##### HP 270 Introduction to Global Health

**Fall 2020**

**Instructors** Heather Wipfli, PhD ([hwipfli@usc.edu](mailto:hwipfli@usc.edu))

**Class day and time** Monday, 10:00 – 11:50 am

Wednesday, 10:00 – 11:50 am

**Class location** CPA 211

**Office hours day and time** Wednesday 12:00- 2:00 pm

**Office hours location** CPA 353

**Teaching assistant** TBD

**Private Appointments** Please email Heather Wipfli for an appointment. Write ‘appointment HP 270’ in subject line, state the reason for the appointment and detail the time and day that you would like to meet.

### Course Description

In the COVID-19 era, there is no more pressing field to learn more about than global health. COVID-19 has taken the world by storm, upending lives worldwide in just a few months. It has illustrated just how the intensification of global trade and travel facilitates the rapid spread of disease, how a single pandemic can bring the world economy to its knees, and how national responses can challenge human rights and exasperate social injustices. Using our current crisis as the starting point, this course will provide a general introduction to the field of global health. As defined for this class, global health is the multidisciplinary approach to understanding and responding to health issues that transcend national, cultural, and economic boundaries. Students will examine the current global disease burden and how it is projected to change in the coming decades. Keeping people the central focus of our discussions, we will critically examine how structural aspects of the international system, including globalization, politics, trade regimes, and international law impact health worldwide. We will also analyze the roles that the many stakeholders play in governing global health, including international organizations, states, civil society, and industry. We will use multiple case studies, including COVID-19, to examine successful and less successful efforts to improve global health and to debate enduring controversies in the global health arena. Upon finishing this course, students should be familiar with the current global health environment and how issues ranging from infectious disease to obesity will impact global health in the future.

### Course Objectives

After completing this course, students will be able to:

* Describe the current global and low-income country-specific disease burden and trends in the rates of infectious and chronic diseases.
* Think critically about the complex links between globalization and health, including the interactions between poverty, development, politics, trade, conflict, security, international law, human rights and governance as they relate to health and health behaviors.
* Identify the major leaders and stakeholders in global health management and delivery.
* Appreciate the multidisciplinary approaches required to solve problems and improve global health.

#### Learning Methods

* Lectures, delivered by the primary instructor and guest lecturers
* Video segments and film
* Synchronous online exercises
* Bulletin Board and Synchronous Discussions
* Reading assignments

### Required Texts

Skolnik, Richard. Global Health 101: Third Edition. Sudbury (MA): Jones and Bartlett; 2016.

Piot, Peter. No Time To Lose: A Life in Pursuit of Deadly Viruses. New York (NY): WW Norton & Co.; 2012.

Other readings listed below and posted on Blackboard.

**Evaluation Criteria**

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| **Participation** | **10%** |
| Your participation grade will be composed of your participation during our in-person class discussions as well as your engagement with the weekly course content. All students will be expected to attend at least 2 hours of in-person class per week and engage with materials posted on Blackboard under weekly content for a minimum of 120 hours during the course. Student time spent on Blackboard will be monitored throughout the semester. | |
| **Discussion Boards**  There will be 10 discussion boards posted to Blackboard throughout the course (worth 10 points each). Students are expected to post answers (8 points), and comment on at least two classmates’ posts (2 points).  **Country Data Table** | **10%**  **5%** |
| You will pick a low or lower-middle income country, extract data on its population, demography, epidemiology and nutrition from a range of sources and put these data into the tables provided. This assignment will be due on September 9th. | |
| **Country Policy Brief** | **15%** |
| You will present a two-three page policy brief on an issue that stood out to you from the health situation of the country you studied for the “Country Data Tables” assignment. Use formatting to help communicate your key messages, including bulleting, bolding, text boxes, and figures. The brief will be due on September 30th. | |
| **Book Commentaries** | **20%** |
| In three pages, you will develop a brief summary and critical analysis of two Parts of the book: No Time to Lose (Parts One and Four). Use 12-point font, double-spaced text and one inch margins. Each commentary should explore attributes, controversies and limitations of the book and relate to themes presented in the course.  No Time to Lose: Part 1 book commentary due October 7th.  No Time to Lose: Part 4 book commentary due October 28th. |  |
| **Final paper - “Globalization is a force for good in global health”** | **15%** |
| You will prepare a four-page analysis of the debate about the effects of globalization on global health. This final paper is due on November 11th. You will participate in a formal debate on the topic of the global health policy case study. Instructions on the structure of and expectations for the debate will be provided. The debate will also occur on November 11th. | |
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| **Final exam** | **25%** |
| A comprehensive final exam covering materials presented throughout the semester and composed of multiple choice and short answer sections will be administered during the final exam period on November 18th.    **Grading Scale**  Letter grades will be assigned according to the following scale:  ≥93 A; 90 to 92 A-; 87 to 89 B+; 83 to 86 B; 80 to 82 B-; 77 to 79 C+; 73 to 76 C; 70 to 72 C-; 67 to 69 D+; 63 to 66 D; 60 to 62 D-; ≤59 F | |
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**Administration & Policies**

**Blackboard**

USC’s electronic Blackboard system will be used throughout the semester. Lectures, assignments, reminders, and messages will be posted. In addition, documents such as the course syllabus and helpful information about the class project will be posted. Students are expected to check the Blackboard system multiple times a week in order to keep updated. The website address for Blackboard is [https://blackboard.usc.edu/](about:blank)**.**

**Assignments**

All assignments should be submitted on Blackboard. If something is mistakenly submitted and can’t be removed, the updated version may be emailed directly to the professor

### Policy on late work and absences

### Assignments must be turned in on time. If a student anticipates that they will not be able to make a deadline, he/she is expected to speak to the professor as soon as possible.

### Statement for students with disabilities

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 should be obtained from DSP and delivered to one of the instructors as early in the semester as possible, preferably within the first two weeks. DSP is located in STU 301 and is open 8:30 a.m.-5:00 p.m., Monday through Friday. The phone number for DSP is (213) 740-0776.

**Learning Experience Evaluations**

Learning Experience Evaluations will be conducted during the last class of the semester. This will be your opportunity to provide feedback about your learning experience in the class. This feedback helps the instructor determine whether students are having the intended learning experiences for the class. It is important to remember that the learning process is collaborative and requires significant effort from the instructor, individual students, and the class as a whole. Students should provide a thoughtful assessment of their experience, as well as of their own effort, with comments focused on specific aspects of instruction or the course. Comments on personal characteristics of the instructor are not appropriate and will not be considered. For this feedback to be as comprehensive as possible, all students should complete the evaluation.COURSE OUTLINE

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| --- | --- | --- | --- |
| **Date** | **Topics** | **Learning Objectives** | **Readings and Assignments** |
| **Part 1. Three Basic Questions: What is global health? What forces determine whether we are sick or healthy? What transitions in health have we experienced and are going to experience?** | | | |
| **1. Aug 23** | Introduction to course and to each other  What is global health? An examination of major trends relating to health in the context of globalization; health and wealth exercise | - Introduce the global forces that are impacting population health around the world and the global institutions and actors actively addressing threats to health.  - Articulate a definition of globalization and describe its impacts on global health | 1. GH 101, chapter 1 The Principles and Goals of Global Health  2. Fineberg HV and Hunter DJ. A Global View of Health – An Unfolding Series. New England Journal of Medicine. 368;1:78-9.  3. Cash and Patel. How has COVID-19 subverted global health? The Lancet, 395:10238:1687-88 |
| **2. Aug 25** | Describing the ‘demographic transition’ and analyzing the forces driving it; country category and population pyramid matching exercise | - Evaluate the major contributors to patterns of mortality and fertility and the extent to which these contributors are changing over time  - Explore deviations from the classic demographic transition model and within country variation in the transition  - Analyze population pyramids for particular countries in order to appreciate a variety of demographic patterns | 1. Bloom DE. 7 billion and counting. Science;333:562-9.  2.<http://www.economist.com/news/21631911-end-population-pyramid-world-reshaped>  3. Gorden K, Countries with aging populations are most t risk of high COVID-19 death rate. BioTechniques. April 17, 2020. |
| **3. Aug 30** | Introduction to the fundamentals of epidemiology and surveillance | - Define the study of epidemiology  - Describe basic epidemiological approaches to studying disease spread  - Examine the most common indicators of health status and explore surveillance and other methods that we use to collect and track population health | 1. GH 101, chapter 2, Health Determinants, Measurements and Trends  2. Piller, C. Data secrecy is crippling attempts to slow COVID-19’s spread in U.S., epidemiologists warn. Science, July 16, 2020. 3. Dawood et al. Observations of the global epidemiology of COVID-19 from the prepandemic period using web-based surveillance: a cross-sectional analysis. The Lancet, July 29, 2020 pre-print. |
| **4. Sep 1** | A rapidly shifting burden of disease: describing and analyzing the ‘epidemiologic transition’ | - Evaluate the major contributors to global burden of disease and the extent to which these contributors and the resulting diseases are changing over time | 1. Sarukhan A. The Epidemiological Transition (or What We Died, Die and Will Die From). IS Global. https://www.isglobal.org/en/healthisglobal/-/custom-blog-portlet/la-transicion-epidemiologica-o-de-que-moriamos-morimos-y-moriremos-/3098670/0    2. GBD 2013 DALYs and HALE Collaborators. Global, regional, and national disability-adjusted life years (DALYs) for 306 diseases and injuries and healthy life expectancy (HALE) for 188 countries, 1990–2013: quantifying the epidemiological transition. Lancet 2015; 386: 2145–91. Read only the abstract and discussion section. 3. Kaiser Family Foundation. The U.S. Government and Global Non-Communicable Disease Efforts. 2019. https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-global-non-communicable-diseases/ |
| **Sep 6** | **Labor Day – No Class** | | |
| **5. Sep 8** | Social and Corporate Determinants of Health | - Introduce the major determinants of disease and health; in particular, explore global forces that impact health. | 1. GH 101 Chapter 3 (Health, Education and the Economy)  2. GH 101 Chapter 6 (Culture and Health) |
| **Part 2: Describing and Address the Global Burden of Disease and Mortality** | | | |
| **6. Sept 13** | Emerging and Re-emerging Disease Pandemics | - Describe recent pandemic outbreaks (besides COVID-19)  - Evaluate the main causes of pandemic spread | 1. GH 101, Chapter 11, Communicable diseases  2. Various Blackboard Resources |
| **7. Sept 15** | Introduction to diarrheal disease and potential solutions for improving water and sanitation; overview of neglected tropical diseases | - Describe the burden of diarrheal disease in low-income countries and the prevalence of poor sanitation and poor quality drinking water.  - Understand the faeco-oral disease transmission pathway  - Learn about proven methods to interrupt the faeco-oral disease transmission pathway and the challenge of implementing such methods in low-income countries  - Describe the impact of air pollution on health in diverse settings | **\*Data Tables Due\***  1. WHO Guidelines on Sanitation and Health, 2018, Executive Summary: <https://www.who.int/water_sanitation_health/publications/guidelines-on-sanitation-and-health/en/>  2. Otto et al. Combating the Coronavirus Without Clean Water. 2020. World Resources Institute: <https://www.wri.org/blog/2020/04/coronavirus-water-scarcity-hand-washing> 3. Alburquerque C and Roaf V. Women and WASH: The Human Rights to Water and Sanitation. 2016. The Solutions Journal. <https://www.thesolutionsjournal.com/article/women-wash-human-rights-water-sanitation/> |
| **8. Sept 20** | Nutrition: The Global Paradox | - Describe the prevalence of undernutrition and overnutrition and the indicators that we use to define nutritional status  - Appreciate the distinct and similar forces that drive undernutrition and overnutrition | 1. GH 101, chapter 8 Nutrition and Global Health  2. See Blackboard Resources |
| **9. Sept 22** | Vaccines and Preventable Childhood Diseases | - Describe how vaccines have been used to eradicate disease and improve health  - Identify the major vaccine programs being implemented in low- and middle-income countries  - Use controversies surrounding polio vaccination campaigns in northern Nigeria to explore how culture and historical distrust intersect in disease prevention efforts. | 1 GH 101, Chapter 10, The Health of Young Children  2. Kerr et al. Lessons Learned and Legacy of the Stop Transmission of Polio Program. [J Infect Dis.](https://www.ncbi.nlm.nih.gov/pubmed/28838200) 2017 Jul 1;216(suppl\_1):S316-S323. doi: 10.1093/infdis/jix163.  3. COVID-19 putting routine childhood immunization in danger: UN health agency, 27 April 2020, United Nations. <https://news.un.org/en/story/2020/04/1062712>  4. Karp, Rachel. Free the Vaccine. Columbia Political Review, July 3, 2020. <http://www.cpreview.org/blog/2020/7/free-the-vaccine> |
| **10. Sept 27** | Maternal Health | - Describe the life course approach to understanding health  - Identify major hurdles to reducing maternal death | 1. GH 101, Chapter 9 Women’s Health  2. Evans, C. (2013) “A review of cultural influence on maternal mortality in the developing world.” Midwifery, 29: 490-496.  3. Effects of COVID-19 on Maternal Mortality, Amnesty international, 29 April, 2020.  4. The Mexico City Policy: An Explainer, Kaiser Family Foundation, June 29, 2020.  5. US Government response to maternal and child health, Kaiser Family Foundation, Jul 1, 2020 |
| **11. Sep 29** | HIV, TB and Malaria | - Present historical and current global efforts around HIV and human rights  - Discuss TB programming and the rise of drug resistance  - Describe the historical initiative s and current approaches to malaria control | 1. Slivinski N. Are we headed for a new era of malaria drug resistance? The Scientist, March 2019: <https://www.the-scientist.com/features/are-we-headed-for-a-new-era-of-malaria-drug-resistance--65496>  2. Stemple L. Health and Human Rights in Today’s fight against HIV/AIDS. *AIDS*. 22(Suppl 2): S113-S121.  See Blackboard |
| **12. Oct 4** | Non-Communicable Diseases | - Introduce the major non-communicable diseases and their risk factors & the evidence that these NCDs are accounting for a growing burden of disease in low- and middle-income countries (LMICs) | 1. GH 101, chapter 12 Non-communicable diseases  2. Beaglehole R, Bonita R, Horton R, et al. Priority actions for the non-communicable disease crisis. Lancet 2013;377: 1438-47.  3. Knaul F et al. Beyond divisive dichotomies in disease classification. Lancet 2017;5:e1073-4 |
| **13. Oct 6** | Tobacco and the FCTC |  | 1. Jha P. Deaths and taxes: Stronger tobacco control by 2025. *Lancet* 2015; 385**:** 918-20. |
| **14. Oct 11** | Global Mental Health | - Review what is included in the global mental health burden of disease  - Discuss global capacity to address mental health challenges  - Consider how COVID-19 is impacting global mental health | **\*Country Policy Brief Due\***  1. Wainberg ML, Scorza P, Shultz JM, et al. Challenges and Opportunities in Global Mental Health: a Research-to-Practice Perspective. Curr Psychiatry Rep. 2017;19(5):28. doi:10.1007/s11920-017-0780-z  2. UN. Mental Health in the Age of Covid**.**  3. Mock and Schwatz. How Doctors and Nurses Manage Coronovirus Grief. Scientific American: https://www.scientificamerican.com/interactive/grief-on-the-front-line-and-beyond/ |
| **Global Health Governance** | | | |
| **15. Oct 13** | Introduction to Governance in Global Health Part 1: WHO | - Describe how politics at the national and global levels influences health priorities  - Identify strengths and weaknesses of framing global health issues in different political frameworks  - Identify major stakeholders involved in global health | 1. GH 101, chapter 15 Working Together to Improve Global Health  2. Kickbusch I. (2020) Global health Governance in the Age of COVID19. https://www.thinkglobalhealth.org/article/covid-19-smoke-and-mirrors-what-matters-international-law  3. Piot P. No Time to Lose: A Life in Pursuit of Deadly Viruses. Chapter 15 and 16. |
| **16. Oct 18** | Introduction to Governance in Global Health Part 2: The Org Salad | Organization sorting exercise |  |
| **17. Oct 20** | Health and Human Rights  Book discussion: No Time to Lose Part 1 | - Describe the function of using human rights concepts and legal instruments to advance global health  - Identify legal agreements that are leveraged to advance health and human rights | **\*No Time to Lose: commentary 1 due\***  1. GH 101, chapter 4 Ethical and Human Rights Concerns in Global Health. Pages 79-83.  2. Tarantola D, Ferguson L and Gruskin S. International Health, Global Health and Human Rights. In Routledge Handbook in Global Public Health. Eds. Parker R and Sommer M. 2011.  3. High Level Working Group on the Health and Human Rights of Women, Children and Adolescents. Leading the realization of human rights to health and through health. World Health Organization. 2017. Only pages 6-28.  4. Citro et al. Developing a Human Rights Based Approach to TB. *Health Hum Rights*. 18(1):1-8. |
| **18. Oct 25** | Access to Drugs and Vaccines, WHA resolution exercise | - Identify major international trade agreements affecting health services and drug access  - Discuss how health can impact trade law | 1. UN Secretary General’s High Level Panel on Access to Medicines. Final Report. 2016. Executive summary only.  2. Martin G, [Sorenson C](about:blank), [Faunce T](about:blank). Balancing intellectual monopoly privileges and the need for essential medicines. Global Public Health. 2007;3:4. (Optional reading)  3. Quigley F. Making Medicines Accessible: Alternatives to the Flawed Patent System. Health and Human Rights, Nov 23, 2015. Available at: [http://www.hhrjournal.org/?p=7100](about:blank) (Optional reading) |
| **19. Oct 27** | Access to Global Surgery and Technology | - Examine the state of surgery access worldwide  - Examine how different technologies are changing global health  - Describe programs using mHealth technologies to serve populations in LMICs | 1. GH 101, chapter 17 Science, Technology and Global Health  2. History of Global Health, Introduction and Chapter 6 |
| **20. Nov 1** | Global Health Financing, bean counting exercise | - Discuss how priorities are set globally | 1. The US Government and Global Health: <https://www.kff.org/global-health-policy/fact-sheet/the-u-s-government-and-global-health/>  2. 5 Things to now about Global Health Funding FY 2020: <https://www.globalhealthnow.org/2019-05/5-things-know-about-us-global-health-funding-fy-2020>  3. McCoy D, Chand C, Sridhar D. Global Health funding: how much, where it comes from and where it goes. Health Policy and Planning. Vol. 24 (6): 407-417. https://academic.oup.com/heapol/article/24/6/407/912832 |
| **Cross-cutting Themes in Global Health** | | | |
| **21. Nov 3** | Complex Humanitarian Emergencies | - Examine the health challenges arising from natural and manmade humanitarian disasters  - Identify challenges to coordinated international responses to disasters | 1. Waldman R, Martone G. Public health and complex emergencies: new issues, new conditions. Am J Public Health. 1999;89(10):1483-5.  2. Burkle FM, Greenough PG. Impact of public health emergencies on modern disaster taxonomy, planning, and response. Disaster Med Public Health Preparedness. 2008;2(3):192-9.  3. Hollifield M, et al. Measuring trauma and health status in refugees: A critical review. JAMA. 2002 Aug 7;288(5):611-21. |
| **22. Nov 8** | Sustainable Development, Climate Change and Health | - Describe the impact of air pollution on health in diverse settings  - Characterize the pathways through which climate change affects health  - Identify mitigation strategies for the impacts of climate change on health | 1. GH 101, chapter 7 The Environment and Health  2. McMichael AJ, Woodruff RE and Hales S. Climate change and human health: present and future risks. Lancet 2006; 367: 859-69.  3. Managing the health effects of climate change, Lancet Commission (interactive): <http://www.thelancet.com/commissions/climate-change> |
| **23. Nov 10** | Health Systems and Universal Health Access  No Time to Lose, Part 4 | - Describe the main functions of a health system and identify different institutional actors within health systems  - Outline key health systems issues and how they might be addressed in LMICs  - Describe how health system functioning affects health outcomes | **No Time to Lose: commentary 2 due\***  1. GH 101, chapter 5 An Introduction to Health Systems  2. Mills A. Health care systems in low- and middle-income countries.2014. *NEJM*. 370:552-557.  3. WHO. World Health Report 2013: Research for Universal Health Coverage. Pages iv – 25. Available at: [http://apps.who.int/iris/bitstream/10665/85761/2/9789240690837\_eng.pdf](about:blank)  4. Pettigrew, Luisa M et al. Primary health care and the Sustainable Development Goals. *The Lancet*, Volume 386 , Issue 10009 , 2119 – 2121. |
| **24. Nov 18** | Global Health Research Approaches Part 1 | - Examine the purpose and use of multi-country research  - Describe how multi-country research is conducted  - Identify challenges that often arise from multi-country research projects | 1. Garcia-Moreno C, Jansen HA, Ellsberg M, Heise L, Watts CH. Prevalence of intimate partner violence: findings from the WHO multi-country study on women's health and domestic violence. Lancet, 2006; 368(9543): 1260-69.  2. Wipfli H, Avila-Tang E, Navas-Acien A, Kim S, Onicescu G, Yuan J, Breysse P, Samet J, FAMRI Homes Study Investigators. Second smoke exposure among women and children: Evidence from 31 countries. AJPH, 2008; 98(4): 672-679.  3. Ezzati M. How can cross-country research on health risks strengthen interventions? Lancet, 2004; 364(9438): 912-914 |
| **25.** **Nov 22** | Global Health Ethics | - Identify key ethical issues arising in global public health.  - Describe the main ethical positions used in global public health.  - Understand some of the complex ethical dilemmas that can arise in global health. | 1. Heater D. What is Citizenship? Wily & Sons. 2013. Read only the Introduction  2. Roberts MJ and Reich MR. ‘Ethical analysis in public health’ (PDF), Lancet, 2002. 59:1055-59.  3. Tarantola D et al. ‘Ethical considerations related to the provision of care and treatment in vaccine trials’ (PDF), Vaccine, 2007. 25:4863-74.  4. Bernstein M. Ethical dilemmas encountered while operating and teaching in a developing country. Can J Surg, 2004. 47(3): 170–172.  5. Kass N. Ebola, ethics and public |
| **Nov 24** | **Happy Thanksgiving!** | | |
| **26. Nov 29** | Global Health Communication and Story Telling | - Understand how global health stories are told to the general public  - Explore the ethics of narrative perspectives  - Discuss how to ethically engage artists in global health | 1. Unite for Sight. Ethics and Photography in Developing Countries. <https://www.uniteforsight.org/global-health-university/photography-ethics>  2. See Blackboard Resources |
| **27. Dec 1** | Learning Experience Evaluation  Debate, Course round-up, Q&A | - Explain the inter-sections between global health and globalization  - Articulate the importance of global health  - Present coherent arguments regarding the positive and negative effects of globalization on health | **\*Global health final paper due\*** |
| **Dec 8** | **Final Exam Due** |  |  |

**Statement on Academic Conduct and Support Systems**

**Academic Conduct:**

Plagiarism – presenting someone else’s ideas as your own, either verbatim or recast in your own words – is a serious academic offense with serious consequences. Please familiarize yourself with the discussion of plagiarism in *SCampus* in Part B, Section 11, “Behavior Violating University Standards” [policy.usc.edu/scampus-part-b](https://policy.usc.edu/scampus-part-b/). Other forms of academic dishonesty are equally unacceptable.  See additional information in *SCampus*and university policies on scientific misconduct, http://policy.usc.edu/scientific-misconduct.

**Support Systems:**

*Student Counseling Services (SCS) – (213) 740-7711 – 24/7 on call*

Free and confidential mental health treatment for students, including short-term psychotherapy, group counseling, stress fitness workshops, and crisis intervention. [engemannshc.usc.edu/counseling](https://engemannshc.usc.edu/counseling)

*National Suicide Prevention Lifeline – 1 (800) 273-8255*

Provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week. [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org/)

*Relationship and Sexual Violence Prevention Services (RSVP) – (213) 740-4900 – 24/7 on call*

Free and confidential therapy services, workshops, and training for situations related to gender-based harm. [engemannshc.usc.edu/rsvp](https://engemannshc.usc.edu/rsvp/)

*Sexual Assault Resource Center*

For more information about how to get help or help a survivor, rights, reporting options, and additional resources, visit the website: [sarc.usc.edu](http://sarc.usc.edu/)

*Office of Equity and Diversity (OED)/Title IX Compliance – (213) 740-5086*

Works with faculty, staff, visitors, applicants, and students around issues of protected class. [equity.usc.edu](http://equity.usc.edu/)

*Bias Assessment Response and Support*

Incidents of bias, hate crimes and microaggressions need to be reported allowing for appropriate investigation and response. [studentaffairs.usc.edu/bias-assessment-response-support](https://studentaffairs.usc.edu/bias-assessment-response-support/)

*The Office of Disability Services and Programs*

Provides certification for students with disabilities and helps arrange relevant accommodations. [dsp.usc.edu](http://dsp.usc.edu/)

*Student Support and Advocacy – (213) 821-4710*

Assists students and families in resolving complex issues adversely affecting their success as a student EX: personal, financial, and academic. [studentaffairs.usc.edu/ssa](https://studentaffairs.usc.edu/ssa/)

*Diversity at USC*

Information on events, programs and training, the Diversity Task Force (including representatives for each school), chronology, participation, and various resources for students. [diversity.usc.edu](https://diversity.usc.edu/)

*USC Emergency Information*

Provides safety and other updates, including ways in which instruction will be continued if an officially declared emergency makes travel to campus infeasible. [emergency.usc.edu](http://emergency.usc.edu)

*USC Department of Public Safety – UPC: (213) 740-4321 – HSC: (323) 442-1000 – 24-hour emergency or to report a crime.*

Provides overall safety to USC community. [dps.usc.edu](http://dps.usc.edu/)

**Further reading in global health**

*General reading*

* + - 1. Hans Rosling. Factfulness

*Humanitarian assistance; Disaster relief*

1. James Orbinski. An Imperfect Offering: Humanitarian Action in the 21st Century
2. Dan Bortolotti. Hope in Hell: Inside the World of Doctors Without Borders
3. Paul Farmer. Haiti After the Earthquake

*Infectious disease*

1. Steven Johnson. The Ghost Map: The story of London’s most terrifying epidemic—and how it changed science, cities and the modern world
2. Stephanie Nolan. 28: Stories of AIDS in Africa
3. Laurie Garrett . Betrayal of Trust: the collapse of global health
4. William H Foege. House on Fire: The fight to eradicate smallpox
5. Jonny Steinberg. Three Letter Plague
6. Peter Piot. No Time to Lose: A Life in Pursuit of Deadly Viruses
7. Tracy Kidder. Mountains beyond Mountains

*Global health policy*

1. Sara Davies. The Global Politics of Health
2. Nigel Crisp. Turning the World Upside Down

*Poverty and health; economic development*

1. William Easterly. The White Man's Burden: Why the West's Efforts to Aid the Rest Have Done So Much Ill and So Little Good
2. Paul Collier. The Bottom Billion: Why the Poorest Countries are Failing and What Can Be Done About It
3. Jeffrey Sachs. The End of Poverty: economic possibilities of our time
4. Abhijit V. Banerjee and Esther Duflo. Poor Economics
5. Steven Radelet. Emerging Africa: how 17 countries are leading the way

*Electronic resources*

1. Kaiser Family Foundation, Daily Global Health Policy Report
2. IRIN Humanitarian News and Analysis
3. Weekly alerts from key journals listing of most recent articles: Lancet, British Medical Journal, American Journal of Public Health, Health and Human Rights, PLoS Medicine, WHO Bulletin

*Reports*

1. World Health Organization. World Health Report.
2. UNICEF. State of the World’s Children.
3. World Bank. World Development Report.
4. UNDP. Human Development Report.