

SPPH 481D: Global Health Policy and Systems

2022-2023 Winter Term 1 (Fall 2022)

Tuesdays and Thursdays, 10:30 AM – 11:50 AM

Location: [SCRF Room 207](#)

Instructors

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UBC's Point Grey Campus is located on the traditional, ancestral, and unceded territory of the xwməθkwəyəm ([Musqueam](#)) people. The land it is situated on has always been a place of learning for the Musqueam people, who for millennia have passed on their culture, history, and traditions from one generation to the next on this site.

Course Description

COVID-19 has exposed underlying and persistent weaknesses in our global health system while presenting new challenges. Key questions have emerged regarding how health systems function, the nature of the global health system, and the factors that lead to health inequities globally and within countries. This survey course will provide students with a comprehensive overview of health policy and systems, exploring the various policies, actions, organizations, and people focused on promoting, restoring, or maintaining health. We will take a global and interdisciplinary perspective, drawing primarily on examples from low- and middle-income countries.

The first part of the course – led by Dr. Berman – will focus on comparative health systems, providing students with the analytic tools to understand and compare core aspects of systems such as health service delivery, financing, workforce, and supply chain issues. The second part of the course – led by Dr. Sriram – will delve into how health policy gets made, focusing on the key stakeholders in government, multilateral organizations, industry, philanthropy, and other sectors that shape policy and systems. The final part of the course is led by Dr. Berman, Dr. Sriram and several guest lecturers, and explore emerging priorities and key debates in global health, such as sustainability and pandemic preparedness.

Throughout the course, we will pay careful attention to contextual factors, such as political, historical and social forces, that influence health inequity. Assessments will include regular reading reflections, a take-home midterm, and a final project where students will analyze health policy and systems in one country. The course would also feature guest lecturers from global health experts.

Learning Objectives

- 1) Describe, analyze, and distinguish differences in the structure and functioning of health systems by using key frameworks and concepts;
- 2) Explain with examples how economic, political, historical, and institutional factors contributed to the development of health systems in different jurisdictions;
- 3) Identify key sustainability challenges at global, national, and local levels of health policy and systems;
- 4) Identify and interpret with examples the role of key stakeholders and contextual factors in shaping health policy processes at different jurisdictional levels; and
- 5) Apply these skills to analyze health systems and policy challenges in a chosen country through an exercise that has students apply a 'problems to causes to solutions' approach.

Assessments

There are five components of assessment for this course:-

Class participation	10%
Weekly reflections	20%
Midterm exam (take home, October 13 – 16)	20%
Final project	50%
<i>Final paper</i>	<i>40%</i>
<i>Presentation</i>	<i>10%</i>

Class participation (10%): This is an interactive course, and we strongly encourage and value your participation. Recognizing that participation takes many forms, this course will focus on the following components: **attendance, pre-class preparation, small-group participation, full-class discussion, and other types of participation (such as attending office hours or participating in the Discussion Forums)**. We understand that some students prefer some formats over others (small-group participation over full-class discussion), but at a minimum, we expect your attendance at each class, your preparation before class, and your active participation in small-group discussions and/or the full-class discussion. For online sessions, chat functions will also be considered. See below for our course policy on absences.

Weekly reflections (20%): Each week, you will write short reflections on the required materials for the week via the Discussion Forum. This is meant to allow you to engage with the materials, to stimulate your thinking and to interact and share ideas with your classmates. You are also expected to respond to at least two of your classmates' posts to get full points for the week. **You can share responses for 10 of the 13 weeks (you decide which weeks). Please post your reflections by Wednesday 11:59 PM each week, and please post responses to your classmates by Friday, 11:59 PM.**

These reflections are meant to reflect your thinking on the readings – prompts are provided in the Discussion Forum to jumpstart your responses. Responses should be approximately one paragraph per material, or you can choose to share two paragraphs on the overall themes that you took away from the readings collectively.

Midterm exam (take home, October 13 – 16, 20%): You will complete an open-book, midterm exam comprising multiple-choice questions and a limited number of short answers. The exam will cover the first twelve sessions of the course, primarily the first block on health systems. Further details on the exam will be shared in early October.

Final project (50%): Your final project for the course is an analysis of health systems and policy for a country of your choosing. The project consists of a final paper (30 points) that is divided into two parts, and a short presentation in class on December 1. Students will work in groups of four – you can form these groups on your own, or work with us to identify a team. Peer evaluations will comprise 5 points of your total score.

The final project is divided into two parts and due on November 20 and December 18 respectively, and an in-class presentation. Please be sure to review the final project grading rubric on Canvas.

Part 1 (Due Sunday, November 20)

- Description of context (1-2 pages)
 - Major indicators (income level, GDP, population, etc.)
 - Top causes of death and disability
 - Contextual factors (political systems, colonialism, conflict, etc.)
- Provide a “high-level” overall assessment of the performance of the health system (2-3 pages)
 - Select a health systems framework for your analysis
 - Specify the outcomes you emphasize in discussing “performance”
 - Provide an analysis of the health system using key components of the framework considering the frame of reference or comparator systems that you deem relevant.
 - Minimum of four components to be described in detail

Part 2 (Due Sunday, December 18)

- Health systems issue (1 – 2 pages)
 - You will select one major **health systems issue** affecting performance to address in your context – examples of health system issues are insufficient access to and/or availability of health workers, high out-of-pocket costs for care, corruption in accessing services, etc. You can also explore a health condition or outcome from the perspective of systems – examples include high levels of maternal mortality, low levels of immunization, etc.
- Literature review on chosen health systems issue (2- 3 pages)
 - Provide a summary review and description of what is known about your topic and the sources of information you have discovered. Comment on what is available in the literature and what the gaps currently are.
 - Discuss the influence of institutions, ideas and interests on the health system issue – how do these dimensions influence policies on this issue?

- Describe the political and policy barriers at different stages (agenda setting, formulation, implementation)
- Proposed package of solutions (2 – 4 pages)
 - Proposed package of solutions (1-2 pages) – Discuss potential policy solutions that could address the chosen health systems issue, including examples of potential policy solutions from other contexts.
 - Policy challenges to adopting or implementing the idea (e.g. supporters, opponents, thoughts on how to increase support) (1-2 pages)
- Conclusion (0.5 pages – 1 page)

Papers will be 12 point font, double-spaced, standard margins, with a consistent referencing style (for example, APA, Vancouver or another style; please see [UBC Library's guide to citations](#) for more information about referencing and formatting). The [UBC Centre for Writing and Scholarly Communication](#) is also a good resource for support on writing.

In-Class Presentations (December 1)

Your group will deliver a short (7 to 10 minutes) presentation in-class that will cover the content of Part 1 of the project (description of context, analysis of health system performance) and your proposed health systems issue. This presentation will be an opportunity to share your findings with classmates and to gather feedback on your ideas for Part 2 of the project.

Course policies

We are committed to setting up an engaging and productive experience for students in this course; the policies outlined below will help us achieve this goal. We will have a chance to discuss and modify these expectations as a group during the first week of class.

1. You are expected to attend all classes; please see note below regarding absences.
2. You are expected to come prepared to discuss required readings and to actively participate in class discussions.
3. We recognize that extensions are sometimes required; please write to both instructors in case you require additional time to complete your assignments.
4. You are allowed to use laptops or tablets, but please limit your use to notes (there is good evidence to suggest that multi-tasking using devices in class is not productive – see [this](#) article). Please refrain from using mobile phones or other electronic devices in class – it is distracting for you as students and for us as instructors!
5. The instructors will aim to answer all emails within 48 hours. Please feel free to email us with any questions, concerns or comments.
6. The instructors are committed to maintaining a productive learning environment based on open communication, mutual respect, and non-discrimination. Any suggestions for improving our classroom environment will be appreciated and given serious consideration. Please also refer to [UBC Respectful Environment Statement](#) for more details.

Absences: Attendance in-person during class is mandatory. If you are unable to attend class, please inform our Teaching Assistant, Promit via email.

Health and wellness

COVID-19 Safety: As per current [UBC guidelines](#), you have the option of wearing a mask during our class meetings for your own protection and the safety and comfort of everyone else in the class. The public health situation in B.C., Canada and globally is dynamic and will require much flexibility and patience from all of us in this course.

If you are sick, please stay home. Complete a self-assessment for COVID-19 symptoms here: <https://bc.thrive.health/covid19/en>. Our approach to grading in this course is to provide flexibility so that you can prioritize your health and still succeed.

If you miss class because of illness or exposure to suspected/confirmed illness:

- Consult the class resources on Canvas. Recorded lectures and portions of in-person classtime are available online.
- Attend office hours (online or in person) to discuss any questions that you have regarding the material.
- If you are concerned that you will miss a key activity due to illness, contact the Teaching Assistant and/or the instructors to discuss further.

If the instructor for the day is feeling ill: If unwell or if someone in household is unwell or exposed to COVID-19, instructor will not come to class. In this scenario, we will take the class online and we will communicate this to you with as much notice as possible (via the Canvas Announcement system). Our classroom will still be available for you to sit in and attend the online session.

There are other scenarios in which we might have to take the course online, such as changes to provincial public health guidelines. Please do not hesitate to reach out to let us know if you have any questions or concerns at any time, and we will do our best to work with you to address the issue at hand.

Prioritizing your health and wellness: It is important to look after your physical and mental health. Mental health concerns or stressful events (such as uncertainties caused by the pandemic) may lead to diminished academic performance or reduce your ability to participate in daily activities. Free, accessible, confidential mental health services are available to assist you with addressing these and other concerns you may be experiencing. You can learn more about the broad range of mental health services available on campus - <https://students.ubc.ca/health>

Please visit Canvas to see other important UBC Course Rules around academic integrity, academic accommodation for students with disabilities and online learning for international students.

Course Schedule

Block 1 Health Systems – Prof. Berman September 6 – October 11
Tuesday, September 6 NO CLASS – Imagine UBC
Thursday, September 8 Topics <ul style="list-style-type: none">• Introductions, review of syllabus, expectations• Primer on key concepts - health, global health, equity, sustainability Before Class <ul style="list-style-type: none">• Introduce yourself on the discussion forum Required Materials Randall Packard, Chapter 1: Introduction: Ebola. <i>A History of Global Health: Interventions Into the Lives of Other People</i> . Johns Hopkins University Press: Baltimore, MD (2016) Julio Frenk, Octavio Gómez-Dantés, Suerie Moon: “From sovereignty to solidarity: a renewed concept of global health for an era of complex interdependence”, <i>Lancet</i> 2014; 383: 94–97. Video: What is Global Health? Link Optional Readings Khan T, Abimbola S, Kyobutungi C, et al. How we classify countries and people—and why it matters. <i>BMJ Global Health</i> 2022; Seye Abimbola, On the meaning of global health and the role of global health journals, <i>International Health</i> , Volume 10, Issue 2, March 2018, Pages 63–65, https://doi.org/10.1093/inthealth/ihy010 Aarathi Prasad, 2021. Simukai Chigudu: elucidating the politics of global health. <i>The Lancet</i> , Volume 399, Issue 10320, 134
Tuesday, September 13 Topics <ul style="list-style-type: none">• What is a “health system”?• Boundaries, health and health care systems, descriptive and causal frameworks, complexity

Required Materials

Short excerpts from World Health Organization, “The 2000 World Health Report” Geneva, 2000.

Hsiao W. T, 2003, “What is a Health System”

Video: Baeza “What is a health system and why does it matter” [Link](#)

Thursday, September 15

Topics

- Exploring the history and development of “health systems”
- “Traditional” and “modern” medicine and many intersections
- Public health and medicine evolving into today’s cosmopolitan health systems
- In what ways are health systems “global”?

Required Materials

Greene et al, Colonial medicine and its legacies from Reimagining Global Health: An Introduction (2013)

Uzochukwu – History of the Nigerian Health System (video: approx.20 minutes) [Link](#)

Optional

Amirth, S, 2006. Chapter 1: Depression and the Internationalization of Public Health. Decolonizing International Health India and Southeast Asia, 1930–65.

Abimbola, S., Asthana, S., Montenegro, C., Guinto, R. R., Jumbam, D. T., Louskieter, L., ... & Pai, M. (2021). Addressing power asymmetries in global health: Imperatives in the wake of the COVID-19 pandemic. *PLoS medicine*, 18(4), e1003604.

Tuesday, September 20

Topics

- Overview of key components of health systems
- “Functions, building blocks, control knobs” – overview of what is contained in the six “building blocks” – rearrange them causally

Required Materials

Shakarishvili et al “Converging Health Systems Frameworks” Global Health Governance, Vol 3, No. 2 (Spring 2010) <http://www.ghgj.org>

Excerpt from: Hoffman et al. Conceptual Issues Related to Health Systems Research to Inform a WHO Global Strategy on Health Systems Research. World Health Organization (2012)

Optional:

USAID. (2018). “Episode 3: Health Insurance.” Advancing Health Podcast. [Link](#)

Thursday, September 22

Guest lecture and Q&A with Dr. Girmaye Dinsa, Senior Health Economist, Fenot Project, Addis Ababa, Ethiopia – “Health System Financing in Ethiopia: Accomplishments and Challenges”

Topics

- Financing the health system
- Health accounts as a framework for describing health system financing
- Resource mobilization – “fiscal space”

Required Materials

Joseph Kutzin “A descriptive framework for country-level analysis of health care financing arrangements” Health Policy 56 (2001) 171–204.

Tandon, A. and C. Cashin “Assessing Public Expenditure on Health from a Fiscal Space Perspective” The World Bank, 2010, excerpt -- intro and defining fiscal space

Optional

USAID. (2018). “Episode 1: Domestic Resource Mobilization (DRM).” Advancing Health Podcast. [\[Link\]](#)

Tuesday, September 27

Topics

- Service delivery by health systems
- Three types of services
- Pyramid design of most public health systems – origin and logic
- Primary care and community-based services, hospitals and referral hierarchy, tertiary hospitals
- Private sector and traditional medical practitioners
- Role of households and family

Required Materials

Skolnik, R. Global Health 101 Chapter 6 Introduction to Health Systems pp. 22-32 “Levels of Care” and pp 81-85 “Delivering Primary Health Care”

Optional Materials

Dominic Montagu, Catherine Goodman “Prohibit, constrain, encourage, or purchase: how should we engage with the private health-care sector?” www.thelancet.com Published online June 26, 2016 [http://dx.doi.org/10.1016/S0140-6736\(16\)30242-2](http://dx.doi.org/10.1016/S0140-6736(16)30242-2)

Perry, H. and S. Hodgins “Health for the People: Past, Current, and Future Contributions of National Community Health Worker Programs to Achieving Global Health Goals”, Global Health: Science and Practice 2021 | Volume 9 | Number 1

Thursday, September 29

Guest lecture: Stephen Hodgins, Associate Professor, School of Public Health, University of Alberta

Topics

- HRH and commodities – key inputs to service delivery

Required Materials

Mukherjee, J. An Introduction to Global Health Delivery: Practice Equity and Human Rights, Ch 8 and Ch 11.

Optional Materials

Sheikh K, Josyula LK, Zhang X, et al. Governing the mixed health workforce: learning from Asian experiences. *BMJ Global Health*; 2:e000267. doi:10.1136/bmjgh-2016-000267 (2017)

DalGLISH et al. Who are the real community health workers in Tshopo Province, Democratic Republic of the Congo? *BMJ Global Health*;4:e001529. (2019)

Panjabi R. No one should die because they live too far from a doctor (2017).

https://www.youtube.com/watch?time_continue=596&v=N9HF8mMe2pU

Topp SM, Tully J, Cummins R, et al. Unique knowledge, unique skills, unique role: Aboriginal and Torres Strait Islander Health Workers in Queensland, Australia. *BMJ Global Health* 2021;6:e006028.

Tuesday, October 4

- Governing/managing the health system
- Stewardship
- Who is responsible/accountable? To Whom? Vertical bureaucracy, decentralization, community engagement?
- How is politics in the picture?

Required Materials

World Health Organization 2006, extract from “Everybody’s Business” on leadership and governance

Greer et al “It’s the Governance, Stupid!” Policy Brief, European Observatory on Health Systems.

Optional Materials

Derick W. Brinkerhoff, Harry E. Cross, Suneeta Sharma, Taylor Williamson; “Stewardship and health systems strengthening: An overview” *Public Administration and Development* 39:1 pp 4-10

USAID. (2018). "Episode 4: Health governance." Advancing Health Podcast. [\[Link\]](#)
Rakshita Swamy. From Peoples' Struggles to Public Policy: The Institutionalization of the Bhilwara Framework of Social Accountability in India, Oct 2020 [Link](#)

Thursday, October 6

Guest lecturer: Steve Morgan, Professor, School of Population and Public Health

Topics

- Comparative health systems
- The Canadian health system in context
- What can be compared? Outcomes/"performance", structures, inputs (beds, docs, etc.)

Required Materials

Skolnik, R. Global Health 101 Chapter 6 An Introduction to Health Systems pp 45-57 "Selected Examples of Health Systems"

Optional Materials

Berman, P. (2016) "Health Systems Performance" in Scheffler, R. Handbook of Global Health Economics and Public Policy, Vol. 3, World Scientific, Singapore.

Tuesday, October 11

- Recent trends in health systems
- Primary health care
- Universal health care
- Resilience
- Gender

Required Materials

What is Universal Health Coverage? [https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-\(uhc\)](https://www.who.int/news-room/fact-sheets/detail/universal-health-coverage-(uhc))

What is Primary Health Care? <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>

Kruk et al "What is a Resilient Health System"? Lancet 2015; 385: 1910–12

Bachelet, M. "Towards Universal Health Coverage: Applying a Gender Lens" The Lancet. October 16, 2014 [http://dx.doi.org/10.1016/S0140-6736\(14\)61781-5](http://dx.doi.org/10.1016/S0140-6736(14)61781-5)

Optional Materials

Ramani S, Sivakami M, Gilson L. How context affects implementation of the Primary Health Care approach: an analysis of what happened to primary health centres in India. *BMJ Global Health* 2019;3:e001381.

Li, Xi et al. "The primary health-care system in China." *Lancet* (London, England) vol. 390,10112 (2017): 2584-2594. doi:10.1016/S0140-6736(17)33109-4

Block 2 Health Policy – Prof. Sriram October 13 – November 15

Thursday, October 13 The global health system

Required Materials

- McInnes et al. Global Health Politics: An Introduction (from Global Health Politics), 2020
[Read pages 3 – 7]
- Independent Panel on Global Governance for Health. What are the political determinants of Universal Health Coverage? (1 minute) [Video link](#)
- Podcast: COVID-19: where does the World Health Organization go from here? The Conversation, March 11 2021 ([Link](#)) **[Please listen from 11:00 onwards]**

Optional Materials

- Sriram V, Scott K, Topp SM, Mishra A, Schaaf M, Rajasulochana S, Flores W. 10 Best Resources on Power and Health Systems. *Health Policy Plan*. 2018 May 1;33(4):611-621. doi: [10.1093/heapol/czy008](https://doi.org/10.1093/heapol/czy008)
- Nixon, Stephanie A et al. Canada's global health role: supporting equity and global citizenship as a middle power. *The Lancet*, Volume 391, Issue 10131, 1736 - 1748
- Tang, Kun et al. China's Silk Road and global health. *The Lancet*, Volume 390, Issue 10112, 2595 – 2601
- Spicer, N., Agyepong, I., Ottersen, T. et al. 'It's far too complicated': why fragmentation persists in global health. *Global Health* **16**, 60 (2020). <https://doi.org/10.1186/s12992-020-00592-1>

Tuesday, October 18 The politics of donors and philanthropy

Required Materials

- The Daily, Can Bill Gates Vaccinate the World? March 3 2021 ([Link](#)) **OR** Politico (2022), How Bill Gates and partners used their clout to control the global Covid response — with little oversight ([Link](#))
- Radha Adhikari, Jeevan Raj Sharma, Pam Smith, Address Malata, Foreign aid, Cashgate and trusting relationships amongst stakeholders: key factors contributing to (mal) functioning of the Malawian health system, *Health Policy and Planning*, Volume 34, Issue 3, April 2019, Pages 197–206

Optional Materials

- Mishal S Khan, Ankita Meghani, Marco Liverani, Imara Roychowdhury, Justin Parkhurst. How do external donors influence national health policy processes? Experiences of domestic policy actors in Cambodia and Pakistan, *Health Policy and Planning*, Volume 33, Issue 2, March 2018, Pages 215–223
- Clark, Jocalyn et al. The black box warning on philanthrocapitalism. *The Lancet*, Volume 388, Issue 10059, 2457 – 2459
- Hoffman, S.J., Cole, C.B. Defining the global health system and systematically mapping its network of actors. *Global Health* 14, 38 (2018). <https://doi.org/10.1186/s12992-018-0340-2>

Assessments

- Midterm (take home exam), October 13 – 17

Thursday, October 20

International cooperation in global health – the Sustainable Development Goals, WHO Framework Convention on Tobacco Control and the International Health Regulations

Required

- Izugbara, C., Sebany, M., Wekesah, F., & Ushie, B. (2022). “The SDGs are not God”: Policy-makers and the queering of the Sustainable Development Goals in Africa. *Development Policy Review*, 40, e12558. <https://doi.org/10.1111/dpr.12558>
- The Argument, Could Spilling Big Pharma’s Secrets Vaccinate the World? (Podcast), New York Times, June 2021 [\(Link\)](#)

Optional

- Phelan AL, Carlson CJ. A treaty to break the pandemic cycle. *Science*. 2022 Jul 29;377(6605):475-477
- Labonté, R., Wiktorowicz, M., Packer, C. et al. A pandemic treaty, revised international health regulations, or both?. *Global Health* 17, 128 (2021)
- Matthew M. Kavanagh, Renu Singh, and Mara Pillinger. Playing Politics The World Health Organization’s Response to COVID-19. In: *Coronavirus Politics: The Comparative Politics and Policy of COVID-19* (Editors: Scott L. Greer, Elizabeth J. King, Elize Massard da Fonseca, and André Peralta-Santos), 2021
- Adam Ferhani & Simon Rushton (2020) The International Health Regulations, COVID-19, and bordering practices: Who gets in, what gets out, and who gets rescued?, *Contemporary Security Policy*, 41:3, 458-477, DOI: [10.1080/13523260.2020.1771955](https://doi.org/10.1080/13523260.2020.1771955)
- Priti Patnaik, Geneva Health Files: Podcast. The Story Of The TRIPS Waiver, [Link](#)

Tuesday, October 25

Commercial determinants of health

Guest Lecture: Marco Zenone, London School of Hygiene and Tropical Medicine

Required

- Zenone M, Kenworthy N, Maani N. The Social Media Industry as a Commercial Determinant of Health. *Int J Health Policy Manag*. 2022 Apr 27.
- Eduardo J Gómez, Coca-Cola’s political and policy influence in Mexico: understanding the role of institutions, interests and divided society, *Health Policy and Planning*, Volume 34, Issue 7, September 2019, Pages 520–528, <https://doi.org/10.1093/heapol/czz063>

Optional

- Lee K, Freudenberg N, Zenone M, et al. Measuring the Commercial Determinants of Health and Disease: A Proposed Framework. *International Journal of Health Services*. 2022;52(1):115-128. doi:[10.1177/00207314211044992](https://doi.org/10.1177/00207314211044992)
- Abdul El-Sayed, America Dissected (Podcast), Episode: Pharmageddon, 29 minutes [\(Link\)](#)

Thursday, October 27

The policy cycle – political prioritization, policy formulation and policy implementation

Required Resources

- Koduah A, Agyepong IA, van Dijk H. 'The one with the purse makes policy': Power, problem definition, framing and maternal health policies and programmes evolution in national level institutionalised policy making processes in Ghana. *Soc Sci Med*. 2016 Oct;167:79-87.
- Lencucha R, Drope J, Chavez JJ (2015). Whole-of-government approaches to NCDs: the case of the Philippines Interagency Committee – Tobacco. *Health Policy Plan*. 30(7):844-52

Optional Resources

- Hoe C, Rodriguez DC, Üzümcüoğlu Y, Hyder AA. "Quitting like a Turk:" How political priority developed for tobacco control in Turkey. *Soc Sci Med*. 2016 Sep;165:36-45
- Khayatzaheh-Mahani, Akram et al. "Banning shisha smoking in public places in Iran: an advocacy coalition framework perspective on policy process and change." *Health policy and planning* vol. 32,6 (2017): 835-846. doi:10.1093/heapol/czx015
- Walker L, Gilson L. 'We are bitter but we are satisfied': nurses as street-level bureaucrats in South Africa. *Soc Sci Med*. 2004 Sep;59(6):1251-61.
- Rakesh Parashar, Nilesh Gawde, Anadi Gupt, Lucy Gilson, Unpacking the implementation blackbox using 'actor interface analysis': how did actor relations and practices of power influence delivery of a free entitlement health policy in India?, *Health Policy and Planning*, Volume 35, Issue Supplement_2, November 2020, Pages ii74–ii83

Tuesday, November 1

Governance at the national-level: decentralization and intersectoral action

Guest lecture: Binoy Mascarenhas, Director - Urban Innovation Research, UBC Sustainability Hub and Thea Bracewell, Senior Policy Analyst with Immigration, Refugees and Citizenship Canada

Required

- Ezenwaka, U, Abimbola, S, Onwujekwe, O. How (not) to promote sub-national ownership of national initiatives in decentralised health systems: The free maternal and child health programme in Nigeria, 2008–2015. *Int J Health Plann Mgmt*. 2022
- Shinjini Mondal, Sara Van Belle, Antonia Maioni, Learning from intersectoral action beyond health: a meta-narrative review, *Health Policy and Planning*, Volume 36, Issue 4, May 2021

Thursday, November 3

Civil society and social movements

Recorded Guest Lecture: Dr. Meena Putturaj, Institute of Public Health, Bengaluru, India

Required Resources

- Meena Putturaj et al (2022). Crying baby gets the milk? The governmentality of grievance redressal for patient rights violations in Karnataka, India. *BMJ Global Health*
- Walter Flores. How Can Evidence Bolster Citizen Action? Learning and Adapting for Accountable Public Health in Guatemala. ARC Note, 2018

Optional Resources

- Hernandez et al. (2019) Pathways to Accountability in Rural Guatemala: a Qualitative Comparative Analysis of Citizen-led Initiatives for the Right to Health of Indigenous Populations. [World Development](#), Volume 113, January 2019, Pages 392-401
- Rajan D, Mathurapote N, Putthasri W, et al. Institutionalising participatory health governance: lessons from nine years of the National Health Assembly model in Thailand. *BMJ Global Health* 2019;4:e001769.
- Tamar Haruna Dambo. Young Nigerians turned to Twitter on the night of the Lekki shootings: what that tells us. October 31, 2021. [Link](#)

**Tuesday, November 8
Corruption**

Required Resources

- Collective (Film, available on Netflix)
- García PJ. Corruption in global health: the open secret. *Lancet*. 2019 Dec 7;394(10214):2119-2124

Optional Resources

- Transparency International Knowledge Hub [Link](#)
- Anti-Corruption Evidence Research Consortium [Link](#)
- Walter Flores and Miranda Rivers, Curbing Corruption after Conflict: Anticorruption Mobilization in Guatemala, US Institute of Peace, No. 482, September 2020

Thursday, November 10 – FALL BREAK, NO CLASS

Tuesday, November 15

- **Revisiting Block 2 with an example of rural retention of doctors in Uttar Pradesh, India**

Required

Sriram, V., Hariyani, S., Lalani, U. et al. Stakeholder perspectives on proposed policies to improve distribution and retention of doctors in rural areas of Uttar Pradesh, India. *BMC Health Serv Res* 21, 1027 (2021)

Block 3 - Emerging Priorities November 17 – December 6
Thursday, November 17 Sustainability and health Guest lecture: Milind Kandlikar, IRES Required <ul style="list-style-type: none">Frumkin, H. (2020). What is planetary health. (Link)Yeh, M. J. (2019). Discourse on the idea of sustainability: with policy implications for health and welfare reform. <i>Medicine, Health Care and Philosophy</i>, 1-9. Optional <ul style="list-style-type: none">Fanning, A. L., O'Neill, D. W., Hickel, J., & Roux, N. (2021). The social shortfall and ecological overshoot of nations. <i>Nature Sustainability</i>, 1-11. (Expand on some concepts presented at the end of Frumkin's presentation) Assessments: Part 1 of Paper, Due Sunday, November 20, 11:59 PM PST
Tuesday, November 22 Policy options to address sustainability and health Guest lecture: Milind Kandlikar, IRES Required <ul style="list-style-type: none">Prepare case for discussion in class – Dams and Disease: An Ecological Solution to Schistosomiasis in Senegal (Link)Pongsiri, M. J., Bickersteth, S., Colón, C., DeFries, R., Dhaliwal, M., Georgeson, L., ... & Ungvari, J. (2019). Planetary health: from concept to decisive action. <i>The Lancet Planetary Health</i>, 3(10), e402-e404. Optional <ul style="list-style-type: none">Nogueira, Christiano. (2019). "Contradictions in the concept of sustainable development: An analysis in social, economic, and political contexts." <i>Environmental Development</i> 30, 129-135.USAID. (2021). "Making it Last: Sustainable Approaches to Health System Strengthening." The Health System Podcast (Link)
Thursday, November 24 Planetary Health Guest lecture: Renzo Guinto, Associate Professor, Inaugural Director, Planetary and Global Health Program, St. Luke's Medical Center College of Medicine, The Philippines Required materials <ul style="list-style-type: none">Voices PH. The planetary health trilogy (Link 1) (Link 2) [Link 3 pending]

- Case study of planetary health in the Philippines

Optional

- Guinto, R. R., Parungao-Balolong, M., Flores, R. J. D., & Bongcac, M. K. (2021). Establishing a community for planetary health in the Philippines. *The Lancet Planetary Health*, 5(7), e396-e397.

Tuesday, November 29

Health systems and Resilience – the Opioid Overdose Crisis in British Columbia

Guest lecture: Patricia Spittal, Professor, Associate Director—Research, Centre for Excellence in Indigenous Health, School of Population and Public Health, University of British Columbia

Readings TBD

Thursday, December 1 – Class Presentations

Presentations will take place in two simultaneous sessions to give all teams sufficient time to present

Tuesday, December 6

Synthesis 2: Health system reform and “getting health reform right”