HPM 240: Healthcare Issues in an International Perspective

Spring 2017
Tuesday & Thursday, 10-11:50am
Room CHS 31-262 (Roemer conference room)

INSTRUCTOR: Corrina Moucheraud, ScD
Department of Health Policy and Management
Phone: 310-206-1185
Email: cmoucheraud@ucla.edu
Office: 31-235A CHS
Office hours: Drop in: Thursdays 1-3; and by appointment: calendly.com/cmoucheraud

My goal is for you to learn a lot in this class -- and my job is to help you attain this! So please come see me outside of the classroom. The sooner the better! You can also always email me with questions on class content, assigned work, or other issues.

COURSE OVERVIEW:
This course will provide an introduction to global health, from a health policy and management perspective. It will examine institutions, from global to local, through lenses including governance, financing, history and agenda-setting. Major topics in global health systems will also be discussed, such as human resources and health IT. Through a series of short assignments that parallel the course topics, students’ work will culminate in a final presentation that examines these many dimensions of a single topic in global health.

COURSE OBJECTIVES AND COMPETENCIES:

<table>
<thead>
<tr>
<th>Learning objectives - At the end of this course, students will be able to:</th>
<th>FSPH competencies</th>
</tr>
</thead>
</table>
| Describe major issues in global public health policy and management | • Discuss the policy process for improving the health status of populations. (E4)  
• Analyzes the effects of political, social and economic policies on health systems, community health, and access to care. (K1.10, L1.11)  
• Acquire knowledge of the context of health and health care systems, institutions, actors, and environment (PhD/MS 1) |
| Understand connections between institutions in global health policy, at the international, national, and local levels. | • Discuss sentinel events in the history and development of the public health profession and their relevance for practice in the field. (F12)  
• Differentiates and understands private and |
government roles in health care delivery. (K1.5, L1.6)
• Systems Thinking: Recognizes system level properties that result from dynamic interactions among individuals, groups, organizations, communities, and environments. (K2.8, L2.2)

Critically evaluate reports and articles about global health policy and management.
• Identifies and analyzes problems, potential solutions and best practices in order to determine appropriate courses of action. (K3.14, L3.5)

Produce brief papers and presentations that present balanced, thoughtful, well-evidenced arguments on topics related to global health policy and management.
• Demonstrate effective written and oral skills for communicating with different audiences in the context of professional public health activities. (F5)
• Uses various methods to communicate effectively. (K4.4, L4.4)

ASSIGNMENTS:
You will complete a series of short deliverables, each building upon the one prior, throughout the quarter—culminating in a final presentation. I will provide additional details about all assignments during the quarter.

The topic is your choice, and should be an issue that causes some burden of disease: e.g., infections, conditions, injuries, mental health disorders, environmental exposures, etc. It should also be a reasonably narrow topic; so for example, “pediatric HIV” is better than “HIV/AIDS,” and “road traffic injuries” is better than “injuries.”

o You need to email me your topic by April 14.
o Students who will be attending the World Health Assembly in Geneva are encouraged to review (and derive inspiration from) the pre-session documentation posted on the WHA website in late March/early April.

1. First, you will give a short presentation to the class about the burden of this issue. Your presentation will present an overview of the worldwide epidemiologic situation, and concepts relevant for prevention and/or treatment in the global context.
2. You will then write two short papers about: (1) approaches and initiatives related to your health topic at the global (multilateral) and bilateral levels, and associated financing/funding for this health topic; and (2) relevant health system opportunities and challenges (choose one or more of the WHO “Building Blocks”).
3. Lastly, you will give a presentation to the class that synthesizes these papers.

The papers are very short: a maximum of 1000 words apiece (approximately 3 double-spaced pages). All papers are research-based: they should include proper citations throughout (citation format is up to you), and follow a clear logical flow (I recommend using section headers).
Crucially, these papers and the presentations are not simply a regurgitation of facts found elsewhere in the literature. They are not book reports, nor are they not opinion pieces. You should use your intellectual creativity to critically assess, compare and/or summarize information found in the literature. Think hard about the “so what”: the why and the how. If you have any questions, please see me—I am very happy to talk with you about structuring and researching these assignments.

You must include your name, student ID and word count on all papers. All papers should be uploaded via CCLE.

Class participation is a major component of your grade. I expect and encourage active engagement in class discussions from all students. Remember that quality -- not quantity! -- matters. This class includes a range of mechanisms for participation. I will provide feedback mid-quarter on your class participation grade to date. If students have concerns, please do not hesitate to let me know.

Lastly, each class session, we'll spend the first 10 minutes doing a writing activity. I will provide a prompt, based on the course material (topics covered in-class & all assigned readings until that point are "fair game") and you will write a very short response. You will get "full credit" for each that you complete. I will give extra credit for exceptionally strong responses; these will be factored in only if your final total number of course points is borderline for a given letter grade (according to ranges below), in which case I will use this extra credit to "bump you up."

**GRADING:**

<table>
<thead>
<tr>
<th>Assignment</th>
<th>Due date</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation on burden of disease</td>
<td>Email topic by April 14, noon</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>Present: April 20, in-class</td>
<td></td>
</tr>
<tr>
<td>Paper on global multilateral agencies, bilateral agencies, and funding flows</td>
<td>May 11, 10am</td>
<td>15</td>
</tr>
<tr>
<td>Paper on health system topic</td>
<td>May 23, 10am</td>
<td>15</td>
</tr>
<tr>
<td>Final presentation</td>
<td>June 6-8, in-class</td>
<td>25</td>
</tr>
<tr>
<td>Class participation</td>
<td>Throughout</td>
<td>30</td>
</tr>
</tbody>
</table>

The summed value of points maps onto final grades as follows: 98-100 = A+, 93-97 = A, 90-92 = A-, 88-89 = B+, 83-87 = B, 80-82 = B-, 78-79 = C+, 73-78 = C, 70-72 = C-, 69 or less = F.

**ACADEMIC INTEGRITY:** Please visit the UCLA Dean of Students for information regarding academic integrity and the honor code at: [http://www.deanofstudents.ucla.edu/Academic-Integrity](http://www.deanofstudents.ucla.edu/Academic-Integrity)
GROUND RULES AND EXPECTATIONS:

- **Participation:** This class is heavily discussion-based. It provides a space to critically discuss the concepts from readings, to ask questions and engage in dialogue about these topics. I welcome all points of view in classroom discussion, and want this to be a safe space for asking questions and for openly sharing ideas. Please be respectful of one another's viewpoints. Global health is faced with innumerable challenges, many of which have no "right answer." Critical thinking and free exchange is essential for a successful experience in this course.

- **Attendance:** I look forward to your presence at each class meeting. If an absence is unavoidable, please contact me beforehand. Participation is a significant component of your final grade in this class.

- **Preparation, including careful and thoughtful reading:** The more prepared you are—having done the readings and considered the concepts—the more you'll get out of this class. The course material is often challenging, and we might not get through all of it during each session, so I encourage you to also attend office hours.

- **Electronics:** To maximize our time together, please do not use laptops, tablets or cell phones during class, unless otherwise instructed by me. Surfing the web, checking email, typing notes, etc. can be distracting to you, to other students around you, and to the instructor. And cell phones should be silenced during class.

- **Emails:** I will do my best to respond to all your emails promptly, but due to email volume, I may only check once per day. Please include the course number in the email subject line (i.e., HPM240, <fill in purpose of your email here>).

- **Extensions:** If you need any extensions on assignments, please contact me as early as possible. Note that I will not grant extensions within 48 hours of an assignment due date unless there are extreme extenuating circumstances such as illness, or death in the family. In this case, please contact me as soon as possible.

- **Late policy:** Assignments submitted after the due date and time will be penalized: the grade will be docked by 1 point per 6-hour delay.

- **Evaluations:** Midway through the quarter, we will do a quick informal (and anonymous) evaluation, to see how things are going. We’ll discuss the results in class and I’ll make adjustments accordingly. There will also be an optional weekly poll so you can more rapidly provide feedback. And you are always welcome to speak with or email me with feedback!

Students needing academic accommodations based on a disability should contact the Center for Accessible Education (CAE) at (310) 825-1501, or in-person at Murphy Hall A255. When possible, students should contact the CAE within the first two weeks of the term as reasonable notice is needed to coordinate accommodations. For more information, visit [www.cae.ucla.edu](http://www.cae.ucla.edu).
SCHEDULE OF CLASSES:

The syllabus and schedule are subject to change by the professor. Changes will be announced in class and communicated via email.

<table>
<thead>
<tr>
<th>Session</th>
<th>Date</th>
<th>Topic</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>April 4 (T)</td>
<td>Overview and introduction</td>
</tr>
<tr>
<td>2</td>
<td>April 6</td>
<td>What is &quot;global health&quot;?</td>
</tr>
<tr>
<td>3</td>
<td>April 11 (T)</td>
<td>The global agenda</td>
</tr>
<tr>
<td>4</td>
<td>April 13</td>
<td>United Nations institutions</td>
</tr>
<tr>
<td>5</td>
<td>April 18 (T)</td>
<td>Bretton Woods institutions</td>
</tr>
<tr>
<td>6</td>
<td>April 20</td>
<td>Student presentations</td>
</tr>
<tr>
<td>7</td>
<td>April 25 (T)</td>
<td>No class</td>
</tr>
<tr>
<td>8</td>
<td>April 27</td>
<td>Aid flows, donor agencies</td>
</tr>
<tr>
<td>9</td>
<td>May 2 (T)</td>
<td>National health financing and policymaking</td>
</tr>
<tr>
<td>10</td>
<td>May 4</td>
<td>Donor-recipient interactions</td>
</tr>
<tr>
<td>11</td>
<td>May 9 (T)</td>
<td>Health systems &amp; UHC</td>
</tr>
<tr>
<td>12</td>
<td>May 11</td>
<td>Private sector &amp; partnerships</td>
</tr>
<tr>
<td>13</td>
<td>May 16 (T)</td>
<td>NGOs</td>
</tr>
<tr>
<td>14</td>
<td>May 18</td>
<td>Health technology</td>
</tr>
<tr>
<td>15</td>
<td>May 23 (T)</td>
<td>No class*</td>
</tr>
<tr>
<td>16</td>
<td>May 25</td>
<td>No class*</td>
</tr>
<tr>
<td>17</td>
<td>May 30 (T)</td>
<td>Human resources for health</td>
</tr>
<tr>
<td>18</td>
<td>June 1</td>
<td>Wrap-up</td>
</tr>
<tr>
<td>19</td>
<td>June 6 (T)</td>
<td>Student presentations</td>
</tr>
<tr>
<td>20</td>
<td>June 8</td>
<td>Student presentations</td>
</tr>
</tbody>
</table>

* Since many students will be attending WHA, we won't hold class sessions this week. I will work to organize an alternate, optional activity for those who won't be in Geneva.
ASSIGNED READINGS:

1. April 4  
   Optional:  

2. April 6  
   STUDY QUESTIONS FOR 6 APRIL  
   - Define global health, and provide a justification for your definition.  
   - Is global health public health (and/or vice versa)?  
   - What are the values underlying activities in global health?  
   - What can we learn from the history of global health? How might this shape our policies and approaches moving forward?  
   Koplan et al, “Towards a common definition of global health”, Lancet 2009  
   Fried et al, “Global health is public health”, Lancet 2010  
   Birn et al, Chapter 3, “Historical origins of modern international health”  
   Optional:  

3. April 11  
   STUDY QUESTIONS FOR 11 APRIL  
   - How do issues get placed on the international policy agenda?  
   - What has shaped the rise and fall of global health priorities over the last 30-50 years?  
   - What are your own priority-setting values?  
   - What does the shift from MDGs to SDGs mean?  
   Shiffman, “A social explanation for the rise and fall of global health issues”, WHO Bulletin  
   Specter M, “How to Write the World’s To-Do List”, New Yorker, 2015  

   Optional:  

4. April 13
STUDY QUESTIONS FOR 13 APRIL
- What are the major UN institutions related to health? How and why has this changed over time?
- How has history (political, economic, social) shaped the development and evolution of the WHO?
- How would we judge whether the WHO is doing “a good job”? What would this look like? How would it be measured?

Bloom, “WHO needs change”, Nature 2011
“Eliminating polio in Latin America and the Caribbean,” case 5 in “Millions Saved”

Optional:
Aitken, “WHO Repsonds”, BMJ 2003

5. April 18
STUDY QUESTIONS FOR 18 APRIL
- What institutions were born at Bretton Woods, and how do they relate to global health?
How has history (political, economic, social) shaped the development and evolution of the World Bank?

How would we judge whether the World Bank is doing “a good job”? What would this look like? How would it be measured?


Optional:

Buse and Walt, “Role conflict? The World Bank and the world's health”, SS&M 2000

6. April 20 – None (student presentations)

7. [April 25 - None (class unexpectedly canceled)]

8. April 27

STUDY QUESTIONS FOR 27 APRIL:

- Who are major international donors for health? How has this landscape changed over time?
- What do international donors want? What are their strategies to achieve these outcomes?
- How should we gauge the effectiveness of donors?

Easterly, “Cartel of good intentions”, Foreign Policy, 2009


Birn, “Gates’s grandest challenge: transcending technology as public health ideology”, Lancet 2005


Optional:

Dieleman et al, “Global Health Development Assistance Remained Steady In 2013 But Did Not Align With Recipients’ Disease Burden”, Health Affairs 2014


9. May 2

STUDY QUESTIONS FOR 2 MAY

- What options exist for low- and middle-income countries seeking to finance health care?
- What role does global health governance play in national-level policymaking?
- CASE:
  - How did Motsoaledi and his team develop policy to implement NHI?
  - How did Motsoaledi and his team communicate about NHI to different stakeholders?
  - What defined the “ideal clinics” (processes, structures)?

Global Health Delivery Case, “Political leadership in South Africa: National Health Insurance”

SKIM FOR MAIN MESSAGES: Onoka et al, “Towards universal coverage: a policy analysis of the development of the National Health Insurance Scheme in Nigeria”, HPP 2015

Optional:
Tangcharoensathien et al, “Knowledge-based changes to health systems: the Thai experience in policy development”, WHO Bull, 2004
Tesfazghi et al, “National malaria vector control policy: an analysis of the decision to scale-up larviciding in Nigeria”, HPP 2016

10. May 4

STUDY QUESTIONS FOR 4 MAY:

- How do donor funds and country public funds interface (or not)?
- What incentives might face different Ministries in an aid-recipient country?
- CASE:
  - What were the challenges to delivering HIV/AIDS prevention services in Indonesia?
  - What stakeholders were involved in Indonesia’s HIV/AIDS response, and how did their activities differ?
  - If you were Dr. Mboi in 2009, what would be your strategy in securing future financing for the HIV/AIDS response?

Global Health Delivery Case, “HIV/AIDS in Indonesia: Building a coordinated national response”

Optional:
Ooms et al, “Crowding out: are relations between international health aid and government health funding too complex to be captured in averages only?”, Lancet 2010
Lu et al, “Public financing of health in developing countries: a cross-national systematic analysis”, Lancet 2010
Okuonzi and Macrae, Whose policy is it anyway? International and national influences on health policy development in Uganda, HPP 1995

11. May 9
STUDY QUESTIONS FOR 9 MAY
- What is UHC? How is it defined?
- How will we know when UHC has been achieved?
- Is a desire to attain UHC at odds with other global health / health systems goals?
- What are health systems? What’s included in our definition of a health system, and what is excluded?


Optional:
Hafner and Shiffman, “The emergence of global attention to health systems strengthening”, HPP 2013
Atun et al, “Improving responsiveness of health systems to non-communicable diseases”, Lancet 2013
Saleh et al, “The path towards universal health coverage in the Arab uprising countries Tunisia, Egypt, Libya, and Yemen”, Lancet, 2014
12. May 11

STUDY QUESTIONS FOR 11 MAY

- Who benefits from partnerships in global health?
- What are the conditions under which such partnerships benefit poor people in poor countries?
- How can accountability be achieved for networks and partnerships?

Gilead Sciences Contribution Submission, UN High-Level Panel on Access to Medicines.
HBS Case, “Gilead Sciences, Inc.: Access Program.”
Gilead Sciences, Inc. Submission to the Organization for Economic Cooperation and Development (OECD), "Sustainable Access to Innovative Therapies"

Optional:
HBS cases, "Gilead: Hepatitis-C Access Strategy (A)" and “Gilead: Hepatitis-C Access Strategy (B)"

13. May 16

Elliott et al, "How the Red Cross Raised Half a Billion Dollars for Haiti -and Built Six Homes”, ProPublica and NPR, 2015
“Donors: keep out”, The Economist, 2014

Optional:

14. May 18

STUDY QUESTIONS FOR 18 MAY

- What promise does health technology (medical devices) hold for global health?
- What challenges are faced in trying to this?
- What is the potential role of health informatics/information technology? What is the state of this field, and what challenges are faced?
- How would you suggest assessing the performance of technology and/or information technology in global health? What indicators would you look at, whether inputs, outputs, outcomes or impact?
- CASE:
  - Why was OpenMRS developed?
  - Why did ISS Clinic implement OpenMRS?
  - How did information flow at ISS Clinic?
  - What was the impact of having an EMR at IMS Clinic?

Sinha and Barry, “Health Technologies and Innovation in the Global Health Arena”, NEJM 2011
Global Health Delivery Case, “Electronic Medical Records at the ISS Clinic in Mbarara, Uganda File”

Optional:
Were et al, “Ethics of Implementing Electronic Health Records in Developing Countries: Points to Consider”, AMIA Proceedings, 2011

15. May 30
STUDY QUESTIONS FOR 30 MAY
- What challenges are faced by health workers in resource-poor settings?
- What challenges are faced by policymakers trying to strengthen the health workforce in resource-poor settings?
- CASE:
  - What are different ways to gauge the success of BRAC’s TB program? Do you feel it was a success?
  - Could the BRAC model work in the context of other countries? Other diseases?
  - How effectively did BRAC collaborate with other institutions?
Chen et al, "Human resources for health: overcoming the crisis", Lancet 2004
Global Health Delivery Case, “BRAC’s Tuberculosis Program: Pioneering DOTS Treatment for TB in Rural Bangladesh"

Optional:
Binagwaho et al, “The Human Resources for Health Program in Rwanda — A New Partnership”, NEJM 2013

16. May 23 – None (no class)
17. May 25 – None (no class)

18. June 1
   TBD

19. June 6 – None (student presentations)
20. June 8 – None (student presentations)