

МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ КЫРГЫЗСКОЙ РЕСПУБЛИКИ

Ошский Государственный Университет

Отдел аспирантуры и докторантуры
Международный медицинский факультет

“Утверждаю”

Декан ММФ, д.м.н., проф.:

Калматов Р.



“Согласовано”

УМС, председатель к.т.н., доц.

Базиева А.М.

Силлабус 2023-2024гг.

Глобальное здоровье и здравоохранение

Образовательная программа	PhD –Докторантура
Шифр и наименование специальности	560100 - «Общественное здравоохранение и медицина
Цикл дисциплины	ВК
Код дисциплины	
Наименование дисциплины	Глобальное здоровье и здравоохранение
Курс, семестр	1/2
всего кредитов	3
всего часов- 120ч.	аудиторных- 27 ч, из них лекции- 8 ч практические- 19 ч СРД- 63 ч
количество модулей	1
Кафедра	ОЗЗ
Язык обучения	Русский
Форма итогового контроля	Экзамен 2 семестр

Нормативные ссылки: Силлабус составлен в соответствии с ООП, утвержденной на заседании Ученого Совета от 08.10 2023 г. протокол № 1

Обсуждено на заседании КОП Протокол № 1 от 25.11 2023г.

Рук. Программы Момунова А.

Ответственный за модуль/дисциплину: к.м.н., доц. Джусупов К.О.

"APPROVED"

_____K.O. Dzhusupov,
Head of the Department of
Public Health

**GLOBAL HEALTH AND HEALTHCARE
SYLLABUS**

Fall 2023

For postgraduate students in Public Health

3 credits (90 h, including 27 class hours, 63 hours of independent study)

Course Leader: **Dr. Kenesh O. Dzhusupov**, MD, Ph.D., Associate
Professor
+996 770 153154 (WhatsApp)
Email: k.dzhusupov@ism.edu.kg

Ten lecture sessions will be on Mondays and Fridays

Start date: September 19, 2023

End date: October 17, 2023

Zoom link for the lectures (**16:00-17:35 pm**) and workshops (**18:00-19:35 pm**):

<https://us02web.zoom.us/j/7071503021?pwd=a3FkR2JoU3VjNVJJaK0hTL0N0aDdkUT09>

Meeting ID: 707 153 3021

Passcode: xANiG3

Location:

Pre-requisites: This course is open to postgraduate scholars, fellows, and graduate students. An equivalent to introductory epidemiology, a behavioral/social science quantitative method, or a biostatistics course is very helpful. Prior consultation with Course Leader is recommended for those who do not meet any prerequisite.

Course Policies and Procedures:

1. The Introduction Public Health course is highly interactive, and student attendance and participation are critical. The lecturer expects a respectful environment to discuss different positions. Active participation is promoted by taking care of not being dominant. Attendance will be checked for each class. Absenteeism, tardiness, and lack of participation will be reflected in the student's grade. Please notify the instructor in advance if you will not be attending a class. All course materials, assignments, instructions and exam quizzes are on Moodle platform.
2. *Academic Conduct.* Students are expected to maintain academic conduct, professional honesty, and personal integrity. OSU is committed to upholding academic behavior standards consistent with the academic and professional communities of which it is a part. Plagiarism, cheating, and other misconduct are serious violations of the OSU Student Conduct Code. We expect you to know and follow the school's policies on cheating and plagiarism. Any suspected cases of academic misconduct will be handled according to OSU regulations.

3. Cell phones must be turned off and are not used in the class during class.
4. *Students with disabilities (with special needs)*: Students with disabilities needing appropriate academic adjustments should contact the dean and the lecturer as soon as possible to ensure their needs are met on time. Students must inform the lecturer of the disability early in the class so appropriate accommodations can be done. Handouts are available in alternative accessible formats upon request.

Introduction. Why are some people in some countries so much healthier than others? This course will explore the factors that explain the unequal distribution of health and disease in the world. The course will begin with an introduction to the language of global health: the burden of disease, epidemiology, cost-effectiveness, and health systems. It will then analyze the rationale for and modes of intervention to improve global health by exploring a number of high-profile topics, including the HIV/AIDS epidemic, access to pharmaceuticals, human resources for health, and maternal and child health. The course will incorporate knowledge and views from multiple academic disciplines (public health, economics, politics, management, sociology, etc) and does not require any background knowledge. It is open to students in all degree concentrations.

Course Objectives

- To introduce key concepts and frameworks used in examining global health issues
- To understand the distribution of health and disability around the world and to understand the individual, social, and institutional factors that affect the burden of disease
- To explore issues and controversies in global health in an interdisciplinary manner
- To introduce the key actors in the global health system
- To learn to articulate the policy relevance of complex global health issues

Learning outcomes

On completion of this course, successful students will be able to:

- Understand key concepts and frameworks used in examining global health issues.
- Explain and critically discuss the distribution of health and disability around the world and how the individual, social, and institutional factors that affect the burden of disease.
- Compare issues and controversies in global health in an interdisciplinary manner.
- Identify the key actors in the global health system.
- To analyze the policy relevance of complex global health issues

Teaching strategy

The course is housed in OSU e-Learning in Moodle. This course is blended taught through a discussion and lecture format with online “Blended Learning” assignments. Your participation in the class is vital to its success. Be prepared and ready to participate in each class, if voluntary participation lags students will be called on randomly. The “student to-do” function will be used in Moodle. The “student to-do” function will be displayed in your Moodle app calendar as a reminder to read or watch the “Blended Learning” assignments for the upcoming module. All students will receive written feedback for each unit assignment and final assignment.

Blended Learning

Throughout the semester several Blended Learning assignments will be uploaded in Moodle.

What is blended learning and why is it important?

A Blended Learning class uses a mixture of technology and face-to-face instruction to help you maximize your learning. Knowledge content that, as the instructor, I would have traditionally presented during a live class lecture is instead provided online before the live class takes place. This lets me focus my face-to-face teaching on course activities designed to help you strengthen higher-order thinking skills such as critical thinking, problem-solving, and collaboration. Competency in these skills is critical for today’s health professionals.

What is expected of you?

You are expected to actively engage in the course throughout the semester. You must come to class prepared by completing all out-of-class assignments. This preparation gives you the knowledge or practice needed to engage in higher levels of learning during the live class sessions. If you are not prepared for the face-to-face sessions, you may struggle to keep pace with the activities occurring in the live sessions, and it is unlikely that you will reach the higher learning goals of the course. Similarly, you are expected to actively participate in the live class. Your participation fosters a rich course experience for you and your peers that facilitates overall mastery of the course objectives.

Instructional methods: This course is conducted online, in weekly units. The course presents information in different ways: 1) lectures/videos; 2) assigned readings (textbook chapters and/or articles posted to Moodle); 3) two home assignments; 4) Class presentation

Course Activities and Student Products: Class discussion, and other in-class participation, home assignments, and final presentations. Additional analysis of an empirical dataset can be arranged individually.

Attendance. Class attendance is a critical component of the learning process. Students are expected to be present for all classes, since much of the material will be covered only once in class. Please note all faculty are bound by the ISM policy for excused absences. is required for all classes. Planned absences for reasons other than acute illness need to be excused in advance by the course master. Absences will typically be excused for reasons such as religious holidays, career development activities, or illness. Students who miss more than four classes may be expected to withdraw from the class.

Required readings should be completed before appropriate sessions as instructed. Recommended readings are for further exploration, depending on the student's interest. To prepare for discussions, I want you to jot down notes from the readings that you think are especially important, any thoughts of your own on the subject, and questions that you would like to see discussed. Keep in mind, too, that you are reading opinions as well as facts, and that you are welcome to raise alternative viewpoints. In general, you should be prepared to make at least a few points about every major discussion question asked. You are required to give me a copy of your notes before each small group discussion

Literature review: An important skill for a PhD student is critical reading and writing, and literature review. You have three assignments on critical review of research articles. You need to find at least 10 articles on each assignment which are related to your research topic. You must prepare a review of 1000 words for each assignment.

Quizzes. There will be quizzes for each topic which will be posted in Moodle. Having quizzes regularly encourages studying the material on a regular basis and paying attention to the material covered in class. The quizzes allow the instructor to modify and adjust instruction and the immediate feedback helps students to monitor their understanding. Having more quizzes can reduce test anxiety that doing poorly on a single quiz will have a negative effect on a student's grade. Also the lowest four quizzes will be dropped. Any missed in-class quizzes will be recorded as a zero and will count as one of the four dropped quizzes. Quizzes will consist of true/false, multiple choice, or short answer questions probing the content of that week's lecture and/or readings. Questions are shown one question at a time and locked after answering which means you cannot scroll up and down the quiz. Disallowed aids include but are not limited to class notes, books, online resources, or other people. Students may not discuss any aspect of a quiz with classmates or others until after the quiz due date/time has passed. Potential schedule conflicts preventing a student from completing a quiz by the due date should be reported to the CL as soon as possible before the quiz becomes available on the course website. Any technical issues should be initially reported via email to the CL prior to

the quiz end date/time. Make-up quizzes due to technical difficulties will not be considered otherwise.

Final Exam quiz: There will be a final exam for this course during the exam week. The exact date and time will be announced during the semester. The in-class examination will test key concepts learned during the early parts of the course, student's knowledge of the assigned readings, and his ability to summarize the policy relevance of complex global health issues. The exam will comprise a combination of short answer and short paragraph response questions.

Course Evaluation

Attendance	10%
Eight Diaries (each - 5)	40%
Two blog-postings (each - 5)	10%
Class quizzes	20%
Final exam quiz	20%
Total	100 points

Required readings:

1. Merson MH, Black, RE, Mills AJ. Global Health. Diseases, Programs, Systems, and Policies. Fourth Edition. Jones & Bartlett Learning, 2020. ISBN 9781284122626
2. Black, RE, Morris, SS, Bryce, J. (2003) "Where and why are 10 million children dying every year?" *Lancet* 361: 2226-2234.
3. Jha, P, Mills, A, Hanson, K, Kumaranayake, L, Conteh, L, Kurowski, C, Nguyen, SN, Oliveira Cruz, V, Ranson, K, Vaz, LME, Yu, S, Morton, O, Sachs, JD. (2002) "Improving the Health of the Global Poor." *Science* 295: 2036-2039.
4. Wagstaff A, Claeson M, Hecht RM, Gottret P, and Fang Q. (2006) "Millennium Development Goals for Health: What Will It Take to Accelerate Progress?" In *Disease Control Priorities in Developing Countries (2nd Edition)*, pp 181-194. New York: Oxford University Press.
5. Lindstrand A, Bergstrom S, Rosling H, Rubenson B, Stenson B, Tylleskar T. (2008) "Health Indicators." In: *Global Health: An introductory Textbook*, pp 99-122. Lund, Sweden: Studentlitteratur AB.
6. Quickly review: Editors. (2006) "Glossary." In *Global Burden of Disease and Risk Factors*, pages 0-3. New York: Oxford University Press.
7. Lopez, AD, Mathers, CD, Ezzati, M, Jamison, DT, Murray, CJL. (2006) "Measuring the Global Burden of Disease and Risk Factors, 1990—2001." In *Global Burden of Disease and Risk Factors*, pages 1-13. New York: Oxford University Press.
8. Murray, CJL, Frenk, J. (2000) "A framework for assessing the performance of health systems." *Bulletin of the World Health Organization* 78(6): 717-731.
9. Murray, CJL, Salomon, JA, Mathers, C. (2000) "A critical examination of summary measures of population health." *Bulletin of the World Health Organization* 78(8): 981-994.
10. Mathers, CD, Loncar, D. (2006) "Projections of Global Mortality and Burden of Disease from 2002 to 2030." *PLoS Medicine* 3(11): 2011-2030.
11. Anand, S, Hanson, K. (1997) "Disability-adjusted life years: a critical review." *Journal of Health Economics* 16: 685-702.
12. Arnesen, T, Nord, E. (1999) "The value of DALY life: problems with ethics and validity of disability adjusted life years." *BMJ* 319: 1423-1425.
13. Cutler, D, Deaton, A, Lleras-Muney, A. (2006) "The Determinants of Mortality." *Journal of Economic Perspectives* 20(3): 97-120.
14. Smith, JP. (1999) "Healthy Bodies and Thick Wallets: The Dual Relation Between Health and Economic Status." *Journal of Economic Perspectives* 13(2): 145-166.
15. Marmot, M. (2006) "Health in an unequal world." *Lancet* 368: 2081-2090.
16. Link, BG, Phelan, J. (1995) "Social Conditions As Fundamental Cause of Disease." *Journal of*

Health and Social Behavior 35: 80-94.

17. Taubes, G. (2007) "Do We Really Know What Makes Us Healthy?" *New York Times Magazine*. September 16, 2007.
18. Jamison, DT, Breman, JG, Measham, AR, Alleyne, G, Claeson, M, Evans, DB, Jha, P, Mills, A, Musgrove, P. (2006) "Cost-Effectiveness Analysis." In *Priorities in Health*, ed., pages 39-58. New York: Oxford University Press.
19. Shiffman, J. (2009) "A social explanation for the rise and fall of global health issues." *Bulletin of the World Health Organization* 87: 608-613.
20. Laxminarayan, R, Mills, AJ, Breman, JG, Measham, AR, Alleyne, G, Claeson, M, Jha, P, Musgrove, P, Chow, J, Shahid-Salles, S, Jamison, DT. (2006) "Advancement of global health: key messages from the Disease Control Priorities Project." *Lancet* 367: 1193-1208.
21. Sanghavi, D. (2007) "Wrong Number: Is it cost-effective to treat the world's poor?" *Slate Magazine*, July 17, 2007.
22. Hsiao, WC. (2003) "What is a Health System? Why Should We Care?" Harvard School of Public Health Working Paper.
23. Mills, A. (2005) "Mass campaigns versus general health services: what have we learnt in 40 years about vertical versus horizontal approaches?" *Bulletin of the World Health Organization* 83(4): 315-316.
24. Mills, A, Rasheed, F, Tollman, S. (2006) "Strengthening Health Systems." In *Disease Control Priorities in Developing Countries (2nd Edition)*, pages 87-102. New York: Oxford University Press.
25. Reich, MR, Takemi, K, Roberts, MJ, Hsiao, WC. (2008) "Global action on health systems: a proposal for the Toyako G8 summit." *Lancet* 371: 865-869.
26. Filmer, D, Hammer, JS, Pritchett, LH. (2000) "Weak Links in the Chain: A Diagnosis of Health Policy in Poor Countries." *The World Bank Observer* 15(2): 199-224.
27. Frenk, J. (2009) "Reinventing primary health care: the need for systems integration." *Lancet*. Published online May 12, 2009.
28. Berman, PA. (1998) "Rethinking Health Care Systems: Private Health Care Provision in India." *World Development* 26(8): 1463-1479.
29. McPake, B. (2009) "Hospital Policy in Sub-Saharan Africa and Post-Colonial Development Impasse." *Social History of Medicine* 22(2): 341-360.
30. Cohen, J. (2006) "The New World of Global Health." *Science* 311: 162-167.
31. Brown, TM, Cueto, M, Fee, E. (2006) "The World Health Organization and the Transition from 'International' to 'Global' Public Health." *American Journal of Public Health* 96(1): 62-72.
32. Ruger, JP. (2005) "The Changing Role of the World Bank in Global Health." *American Journal of Public Health* 95(1); 60-70.
33. Cohen, MA. (2008) "The New Colonialists." *Foreign Policy* 167: 74-79.
34. Ravishankar, N, Biggins, P, Cooley, RJ, Leach-Kermon, K, Michaud, CM, Jamison, DT, Murray, CLJ. (2009) "Financing of global health: tracking development assistance for health from 1990-2007." *Lancet*: 373: 2113-2124.
35. Gertler, PJ, Hammer, JS. "Strategies for Pricing Publicly Provided Health Services." World Bank Policy Research Working Paper No. 1762. May 1997. The World Bank, Washington, D.C.
36. Banerjee, A, Deaton, A, Duflo, E. (2004) "Health, Health Care and Economic Development: Wealth, Health, and Health Services in Rural Rajasthan." *American Economic Review* 94(2): 326-330.
37. Kruk, ME, Mbaruku, G, McCord, CW, Moran, M, Rockers, PC, Galea, S. (2009) "Bypassing primary care facilities for childbirth: a population-based study in rural Tanzania." *Health Policy and Planning* 24: 279-288.
38. Leonard, KL, Mliga, GR, Mariam, DH. (2003) "Bypassing Health Centres in Tanzania: Revealed Preferences for Quality." *Journal of African Economies* 11(4): 441-471.
39. Anand, S, Baernighausen, T. (2004) "Human resources and health outcomes: a cross-country econometric study" *Lancet* 364: 1603-09.
40. Chen, L, Evans, T, Anand, S, Boufford, JI, Brown, H, Chowdhury, M, Cueto, M, Dare, L,
41. Dussault, G, Elzinga, G, Fee, E, Habte, D, Hanvoravongchai, P, Jacobs, M, Kurowski, C, Michael, S,

- Pablo-Mendez, A, Sewankambo, N, Solimano, G, Stilwell, B, de Waal, A, Wibulpolprasert, S. (2004) "Human resources for health: overcoming the crisis" *Lancet* 364: 1984-1990.
42. Das, J, Hammer, J. "Location, Location, Location: Residence, Wealth, and the Quality of Medical Care in Delhi, India." *Health Affairs*: w338. March 27, 2007.
 43. Chaudhury, N, Hammer, J, Kremer, M, Muralidharan, K, Rogers, FH. (2006) "Missing in Action: Teacher and Health Worker Absence in Developing Countries." *Journal of Economic Perspectives* 20(1): 91-116.
 44. Hagopian, A, Ofosu, A, Fatusi, A, Biritwum, R, Essel, A, Hart, LG, Watts, C. (2005) "The flight of physicians from West Africa: Views of African physicians and implications for policy." *Social Science & Medicine* 61(8) 1750-1760.
 45. Frost, L, Reich, MR. "Chapter 2: The Access Framework". In *Access: How do good health technologies get to poor people in poor countries?* Cambridge, MA: Harvard Center for Population and Development Studies. Available online at: <http://www.accessbook.com>.
 46. Reich, MR "The Global Drug Gap."
 47. Kremer, M. (2002) "Pharmaceuticals and the developing world." *Journal of Economic Perspectives* 16: 67-90.
 48. Barton, JH. (2004) "TRIPS and the global pharmaceutical market." *Health Affairs* 23(3): 146-154.
 49. Abbott, F. (2002) "The DOHA Declaration on TRIPS." *Journal of International Economic Law* p. 469-505.
 50. Max Roser and Hannah Ritchie (2016) - "Burden of Disease". *Published online at OurWorldInData.org*. Retrieved from: '<https://ourworldindata.org/burden-of-disease>' [Online Resource]
 51. <https://www.thelancet.com/journals/langlo/home>
 52. "WHO | Metrics: Disability-Adjusted Life Year (DALY)". WHO.
 53. Prüss-Üstün, Annette; Corvalán, Carlos (2006). "Preventing disease through healthy environments: Towards an estimate of the environmental burden of disease" (PDF). *Quantifying environmental health impacts*. World Health Organization.
 54. Thacker, Stephen B; Stroup, Donna F; Carande-Kulis, Vilma; Marks, James S; Roy, Kakoli; Gerberding, Julie L (2006). "Measuring the Public's Health". *Public Health Reports*. 121 (1): 14–22. doi:10.1177/003335490612100107
 55. Diseases, injuries, and risk factors in child and adolescent health, 1990 to 2017. *JAMA Pediatr*. Published online April 29, 2019. doi:10.1001/jamapediatrics.2019.0337
 56. Potential for additional government spending on HIV/AIDS in 137 low-income and middle-income countries: an economic modelling study. *Lancet HIV* 2019 Published Online April 25, 2019 [http://dx.doi.org/10.1016/S2352-3018\(19\)30038-4](http://dx.doi.org/10.1016/S2352-3018(19)30038-4)
 57. Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet* 2019; 393: 1958–72 Published Online April 3, 2019 [http://dx.doi.org/10.1016/S0140-6736\(19\)30041-8](http://dx.doi.org/10.1016/S0140-6736(19)30041-8)
 58. Measuring population ageing: an analysis of the Global Burden of Disease Study 2017. *Lancet Public Health* 2019; 4: e159–67
 59. The global burden of typhoid and paratyphoid fevers: a systematic analysis for the Global Burden of Disease Study 2017. *Lancet Infect Dis* 2019; 19: 369–81 Published Online February 18, 2019 [http://dx.doi.org/10.1016/S1473-3099\(18\)30685-6](http://dx.doi.org/10.1016/S1473-3099(18)30685-6)
 60. Tracking spending on malaria by source in 106 countries, 2000–16: an economic modelling study. *Lancet Infect Dis* 2019 Published Online April 25, 2019 [http://dx.doi.org/10.1016/S1473-3099\(19\)30165-3](http://dx.doi.org/10.1016/S1473-3099(19)30165-3)
 61. Past, present, and future of global health financing: a review of development assistance, government, out-of-pocket, and other private spending on health for 195 countries, 1995–2050. 2019. [http://dx.doi.org/10.1016/S0140-6736\(19\)30841-4](http://dx.doi.org/10.1016/S0140-6736(19)30841-4)

Note: Copies of all required readings are available in Moodle. Weekly lecture presentations and useful materials will be made available in Moodle. Materials used for each week are posted for informational purposes and not required readings.

Key Dates:

Introduction class	19.09.2023
Posting the blog due:	22.09.2023
Submission of the critical review 1 due:	24.09.2023
Submission of the critical review 2 due:	03.10.2023
Submission of the critical review 3 due:	06.10.2023
Final Class (Case discussion):	18.10.2023
Final online exam due:	10.01.2024

Department of Public Health

Tentative schedule

##	Date	Topics	Discussion questions	Methods and Practice	Readings
Unit 1. Introduction to Global Health					
1		An Introduction to Global Health Course. How healthy (or sick) is the world? <i>Lecture – 2h</i> <i>Workshop – 2h</i>	<ol style="list-style-type: none"> 1. What is global health? 2. Do global health policies have impact? 3. Why should the world care about improving global health? 4. Introduction to epidemiological and demographic concepts 5. Overview of course requirements 6. What is the global burden of disease? 7. What are the major patterns of distribution of disease in the world? 8. How is health defined and measured at the population level? 9. What are some of the normative implications of how we measure health? 	<p>Group discussion: What globalization means to you? What global health means to you?</p> <p>MDG & SDG homework instruction (the first blog)</p>	<ol style="list-style-type: none"> 1. Chen X, Li H, Lucero-Prisno DE 3rd, Abdullah AS, Huang J, Laurence C, Liang X, et al. What is global health? Key concepts and clarification of misperceptions: Report of the 2019 GHRP editorial meeting. <i>Glob Health Res Policy</i>. 2020;5:14. doi: 10.1186/s41256-020-00142-7. 2. Dunham GC. Today's global Frontiers in public health: I. a pattern for cooperative public health. <i>Am J Public Health Nations Health</i>. 1945;35(2):89-95. doi: 10.2105/AJPH.35.2.89. 3. Kickbusch I. Health promotion: a global perspective. <i>Can J Public Health</i>. 1986;77(5): 321-326. 4. Kickbusch I. Global + local = glocal public health. <i>J Epidemiol Community Health</i>. 1999; 53(8):451-452. doi: 10.1136/jech.53.8.451. 5. Kickbusch I. Mapping the future of public health: action on global health. <i>Can J Public Health</i>. 2006;97(1):6-8. doi: 10.1007/BF03405203. 6. Black, RE, Morris, SS, Bryce, J. (2003) "Where and why are 10 million children dying every year?" <i>Lancet</i> 361: 2226-2234. 7. Jha P, Mills A, Hanson K, Kumaranayake L, Conteh L, et al. (2002) "Improving the Health of the Global Poor." <i>Science</i> 295: 2036-2039. 8. Wagstaff A, Claeson M, Hecht RM, Gottret P, and Fang Q. (2006) "Millennium Development Goals for Health: What Will It Take to Accelerate Progress?" In <i>Disease Control Priorities in Developing Countries (2nd Ed)</i>, pp 181-194. NY: Oxford University Press.
<i>Posting the first critical review on Moodle chat due by 9:00 pm</i>					

2		Distribution of health in the world: Why is there such an unequal distribution of health in the world? <i>Lecture - 2h</i> <i>Workshop - 2h</i>	<ol style="list-style-type: none"> 1. What contribution do income, education, and other factors make to health? 2. What are the social determinants of health? 3. What explains the variation in the global burden of disease across countries? 4. How do we attribute causation in health? 	Discussion: Why global health? Homework instruction on the critical review 1	<ol style="list-style-type: none"> 1. Boniol M, Kunjumen T, Nair TS, <i>et al.</i> The global health workforce stock and distribution in 2020 and 2030: a threat to equity and ‘universal’ health coverage? <i>BMJ Global Health</i> 2022;7:e009316. https://gh.bmj.com/content/7/6/e009316 2. Cutler D, Deaton A, Lleras-Muney A. The Determinants of Mortality. <i>J of Economic Perspectives</i>. 2006;20(3): 97-120. 3. Smith JP. (1999) “Healthy Bodies and Thick Wallets: The Dual Relation Between Health and Economic Status.” <i>J of Economic Perspectives</i> 13(2): 145-166. 4. Marmot, M. (2006) “Health in an unequal world.” <i>Lancet</i> 368: 2081-2090. 5. Link BG, Phelan J. (1995) Social Conditions As Fundamental Cause of Disease. <i>J of Health and Social Behavior</i> 35: 80-94. 6. Taubes, G. (2007) “Do We Really Know What Makes Us Healthy?” <i>New York Times Magazine</i>. September 16, 2007.
<i>Submission of the diary 1 due by 9:00 pm</i>					
3		What are the priorities in global health policy? <i>Workshop - 2h</i>	<ol style="list-style-type: none"> 1. How are priorities in global health defined? 2. How are global health priorities set? 3. What is cost-effectiveness and how can it be used to define priorities? 4. What other frameworks have influenced global health priorities? 	Gap-minder introduction and practice The critical review presentation and discussion	<ol style="list-style-type: none"> 1. Jamison, DT, Breman, JG, Measham, AR, Alleyne, G, Claeson, M, Evans, DB, Jha, P, Mills, A, Musgrove, P. (2006) "Cost-Effectiveness Analysis." In <i>Priorities in Health, ed.</i>, pages 39-58. New York: Oxford University Press. 2. Shiffman, J. (2009) “A social explanation for the rise and fall of global health issues.” <i>Bulletin of the World Health Organization</i> 87: 608-613. 3. Laxminarayan, R, Mills, AJ, Breman, JG, Measham, AR, Alleyne, G, Claeson, M, Jha, P, Musgrove, P, Chow, J, Shahid-Salles, S, Jamison, DT. (2006) “Advancement of global health: key messages from the Disease Control Priorities Project.” <i>Lancet</i> 367: 1193-1208. 4. Sanghavi, D. (2007) “Wrong Number: Is it cost-effective to treat the world’s poor?” <i>Slate Magazine</i>, July 17, 2007.
Unit № 2. The Organization of Global Health Delivery					
4		Introduction to health systems. Options for improving health	<ol style="list-style-type: none"> 1. Individual vs. population health services 2. The role of primary health care vs. tertiary health care 	Group discussion: Primary health care vs.	<ol style="list-style-type: none"> 1. Hsiao, WC. (2003) “What is a Health System? Why Should We Care?” Harvard School of Public Health Working Paper. 2. Murray, CJL, Frenk, J. (2000) “A framework for assessing the performance of health systems.” <i>Bulletin of the World Health</i>

		service delivery at the national level <i>Lecture – 2h</i> <i>Workshop – 2h</i>	3. Horizontal vs. vertical health service delivery 4. Public vs. private health care	tertiary health services	<i>Organization</i> 78(6): 717-731. 3. Mills, A, Rasheed, F, Tollman, S. (2006) “Strengthening Health Systems.” In <i>Disease Control Priorities in Developing Countries (2nd Edition)</i> , pages 87-102. New York: Oxford University Press.
5		Options for improving health service delivery at the national level <i>Workshop – 2h</i>	1. Individual vs. population health services 2. The role of primary health care vs. tertiary health care 3. Horizontal vs. vertical health service delivery 4. Public vs. private health care	Group discussion: - Horizontal vs vertical service delivery - Public vs Private HCS Homework instructions on the critical review 2	4. Manzoor AM. Fragility and challenges of health systems in pandemic: lessons from India's second wave of coronavirus disease 2019 (COVID-19). <i>Global Health J.</i> 2022;6(1):44-49. https://doi.org/10.1016/j.glohj.2022.01.006 . 5. Desroches C, Blendon RJ. Future Health Care Challenges. <i>Issues in Science and Technologies.</i> 2003;19(4). https://issues.org/blendon-future-healthcare-challenges/ 6. Reich, MR, Takemi, K, Roberts, MJ, Hsiao, WC. (2008) “Global action on health systems: a proposal for the Toyako G8 summit.” <i>Lancet</i> 371: 865-869. 7. Filmer, D, Hammer, JS, Pritchett, LH. (2000) “Weak Links in the Chain: A Diagnosis of Health Policy in Poor Countries.” <i>The World Bank Observer</i> 15(2): 199-224. 8. Frenk, J. (2009) “Reinventing primary health care: the need for systems integration.” <i>Lancet</i> . Published online May 12, 2009. 9. Mills, A. (2005) “Mass campaigns versus general health services: what have we learnt in 40 years about vertical versus horizontal approaches?” <i>Bulletin of the World Health Organization</i> 83(4): 315-316. 10. Berman, PA. (1998) “Rethinking Health Care Systems: Private Health Care Provision in India.” <i>World Development</i> 26(8): 1463-1479. 11. McPake, B. (2009) “Hospital Policy in Sub-Saharan Africa and Post-Colonial Development Impasse.” <i>Social History of Medicine</i> 22(2): 341-360.
		<i>Submission of the critical review 2 due by 9:00 pm</i>			
6		The role of international actors in the delivery of health services	1. What role do international actors play in health service delivery in developing countries?	Group discussion: national vs global	1. Cohen, J. (2006) “The New World of Global Health.” <i>Science</i> 311: 162-167. 2. Brown, TM, Cueto, M, Fee, E. (2006) “The World Health Organization and the Transition from ‘International’ to

		<i>Workshop – 2h</i>	<ol style="list-style-type: none"> How are national priorities influenced by international priorities? How has development assistance for health evolved? What is the role of non-governmental actors (both international and domestic) in health service delivery? 	<p>priorities</p> <p>Discussion: The critical review 2</p>	<p>'Global' Public Health." <i>American Journal of Public Health</i> 96(1): 62-72.</p> <p>3. Ruger, JP. (2005) "The Changing Role of the World Bank in Global Health." <i>American Journal of Public Health</i> 95(1); 60-70.</p> <p>4. Cohen, MA. (2008) "The New Colonialists." <i>Foreign Policy</i> 167: 74-79.</p> <p>5. Ravishankar, N, Biggins, P, Cooley, RJ, Leach-Kermon, K, Michaud, CM, Jamison, DT, Murray, CLJ. (2009) "Financing of global health: tracking development assistance for health from 1990-2007." <i>Lancet</i>: 373: 2113-2124.</p>
7		<p>The role of international actors in the delivery of health services</p> <p><i>Workshop – 2h</i></p>	<ol style="list-style-type: none"> What role do international actors play in health service delivery in developing countries? How are national priorities influenced by international priorities? How has development assistance for health evolved? What is the role of non-governmental actors (both international and domestic) in health service delivery? 	<p>Video show</p> <p>Group discussion: global health vs international health</p> <p>Instruction on the critical review 3</p>	
<i>Submission of critical review 3 due by 9:00 pm</i>					
Unit № 3. Global Burden of Diseases					
8		<p>Introduction to DB metrics. Burden of Diseases. DALYs and QALYs</p> <p><i>Lecture - 2h</i></p> <p><i>Workshop - 2h</i></p>	<ol style="list-style-type: none"> Concept of burden of disease Life years lost due to premature death Years of healthy life lost due to disability DALY QALY 	<p>Discussion: Why the global burden of disease?</p> <p>IHME GBD visualization tools.</p>	<ol style="list-style-type: none"> Quickly review: Editors. (2006) "Glossary." In <i>Global Burden of Disease and Risk Factors</i>, pages 0-3. NY: Oxford University Press. Lopez AD, Mathers CD, Ezzati M, Jamison D T, Murray CJL. Measuring the Global Burden of Disease & Risk Factors, 1990—2001. In <i>Global Burden of Disease and Risk Factors</i>, 2006. p. 1-13. NY: Oxford University Press. Murray CJL, Salomon JA, Mathers C. (2000) A critical examination of summary measures of population health. <i>Bulletin of the World Health Organization</i> 78(8): 981-994. Max Roser and Hannah Ritchie (2016) - "Burden of Disease". https://ourworldindata.org/burden-of-disease'

					<p>5. https://www.thelancet.com/journals/langlo/home</p> <p>6. "WHO Metrics: Disability-Adjusted Life Year (DALY)". WHO.</p> <p>7. Prüss-Üstün, Annette; Corvalán, Carlos (2006). "Preventing disease through healthy environments: Towards an estimate of the environmental burden of disease" (PDF). <i>Quantifying environmental health impacts</i>. World Health Organization.</p> <p>8. Thacker, Stephen B; Stroup, Donna F; Carande-Kulis, Vilma; Marks, James S; Roy, Kakoli; Gerberding, Julie L (2006). "Measuring the Public's Health". <i>Public Health Reports</i>. 121 (1): 14–22. doi:10.1177/003335490612100107</p>
9		<p>Global Burden of Diseases. Burden of Diabetes and other social diseases <i>Workshop - 2h</i></p>	<ol style="list-style-type: none"> 1. Globesity 2. GB of diabetes 3. GB of tuberculosis 4. GB of cardiovascular diseases 5. GD of diseases due to smoking and alcohol abuse 6. Globesity 7. GB of diabetes 8. GB of tuberculosis 9. GB of cardiovascular diseases 10. GD of diseases due to smoking and alcohol abuse 	<p>Group discussion: Globesity TB CVD Video show CVDs Smoking Alcohol abuse Climate change and global health</p>	<ol style="list-style-type: none"> 1. Mathers CD, Loncar D. (2006) "Projections of Global Mortality and Burden of Disease from 2002 to 2030." <i>PLoS Medicine</i> 3(11): 2011-2030. 2. Anand S, Hanson K. (1997) "Disability-adjusted life years: a critical review." <i>J of Health Economics</i> 16: 685-702. 3. Arnesen T, Nord E. (1999) "The value of DALY life: problems with ethics and validity of disability adjusted life years." <i>BMJ</i> 319: 1423-1425. 4. Diseases, injuries, and risk factors in child and adolescent health, 1990 to 2017. <i>JAMA Pediatr</i>, 2019. doi:10.1001/jamapediatrics.2019.0337 5. Potential for additional government spending on HIV/AIDS in 137 low-income and middle-income countries: an economic modelling study. <i>Lancet HIV</i> 2019 http://dx.doi.org/10.1016/S2352-3018(19)30038-4 6. Health effects of dietary risks in 195 countries, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. <i>Lancet</i> 2019; 393: 1958–72 http://dx.doi.org/10.1016/S0140-6736(19)30041-8 7. Measuring population ageing: an analysis of the Global Burden of Disease Study 2017. <i>Lancet Public Health</i> 2019; 4: e159–67 8. The global burden of typhoid and paratyphoid fevers: a systematic analysis for the Global Burden of Disease Study 2017. <i>Lancet Infect Dis</i> 2019; 19: 369–81 http://dx.doi.org/10.1016/S1473-3099(18)30685-6

					<p>9. Tracking spending on malaria by source in 106 countries, 2000–16: an economic modelling study. <i>Lancet Infect Dis</i> 2019 http://dx.doi.org/10.1016/S1473-3099(19)30165-3</p> <p>10. Past, present, and future of global health financing: a review of development assistance, government, out-of-pocket, and other private spending on health for 195 countries, 1995–2050. 2019 http://dx.doi.org/10.1016/S0140-6736(19)30841-4</p>
10		Final class: discussion of the critical review 3			
		<i>Workshop - 1h</i>			