902.704 Global Health Policy

Spring 2022
Day and Time: Tuesday (6:30pm-9:20pm)
3-credit hours
Classroom: Room 202, Building 221
Office Hour: Tuesday 5:30-6:30pm (Room 427, Building 221 or Online)

Instructor
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Course description

This course will introduce essential concepts and principles with which policies are made from the global health context, to help students understand, interpret and assess the process of global health policymaking. The first section of the course will focus on discussing key concepts and theories regarding public policy and health policy in general and processes for planning, implementing and analyzing global health policy. The section will also cover some cross-cutting themes such as the politics (e.g., governance, power, institutions, actors, public-private partnerships) and economics (e.g., financing and development) of global health policy. The second section will look into and discuss selected real-world policy issues (e.g., universal health coverage and health workforce at the country level in low- and middle-income countries, and global health security and refuge health at the global level) to help students apply the concepts and frameworks learned throughout the course to the key global health policy issues.

Learning objectives

By the end of the course, students will be able to:

- Define global health policy and the circumstances that may influence health policy in low- and middle-income countries;
- Understand concepts and theories based on which global health policy is made;
- Identify the key actors in global health policy and describe their influence on global health policy;
- Critically examine key issues in global health policy;
- Describe the frameworks for analyzing global health policy.

Prerequisite (*not mandatory, but recommended*)

- Global Health (902.618B)
- This course is an intermediate-level graduate course. Thus, it is highly recommended that students should have already taken the introductory course Global Health (902.616B) or should be taking it concurrently during the Spring semester of year 2022.

Auditing policy

Auditing is not permitted for this course.

Course structure

- This course consists of two sections. Section I will cover key concepts and theories relevant to global health policy, and Section II will be about Case Studies.
- For the first half of each session will be spent on lecture, and the second half on class discussion and/or class activities (including group exercise, team debates, etc.)

Course materials

There is no required textbook for this course. The required (and/or supplementary optional) readings for each topic are listed in the detailed Course Schedule section of this syllabus. All of the readings will be posted on the eTL site ahead of time for each session. For students interested in further reading, below are some relevant optional textbooks:

Optional supplementary books:

- Brown GW, Yamey G, Wamala S. The handbook of global health policy: John Wiley & Sons; 2014.
- Buse K, Mays N, Walt G. Making health policy: McGraw-Hill Education (UK); 2012.
- Walt G. Health Policy: An Introduction to Process and Power, 4th edn. Bloomsbury Academic, 1994.
- Gostin LO. Global Health Law. Harvard University Press, 2014.

Course requirements

Attendance

- Students are expected to attend all classes. In case of unavoidable absence, students should let the instructor know ahead of time.

Class participation

- Students are expected to proactively participate in class discussion and class activities including group work and briefing.

Reading assignments

- All students are expected to read all reading materials before attending class.

Case Study (Group work) – presentation only (no paper submission required)

- Each group for Case Study will consist of 2-3 students depending on the final size of the class.
- Each group will be assigned to a topic to provide a 20 minute presentation and to lead discussion during one of Case Study Sessions.

- More detailed guidance about the Case Study group work will be provided throughout the class by the instructor.

Team project – a research paper submission and presentation

- The same group for the Case Study will be assigned to a paper topic and develop a research paper.
- Each group will submit the paper through eTL (due June 7 @noon) and present during Session 14.
- More detailed guidance about the paper will be provided throughout the class by the instructor.

Final exam

- In-class, closed-book exam will be held in Session 15.

Assessment of performance

- A total of 100 points are possible in this course. Grading will be based on the following performance:
  - Class participation: 10
  - Case study (group presentation): 20
  - Team paper (group project): 30 (instructor evaluation 15; peer-evaluation by fellow students 10; and peer-evaluation by team members for contribution 5)
  - Final exam: 40

- Final letter grades will be assigned according to the following scale:
  A = 88-100
  B = 80-87
  C = 70-79
  D = 60-69

At-a-Glance Course Calendar

Session (Date)	Topic	Class Activity	Course format
Section I: Policy, Health Policy, and Global Health Policy			
Session 1* (3/8/22)	Introduction	--	Online (Zoom)
Session 2 (3/15/22)	Global health policy: An overview	Group discussion	FTF**
Session 3 (3/22/22)	Power and politics in global health	Group discussion	FTF
Session 4 (3/29/22)	Agenda setting and implementation of global health policy	Group exercise on agenda setting	FTF
Session 5 (4/5/22)	Law and global health policy	Group discussion	FTF
Session 6 (4/12/22)	Global health diplomacy	Team debates	FTF
Session 7 (4/19/22)	Analysis of global health policy	Group exercise on policy analysis	FTF
Session 8 (4/26/22)	Workshop: Developing a policy brief	Group exercise on policy brief	FTF
Section II: Case Studies* **			
Session 9 (5/3/22)	Case 1: Refugee & immigrant health	Group presentation	FTF
Session 10 (5/10/22)	Case 2: Health system strengthening	Group presentation	FTF
Session 11 (5/17/22)	Case 3: Universal health coverage (UHC)	Group presentation	FTF
Session 12 (5/24/22)	Case 4: Global health financing mechanism	Group presentation	FTF
Session 13 (5/31/22)	Case 5: Production and distribution of tools (diagnostics, vaccines, therapeutics) against pandemics	Group presentation	FTF
Session 14 (6/7/22)	Presentation of final papers	Group presentation	FTF
Wrap-up			
Session 15 (6/14/22)	Final exam		FTF

* The class will be held online at 5:00-7:50PM due to the time conflict with an international meeting the instruct must attend.

** Face-to-face (subject to change depending on the COVID-19 situation)

*** The Case study topics are subject to change.

Detailed Course Schedule

Session 1	Introduction	3/8/22

Topics:

- Course overview/administration
- Basic concepts: policy, public policy, health policy, and global health policy
- Broad overview of policy making process

Reading assignments:

Buse K, Mays N, Walt G. Making health policy: Chapter 1. The health policy framework, McGraw-Hill Education (UK), 2012.

Stuckler D, McKee M. Five metaphors about global-health policy. The Lancet 2008; 372(9633): 95-7.

Session 2	Global health policy: An overview	3/15/22

Topics:

- Concepts of global health policy
- Contexts and processes of policymaking in global health

Reading assignments:

Buse K, Mays N, Walt G. Making health policy: Chapter 8. Globalizing the policy process (pp.152-166). McGraw-Hill Education (UK), 2012.

Rushton S, Williams OD. Frames, paradigms and power: global health policy-making under neoliberalism. *Global Society* 2012; **26**(2): 147-67.

Supplementary readings:

Brown GW, Yamey G, Wamala S (eds). The handbook of global health policy: Chapter 1. Understanding global health, John Wiley & Sons; 2014.

Tasioulas J, Vayena E. The place of human rights and the common good in global health policy. *Theoretical Medicine and Bioethics* 2016; **37**(4): 365-82.

Session 3	Power and politics in global health	3/22/22

Topics:

- Importance of understanding the political dimension of global health policy
- Key political dynamics in shaping global health governance
- The relationship between power and global governance
- Political determinants of health inequity at the global level

Reading assignments:

Benatar S. Politics, Power, Poverty and Global Health: Systems and Frames. *International Journal of Health Policy and Management* 2016; 5: 599-604.

Reich M. The Politics of Reforming Health Policies. *Promotion & Education* 2002; 9: 138-142.

Shiffman J. Global Health as a Field of Power Relations: A Response to Recent Commentaries. *International Journal of Health Policy and Management* 2015; 4: 497-499.

Sriram V, Topp S, Schaaf M et al. 10 best resources on power in health policy and systems in low- and middle-income countries. *Health Policy and Planning* 2018; 33: 611-621.

Supplementary readings:

Buse K, Mays N, Walt G. Making health policy: Chapter 2. Power and the policy process. McGraw-Hill Education (UK), 2012.

Shiffman J. Knowledge, moral claims and the exercise of power in global health. *International Journal of Health Policy and Management* 2014; **3**(6): 297-300.

Bruen C, Brugha R. A ghost in the machine? politics in global health policy. *International Journal of Health Policy and Management* 2014; **3**(1): 1-4.

Ottersen OP, Dasgupta J, Blouin C, et al. The political origins of health inequity: prospects for change. *The Lancet* 2014; **383**(9917): 630-67.

Koivusalo M. Governance for health – global health policy and the politics of global health. *Public Health* 2015; **129**(7): 868-9.

Session 4	Agenda setting and implementation of global health policy	3/29/22

Topics:

- Trends in global health agenda
- Agenda setting process in global health
- Alternative approaches to policy implementation
- Factors that facilitate or impede the implementation of policies

Reading assignments:

Buse K, Mays N, Walt G. Making health policy: Chapter 4. Agenda setting. McGraw-Hill Education (UK), 2012.

Buse K, Mays N, Walt G. Making health policy: Chapters 7. Policy

implementation. McGraw-Hill Education (UK), 2012.

Supplementary readings:

Kitamura T, Obara H, Takashima Y, et al. World Health Assembly Agendas and trends of international health issues for the last 43 years: Analysis of World Health Assembly Agendas between 1970 and 2012. *Health Policy* 2013; **110**(2–3): 198-206.

Sanneving L, Kulane A, Iyer A, Ahgren B. Health system capacity: maternal health policy implementation in the state of Gujarat, India. *Glob Health Action* 2013;**6**:1-8.

Levine RE. Power in Global Health Agenda-Setting: The Role of Private Funding; Comment on "Knowledge, Moral Claims and the Exercise of Power in Global Health". *International Journal of Health Policy and Management* 2015; **4**(5): 315-7.

Smith SL, Shiffman J. Setting the global health agenda: The influence of advocates and ideas on political priority for maternal and newborn survival. *Soc Sci Med* 2016;166:86-93.

Session 5	Law and global health policy	4/5/22

Topics:

- Law, ethics, and policy
- International law and global health law
- The potential role of 'global health law' in advancing global health
- History of the reform of international health regulation (IHR)

Reading assignments:

Gostin LO, Meier BM. Introducing Global Health Law. *The Journal of Law, Medicine & Ethics* 2019; **47**: 788-93.

Meier BM, Taylor A, Eccleston-Turner M, Habibi R, Sekalala S, Gostin LO. The World Health Organization in Global Health Law. *J Law Med Ethics*. 2020 Dec;48(4):796-799.

Gostin LO, Habibi R, Meier BM. Has Global Health Law Risen to Meet the COVID-19 Challenge? Revisiting the International Health Regulations to Prepare for Future Threats. *Journal of Law, Medicine & Ethics* 2020; **48**: 376-381.

Supplementary readings:

Gostin LO, Hodge JG Jr. Global health law, ethics, and policy. *J Law Med Ethics*. 2007;35(4):519-25.

Brooks E, de Ruijter A. Towards more comprehensive health law and policy research. *Health Econ Policy Law* 2021;16(1):104-110.

Coggon J, Gostin LO. Global Health with Justice: Controlling the Floodgates of the Upstream Determinants of Health through Evidence-Based Law. *Public Health Ethics* 2020;13(1):4-9.

Gostin LO, Monahan JT, Kaldor J et al. The legal determinants of health: harnessing the power of law for global health and sustainable development. *The Lancet* 2019; **393**: 1857-910.

Session 6	Global health diplomacy	4/12/22

Topics:

- Definitions of the term 'Global Health Diplomacy'
- Global health governance versus global governance for health
- The debate about health in foreign policy

Reading assignments:

Almeida C, Cruz F. Global Health Diplomacy: A Theoretical and Analytical Review. *Oxford Research Encyclopedias, Global Public Health* 2020.

GLOBAL HEALTH CENTRE, Graduate Institute of International and Development Studies. A GUIDE TO GLOBAL HEALTH DIPLOMACY Better health – improved global solidarity – more equity. Geneva, 2021.

Supplementary readings:

Clinton C, Sridhar D, Sridhar DL. Chapter 1. Governing Global Health. In: Governing global health: who runs the world and why? Oxford University Press, 2017: 1-22.

Bennett B, Cohen IG, Davies SE, Gostin LO, Hill PS, Mankad A, Phelan AL. Future-proofing global health: Governance of priorities. *Glob Public Health* 2018;13(5):519-527.

Session 7	Analysis of global health policy	4/19/22

Topics:

- Frameworks for analyzing global health policy issues
- Methods for policy analysis in public health
- A case example of policy analysis in LMICs

Reading assignments:

Walt G, Shiffman J, Schneider H, Murray SF, Brugha R, Gilson L. 'Doing' health policy analysis: methodological and conceptual reflections and challenges. *Health policy and planning* 2008; **23**(5): 308-17.

Abuya T, Njuki R, Warren CE, et al. A policy analysis of the implementation of a reproductive health vouchers program in Kenya. *BMC Public Health* 2012; **12**(1): 540.

Supplementary readings:

Buse K, Mays N, Walt G. Making health policy: Chapters 10. Doing policy analysis. McGraw-Hill Education (UK), 2012.

Collins T. Health policy analysis: a simple tool for policy makers. *Public Health* 2005; **119**(3): 192-6.

Gaventa J. Finding the Spaces for Change: A Power Analysis. IDS Bulletin. 2006.

Brugha R, Varvasovszky Z. Stakeholder analysis: a review. Health Policy and Planning. 2000.

Shiffman J, Smith S. Generation of political priority for global health initiatives: a framework and case study of maternal mortality. The Lancet. 2007.

Buse K. Addressing the theoretical, practical and ethical challenges inherent in prospective health policy analysis. *Health policy and planning* 2008; **23**(5): 351-60.

Marmor T, Wendt C. Conceptual frameworks for comparing healthcare politics and policy. *Health Policy* 2012; **107**(1): 11-20.

Session 8	Workshop: Developing a policy brief	4/26/22

Topics:

- Policy briefs: the basics
- Using the SURE guide and the SPPORT tools in preparing a policy brief
- Group exercise for developing policy brief on a given topic

Reading assignments:

Lavis J, Permanand G, Oxman A, Lewin S, Fretheim A. SUPPORT Tools for evidence-informed health policymaking (STP) 13: Preparing and using policy briefs to support evidence-informed policymaking. Health Research Policy and Systems 2009; 7. DOI:10.1186/1478-4505-7-s1-s13.

WHO. Supporting the Use of Research Evidence (SURE) for Policy in African Health Systems. 2015.

Session 9	Case 1: Refugee & immigrant health	5/3/22

Topics:

- Overview of refugee and immigrant health policy at the global level

- Analysis of power and politics surrounding the refugee and immigrant health policy issues
- Policy suggestions for improving the situations

Supplementary readings:

Office of the United Nations High Commissioner for Refugees. Global Trends: Forced Displacement in 2017. Geneva: United Nations High Commissioner for Refugees, 2018.

Lori JR, Boyle JS. Forced migration: Health and human rights issues among refugee populations. *Nursing outlook* 2015; **63**(1): 68-76.

Session 10	Case 2: Health system strengthening	5/10/22

Topics:

- History of the health system strengthening approaches
- Challenges in health system strengthening in low- and middle-income countries
- Examples of interventions for health system strengthening

Reading assignments:

WHO. Everybody's business. Strengthening health systems to improve health outcomes. WHO's framework for action. Geneva: WHO Document Production Services, 2007.

Witter S, Palmer N, Balabanova D et al. Health system strengthening—Reflections on its meaning, assessment, and our state of knowledge. *The International Journal of Health Planning and Management* 2019; 34.

Supplementary readings:

Don de Savigny and Taghreed Adam (Eds). Systems thinking for health systems strengthening. Alliance for Health Policy and Systems Research, WHO, 2009.

FCDO. Health Systems Strengthening for Global Health Security and Universal Health Coverage. Foreign, Commonwealth & Development Office, 2021.
WHO. Health systems for health security: a framework for developing capacities for International Health Regulations, and components in health systems and other sectors that work in synergy to meet the demands imposed by health emergencies. World Health Organization, 2021.

WHO. Monitoring the building blocks of health systems: A handbook of indicators and their measurement strategies. Geneva: WHO Document Production Services, 2010.

USAID. Health system strengthening learning agenda. Implementing the vision for health system strengthening 2030 through the health system learning agenda. 2021.

Dansereau E, Miangotar Y, Squires E, Mimche H, El Bcheraoui C. Challenges to implementing Gavi's health system strengthening support in Chad and Cameroon: results from a mixed-methods evaluation. *Globalization and health* 2017; 13(1): 83.

Session 11	Case 3: Universal health coverage (UHC)	5/17/22

Topics:

- The concept of UHC within health systems
- Health system financing for achieving UHC
- UHC in low- and middle-income countries

Reading assignments:

Fox AM, Reich MR. The politics of universal health coverage in low- and middle-income countries: a framework for evaluation and action. *Journal of health politics, policy and law* 2015; **40**(5):1023-1060.

Chalkidou K, Glassman A, Marten R et al. Priority-setting for achieving universal health coverage. *Bull World Health Organ* 2016; **94**(6):462-467.

Supplementary readings:

Sachs JD. Achieving universal health coverage in low-income settings. *The Lancet* 2012; **380**(9845): 944-7.

Mills A. Health Care Systems in Low- and Middle-Income Countries. *New England Journal of Medicine* 2014; **370**(6): 552-7.

Lagomarsino G, Garabrant A, Adyas A, Muga R, Otoo N. Moving towards universal health coverage: health insurance reforms in nine developing countries in Africa and Asia. *The Lancet* 2012; **380**(9845): 933-43.

Kruk ME. Universal health coverage: a policy whose time has come. *BMJ* 2013; **347**(7930).

Gupta V, Kerry VB, Goosby E, Yates R. Politics and universal health coverage - the post-2015 global health agenda. *New England Journal of Medicine* 2015; 373(13): 1189-92.

Useful sites:

World Health Organization - Universal Health Coverage: Fact Sheet
http://www.who.int/mediacentre/factsheets/fs395/en/

World Health Organization – Universal health coverage
https://www.who.int/health-topics/universal-health-coverage/

World Health Organization – Health financing for universal health coverage
http://www.who.int/health_financing/strategy/dimensions/en/

Session 12	Case 4: Global health financing mechanism	5/24/22

Topics:

- The role of innovative financing mechanisms for health
- Innovative financing instruments for global health
- Health financing for UHC in resource-poor settings
- Effectiveness of alternative health financing mechanisms

Reading assignments:

World Health Report 2010. Health systems financing: The path to universal coverage. Geneva: World Health Organization, 2010.

Kurowski C, Evans D, Tandon A et al. From double shock to double recovery – implications and options for health financing in the time of covid-19. Washington: The International Bank for Reconstruction and Development / The World Bank, 2021.

Supplementary readings:

World Bank. High-Performance Health Financing for Universal Health Coverage. Washington: International Bank for Reconstruction and Development, 2019.

Pablo Gottret, George J. Schieber, and Hugh R. Good practice in health financing : lessons from reforms in low and middle-income countries. Washington: International Bank for Reconstruction and Development, 2019.

Kutzin J. Health financing policy. A guide for decision makers. Copenhagen: WHO Regional Office for Europe, 2008.

Useful sites:

World Health Organization – Health financing
https://www.who.int/health-topics/health-financing

Session 13	Case 5: Production and distribution of tools (diagnostics, vaccines, therapeutics) against pandemics	5/31/22

Topics:

- The role and performance of ACT-A during the COVID-19 pandemic
- Productive capacity in low- and middle-income countries
- Key actors and stakeholders in the production and distribution of tools against pandemics
- Critical issues surrounding the production and distribution of diagnostics, vaccines and therapeutics against pandemics

Reading assignments:

Ramchandani R, et al. Vaccines, therapeutics, and diagnostics for covid-19: redesigning systems to improve pandemic response. *The BMJ* 2021; 375: 6.

Zhan J, Spennemann C. Ten actions to boost low and middle-income countries' productive capacity for medicines | UNCTAD. Unctad.org. 2020.

Supplementary readings:

Khadem Broojerdi A, Alfonso C, Ostad Ali Dehaghi R, Refaat M, Sillo H. Worldwide Assessment of Low- and Middle-Income Countries' Regulatory Preparedness to Approve Medical Products During Public Health Emergencies. *Frontiers in Medicine* 2021; 8. DOI:10.3389/fmed.2021.722872.

Mahendradhata Y, Kalbarczyk A. Prioritizing knowledge translation in low- and middle-income countries to support pandemic response and preparedness. *Health Research Policy and Systems* 2021; 19. DOI:10.1186/s12961-020-00670-1.

International Federation of Pharmaceutical Manufacturers & Association (IFPMA). Preparing society against future pandemics Policy Perspectives from the Innovative Biopharmaceutical Industry. 2021.

United States Pharmacopeial Convention (USP). Pandemic Preparedness for Regulators in Low- and Middle-Income Countries. Mitigating medical product shortages, preparing the public, and protecting patients during the COVID-19 pandemic and beyond. 2021.

SAGE. 2017 Assessment Report of the Global Vaccine Action Plan Strategic Advisory Group of Experts on Immunization. Geneva: World Health Organization; 2017.

Howard N, Walls H, Bell S, Mounier-Jack S. The role of National Immunisation Technical Advisory Groups (NITAGs) in strengthening national vaccine decision-making: A comparative case study of Armenia, Ghana, Indonesia, Nigeria, Senegal and Uganda. *Vaccine* 2018; 36(37): 5536-5543.

Session 14	Presentation of final papers	6/7/22

- Group presentation of a final paper
- Peer evaluation and class discussion

Session 15	Final exam	6/14/22

- In-class, closed books