

PPHA 37730 Global Health Policy, Spring 2021

March 29 through May 28

Mondays and Wednesdays, 17:00 to 18:20 Central Time (UTC-6:00)

Remote instruction using Zoom

Lecturer: Dr. Annette N. Brown

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+1 202 247-0369, text or whatsapp if urgent

Office hours via zoom: Tuesdays, 16:30 to 17:30, and Fridays, 06:30 to 07:30 Central Time (UTC-6:00)

Teaching Assistant: TBD

OVERVIEW AND POLICES

Course Description

There is no economic health without public health. The interdependencies between national and international health are growing in the face of persistent health inequities within and between countries. This course begins with an introduction to the research and measurement tools needed to inform good policies and programs. We then examine the structures and institutions that influence global health, including the social determinants of health equity, global health governance and security, health behavior and incentives, and health systems and financing. We will also study several key topics for global health policy, including infectious diseases and immunization, nutrition and non-communicable diseases, and reproductive and maternal health. Many of the course readings are impact evaluations, and throughout the course students will be tasked with determining and defending what policy and programs recommendations they would make based on evidence.

Classes will be discussion based, often with small groups discussing a set of questions related to the readings or assignments and preparing a slide or whiteboard for reporting back to the full class. Most classes will begin with a short introductory lecture, and some classes will end with a lecture wrap up. We will have a few guest speakers during the term, some of which are still to be confirmed.

Course Texts and Articles

The readings listed in this syllabus include journal articles, blog posts, reports, and some chapters from the following global health textbooks. Class discussions will focus on the short readings. The textbook chapters are included to provide students an overview, background information, and a reference, especially for students with less prior familiarity with global health topics. The Birn, Pillay, and Holtz book takes a critical approach, while the Merson, Black, and Mills book is a more standard textbook.



Birn, Anne-Emanuelle, Pillay, Yogan, and Holtz, Timothy H. (2017) Textbook of Global Health: Fourth Edition. Oxford University Press: New York, NY.

Merson, MH, Black, RE, and Mills, AJ. (2020) Global Health: Diseases, Programs, Systems, and Policies: Fourth Edition. Jones & Bartlett Learning: Burlington, MA.

The global health landscape is rapidly evolving, so the reading list may change during the term. These changes will be announced in class and recorded on Canvas. For some classes, the articles in the reading list will be divided up among discussion group members in advance, so that each student is only responsible for reading a subset of the list. Students are responsible for obtaining this information through class attendance and Canvas.

Students should subscribe to the daily newsletter from the Johns Hopkins Bloomberg School of Public Health called Global Health Now. You are not expected to read all the articles linked, but we will try to spend a few minutes each class discussing the main stories of the week.

Assignments

Written assignments should be formatted to be easy to read, but not require excess paper if printed. For example, briefs not exceeding 1000 words should be two or fewer printed pages. Word limits do not include title, student name, course identifiers, or references. You may cite both course readings and outside materials, but all source materials must be appropriately cited and referenced. For some assignments, you will need to cite outside materials. Citations and references must follow one consistent, established style (e.g., APA) for each assignment. Assignments must be submitted through Canvas.

Written assignment #1, due 24:00 Central Time 4/3/2021

Find and read one systematic review on a global health topic of your choice, preferably an effectiveness review covering a delivery topic. Write a brief not to exceed 1000 words about the review including a summary, your critical assessment of the review, and what policy or program recommendation you would (or would not) make and why based on the review. Do not directly quote more than three individual sentences from the article (i.e., your summary should not be a quotation of the abstract.) The briefs will be shared with classmates and discussed in class.

Written assignment #2, due 24:00 Central Time 4/17/2021

Select a low- or middle-income country that you will focus on for the remaining assignments. This country may not be your home country or in the same region of the world as your home country. We will review country selections in advance to ensure that every student has a different country. For your selected country, write a brief not to exceed 1500 words about the current health situation, including



health equity, and identify and justify what you consider to be 3 – 4 primary health challenges. The briefs will be shared with classmates and discussed in class.

Written assignment #3, due 24:00 Central Time 5/1/2021

Working in regional groups to be assigned, analyze the health governance and health security issues for the region and specifically for the countries in the group. The group will submit a document describing in no more than 1500 words the key global, regional, and national health actors (de jure and de facto) for the region with analysis of the scope and authority of these actors to improve global health equity and security. The document must also include individual country chapters, not to exceed 1000 words each, for the countries represented in the group. The country chapters should identify what specific health governance and health security issues face the country and any salient features about the country's relationship with global and regional actors. The documents will be shared with classmates and discussed in class. **All group members will receive the same grade for this assignment.**

Written assignment #4, due 24:00 Central Time 6/2/2021 (may be due sooner for graduating students)

This assignment consists of three separate policy briefs, not to exceed 2000 words each. For your selected country, identify three important health policy issues and make a policy or program recommendation to the appropriate government entity, which should be identified in the brief, for each. Recommendations may be made to government entities at the national, state or provincial, or municipal or local level. The briefs should provide the policy maker with all the necessary information to decide on the policy or program, including a description of the issue to be addressed, the recommendation, and the evidence supporting the recommendation. Briefs should also include a discussion of risks or possible adverse outcomes and how they can be mitigated. The recommendation can be to not do something that is currently being considered or to stop doing something that is currently being implemented.

Unless approved in advance, two of the three issues covered in your briefs must come from topics covered on the syllabus from 5/10/2021 to 5/26/2021. I am happy to provide feedback during office hours on your selection of issues before you start research and writing.

You may submit briefs individually or as a group any time between the dates of 5/8/2021 and 5/29/2021. I will strive to grade submitted briefs within a week of submission. Briefs submitted on or before 5/19/2021 (24:00 Central Time) receiving a grade of B- or lower may be revised and resubmitted once any time before 6/2/2021. The final grade for a resubmitted brief will be based on the resubmission alone, even if the grade is lower than the first submission. The grade for this assignment will be the average grade for the three briefs.



Grading Standards and Criteria

I will grade assignments based on the clarity of writing, the persuasiveness of the arguments, the application of evidence, and the consideration of the quality and relevance of the evidence. The weight of the assignments and class attendance and participation in the course grade is as follows:

Assignment #1: 15%

Assignment #2: 15%

Assignment #3: 15%

Assignment #4: 45%

Attendance and participation: 10%

Unless arrangements are made in advance, late assignments will receive a half grade penalty (e.g., from B to B-) for each 24 hour period after the due date and time.

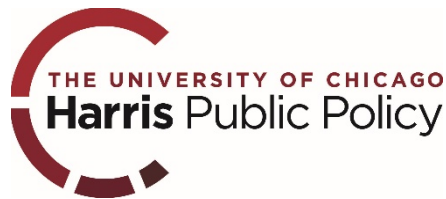
The only assignment eligible for revision and resubmission is assignment #4 according to the procedure described in the assignments section of this syllabus.

Students who wish to take the course pass/fail rather than for a letter grade must use the Harris Pass/Fail request form (<https://harris.uchicago.edu/form/pass-fail>) and must meet the Harris deadline, which is generally 9am on the Monday of the 5th week of courses. Students who take the course pass/fail must attend class meetings and turn in all assignments, achieving marks on assignments that are overall commensurate with at least a C- letter grade.

Other Policies

By attending course sessions, students acknowledge that:

- a. They will not: (i) record, share, or disseminate University of Chicago course sessions, videos, transcripts, audio, or chats; (ii) retain such materials after the end of the course; or (iii) use such materials for any purpose other than in connection with participation in the course.
- b. They will not share links to University of Chicago course sessions with any persons not authorized to be in the course session. Sharing course materials with persons authorized to be in the relevant course is permitted. Syllabi, handouts, slides, and other documents may be shared at the discretion of the instructor.
- c. Course recordings, content, and materials may be covered by copyrights held by the University, the instructor, or third parties. Any unauthorized use of such recordings or course materials may violate such copyrights.
- d. Any violation of this policy will be referred to the Area Dean of Students.



Resources available to students

The University offers a comprehensive set of student support services (described [here](#)), including [student health services](#). And in response to the COVID-19 pandemic and associated disruptions, the University has provided links for students via its “Learning Remotely” [website](#); specific resources are listed [here](#). If you or someone you know is feeling overwhelmed, depressed, and/or in need of support, remote counseling services are available. Student Counseling Service (SCS) urges you to attend to your mental wellbeing and to reach out to them for support during these challenging times. All SCS services are covered by the Student Life Fee, and there is no additional cost for students to access their services. See <https://wellness.uchicago.edu/mental-health/student-counseling-service-spring-quarter-faq/>. Students seeking new services/resources can call 773.702.9800 during business hours (Monday–Friday 8:30 a.m.–5 p.m.) and ask to speak with a clinician. **Students needing urgent mental health care can speak with clinicians over the phone 24/7 by calling the SCS at 773.702.3625.**

Similarly, the Harris School itself provides both academic and non-academic support services for students. These resources are described (and links provided) via the Canvas site Harris Student Handbook, which all Harris instructors can access.

In addition to providing the above information in their syllabi, instructors are encouraged to address general expectations across other domains, referring to the University’s [Student Manual](#) and the Harris School’s own policies and regulations as needed (available in Canvas). Specifically, instructors should share both University and Harris School-specific guidelines and principles in at least three key domains: academic integrity; students with disabilities; and diversity and inclusion. Please consider including the material and text below, suitably modified, revised, and/or expanded to align with your own course plans.

Academic Integrity

The University’s policies regarding academic integrity and dishonesty are described [here](#). The University’s approach is as follows: “It is contrary to justice, academic integrity, and to the spirit of intellectual inquiry to submit another’s statements or ideas as one’s own work. To do so is plagiarism or cheating, offenses punishable under the University’s disciplinary system. Because these offenses undercut the distinctive moral and intellectual character of the University, we take them very seriously.”

The Harris School’s policies are available in the Harris Student Handbook Canvas site. The Academic Honesty and Plagiarism section expresses the main principles. Harris’s specific procedures for handling suspected violations of these policies are available in the section Harris Procedures for Allegations of Plagiarism, Cheating, and Academic Dishonesty and are also re-produced as an Appendix to this document. All students suspected of academic dishonesty will be reported to the Harris Dean of Students for investigation and adjudication. The disciplinary process can result in sanctions up to and including suspension or expulsion from the University.



In addition to disciplinary sanctions, I will grade an assignment that includes any plagiarism or in any other way violates academic dishonesty with an F. There will be no possibility of revision, regardless of which assignment. Any student found in violation of academic dishonesty a second time will receive a failing grade in the course.

Disability Accommodations

The University's policies regarding students with disabilities are available [here](#). Students who have disability accommodations awarded by the University Student Disability Services Office should inform the Harris Dean of Students office by the end of the first week of class. The Harris Dean of Students Office will work with the student and instructor to coordinate the students' accommodations implementation.

Harris students are not required to submit their accommodations letter to the instructor. Students from other divisions in the University must submit their accommodations letter to either the instructor or the Harris Dean of Students Office.

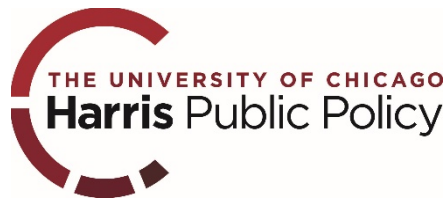
Students who do not yet have formal accommodations in place but who feel they need accommodations on a temporary or ongoing basis should contact the Harris Dean of Students Office or Student Disability Services.

I ask that all students, regardless of abilities, be aware of access considerations as we navigate the various platforms and participate in lectures, small group discussions, presentations, and full class discussions. Any student, including those without disabilities, should feel comfortable speaking up in class or reaching out to me privately if access may be limited to some.

Diversity and Inclusion

The Harris School welcomes, values, and respects students, faculty, and staff from a wide range of backgrounds and experiences, and we believe that rigorous inquiry and effective public policy problem-solving requires the expression and understanding of diverse viewpoints, experiences, and traditions. The University and the Harris School have developed distinct but overlapping principles and guidelines to ensure that we remain a place where difficult issues are discussed with kindness and respect for all.

The University's policies are available [here](#). Specifically, the University identifies the freedom of expression as being "vital to our shared goal of the pursuit of knowledge, as is the right of all members of the community to explore new ideas and learn from one another. To preserve an environment of spirited and open debate, we should all have the opportunity to contribute to intellectual exchanges and participate fully in the life of the University."



The Harris School's commitments to lively, principled, and respectful engagement are available [here](#): "Consistent with the University of Chicago's commitment to open discourse and free expression, Harris encourages members of the leadership, faculty, student body, and administrative staff to respect and engage with others of differing backgrounds or perspectives, even when the ideas or insights shared may be viewed as unpopular or controversial." We foster thought-provoking discourse by encouraging community members not only to speak freely about all issues but also to listen carefully and respectfully to the views of others.

READING LIST

COVID-19: An introduction to global health policy (3/29/2021)

(These are all short commentaries or blog posts.)

Wensing, M., Sales, A., Armstrong, R. and Wilson, P. (2020) Implementation science in times of Covid-19. *Implementation Science*. 15:42. <https://doi.org/10.1186/s13012-020-01006-x>

Davey, M. (2020) The Lancet changes editorial policy after hydroxychloroquine Covid study retraction. *The Guardian*. <https://www.theguardian.com/world/2020/sep/22/the-lancet-reforms-editorial-policy-after-hydroxychloroquine-covid-study-retraction#>

Glassman, A. (2020) What matters most for COVID-19 policy now: Better mortality data. In *Commentary and Analysis*. Center for Global Development (25 September 2020) <https://www.cgdev.org/blog/what-matters-most-policy-now-better-mortality-data>

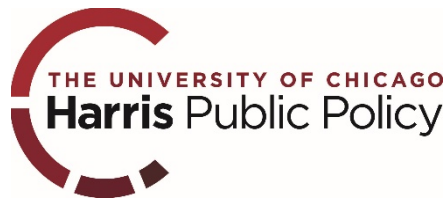
Micah, AE, et al. (2020) Health-systems strengthening in the age of COVID-19. *Think Global Health*. <https://www.thinkglobalhealth.org/article/health-systems-strengthening-age-covid-19>

Holmes, CB and Goosby, EP. (2020) How lessons from global health can improve health and the response to COVID-19 in the US. *Health Affairs Blog*. <https://www.healthaffairs.org/do/10.1377/hblog20200806.949101/full/>

Horton, R. (2020) Offline: COVID-19 is not a pandemic. *The Lancet* Vol 396. DOI: [https://doi.org/10.1016/S0140-6736\(20\)32000-6](https://doi.org/10.1016/S0140-6736(20)32000-6).

Bardi, JS. And Bollyky, TJ. (2020) Racism as a Public Health Crisis: Interview with Minneapolis City Council Vice President Andrea Jenkins on the intersection of race, health, and COVID-19. In *Think Global Health* (8 September 2020) thinkglobalhealth.org/article/racism-public-health-crisis.

Jacob, CM, Briana, DD, DiRenzo, GC, Modi, N, Bustreo, F, Conti, G, Malamitsi-Puchner, A, and Hanson, M. (2020) *Lancet Public Health*. [https://doi.org/10.1016/S2468-2667\(20\)30200-0](https://doi.org/10.1016/S2468-2667(20)30200-0)



Lal, A, Erondy, NA, Heymann, DL, Gitahi, G, and Yates, R. (2021) Fragmented health systems in COVID-19: rectifying the misalignment between global health security and universal health coverage. *Lancet* 397:61-67. [https://doi.org/10.1016/S0140-6736\(20\)32228-5](https://doi.org/10.1016/S0140-6736(20)32228-5)

Research methods for global health policy (3/31/2021 and 4/5/2021)

Abimbola, S. (2019) The foreign gaze: authorship in academic global health. *BMJ Global Health*, 4:e002068. [Doi:10.1136/bmjgh-2019-002068](https://doi.org/10.1136/bmjgh-2019-002068)

Powell-Jackson, T., Davey, C., Masset, E., Krishnaratne, S., Hayes, R., Hanson, K. and Hargreaves, J.R. (2018) Trials and tribulations: cross-learning from the practices of epidemiologists and economists in the evaluation of public health interventions. *Health Policy and Planning*, 0, 1-5. <https://doi.org/10.1093/heapol/czy028>

Gough, D. Oliver, S., and Thomas. J. (2017) Introducing systematic reviews. Chapter 1 in *An introduction to systematic reviews*. Gough, D., Oliver, S., and Thomas, J., eds. (London, UK: Sage) pp. 1-18.

Rapport, F., Clay-Williams, R., Churruca, K., Shih, P., Hogden, A., and Braithwaite, J. (2017) The struggle of translating science into action: Foundational concepts of implementation science. *Journal of evaluation in clinical practice*. DOI: <https://doi.org/10.1111/jep.12741>

For reference

Schulz, K.F., Altman, D.G., and Moher, D. (2010) CONSORT 2010 statement: updated guidelines for reporting parallel group randomised trials. *The Lancet*. DOI: [10.1015/S0140-6736\(10\)60456-4](https://doi.org/10.1015/S0140-6736(10)60456-4).

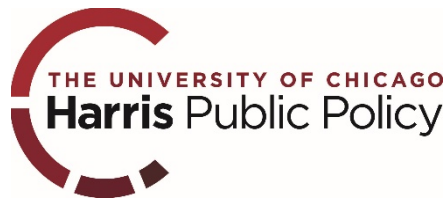
Thomas, J., O'Mara-Eves, A., Kneale, D., and Shemilt, I. (2017) Synthesis methods for combining and configuring quantitative data. Chapter 9 in *An introduction to systematic reviews*. Gough, D., Oliver, S., and Thomas, J., eds. (London, UK: Sage) pp. 211-249.

Thomas, J., O'Mara-Eves, A., Harden, A., and Newman, M. (2017) Synthesis methods for combining and configuring textual or mixed methods. Chapter 8 in *An introduction to systematic reviews*. Gough, D., Oliver, S., and Thomas, J., eds. (London, UK: Sage) pp. 181-209.

Moher, D., Liberati, A., Tetzlaff, J., and Altman, D.G. (2009) Preferred reporting items for systematic reviews and meta-analysis: the PRISMA statement. *PLOS Medicine*. DOI: <https://doi.org/10.1371/journal.pmed.1000097>

Optional

Hendricks Brown, C., Smith, J.D., Benbow, N. and Villamar, J. Implementation science: an introductory workshop for researchers, clinicians, policy makers and community members. Northwestern University. <https://player.vimeo.com/video/198863105>



Hoke, T. (2018) Implementation research: The unambiguous cornerstone of implementation science. In R&E Search for Evidence blog (February 6). <https://researchforevidence.fhi360.org/implementation-research-the-unambiguous-cornerstone-of-implementation-science>

Brown, AN with Whitton, K. Public health vs. social science research: Do publication lags matter? 2019 December 18. In R&E Search for Evidence. Washington, DC: FHI 360. [Available at: <https://researchforevidence.fhi360.org/public-health-vs-social-science-do-publication-lags-matter>]

Brown, AN with Whitton, K. Public health vs. social science research: How does authorship differ? 2019 December 6. In R&E Search for Evidence. Washington, DC: FHI 360. [Available at: <https://researchforevidence.fhi360.org/public-health-vs-social-science-research-how-does-authorship-differ>]

Global health data and measurement (4/7/2021)

The Lancet. (2020) Global health: Time for radical change? The Lancet. 369:10258, P1129. [https://doi.org/10.1016/S0140-6736\(20\)32131-0](https://doi.org/10.1016/S0140-6736(20)32131-0)

Global Burden of Disease (GBD) Peruse the website: healthdata.org/gbd. Explore the data for several countries of interest to you. Understand where the data come from.

Parks. R. (2014) The rise, critique, and persistence of the DALY in global health. The Journal of Global Health at Columbia University, 4(1), 28-32. Doi: <https://doi.org/10.7916/theigh.v4i1.4893>.

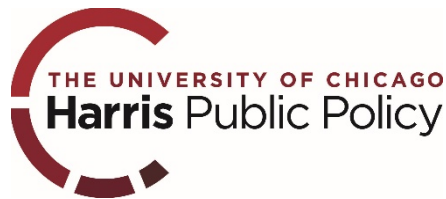
Overview: Chapter 1, Measures of health and disease in populations in Global Health: Diseases, Programs, Systems, and Policies.

Social determinants of health and health equity (4/12/2021 and 4/14/2021)

Adler, NE and Stewart, J. (2010) Health disparities across the lifespan: Meaning, methods, and mechanisms. Annals of the New York Academy of Sciences: The Biology of Disadvantage. [Doi: 10.1111/j.1749-6632.2009.05337.x](https://doi.org/10.1111/j.1749-6632.2009.05337.x)

Thompson, G. et al. (2019) Learning from the World: Global Strategies for Improving Health Equity and Social Determinants of Health. Robert Wood Johnson Foundation: Princeton, NJ. Watch Research Roundtable: Improving health equity in the United States for an introduction to the study. https://www.youtube.com/watch?time_continue=4&v=eKN7-HNKvTo&feature=emb_logo

Deaton, A. (2003) Health, Inequality, and Economic Development. Journal of Economic Literature. Vol. XLI. <https://www.aeaweb.org/articles?id=10.1257/002205103321544710>



Owusu-Addo, E. et al. (2018) The impact of cash transfers on social determinants of health and health inequalities in sub-Saharan Africa: a systematic review. *Health Policy and Planning*. Doi: [10.1093/heapol/czy020](https://doi.org/10.1093/heapol/czy020).

De Walque, D. et al (2017) Cash transfers and child and adolescent development in *Disease Control Priorities* (third edition): Volume 8.

Overview: Chapter 7, Health equity and societal determinants of health in *Textbook of Global Health*.

Optional

Cutler, DM, Lleras-Muney, A and Vogl, T. (2011) Socioeconomic status and health: Dimensions and mechanisms, Chapter 7 in *The Oxford Handbook of Health Economics*, Glied and Smith, eds. Oxford University Press: Oxford.

Global health governance (4/19/2021 and 4/21/2021)

Shah, S. (2016) From Zika to Antibiotic-Resistant Superbugs: Welcome to the New Age of Contagions: Today's deadly new pathogens aren't just a scientific challenge, they're a political one. [The Nation June 16, 2016](https://www.thenation.com/2016/06/16/zika-antibiotic-resistant-superbugs/)

Moon, S. et al. (2010) The global health system: Lessons for a stronger institutional framework. *PLOS Medicine*. <https://doi.org/10.1371/journal.pmed.1000193>

McInnes, C. et al. (2015) Global health governance and health. Chapter 1 in *The Transformation of Global Health Governance*. Palgrave Pivot: London.

Welsh, T. (2020) 'It's a power struggle': UNICEF, WFP clash over wasting treatment reform. <https://www.devex.com/news/it-s-a-power-struggle-unicef-wfp-clash-over-wasting-treatment-reform-98133?>

Silverman, R. (2018) What you should know about global health financing transitions: Five key takeaways. <https://www.cgdev.org/blog/what-you-should-know-about-global-health-financing-transitions-5-key-takeaways> (July 12, 2018)

Sands, P. (2019) Putting country ownership into practice: The Global Fund and country coordinating mechanisms. *Health Systems and Reform*, 5:2, 100-103, DOI: [10.1080/23288604.2019.1589831](https://doi.org/10.1080/23288604.2019.1589831)

Adava, I. (2020) Global aid, local choice – Why calls for transparency cut both ways. *Health Policy Watch: Inside View*. (28 September 2020) <https://healthpolicy-watch.news/77133-2/>



Harman, S. (2016) The Bill and Melinda Gates Foundation and Legitimacy in Global Health Governance. *Global Governance: A Review of Multilateralism and International Organizations*, 22(3). DOI: <https://doi.org/10.1163/19426720-02203004>.

Storeng, KT., and Puyvallée, AdB. (2018) Civil society participation in global public private partnerships for health. *Health Policy and Planning*, 33, 2018, 928-926. DOI: [10.1093/heapol/czy070](https://doi.org/10.1093/heapol/czy070).

McInnes, C., Kamradt-Scott, A., Lee, K., Roemer-Hahler, A., Rushton, S., and Williams, OD. (2015) HIV/AIDS. Chapter 2 in *The Transformation of Global Health Governance*. Palgrave Pivot: London.

Overview: Chapter 4, Global Health Actors and Activities in *Textbook of Global Health*.

Optional

McInnes, C., Kamradt-Scott, A., Lee, K., Roemer-Hahler, A., Rushton, S., and Williams, OD. (2015) Conclusion: The transformation of global health governance. Chapter 6 in *The Transformation of Global Health Governance*. Palgrave Pivot: London.

Reich, MR. (2002) Reshaping the state from above, from within, from below: implications for public health. *Social Science & Medicine*. 54, 1669-1675. [https://doi.org/10.1016/S0277-9536\(01\)00334-3](https://doi.org/10.1016/S0277-9536(01)00334-3)

Global health security (4/26/2021 and 4/28/2021)

Lakoff, A. (2017) Chapter 3: Two regimes of global health and Chapter 4: Real time biopolitics, in *Unprepared*. University of California Press: Oakland, CA.

Kamradt-Scott, A. (2016) WHO's to blame? The World Health Organization and the 2014 Ebola outbreak in West Africa. *Third World Quarterly*, 37:3, 401-418, DOI: [10.1080/01436597.2015.1112232](https://doi.org/10.1080/01436597.2015.1112232).

Attiah, K. (2020) Africa has defied the covid-19 nightmare scenarios. We shouldn't be surprised. *Washington Post* (22 September 2020) <https://www.washingtonpost.com/opinions/2020/09/22/africa-has-defied-covid-19-nightmare-scenarios-we-shouldnt-be-surprised/>

Machalaba, CC., et al. (2018) Institutionalizing one health: From assessment to action. *Health Security*, 16(S1) DOI: <https://doi.org/10.1089/hs.2018.0064>.

Find and skim at least one Joint External Evaluation for IHR(2005) to familiarize yourself with the regularions.

Optional

Other chapters of *Unprepared*, especially Chapter 6.



Harman, S., and Wenhem, C. (2018) Governing Ebola: between global health and medical humanitarianism. *Globalizations*, 15:3. DOI: <https://doi.org/10.1080/14747731.2017.1414410>.

Health behavior and incentives (5/3/2021 and 5/5/2021)

Scrimshaw, SC and Lane, SD. (2020) Culture, behavior, and health. Chapter 2 in *Global Health: Diseases, Programs, Systems, and Policies*. Especially pp. 43-49 and 55-61.

Cohen, J. and Dupas, P. (2010) Free distribution or cost-sharing? Evidence from a randomized malaria prevention experiment. [*Quarterly Journal of Economics* Vol. CXXV, No. 1, February](#).

Interventions to drive uptake of voluntary medical male circumcision – supplement issue of *Journal of Acquired Immune Deficiency Syndrome*. 72(suppl 4). <https://journals.lww.com/jaids/toc/2016/10012>

Zanolini, A., et al. Feasibility and effectiveness of a peer referral incentive intervention to promote male circumcision uptake in Zambia.

Leiby, K. et al. The impact of SMS-based interventions on VMMC uptake in Lusaka Province, Zambia: A randomized controlled trial.

Semeere, AS., et al. Innovative demand creation for voluntary medical male circumcision targeting a high impact male population: A pilot study engaging pregnant women at antenatal clinics in Kampala, Uganda.

Bazant, E., et al. A randomized evaluation of a demand creation lottery for voluntary medical male circumcision among adults in Tanzania.

Wilson, N., et al. Advertising for demand creation for voluntary medical male circumcision.

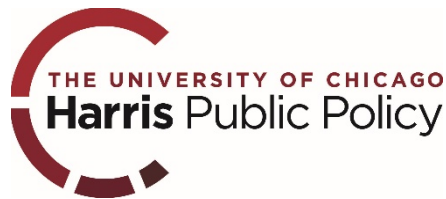
Kaufman, ZA., et al. A sports-based intervention to increase uptake of voluntary medical male circumcision among adolescent male students: Results from the MCUTS 2 cluster-randomized trial in Bulawayo, Zimbabwe.

Thirumurthy, H., et al. The effects of providing fixed compensation and lottery-based rewards on uptake of medical male circumcision in Kenya: A randomized trial.

Geldsetzer, P., et al. (2020) A stepped-wedge randomized trial and qualitative survey of HIV pre-exposure prophylaxis uptake in the Eswatini population. *Science Translational Medicine*. 12, eaba4487. <https://doi.org/10.1126/scitranslmed.aba4487>

Optional

White, J. and Dow, W. "Intertemporal Choices for Health." In C. Roberto and I. Kawachi (eds) *Behavioral Economics and Public Health*. Oxford University Press, 2015.



Infectious diseases and immunization (5/10/2021)

Guest speaker: Dr. Tim Mastro, Chief Science Officer, FHI 360

Bollyky, T.J. (2018) Diseases of conquest and colony. Chapter 2 in *Plagues and the Paradox of Progress*. The MIT Press: Cambridge, MA. (Excluding pp. 66-73)

Banerjee, A., Chandrasekhar, A., Duflo, E. and Jackson, M.O. (2019) Using gossips to spread information: Theory and evidence from two randomized controlled trials. *Review of Economic Studies*, 86:6. <https://doi.org/10.1093/restud/rdz008>.

Overview: Gordon, A and Reingold, A.L. (2020) Chapter 6 in *Global Health: Diseases, Programs, Systems, and Policies*

Optional

3ie. (2019) Breaking through stagnation: tackling barriers to immunisation coverage. https://www.youtube.com/watch?time_continue=72&v=ttQSAEh0inE&feature=emb_logo

Nutrition and non-communicable diseases (5/12/2021 and 5/17/2021)

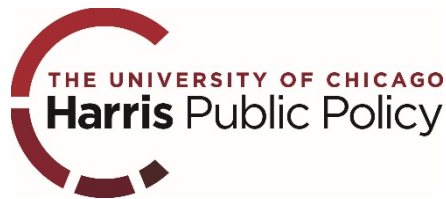
Bukhman, D., et al. (2020) The Lancet NCDI poverty commission: Bridging the gap in universal health coverage for the poorest billion. *The Lancet Commissions*. DOI: [https://doi.org/10.1016/S0140-6736\(20\)31907-3](https://doi.org/10.1016/S0140-6736(20)31907-3). (Especially executive summary)

Zuccala, E. and Horton, R. (2020) Reframing the NCD agenda: a matter of justice and equality. *The Lancet*. DOI: [https://doi.org/10.1016/S0140-6736\(20\)31910-3](https://doi.org/10.1016/S0140-6736(20)31910-3).

Nandi, A. et al. (2018) Early-life nutrition is associated positively with schooling and labor market outcomes and negatively with marriage rates at age 20-25 years: Evidence from the Andhra Pradesh Children and Parents Study (APCAPS) in India. *The Journal of Nutrition*. DOI: <https://doi.org/10.1093/n/nxx012>.

Stein, A.D. (2018) Long-term effects of nutritional supplementation in childhood (Comment on Nandi, et al.) *The Journal of Nutrition*. DOI: <https://doi.org/10.1093/jn/nxx051>.

Cawley, J., Thow, A.M., Wen, K., and Frisvold, D. (2019) The economics of taxes on sugar-sweetened beverages: A review of the effects on prices, sales, cross-border shopping, and consumption. *Annual Review of Nutrition*. Vol. 39:317-338. DOI: <https://doi.org/10.1146/annurev-nut-082018-124603>



Cholchero, MA., Popkin, BM., Rivera, JA., and Ng, SW. (2016) Beverage purchases from stores in Mexico under the excise tax on sugar sweetened beverages: observational study. *BMJ* 2016; 352:h6704. DOI: <http://dx.doi.org/10.1136/bmj.h6704>.

Sassi, F. (2016) Taxing sugar (commentary on Cholchero, et al.) *BMJ* 2016;352:h6904. <https://doi.org/10.1136/bmj.h6904>

Optional

Colchero, MA., Salgado, JC., Unar-Munguia, M., Molina, M., Ng, S. and Rivero-Donmarco, JA. (2015) Changes in prices after an excise tax to sweetened sugar beverages was implemented in Mexico: Evidence from urban areas. *PLOS ONE* 10(12): e0144408. <https://doi.org/10.1371/journal.pone.0144408>.

GBD 2017 Diet Collaborators. (2019) Health effects of dietary risks in 195 countries, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. *The Lancet* 393: 1956-72. DOI: [http://dx.doi.org/10.1016/S0140-6736\(19\)30041-8](http://dx.doi.org/10.1016/S0140-6736(19)30041-8).

Barclay, E. (2015) Mexico's sugary drink tax makes a dent in consumption, study claims. *NPR The Salt* (19 June 2015) <https://www.npr.org/sections/thesalt/2015/06/19/415741354/mexicos-sugary-drink-tax-makes-a-dent-in-consumption-study-claims>

Chaloupka, FJ., Powell, LM., and Warner, KE. (2019) The use of excise taxes to reduce tobacco, alcohol, and sugary beverage consumption. *Annual Review of Public Health* 40:187-201. DOI: <https://doi.org/10.1146/annurev-publhealth-040218-043816>.

Reproductive, maternal, neonatal, and child health (5/19/2021)

Oxford Policy Management. (2019) Child Development Grant Programme Evaluation: Key Findings. <https://www.opml.co.uk/files/Publications/endline-summary-report.pdf?noredirect=1>

Silverman, R., Keller, JM., Glassman, A. (2020) Family planning and the Global Financing Facility: Current evidence and a learning agenda. *CGD Notes* (28 September 2020) <https://www.cgdev.org/publication/family-planning-and-global-financing-facility-current-evidence-and-learning-agenda?>

Goldie, SJ. Sweet, S., Carvalho, N., Natchu, UCM., and Hu, D. (2010) Alternative strategies to reduce maternal mortality in India: A cost-effectiveness analysis. *PLOS Medicine* 7(4): e1000264. DOI: <https://doi.org/10.1371/journal.pmed.1000264>.

Glassman, A. and Temin, M. (2016) Learning from disappointment: Reducing the cost of institutional delivery in Gujarat, India. Chapter 13 in *Millions Saved: New Cases of Proven Success in Global Health*. Center for Global Development: Washington, DC.

Health systems and health financing (5/24/2021 and 5/26/2021)

Frenk, J. (2010) The global health system: Strengthening national health systems as the next step for global progress. PLOS Medicine. <https://doi.org/10.1371/journal.pmed.1000089>.

Alaofè, H., et al. (2017) Community health workers in diabetes prevention and management in developing countries. Annals of Global Health, Vol. 83, No. 3-4. DOI: <https://doi.org/10.1016/j.aogh.2017.10.009>.

World Health Organization. (2010) Executive summary. Global Experience of Community Health Workers for Delivery of Health Related Millennium Development Goals: A Systematic Review, Country Case Studies, and Recommendations for Integration into National Health Systems. WHO: Geneva, Switzerland. <https://www.who.int/workforcealliance/knowledge/resources/chwreport/en/>

Basinga, P., Gertler, P.J., Binagwaho, A., Soucat, A.L.B., Sturdy, J., Vermeersh, C.M.J. (2011) Effect of maternal and child health services in Rwanda of payment to primary health-care providers for performance: an impact evaluation. The Lancet 377:1421-28. [https://doi.org/10.1016/s0140-6736\(11\)60177-3](https://doi.org/10.1016/s0140-6736(11)60177-3)

Chemouni, B. (2018) The political path to universal health coverage: Power, ideas, and community-based health insurance in Rwanda. World Development, 16 (2018) 87-98. <https://doi.org/10.1016/j.worlddev.2018.01.023>

Myint, C-Y., Pavlova, M., Thein, K-N-N. and Groof, W. (2019) A systematic review of the health-financing mechanisms in the Association of Southeast Asian Nations countries and the People's Republic of China: Lessons for the move towards universal health coverage. PLOS One, 14(6): e0217278. DOI: <https://doi.org/10.1371/journal.pone.0217278>.

Glassman, A. and Temin, M. (2016) Health access for all. Chapter 9 in Millions Saved: New Cases of Proven Success in Global Health. Center for Global Development: Washington, DC.

Overview: Chapter 13, The design of health systems in Global Health: Diseases, Programs, Systems, and Policies

Optional

Glassman, A. and Temin, M. (2016) Motivating health workers, motivating better health. Chapter 12 in Millions Saved: New Cases of Proven Success in Global Health. Center for Global Development: Washington, DC.



Republic of Rwanda Ministry of Health. (2015) Health Financing Sustainability Policy. March 2015. (skim) https://www.moh.gov.rw/fileadmin/user_upload/policies/Health_Financing_Sustainability_Policy_March_2015.pdf

For reference

Institute for Health Metrics and Evaluation. (2020) Financing Global Health 2019: Tracking Health Spending in a Time of Crisis. Seattle, WA: IHME. <http://www.healthdata.org/policy-report/financing-global-health-2019-tracking-health-spending-time-crisis>

Appendix: Harris Procedures for Allegations of Plagiarism, Cheating, and Academic Dishonesty

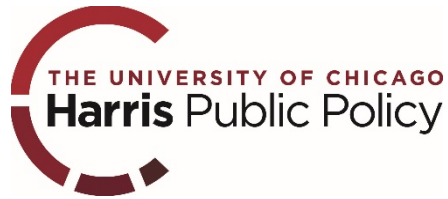
First Violation

If a student is accused by an instructor or teaching assistant of plagiarism, cheating, or any other form of academic dishonesty, the student will be summoned to meet with the Dean of Students and the instructor. In the meeting, the student and instructor both present information about the situation. If it is determined by the instructor and the Dean of Students that the student has, in fact, plagiarized or cheated, the following sanctions will be imposed for the first violation:

- The student will generally receive a grade of 0 on the assignment or exam in question. Please note that grading decisions are fully at the discretion of the instructor, who may decide to impose harsher grade penalties.
- The student may be asked to re-do the assignment or retake the exam (without credit) to ensure that the student has learned how to properly cite sources or demonstrate that he or she has command of material covered.
- A formal letter of finding is sent to the student stating that the student has been found in violation of the code of academic honesty and what the sanctions were. The letter, along with any evidence presented, is archived in Harris Student Affairs records until the student graduates if the student has no other violations.
- Students found in violation of the academic honesty policy are not permitted to withdraw from the course to avoid grade penalties from the instructor.
- In cases where plagiarism or academic dishonesty is egregious, the case may be referred to the Area Disciplinary Committee even on a first offense. The Dean makes all decisions about which cases will go before the Area Disciplinary Committee.

Second Violation

If a student who has already been found in violation academic dishonesty is again accused of academic dishonesty, the case will be sent to the Harris Area Disciplinary Committee. Details about the Area Disciplinary Committee procedures can be found in the [University Student Manual](#). Information about



the first violation, including the formal letter of finding any evidence, will be presented to the Area Disciplinary Committee, along with evidence of the current allegation. If the student is found in violation of academic honesty a second time, the Area Disciplinary Committee can assign sanctions including transcript notes, disciplinary probation, suspension, or expulsion from the University.

Academic Dishonesty Appeals

If a student has been found in violation of academic honesty and does not believe that either the finding or the sanction is fair or correct, the student has the right to appeal the finding by requesting a hearing from the Area Disciplinary Committee. More information about the Area Disciplinary Committee is available [here](#).