Indigenous food sovereignty and public health.

**Dr. Vic Neufeld (University of Victoria)**, a physician and educator who has held academic leadership positions for over 25 years, has advised various international agencies and institutions and serves as Special Advisor to the Canadian Coalition for Global Health Research (CCGHR), an organization of which he was the founding National Coordinator. His interests include capacity development with a special interest in strengthening national health research systems and promoting a stronger role for Canada in health research in low and middle-income countries.

**Dr. John Calvert (SFU)**, a political scientist with a specialization in public policy, obtained a PhD from the London School of Economics; his research interests include: Canadian public policy and the health impacts of international trade agreements, climate change and occupational health and safety.

**Dr. Katrina Plamondon (UBC-O)**, an Adjunct Professor, UBC (O), and Interior Health, is a researcher, educator-facilitator, and leader in the fields of integrated knowledge translation, rural and remote health, and global health. She engages with researchers, decision makers, and practitioners across health systems and in community settings-both in Canada and in partner countries. She was the principal investigator for the series of studies that culminated in the CCGHR Principles for Global Health Research, and, with 15 years of involvement in the CCGHR, currently serves as chair for the University Advisory Council. Katrina brings a strong equity lens to this course.

## SCHEDULE FOR ONLINE MEETINGS

### Meeting #1 Thursday May 21, 2020

- 9:00-9:10 Welcome note: Jerry Spiegel
- 9:10-9:25 Intro to CCGHR Principles: Katrina
- 9:30-12.00 Wicked problem presentation [2 concurrent sessions: 15minsX10=2h30min]
- 12.00 Introduce Logic Framework Approach / closing remarks: Jerry Spiegel

### Meeting #2 Thursday June 4, 2020

- 9:00-9:15 Welcome note: Jerry Spiegel
- 9.15-11.40 Lessons Learned Presentations
  - ❖ 9:15-10.00 Trade Agreements: John Calvert
  - ❖ 10.00-10.30 Barb Astle
  - ❖ 10.30-10.40 Break
  - ❖ 10.40-11.10 Kate Tairyan
  - ❖ 11.10-11.40 Vic Neufeld?
- 11.40-12.00 Discussion on progress in developing proposals / Closing Remarks

### Meeting #3 Thursday June 25, 2020

- 9:00-9:15 Welcome note: Jerry Spiegel
- 9.15-9.45 Annalee Yassi
- 9.45- 9.55 Break
- 9:55-11:15 Final Project proposal presentation (20mins X 4 presentations)
- 11.15-12.00 Dr. Angela McIntyre on Indigenous health
- 12.00 Final note Instructor Team

## Course Calendar

Date & Theme	Objectives	To Do
<p><b>Week 1 (from May 11)</b></p> <p>Introduction to the course and CCGHR Principles</p>	<p>To be able to:</p> <ul style="list-style-type: none"> <li>- articulate understandings of terms: population health, public health, global health, collective health; health equity</li> <li>- help shape the course, your own learning, and the learning of others</li> </ul>	<p><b>Tasks:</b></p> <ol style="list-style-type: none"> <li>1. Introduce yourself on Canvas</li> <li>2. Start thinking about an area of interest for your project proposal (see assignment information section)</li> </ol> <p><b>Assignments due this week:</b> None</p> <p><b>Required readings:</b></p> <ol style="list-style-type: none"> <li>1. Canadian Coalition for Global Health Research. <a href="#">CCGHR Principles for Global Health Research</a> [14 pages]</li> <li>2. Koplan, J. Bond C., Merson M. et al. (2009). <a href="#">Towards a common definition of global health. Lancet, 373 (9679), 1993-1995</a> [3pages]</li> <li>3. <a href="#">CCGHR principles video</a> by Katrina Plamondon [19mins]</li> </ol>
<p><b>Week 2 (from May 18)</b></p> <p>Health equity</p>	<p>To be able to:</p> <ul style="list-style-type: none"> <li>- discuss social determinants of health and social determination</li> <li>- understand what is meant by micro-meso-macro analysis of health issues</li> <li>- begin to appreciate the impact of colonialism on Indigenous peoples</li> </ul>	<p><b>Tasks:</b></p> <ol style="list-style-type: none"> <li>1. Choose group/choose an area of interest on Canvas</li> </ol> <p><b>Assignments due this week:</b></p> <ol style="list-style-type: none"> <li>1. <a href="#">Online Discussion #1 (Individual)</a>. Due Fri May 22<sup>nd</sup> (Initial Post) &amp; Mon May 25<sup>th</sup> (Response to Peer)</li> </ol> <p><b>Required readings:</b></p> <ol style="list-style-type: none"> <li>1. Spiegel JM, Breilh J, Yassi A. <a href="#">Why language matters: Insights and challenges in applying a social determination of health approach in a North-South collaborative research program</a>. <i>Globalization and Health</i>. 2015 11:9 [14pages]</li> <li>2. Marmot, M., Friel, S., Bell, R., Houweling, T. A., &amp; Taylor, S. (2008). <a href="#">Closing the gap in a generation: health equity through action on the social determinants of health</a>. <i>The Lancet</i>, 9650(372), 1661-1669. [8pages]</li> <li>Stephens, C., et al. (2005). "<a href="#">Indigenous peoples' health; why are they behind everyone, everywhere?</a>" <i>The Lancet</i> 366 (9479): 10-13. [2pages]</li> </ol>

<p><b>Week 3 (from May 25)</b></p> <p>Wicked problems and sustainability</p> <p>Online Meeting #1 Thur May 28</p>	<p>To be able to:</p> <ul style="list-style-type: none"> <li>- To understand and identify wicked problems</li> <li>- Discuss the concept of a "wicked problem" by identifying complexities</li> <li>- Identify optional strategies / approaches for responding to "wicked problem" challenges</li> <li>- Consider how to apply a Logical Framework Analysis</li> <li>- Appreciate the impact of the climate crisis</li> </ul>	<p><b>Tasks:</b></p> <ol style="list-style-type: none"> <li>1. See Online Meeting #1 schedule</li> </ol> <p><b>Assignments due this week:</b></p> <ol style="list-style-type: none"> <li>1. Oral presentation of wicked problem Due May 28</li> </ol> <p><b>Required readings:</b></p> <ol style="list-style-type: none"> <li>1. Petticrew, M., Tugwell, P., Welch, V., Ueffing, E., Kristjansson, E., Armstrong, R., ... &amp; Waters, E. (2009). <a href="#">Better evidence about wicked issues in tackling health inequities</a>. <i>Journal of public health</i>, 31(3), 453-456. [9 pages]</li> <li>2. Birn, A. E. (2009). <a href="#">The stages of international (global) health: Histories of success or successes of history?</a> <i>Global Public Health</i> 4(1):50-68 [7pages]</li> <li>3. Nixon, S. A., Lee, K., Bhutta, Z. A., Blanchard, J., Haddad, S., Hoffman, S. J., &amp; Tugwell, P. (2018). Canada's global health role: supporting equity and global citizenship as a middle power. <i>The Lancet</i>, 391(10131), 1736-1748. [10pages]</li> <li>4. WHO (2018) <a href="#">Climate Change and health</a> [5 page]</li> <li>5. Golini, R., Corti, B. &amp; Landoni, P. More efficient project execution and evaluation with logical framework and project cycle management: evidence from international development projects. <i>Impact Assessment and Project Appraisal</i> 35.2 (2017): 128-138.</li> </ol>
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<p><b>Week 4 (from June 1)</b></p> <p>Partnerships</p>	<p>To be able to:</p> <ul style="list-style-type: none"> <li>- Identify key actors in the global health and how partnerships can be pursued</li> <li>- To discuss potential implications of power differences in partnerships and ways of addressing it.</li> </ul>	<p><b>Tasks:</b> Continue working with your group</p> <p><b>Assignments due this week</b> <i>Application of Principles. Due Sun June 7, 2020</i></p> <p><b>Required readings</b></p> <ol style="list-style-type: none"> <li>1. Ezezika, O. C. (2015). Building Trust: A Critical Component of Global Health. <i>Annals of global health</i>, 81(5), 589. [4pages]</li> <li>2. Szlezak NA, Bloom BR, Jamison DT, Keusch GT, Michaud CM, et al. (2010). <a href="#">The Global Health System: Actors, Norms, and Expectations in Transition</a>. <i>PLoS Med</i> 7(1): e1000183. doi:10.1371/journal.pmed.1000183 [4pages]</li> <li>3. Zarowsky, C. (2011). <a href="#">Global health research, partnership, and equity: no more business-as-usual</a>. <i>BMC international health and human rights</i>, 11(2), S1 [2pages]</li> <li>4. Boutilier, Z., Daibes, I. &amp; Di Ruggiero, E. <a href="#">Global health research case studies: lessons from partnerships addressing health inequities</a>. <i>BMC Int Health Hum Rights</i> 11, S2 (2011) doi:10.1186/1472-698X-11-S2-S2 [6 p]</li> <li>5. Murphy, J., Hatfield, J., Afsana, K., &amp; Neufeld, V. (2015). <a href="#">Making a commitment to ethics in global health research partnerships: a practical tool to support ethical practice</a>. <i>Journal of bioethical inquiry</i>, 12(1), 137-146. [10pages]</li> </ol>
<p><b>Week 5 (from June 8)</b></p> <p>Ethical issues in global health</p> <p>Online Meeting #2 Thur June 11</p>	<p>To be able to:</p> <ul style="list-style-type: none"> <li>- identify different ethical challenges in global health</li> <li>- discuss how to apply ethical approaches to global health concerns</li> </ul>	<p><b>Task:</b> See Online Meeting #2 Schedule</p> <p><b>Assignments due this week:</b> <i>Online Discussion. Due Fri June 12 (Initial Post) &amp; Mon June 15 (Response to a Peer)</i></p> <p><b>Required readings:</b></p> <ol style="list-style-type: none"> <li>1. Yassi, A., Breilh, J., Dharamsi, S., Lockhart, K., &amp; Spiegel, J. M. (2013). <a href="#">The ethics of ethics reviews in global health research: case studies applying a new paradigm</a>. <i>Journal of Academic Ethics</i>, 11(2), 83-101. [13pp]</li> <li>2. Pinto, A, Birn and Upshur R. (2013). The context of global health ethics” In A. Pinto &amp; R. Upshur (Eds.), <a href="#">An Introduction to Global Health Ethics</a>. New York, NY: Routledge. Chapter 1 pp. 3-15 [14 pages]</li> </ol>

<p><b>Week 6 (from June 15)</b></p> <p><b>Proposal development</b></p>	<p>Proposal development work</p>	<p><b>Tasks:</b></p> <ol style="list-style-type: none"> <li>1. Continue to work on your project.</li> </ol> <p><b>Assignments due this week:</b> None</p> <p><b>Helpful reading:</b></p> <ul style="list-style-type: none"> <li>• Crawford, P., &amp; Bryce, P. (2003). <a href="#">Project monitoring and evaluation: a method for enhancing the efficiency and effectiveness of aid project implementation</a>. <i>International journal of project management</i>, 21(5), 363-373. [11pages]</li> </ul>
<p><b>Week 7 (from June 22)</b></p> <p>Online Meeting #3 Thur June 25</p> <p><b>*Course ends Sun June 28</b></p>	<p>To be able to:</p> <ul style="list-style-type: none"> <li>• Present a well-written, well-articulated synthesis of a project that illustrates the principles.</li> <li>• Thoughtfully and succinctly share insights, feelings and other reflections</li> <li>• Craft a proposal in a timely manner, working in groups, that embraces the principles</li> </ul>	<p><b>Tasks:</b></p> <p>See Online Meeting #3 Schedule</p> <p><b>Assignments due this week:</b></p> <ol style="list-style-type: none"> <li>1. <b>Project Presentation</b> Due Thur June25</li> <li>2. <b>Project Proposal Submission</b> Due Sun June 28</li> </ol> <p><b>Required Readings:</b> None</p>

**ASSIGNMENT INFORMATION SECTION**  
**ONLINE DISCUSSION #1 & #2 (INDIVIDUAL)**

**Assignment Description**

For this assignment you are to initiate a discussion in response to the question posed. Each student will submit a 200-250-word initial post and a 100-150-word response to another student's post. An instructor and/or teaching assistant will moderate the online discussion.

Discussions prompt for Assignment #1:

*Discuss potential approaches you would apply for assuring the shared benefits and the equitable distribution of those benefits among all sides of partnership you would establish for a global health project and indicate ways of promoting genuine participation by those who are historically marginalized (e.g., because of their race, class, sex, ability, religion, sexual identity, Indigeneity, etc.)*

Discussions prompt for Assignment #2:

*Describe how existing inequities impact actions and activities you propose in your project proposals, suggest ways of mitigating these and developing sustainable project*

**RUBRIC**

**Initial Post: 6points**

	<b>2</b>	<b>0</b>
<b>Relevance</b>	Thoughtful discussion relevant to the question topic	Discussion has little or no relevance to the question/topic
<b>Content and/or argument</b>	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.
<b>Word count and reference</b>	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: 4points**

	<b>2</b>	<b>0</b>
<b>Relevance and Content</b>	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.
<b>Word count and reference</b>	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.

## ORAL PRESENTATION OF A “WICKED” PROBLEM (INDIVIDUAL)

**Description:**

For this assignment, you will use *Collaborate Ultra* on Canvas to present a global health “wicked problem” that you would like to tackle/address/solve. Each student will have 10mins to present in class followed by 5mins of feedback and Q & A. Submit your PowerPoint slides on Canvas after your presentation.

**Rubric Oral Presentation of A “Wicked” Problem**

	Excellent	Poor	Mark
Content	An excellent and concise summary of the chosen wicked problem. All questions answered.	A brief look at the chosen wicked problem. Majority of information irrelevant and significant points left out.	/3
Comprehension	Extensive knowledge of the wicked problem and complete understanding of assignment.  Accurately answered all questions posed.	Presenter didn’t seem to understand topic. Majority of questions not adequately answered.	/3
Presentation Delivery	Regular/constant eye contact.  Appropriate speaking volume & body language. High level of confidence.  Adheres to time limit.	Minimal eye contact. Presenter spoke too quickly or quietly making it difficult to understand. Does not adhere to time limit allotted.	/2
Q&A Period	Discussion is well stimulated/conducted. The audience was engaged.	Discussion was not stimulated/conducted. The audience was not engaged.	/2
			/10

## APPLICATION OF THE CCGHR PRINCIPLES TO A “WICKED” PROBLEM (INDIVIDUAL)

### Assignment description

In this assignment, you will apply the [CCGHR Principles](#) in approaching and assessing a problem of your choice (your previous one or different). Introduce “wicked problem” you selected to work on and apply the [CCGHR Principles](#) to your analysis of that problem. To guide your work on this assignment, we suggest that you consider the following general question: To what extent is it important to apply the CCGHR Principles to the global health wicked problem identified by you; why and how might the lack of consideration given to those principles impact (or have already impacted) the current state of the problem? Apply specific CCGHR Principles as applicable.

Word limit: 1500 words.

### Suggested structure/headings: (you may adopt a different organization if you choose).

- Background: Present/frame the global health wicked problem” (what, who, when, how much, etc.)
- Causes/contributing factors: What are some key contributing factors/determinants? How did the Principles help/hinder the current understanding/situation of the problem?
- Gaps/Action needed: What is being done to address the problem, what are knowledge/action gaps and needs, particularly in relation to the application of Principles to ensure equity? Conclusion: A summary of the main argument

### Rubric

Criteria	Excellent	Poor	Marks
Content – quality and completeness.	Wicked problem is well identified/defined. Exceptional critical application of the CCGHR principle(s) to the analysis	Majority of information irrelevant and significant points left out.	/4
Strength of argument	Contributory factors are well identified and argument is strong	Argument is weak and lacks coherence.	/4
Comprehension	Extensive knowledge of the wicked problem and exceptional understanding of the CCGHR principle(s) demonstrated. Comprehensive understanding of assignment.	Demonstrates Superficial or incomplete understanding of the assignment.	/4
Critical Thinking	Identifies, discusses, and extends conclusions, implications, and consequences when discussing the knowledge/action gaps.	Fails to identify conclusions, implications, and consequences, or conclusion is a simplistic	/4

	<p>Considers context, assumptions, data, and evidence. Qualifies own assertions with balance. Conclusions are qualified as the best available evidence within the context. Implications are clearly developed, and consider ambiguities</p>	summary	
Writing Style, Word limit, references	<p>Exceptionally well-written; impeccable grammar, punctuation, spelling, proofreading, and appropriate, consistent referencing style used. Adheres to word limit.</p>	<p>Adequate style; language usage, poor and inconsistent referencing. Some weaknesses in some aspects (e.g., clarity, coherence, grammar, word choice). Overall quality shows noticeable deficiencies. Goes beyond word limit.</p>	/4
Comments			<b>/20</b>

## PROJECT PROPOSAL (WRITTEN)

### Assignment Description

Word limit: 3,000 words. Abstract (300 words max), references and appendices are not included in proposal word count.

Students will work in teams to refine, present and submit a group proposal to address a selected area of concern. In the beginning of the course (Week 1), you will start thinking about which of these broad categories of topics interests you. This will facilitate the forming of groups. (More than one group can focus on projects in the same broad theme, but there will be no more than 5 students per group.)

### Themes:

1. Infectious diseases (airborne, bloodborne/contact spread, vector-borne)
2. Maternal and child health, reproductive health, gender-based violence
3. Non-communicable diseases, mental health, injuries
4. Climate crisis, globalization, trade, others

We recommend the template below:

## 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)

### Rubric for Project Proposal

Criteria	Poor	Excellent	Score
<b>Abstract/Summary</b>	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	/5
<b>Content/Argument Statement -</b>	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	/10
<b>Quality of Writing</b>	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. Does not adhere to word count or page limit.	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. Adheres to word count/page limit	/5
<b>Feasibility and Innovativeness</b>	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.	/10
<b>Comments:</b>			<b>/30</b>

## PROJECT PRESENTATION

### Assignment Description

You will be expected to present its proposal to address a global health problem identified by the group. It will be a 15mins presentation + 5mins Q/A.

### Project Proposal Presentation Rubric

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	/10
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.	/5
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.	/5
Comments:			Total Mark: /20