

PM565: Introduction to Global Health

This course was designed by: Professors Heather Wipfli, PhD and Mellissa Withers, PhD, MHS

Course description

This course will provide an interactive, interdisciplinary introduction to the field of global health, focusing on developing countries. In this online course, the current global disease burden and how it is projected to change in the coming decades will be examined through an analysis of the science, the policies and the practical implications. We will critically discuss how structural aspects of the international system, including globalization, trade regimes, and international law, impact health worldwide. We will also analyze the role many stakeholders play in governing global health, including international organizations, states, civil society, and industry. Through the use of case studies and discussion of current controversies in global health, students will become familiar with potential successful strategies to improve global health and the challenges that modernization may bring.

Learning objectives

After completing this course, students will be able to:

- Describe the current global and developing country-specific disease burden and trends in the rates of infectious and chronic diseases.
- Appreciate the multidisciplinary approach required to improve global health.
- Evaluate the complex interactions between poverty, globalization, development, trade, security, international law, and governance as they relate to health and health behaviors.
- Identify the major leaders and stakeholders in global health management and delivery.

Textbooks and materials

- **Books:**
 - There is no required textbook for this course.
- **E-reserve Articles:**
 - Please refer to the weekly reading table at the end of this syllabus for a complete list of articles or other readings.
 - All course articles can be accessed via the USC E-Reserves system. The PM565 E-Reserves can be located here: [Course E-Reserve](#)
- **Other Materials:**
 - You will need to have a Google plus account and a twitter account for certain assignments in this course.
 - You will also need to be able to record a presentation via webcam or some other video recording device.



Sessions and days of the week

The course is divided into fifteen weeks. Due dates for assignments and discussions are stated in day numbers. Day 1 is Wednesday, the first day of the beginning of each weekly session.

Class Day	Corresponding Week Day
Day 1	Wednesday
Day 2	Thursday
Day 3	Friday
Day 4	Saturday
Day 5	Sunday
Day 6	Monday
Day 7	Tuesday

Assignments are due no later than **11:55 p.m. in the Pacific time zone** on the day that is stated in the assignment page.

Grading policy

Course components

Component	Percentage of Final Grade
1. Exercises & Discussion Board	25%
2. Live Chats & Twitter Feeds	10%
3. Country Case Study Data Tables	20%
4. Reading Summaries	15%
5. Country Case Study Final Report	30%
Total Percentage	100%

Exercises & Discussion Board (25%)

Every week students will be expected to complete an exercise, activity, or discussion board related to the weekly sessions. There are a total of 25 exercises at 1% each, which comprise 25% of the final grade.

Twitter Feed (10%)

You are expected to tweet global health related stories throughout the course. When you tweet a story, be sure to hashtag the course (#PM565). A minimum of 5 tweets is expected throughout the course. You are also expected to attend most of the live chat sessions.

Country Case Study Data Tables (20%)

Throughout the course each student will be responsible for creating detailed data tables for one specific country. This data will be useful for the final country case study report.

Table 1 due Week 5 (Demographic, Economic, and Disease Indicators)

Table 2 due Week 7 (Governance and Aid)

Table 3 due Week 11 (Environmental Health Indicators)

Table 4 due Week 12 (Maternal/child health, immunization, nutrition)

Table 5 due week 13 (Non-Communicable Disease)

Country Case Study Data Sheet Rubric	
Component	Possible Points
Complete the assigned data sheet for chosen country with accurate and complete information	6 points
Demonstrate knowledge of health indicators by labeling data accurately	1 point
Use the most recent data available	2 points
Cite multiple credible, scientific sources of data from global health websites (does not rely on only one source of data)	1 points
Total Points: 10	

Reading Summaries (15%)

Three to five readings will be assigned each week. Students will report on the required readings and their reaction to them three times during the quarter. Each report should be about 4-5 typed, double-spaced pages in length. Using most of the readings for the sessions since the last report was due (including the ones from that session), you will be given three questions analyzing major themes that emerged from the set of articles. You should focus on how the articles build on each other and give specific evidence from the readings to support your answers. You should mention the most relevant articles assigned in that section at least once but you can highlight the articles that you thought were most important, interesting, etc. Cite each article within the paper using the authors name and year (Smith, 2009) or title of the article. Please include headers for each question in your paper (i.e.- Question #1). No Reference List is required. Please also give a few comments about your own reactions/opinions from the set of articles. You will find the questions on the course webpage for that assignment.



Reading Report Rubric					
Grade	General Quality	Completeness	Themes	Analysis/ Discussion/ Future Research	Writing/ Bibliography
A	Excellent work. Project demonstrates original thought and analysis. Ideas are clearly presented. Paper is well written.	Paper contains references to all assigned articles for this report. Citations are written appropriately.	Paper reports on broad themes and focuses on how articles build on each other. Paper gives multiple, specific evidence from the readings to support the answers to the 3 assigned questions.	Project is analytical and critical, not descriptive. Paper offers student's reactions, comments and original insight about the topic.	It is written in active voice, preferably present tense. There is an absence of wordy, awkward and run-on sentences. Spelling and grammar errors are almost nonexistent.
B	Very good work. Project has competent and accurate description of research, theories and applications. Some analysis is present. Writing is acceptable for a graduate course.	Paper references all of the required articles for this session. There is a sufficient number of references and from the appropriate time period.	Paper answers all 3 questions but does not give ample supporting quotes or evidence from the articles to make a clear, convincing argument.	Findings may be analytical, but little attempt is made to offer unique critiques, reactions or comments.	Writing is at times very clear, but other times very wordy. Spelling and grammar errors are minimal.
C	Only meets minimum requirements. In general, project is descriptive rather than analytical. Writing does not meet graduate-level standards.	Insufficient number of articles included in paper.	Paper refers to all articles but no attempt is made to link them in a meaningful way. Ideas not clearly expressed. Does not answer all three questions.	Findings are presented strictly in terms of descriptive observations. Gives article summaries. No comments or reactions given.	Writing is wordy. Spelling and grammar errors are common. There is a lack of headings and internal transitions.
C- or lower	Minimum requirements are not met. Writing is unacceptable for a graduate course.	(same as above)	(same as above)	(same as above)	(same as above)

Country Case Study Final Report and Presentation (30%)

Students will present an analysis of a major health priority of a low- or middle-income country. In week 2, students will each choose a different developing country to analyze throughout the semester. The paper is worth 25%.

GENERAL FORMAT GUIDELINES

Include a cover page with name, date, chosen country, class title and number. Font size is 12 pts and text must be double spaced. Page length is 5-7 pages. Students will be penalized 10 points for each page under or over page requirements. References, tables and figures will not be counted towards the page total. A list of references is required. Tables and figures are not required but recommended. Include a running header or footer with your name and the page number. Start page numbering at 1 on page after cover page.

INTRODUCTION & CONTEXT (1-1.5 pages)

Begin with a short summary of the country, including location and relevant demographic indicators from Table 1. Describe the burden of disease in this country citing supporting evidence. Then, provide the reader with background information describing the political, economic, geographic, ethnic and historical context of the country that is relevant to the public health situation.

HEALTH PRIORITY (1.5-2 pages)

Select and defend the top public health priority to analyze more in-depth. Using information from the tables, explain why that is the most important at this time. Students are expected to defend their choice by appealing to criteria such as being one of the top causes of mortality and morbidity, as a leading cause of lost DALYs currently or in the future, as a primary contributor to inequity, etc.

HEALTH ANALYSIS (2-4 pages)

Investigate the domestic and international policy context in your country surrounding your chosen health priority. What is the policy context of this public health issue in the country? Who are the domestic stakeholders in this issue area? Which non-governmental or multinational organizations are active in this issue area? Do international trade or treaties impact on this issue area? Then, present analysis of the current efforts to address the issue in the country and the major challenges/ limitations of these efforts. Be sure to give specific examples. Then, discuss future steps and present an argument for why more attention needs to be given to this issue. Lastly, write a conclusion paragraph that summarizes the content of the paper.

CITATIONS

Citing of sources in the throughout the text of the paper is critical. In-text citations must be linked to a list of references at the end of the paper. References must be in alphabetical order and adhere to APA-style format. A minimum of 10 references from scientific agencies or journals are required. References must be as current as possible, and a maximum of 8 years old.

For more on APA-style referencing, see: <http://www.apastyle.org/>

COUNTRY CASE STUDY PRESENTATION

The presentation is worth 5%. You will record a 5-7 minute report on your country's health status. Give a very short background with audiovisuals. Then, make a case for why your chosen health priority is important and present an argument for why more attention should be given to this topic. Discuss what future steps are needed. A maximum of 10 slides or audiovisuals are allowed. You are encouraged to be creative and professional. You should appear in your video. You can use Adobe Connect or any other program to record it. You should include a slide for references at the end (not counted in the max of 10 slides).

Country Case Study Paper Rubric					
Grade	General Quality	Literature Review	Paper components	Analysis/ Discussion/	Writing/ Bibliography
A	Excellent work. Paper demonstrates excellence in research methods, original thought and analysis. Information goes beyond what was discussed in class/reading. Ideas are clearly presented. Paper is well written.	Paper is thorough and contains sufficient number of references. References are from appropriate time period and quality publications.	Paper demonstrates knowledge of key course concepts and their real-world applications. Contains relevant background information and statistics on the overall contextual factors that influence public health, as well as the student's choice of the top public health problem facing the country.	Paper is analytical and critical, not descriptive. A well-supported argument of the top public health issue is given. Paper gives a thorough examination and critique of the current efforts being made to address this issue and a critique of the challenges and limitations of these efforts. Paper presents a convincing argument for why more attention is needed.	Paper conforms to guidelines listed in syllabus, including page limit and APA-style referencing. It is written in active voice, preferably present tense. There is an absence of wordy, awkward and run-on sentences. Spelling and grammar errors are almost nonexistent. Transitions between sections link articles together.
B	Very good work. Paper follows all necessary instructions. Writing is acceptable for a	There is a sufficient number of references and from the appropriate time	Paper has competent and accurate description of the contextual factors	Paper contains data summaries. Some analysis is present but it is not complete	Paper conforms to APA style manual. Writing is at times very clear, but other times wordy.



	graduate course.	period.	influencing health status in the country, and a well-supported argument for the choice of the top health problem.	or well supported through data. Some attempt is made to offer in-depth analysis beyond presentation of the data.	Spelling and grammar errors are minimal. There is only minimal use of headings and internal transitions.
C	Only meets minimum requirements. In general, project is descriptive rather than analytical. Writing does not meet graduate-level standards.	Insufficient number or quality of articles.	Paper contains a series of article summaries but no attempt is made to link them in a meaningful way or use them to present a well-rounded analysis of the health status of the country.	Findings are presented strictly in terms of descriptive observations. Some attempt is made to offer in-depth analysis beyond presentation of the data. Missing key health indicators or enough evidence to support arguments.	A bibliography is included, but it does not follow a standard model. Writing is wordy. Some irrelevant data are presented. Spelling and grammar errors are common. Ideas not clearly expressed. There is a lack of headings and internal transitions.
C- or lower	Minimum requirements are not met. Writing is unacceptable for a graduate course.	(same as above)	(same as above)	(same as above)	(same as above)

Country Case Study Final Presentation Rubric

Component	Possible Points
Upload a 5-7 minute video reporting on the health status of the chosen country, the top health priority, and future directions	2 points
Demonstrate knowledge of the country's main health challenges and determinants of health	2 point
Make a convincing argument for why more attention is needed for this problem	2 points
Demonstrate creativity in the presentation	2 point
Give a clear, succinct and professional presentation	2 points
Total Points: 10	

Other grading policies

Grade ranges

Grade	Range
A	93.0% or higher
A-	90.0%-92.9%
B+	87.0%-89.9%
B	83.0%-86.9%
B-	80.0%-82.9%
C+	77.0%-79.9%
C	73.0%-76.9%
C-	70.0%-72.9%
D	60.0%-69.9%
F	59.9% or lower

Formatting guidelines for all written work

- All documents should be in Microsoft Word format.
- Papers must be type-written or word-processed, double-spaced, with 12 point font.
- Make sure you keep a copy of all submitted papers.
- Please ensure that each paper is written in APA style. Refer to the APA manual. (6th Edition)
- Finally, many typos and spelling errors are unforgivable at this level and reflect poorly on you.
- All page length requirements are for double-spaced pages, with 1-inch margins, in 12-point Times New Roman font.

Live Sessions

This course will include frequent Live Sessions designed to further your understanding of course content and provide an opportunity for class discussion on weekly readings.

Attendance at all Live Sessions is strongly encouraged and will be in your best interest, as topics covered during the sessions may be included in exams or pertinent to project/paper assignments.

Please review the [Adobe Connect Quick Start Guide](#) for details on how to attend a Live Session using Adobe Connect.

Group work

There are two group activities for this course. The group activities take place in Week 4 and Week 14. You will be in different groups for each project. You will work within a group throughout the course to complete the course assignments.

- The groups will change for each group activity.

- The group activity in week 4 has individual role play responsibilities that will be distributed by the professor. Group sizes in week 4 will vary.
- Please be aware that you and your group members will be completing a Peer Feedback Survey at the end of this course that will inform your participation grade.
- You can find both groups by clicking on the 'Roster' link in the right bar of the main course page. Your first group will be numerical (1-8) with a constituency group, while your second group will be labeled Global Priorities and then a number (1-10).

Academic integrity policy

Academic integrity: Students should maintain strict adherence to standards of academic integrity, as described in SCampus (<http://www.usc.edu/dept/publications/SCAMPUS>). In particular, the University recommends strict sanctions for plagiarism, defined below:

11.11 Plagiarism

- A. The submission of material authored by another person but represented as the student's own work, whether that material is paraphrased or copied in verbatim or near-verbatim form.
- B. The submission of material subjected to editorial revision by another person that results in substantive changes in content or major alteration of writing style.
- C. Improper acknowledgment of sources in essays or papers.

Note: Culpability is not diminished when plagiarism occurs in drafts that are not the final version. Also, if any material is prepared or submitted by another person on the student's behalf, the student is expected to proofread the results and is responsible for all particulars of the final draft.

Source: SCampus University Governance, Section 11 Behavior Violating University Standards; For the full text please see <http://web-app.usc.edu/scampus/1100-behavior-violating-university-standards-and-appropriate-sanctions/>

USC policies on accessibility for online courses

The University of Southern California is dedicated to maintaining an environment that ensures that all students with documented disabilities, including deafness, ADHD, dyslexia, visual impairments, and other disabilities, have equal access to its educational programs, activities and facilities. This policy covers all students at USC and in distance learning programs. The accommodations are designed to level the playing field for students with disabilities, while maintaining the integrity and standards of USC's academic programs.

Accommodations are determined on a case-by-case basis. Examples of typical accommodations include assistance in providing note-takers, sign language interpreters, real-time captionists, readers, scribes, advocacy with faculty, accommodated exam proctoring, alternative text formats, adaptive technology, referrals to community resources, support groups and other support services for individual needs unique to a student's disability. DSP encourages you to contact their office early in the semester to discuss individual needs and arrange appropriate support services and strategies. More information on these policies is available here: http://sait.usc.edu/academicsupport/centerprograms/dsp/home_index.html.

Any student requesting academic accommodations based on a disability is required to register with Disability Services and Programs (DSP) each semester. A letter of verification for approved accommodations can be obtained from DSP. Please be sure the letter is sent to the professor as early in the semester as possible. The phone number for DSP is (213) 740-0776 and is open 8:30 a.m. – 5:00 p.m. Pacific Time, Monday through Friday.

Library access

As a MPH student, you have access to all the library resources. The Norris Medical Library Librarian, Amy Chatfield (amychatf@usc.edu), is available to assist you with any inquiries you may have.

Hardware and software requirements

Minimum hardware requirements for PC users

Operating System:	Windows XP or higher required.
RAM:	1 GB of RAM required (higher is recommended).
Free Disk Space:	4 GB available hard-drive space.
Connection:	Internet service provider (ISP); broadband connection recommended
Audio & Video	Sound card and speakers or headphones for listening to audio components. Webcam.
Monitor	Monitor resolution of 1024 x 768 or higher.
Browser:	Mozilla Firefox 4.0 or Google Chrome or higher browser(s). The browser should be set to accept cookies, allow Javascript and Java, and to show the newest version of a page. Pop-up blockers should be disabled for Moodle.
Also Recommended:	CD/DVD-ROM drive.

Minimum hardware requirements for Mac users

Operating System:	Mac OS X Version 10.4 or higher.
RAM:	1 GB of RAM required (higher is recommended).
Free Disk Space:	4 GB available hard-drive space.



Connection:	Internet service provider (ISP); broadband connection recommended
Audio & Video	Sound card and speakers or headphones for listening to audio components. Webcam.
Monitor	Monitor resolution of 1024 x 768 or higher.
Browser:	Safari 5.0, Mozilla Firefox 4.0, Google Chrome or higher browser. The browser should be set to accept cookies, allow Javascript and Java, and to show the newest version of a page. Pop-up blockers should be disabled for Moodle.
Also Recommended:	CD/DVD-ROM drive.

Software

Recommended: Microsoft Office 2003 (or Mac 2004) or higher (to include Word, Excel, and PowerPoint), Virus protection software, Adobe Reader.

Plug-ins

General note: Please ensure you have the latest Java plug-ins.

- PC: [Windows Media Player](#), [QuickTime](#), [Flash](#), [Shockwave](#), [Adobe Reader](#), and [Java](#).
- Mac: [Flip4Mac](#)(to access Windows Media files), [QuickTime](#), [Flash](#), [Shockwave](#), [Adobe Reader](#), and [Java](#).

Check your System Compatibility

To verify that you have the appropriate hardware and software, please log in to the course to launch the [Browser Test Page](#).

Technical support

Assistance to resolve technical problems is available 24 hours a day, every day of the year. This service is provided by Pearson Embanet, and it is restricted primarily to problems associated with the functionality of the course delivery platform.

Contact Pearson Embanet's Help Desk staff for assistance to resolve problems you believe are not associated with the computer hardware and software you have purchased from a vendor.

Examples of problems that fall within this category are:

- Unable to view multimedia files.

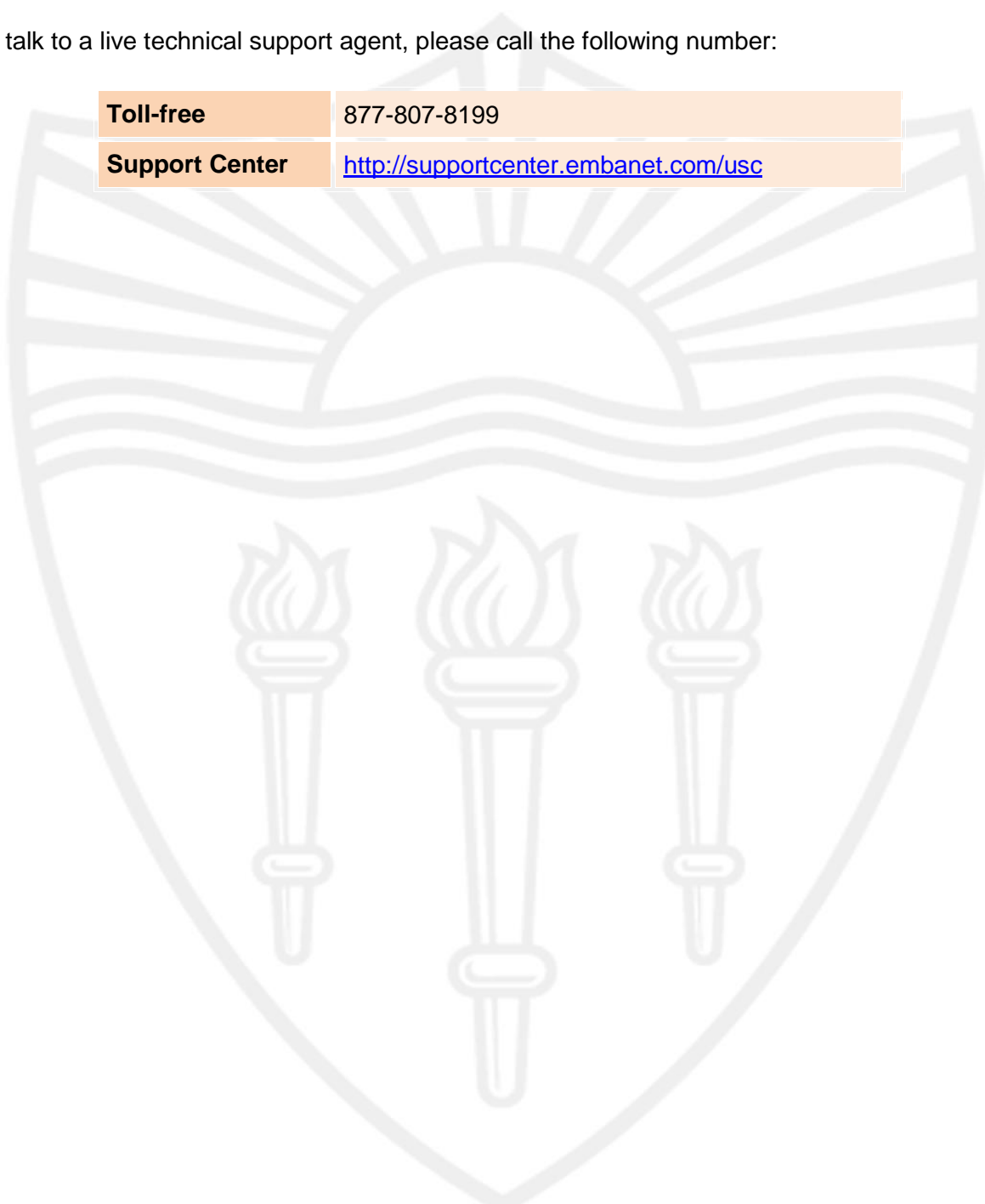


- Unable to view responses to comments you have posted in the Discussion area.

If you are not sure whether the problem is due to your computer system, contact Pearson Embanet Help Desk for guidance; otherwise, contact the vendor.

To talk to a live technical support agent, please call the following number:

Toll-free	877-807-8199
Support Center	http://supportcenter.embanet.com/usc





Weekly Readings

Week 01

Library e-Reserves:

- Koplan J, Bond TC, Merson MH, Reddy KS, Rodriguez MH, Sewankambo NK, Wasserheit JN. (2009). Towards a Common Definition of Global Health. *The Lancet*, 373(9679):1993-1995
- Fineberg HV and Hunter DJ. (2012). A Global View of Health—An Unfolding Series. *New England Journal of Medicine*, 368(1):78-79.
- Yach D and Bettcher D. (1998). The Globalization of Public Health, I: Threats and Opportunities. *AJPH*, 88(5):735–738.

Required Websites/Links:

- [NPR. \(2001\). Globalization and Changes in Patterns of Disease Infection.](#)
- [World Map of Obesity.](#)
- [Obesity map of world weight.](#)
- [Merge of Obesity map and World Borders Geometry.](#)

Week 02

Library e-Reserves:

- Bloom, D. (2011) “7 Billion and Counting.” *Science*.

Required Websites/Links:

- [World Meters](#)
- [WHO's Global Health Atlas](#)

Week 03

Library e-Reserves:

- Sachs J. (2005) “Can extreme poverty be eliminated?” *Scientific American*, 293: 56-65.
- Seeing the World Differently. (2010) *The Economist*.
- Marmot M. (2005) Social determinants of health inequalities. *Lancet*, 365:1099-104.

Required Websites/Links:

- [Hans Rosling shows the best stats you've ever seen.](#)
- [Picturing Possessions](#)

Week 04

Library e-Reserves:

- Pang T, Daulaire N, Keusch G, Leke R, Piot P, Reddy S, Rys A, Szlezak N. (2010). The new age of global health governance holds promise. *Nature Medicine*, 16(11):1181
- Frenk J, Moon S. (2013). Global Health: Governance Challenges in Global Health. *New England Journal of Medicine*, 368:936-42
- Cohen, J. (2006). The new world of global health. *Science*, 311:162-167
- Ruger JP, Yach D. (2009). The Global Role of the World Health Organization. *Global Health Governance*, 2(2):1-11
- Bliss KE. (2010). Key Players in Global Health: How Brazil, Russia, India, China and South Africa Are Influencing the Game. *CSIS Global*



	<p><i>Health Policy Center</i></p> <hr/>
Week 05	<p>Library e-Reserves:</p> <ul style="list-style-type: none"> Rosenberg, T. (2012) "At Year's End, News of a Global Health Success." <i>NY Times</i>. Dugger, C., McNeil Jr., D., "Rumor, fear and fatigue hinder final push to end polio." <i>NY Times</i>. 2006 Mar. 20. McNeil, D.G. (2011) "Critics say Gates' Anti-polio push is misdirected." <i>New York Times</i>. Krista Mahr (2013) "How India fought Polio — and Won." <i>Time</i>. The Last Child Video <p>Required Websites/Links:</p> <ul style="list-style-type: none"> Infectious Disease Fact Sheet Global Health Estimates GAVI Alliance
Week 06	<p>Library e-Reserves:</p> <ul style="list-style-type: none"> D Vidyasagar. (2007) "Global minute: water and health – walking for water and water wars." <i>Journal of Perinatology</i>, 56–58. RX for Survival (The Power of Clean Water) D. Haddad , C. Cross , B. Thylefors , F.O. Richards Jr , S. Bush , A.D. Hopkins & S.K. Baker (2008) "Health care at the end of the road: opportunities from 20 years of partnership in onchocerciasis control." <i>Global Public Health: An International Journal for Research, Policy and Practice</i>, 3:2, 187-196. <p>Required Websites/Links:</p> <ul style="list-style-type: none"> Glass Half Empty: The Coming Water Wars Top 10 Candidates for Eradication Neglected Tropical Diseases: Map <p>Supplemental Resources/Websites:</p> <ul style="list-style-type: none"> Global Water World Water Council IRC International Water and Sanitation Centre Water.org WaterAid Defeat DD
Week 07	<p>Library e-Reserves:</p> <ul style="list-style-type: none"> Coates, T. et al. (2008) "Behavioural strategies to reduce HIV transmission: how to make them work better." <i>Lancet</i>. 2008 August 23; 372(9639): 669–684. Elaine M. Murphy, Margaret E. Greene, Alexandra Mihailovic, Peter Olupot-Olupot. (2006) "Was the "ABC" Approach (Abstinence, Being Faithful, Using Condoms) Responsible for Uganda's Decline in HIV?" <i>PLOS</i>, 3(9).

	<ul style="list-style-type: none"> • Wiwat Rojanapithayakorn (2006) "The 100% Condom Use Programme in Asia." <i>Reproductive Health Matters</i>, 14(28): 41-52. • Mehta, S. (2006) "The AIDS pandemic: A catalyst for women's rights." <i>International Journal of Gynecology and Obstetrics</i>, 94, 317—324. <p>Supplemental Resources/Websites:</p> <ul style="list-style-type: none"> • Avert • The Stephen Lewis Foundation • The Gates Foundation
Week 08	<p>Library e-Reserves:</p> <ul style="list-style-type: none"> • Power S. The AIDS Rebel; An activities fights drug companies, the government-and his own illness. <i>The New Yorker</i>. 19 May 2003. • Gruskin S, Raad Z. (2010). Are drug companies living up to their human rights responsibilities? Moving toward assessment. <i>PLoS Medicine</i>, 7(9):e1000310. • Falzon D, Jaramillo E, Wares F, Zignol M, Floyd K, Raviglione MC. (2013) "Universal access to care for multidrug-resistant tuberculosis: an analysis of surveillance data." <i>Lancet Infect Dis</i>. • Furin J, Bayona J, Becerra M, Farmer P, Golubkov A, Hurtado R, Joseph JK, Keshavjee S, Ponomarenko O, Rich M, Shin S. (2011) "Programmatic management of multidrug-resistant tuberculosis: models from three countries." <i>Int J Tuberc Lung Dis</i>. 15(10):1294-1300. • RX for Survival (The miracle of penicillin, Tuberculosis stalks Peru, A gamble pays off) <p>Supplemental Resources/Websites:</p> <ul style="list-style-type: none"> • Partners in Health • Stop TB Partnership • The Global Fund • Global Alliance for TB Drug Development
Week 09	<p>Library e-Reserves:</p> <ul style="list-style-type: none"> • Richards, A. and E. Shwe Oo (2008). "Global Malaria Eradication? Political Will Thwarts Technological Promises in Eastern Burma." <i>Brown Journal of World Affairs</i> 15(1): 179-195. • Rosenberg, T. "What the World Needs Now Is DDT." <i>NY Times</i>, April 11, 2004. • Specter, M. "What Money Can Buy." <i>The New Yorker</i>. October 24, 2005. • RX for Survival (The tragedy of Malaria) • Vargas Parada, L. (2012). Public Health: Life Lessons. <i>Nature</i>, 480:S11-S13 • Coker RJ, Hunter BM, Rudge JW, Liverani M and Hanvoravongchai P. (2011). Emerging infectious diseases in Southeast Asia: regional challenges to control. <i>The Lancet</i>, 377(9765): 599-609. <p>Supplemental Resources/Websites</p>

	<ul style="list-style-type: none"> • McNeil, D. (2011, December 26). Malaria: World health organization says deaths have dropped 25 percent in last decade. <i>NY Times</i>. • Kelland, K. & Hirschler B. (2011, Oct. 18) World's first malaria vaccine works in major trial. <i>Reuters</i>. • McNeil, D. (2012, February 6). Malaria: Specialists Duel Over Death Toll in 2011: Was It 655,000 People or Twice as Many? <i>NY Times</i>. • McNeil, D. (2012, May 21). Malaria: Fake and Substandard Drugs Grow as Threat to Fight Disease. <i>NY Times</i>. • Wilford, J. N. (2010, February 16). Malaria Is a Likely Killer in King Tut's Post-Mortem. <i>NY Times</i>. • Making Malaria History • Fake malaria drugs kill • Malaria Vaccine.org • Malaria No More.org
Week 10	<p>Library e-Reserves:</p> <ul style="list-style-type: none"> • St. Louis M, Hess J. (2008). Climate Change: Impacts on and Implications for Global Health. <i>American Journal of Preventive Medicine</i>, 35:527-538. • Springer Science+Business Media. (2013). Air pollution worsened by climate change set to be more potent killer in the 21st century. <i>Science Daily</i>. Retrieved from http://www.sciencedaily.com/releases/2013/09/130904105145.htm • Global Alliance for Clean Cookstoves. (2012). Results Report: Sharing Progress on the Path to Adoption of Clean Cooking Solutions. • Nickerson, J. (2013). Global Health on the Edge-The Humanitarian Tipping Point. <i>Canadian Journal of Public Health</i>, 104.3:e267-9 • Burkle FM. (2010). Future humanitarian crises: challenges for practice, policy and public health. <i>Prehosp Disaster Medicine</i>, 25(3):191-9 • RX for Survival (Doctor's without borders) <p>Required Websites/Links:</p> <ul style="list-style-type: none"> • Clean Cook Stoves • Refugee Health Care by Gilbert Burnham, Johns Hopkins University. <ul style="list-style-type: none"> ◦ Lecture 5 ◦ Lecture 6 • Darfur is Dying Interactive game
Week 11	<p>Library e-Reserves:</p> <ul style="list-style-type: none"> • N. Prata , M. Graff, A. Graves & M. Potts (2009) "Avoidable maternal deaths: Three ways to help now", <i>Global Public Health: An International Journal for Research, Policy and Practice</i>, 4:6, 575-587. • Obaid, T.A. (2009) "Fifteen years after the International Conference on Population and Development: What have we achieved and how do we move forward?" <i>International Journal of Gynecology and Obstetrics</i>, 106: 102-105.



	<ul style="list-style-type: none">Jane Cottingham, Adrienne Germain, Paul Hunt (2012) "Use of human rights to meet the unmet need for family planning." <i>Lancet</i>, 380: 172-180. <p>Websites/Links:</p> <ul style="list-style-type: none">http://www.prb.org/Multimedia/Video/2013/bangladesh-tfr-gni-engage-short.aspx <p>Supplemental Resources/Websites:</p> <ul style="list-style-type: none">http://www.endfistula.org/public/http://www.fistulafoundation.org/http://www.whiteribbonalliance.org/http://www.ippf.org/http://popcouncil.org/www.prb.orghttp://www.engenderhealth.org/index-main.phpwww.ipas.orghttp://www.ibisreproductivehealth.org/
Week 12	<p>Library e-Reserves:</p> <ul style="list-style-type: none">Caballero B. (2007) The global epidemic of obesity: An overview. <i>Epidemiol Rev</i>.Caballero B. (2005) A Nutrition Paradox – Underweight and Obesity in Developing Countries. <i>NEJM</i>, 352: 1514-1516.Bhutta et al (2013) "Meeting the challenges of micronutrient malnutrition in the developing world." <i>British Medical Bulletin</i>, 106: 7–17.RX for Survival (The vitamin A detective, Unmasking pellagra, Simple drops saves lives, The obesity paradox, Nepal is a model) <p>Supplemental Resources/Websites:</p> <ul style="list-style-type: none">https://www.freedomfromhunger.org/www.wfp.orgwww.fao.orghttp://www.hki.org/http://www.vitaminangels.org/
Week 13	<p>Library e-Reserves:</p> <ul style="list-style-type: none">Strong K, Mathers C, Leeder C, Beaglehole S. (2005). Preventing chronic diseases: how many lives can we save? <i>The Lancet</i>, 365:1578-82Wipfli H, Samet J. (2009). Global Economic and Health Benefits of Tobacco Control: Part 1. <i>Clinical Pharmacology & Therapeutics</i>, 86:263-271Wipfli H, Samet J. (2009). Global Economic and Health Benefits of Tobacco Control: Part 2. <i>Clinical Pharmacology & Therapeutics</i>, 86:272-280 <p>Websites/Links:</p>

	<ul style="list-style-type: none"> • Secrets of the Tobacco Industry (video) • World Economic Forum: Chronic disease is a top priority for 2011
Week 14	<p>Library e-Reserves:</p> <ul style="list-style-type: none"> • Magnusson RS. (2010) Global health governance and the challenge of chronic, non-communicable disease. <i>J Law Med Ethics</i>. 38(3):490-507 • United Nations General Assembly. (2011). Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. A.66.L1 • Martin G, Sorenson C, Faunce T. (2007). Balancing intellectual monopoly privileges and the need for essential medicines. <i>Global Health</i>, 3:4 • Medicines Sans Frontiers. How the Trans-Pacific Partnership Agreement Threatens Access to Medicines. <p>Websites/Links</p> <ul style="list-style-type: none"> • http://www.takepart.com/foodinc
Week 15	<p>Library e-Reserves:</p> <ul style="list-style-type: none"> • Atun, Rifat; Knaul Felicia Marie; Akachi, Yoko; Frenk, Julio. (2012). Innovative financing for health: what is truly innovative? <i>Lancet</i>, 380(9858):2044-2048. • Health in the post-2015 UN development agenda – Thematic Think Piece by UN System Task Team on Post-2015 UN development agenda. Pgs 1-15 • Garrett L. (2013). The Survival of “Global Health” – Part Four: The New Global Health Architecture Does Not Match Its Emerging Mission. <i>Global Health Governance Blog</i>. Retrieved from: http://blogs.shu.edu/ghg/2013/05/28/the-survival-of-global-health-part-four-the-new-global-health-architecture-does-not-match-its-emerging-mission/