INS 572-EY- Fall 2009  
Global Public Health and Development  
Department of International Studies  
Wednesday 12:30pm- 3:00pm MB 306  

Professor Sherri L. Porcelain  
Office: Ferré Building Room 321  
Telephone: 305.284.3128  
E-mail: sporcela@med.miami.edu  
Office hours: Tue 10:30am- 11:30am, Wed 3:30pm- 4:30pm & by appointment.  
If you are unavailable during my regularly scheduled office hours, please call or e-mail me to schedule an alternative time to meet.  

Course Description:  
This course will examine public health and its direct and indirect relationship to the social, economic, environmental, and political dimensions of human development. We will explore the health and development linkages; role, purpose and reality of the millennium development goals (MDGs); macroeconomic policies and their impact on human development; issues of freedom, social equity, poverty and structural inequities; along with the cultural, ethical and human rights considerations in the current trends of human development strategies.  

Students will evaluate the different actors involved in global development efforts today and discuss how the government, non government, business and civil society groups play an important role in the promotion of human development. A public health and development framework will help students to evaluate the different factors that may, perhaps, contribute to the increases or decreases in such morbidity and mortality patterns across populations.  

Some public health topics of discussion will include infectious diseases such as HIV/AIDS, malaria, tuberculosis, water, food and airborne-related infections as well as non-communicable disease and lifestyle behaviors associated with cancer, cerebrovascular disease, coronary artery disease, diabetes and obesity. Equally important, this semester we will draw our attention to the broad based public health and development issues in which evidence suggests that a reliable and affordable provision of infrastructure services can function to both reduce poverty and improve health outcomes.  

The availability and accessibility for safe water, adequate sanitation, suitable housing and sufficient nutrition are the fundamental building blocks of a sound global health and development strategy. Consequently, it is at this juncture that we will begin our intellectual exploration and apply novel methodical approaches to examine the key successes and failures of global development and public health today. We will do this through the use of case studies and problem solving strategies to promote a greater
understanding of the inextricable linkages between public health and international development.

**Course Teaching Objectives:**

1. To examine new conceptual frameworks in the study of health and international development
2. To expand student awareness on global health issues and the direct and indirect relationship to international development.
3. To encourage student exploration of the economic, political, social, cultural, and environmental factors that influence global health and development initiatives.
4. To promote greater understanding of the role public health plays as both an investment and outcome of global development

**Course Learning Objectives:**

*At the conclusion of this course students will be able to:*

1. Describe the interrelationship of international development, health/human welfare.
2. Discuss conceptual frameworks that will contribute to the knowledge of human welfare, health and global development.
3. Evaluate empirical research methods conducted by international organizations on human development.
4. Assess the value of international policy initiatives to improve human development and
5. Demonstrate an understanding of health and human welfare and the direct and indirect relationship(s) they have to social, economic and political development.

**Grading:**

*Grading will be based on the following:*

- Class discussion/exercises/group presentations: 25%
- Midterm take home exercise: 25%
- Research Paper: 25%
- Final Exam: 25%

**Class Exercises and Discussion: (25%)**

This is 25% of your final grade. Each participant is expected to complete all required reading prior to the scheduled seminar discussion. In class problem solving activities and group presentation will take place during the semester. If a student is absent during a scheduled class exercise/presentation this work must be completed outside the classroom setting. This information will be posted on the course blackboard site. Additionally, students may be expected to participate in expanded seminar discussions activated through the university Blackboard (BB) system. Please make sure you are familiar with using the BB and the discussion forums. If you have any difficulty please let me know as soon as possible.
The discussion board will serve the following purposes: (1) to assist students that may not feel as comfortable participating in seminar discussions and would like to express themselves more thoroughly through this form of communication; (2) to promote greater dialogue outside the classroom setting; (3) to build collegiality and (4) to continue discussions that may be truncated due to the lack of classroom time.

The BB discussion forums are not a substitute for attending or participating in the classroom. They are supplemental tools for our in-class discussions. However, in the event of a flu outbreak, alternative strategies to “flu proof” the course will be designed by using the BB communication tools and the newly released Supercourse DVD from the World Health Organization Collaborating Center in Pittsburg. This is a network of 64,000 faculty from 172 countries who contribute to Power Point lectures on global health and prevention. Copies of this DVD will be furnished to all students.

**Attendance Policy:**
Since this class meeting weekly for 2.5 hours, students missing more than 2 (two) seminar sessions will be asked to submit a reaction paper on the required readings for that missed class within two weeks of the scheduled session. You are given two absences without any additional requirements; however, on the third missed class you are expected to submit a written response to the assigned readings and post these on the course discussion BB to share your insights with your classmates. Failure to submit this written response will result in an “F” for participation on that date. The feedback is not a review of the readings it is a critical analysis and your personal remarks are appreciated.

If any additional reasons to waive this attendance policy (e.g. such as illness, personal emergency, athletic activities, religious observance), students are required to contact the instructor as soon as possible to discuss the modification in the course attendance policy. Once again, in the event of a flu outbreak, alternative teaching/learning options will be provided through the Blackboard system to flu-proof our course.

**Mid-term Assignment: (25%)**
This is 25% of your final grade. The relationship between public health, human welfare, and development may not be a direct or causal one. We will explore this relationship through greater rigor through the theoretical and empirical research methods. These methods will assist in identifying the relationship(s) as well as defining, describing and explaining how the relationship influences and is influenced by other factors that lie outside any one field of study. You will be given a document that contains background/briefing information, population, demographic, economic, political, and health profiles. From this information you will be asked to develop a plan to improve health and human welfare of a specific population. The tools and methods for health and development examined in class will be expected to be appropriately applied for this assignment. Explicit instructions on how to organize your written work will be provided, as well as grading criteria and assessment scales.
Health & Development Research Paper: (25%)

A 3,000 word (approximately 10 pages in a 12 pt font) analytical paper is worth 25% of your final grade. Students will select a topic that enriches the understanding about development, human welfare and public health. Students are expected to develop their paper within the context of one of the theoretical frameworks discussed during the semester. A grading rubric will be provided and posted for your review. Please select a topic that captures your interest and briefly explore the historical elements; critically analyze the literature as it relates to your topic; discuss how your topic contributes to the international development, health and human welfare literature, and analyze this by applying one or more of the theoretical and/or practical approaches used this semester or other classes.

Due Date: Papers are due on or before November 25. We will not have class on this date. Enjoy your Thanksgiving holiday! Students can e-mail submissions before 12:00pm on November 25. Alternatively, students can deliver their research papers to my office on or before 12:30pm November 25. Early submissions are welcomed! Late papers will be penalized 5 points for every day it is overdue, unless special permission was granted by the instructor prior to the submission date/time. After this deadline, requests for extensions will not be granted without penalty.

Grading: A rubric will be provided. This will identify all criteria and point value for the assignment. Please use Modern Language Association (MLA), American Psychological Association (APA) or Chicago Manual of Style for the format of this research paper. A reminder that the writing mechanics: spelling, grammar, sentence structure, punctuation are all important elements of the final paper.

Final Exam: (25%)

This is 25% of final grade and will be administered as a take home essay exam. An oral option may be considered and students will be advised of this option later in the semester. The final exam will cover course required readings, lectures and discussions. Students will select topics from a list of questions. Essay questions, instructions, requirements, and grading criteria will be distributed at final class session on December 2 and due on or before December 14.

Disabilities:

“Any student with a documented disability (e.g. physical, learning, psychiatric, vision, hearing, etc.) who needs to arrange reasonable accommodations must contact the Instructor and Disability Services at the beginning of the semester.”

Honor Code and Plagiarism Policy:

Students are expected to uphold the honor code and be familiar with the plagiarism policy at the University of Miami.
**Back-up All Work**
Please remember to backup all your work. The University of Miami has an online service myUMbackup to assist you [http://www6.miami.edu/myumbackup/](http://www6.miami.edu/myumbackup/). Alternatively, you can always save your working documents on a USB key.

**Course Required Reading:**


**Other Required Reading**
We will use the first 5 minutes of each class to discuss current events related to health and human development. The New York Times [http://www.nytimes.com/](http://www.nytimes.com/) (also you can access NYT's through the UM Blackboard), Economist [http://www.economist.com](http://www.economist.com) and Financial Times [www.ft.com](http://www.ft.com), or other good news sources. The purpose this activity is to promote and expand students’ level of awareness on the inextricable link of global public health and development.

**Some Other Suggested Readings:** NOT REQUIRED READINGS!
If you are interested in reviewing/borrowing (check out required) any these books, they are available through my office.


Yunus, Muhammad (2004) Banker to the Poor Perseus Books

**Important Dates To Remember:**

- **September 23** Final Paper Topic Due: One line statement is sufficient
- **October 14** Distribute and discuss mid-term exercise
- **October 28** Mid-term exercises due at start of class
- **November 25** Research Papers Due by 12:30pm (electronic submissions)
  - **NO CLASS – HAPPY THANKSGIVING!**
- **December 2** Last Class Meeting- Distribute Final Take Home Exam
- **December 8** Reading Week!
- **December 14** Final Exam due by 12:30pm

**Overview & Weekly Required Reading Schedule**

**August 26**
Course requirements and introduction to global health & development. 
Review syllabus & course requirements followed by an introduction to global health and development studies.

Please purchase all required texts for this class at the beginning of the semester since we will use all books throughout the semester.

**September 2**
Identify and introduce the links between health and development--- political, economic, social, cultural factors beyond the medical and public health models.

**Required Reading**

Health and Development
Gatti A & Andrea Boggio *Introduction: Toward a Matrix Approach*
*Part I: The Global Health Arena* (1,3,4)
Chapter 1 Garrett L and Kammerle Schneider. *Global Health: Getting it Right*, 3-15
Chapter 3 Schrecker T and Ronald Labonté *Beyond the Matrix: Thinking Three Dimensionally About Social Determinants of Health* 56-78
Chapter 4 Matlin S. *Research and Innovation in Health and Development* 79-92 (discuss further on 11/4)
Development as Freedom
Introduction 3-11

The End of Poverty
Introduction & Chapter 1 A Global Family Portrait 1-25

Sickness and Wealth- The Corporate Assault on Global Health.
Eds. Fort, M, Mercer, M & O Gish. Preface & Introduction

Case Studies in Global Health- Millions Saved.
Introduction

September 9
Examine the links between health and development: (1) health transitions and human development (2) economic & freedom perspectives

Required Reading:

Health and Development
Chapter 5 Cavalli-Sforza F Health and Evolution 95-109
Chapter 6 Evans DB Health and Development: an Economic Perspective 110-23

Development as Freedom
Chapter 1 The Perspective of Freedom: 13-34.
Chapter 2 The ends and the means of development: 35-53
Chapter 3 Freedom and the Foundations of Justice: 54-86
Chapter 4 Poverty as Capability Deprivation: 87-110

Sickness and Wealh- The Corporate Assault on Global Health.
Brief History of Health and Development Strategies.
Chapter 1 Bezruchka S & Mercer ME. Economic & Inequality Impacts on Health 11-8
Chapter 2 Gish O Colonial Medicine and Health 19-26

Case Studies in Global Health- Millions Saved
Case 1 Eradicating Smallpox 1-8
Case 7 Controlling Onchocerciasis (River Blindness) in Sub-Saharan Africa 49-56

September 16
Human development in the 21st Century. Further discussion on public health and its value to the study of international development.

Required Reading:

The End of Poverty
Chapter 2 The Spread of Economic Prosperity 26-50
Chapter 3 Why some countries fail to thrive 51-73
Chapter 4 Clinical Economics 74-89

Health and Development
Chapter 14 Souteyrand, Yu D & K Kutch. HIV Epidemic and Response: Social, Economic and Development Impact 229-42
Chapter 15 Uplekar M and MC Raviglione. Global TB Control: Persisting Problem, Shifting Solutions 243-56

Case Studies in Global Health Millions Saved. (add other case studies)
Case 2 Preventing HIV/AIDS and Sexually Transmitted Infections in Thailand 9-16
Case 12 Controlling Chagas Disease in the Southern Cone of South America 89-96

September 23 (Submit research topic- one line is sufficient for topic identification)
Child Health and Human Rights: The Foundations for Sustainable Development

Guest Lecturer:
Shobana Shankar, Ph.D.
Researcher, State of the World's Children Report UNICEF

Required Reading:

Health and Development
Chapter 7 Marks S Health, Development, and Human Rights 124-39
Chapter 8 Boggio A. Health and Development: An Ethics Perspective 140-52.

Development as Freedom
Chapter 10 Culture and Human Rights 227-48.

Case Studies in Global Health Millions Saved.
Case 8 Preventing Diarrheal Deaths in Egypt 57-64
Case 17 Eliminating Measles in Southern Africa 127-33
Case 20 Preventing HiB Disease in Chile and the Gambia 147-54

Posted on Blackboard (Documents file September 23 folder)

UNICEF
A UNICEF curriculum guide will be prepared for this class session and posted on the Blackboard. Go to course documents and click on September 23 folder to locate this guide (forthcoming)
September 30
Global Health and Development: Different Actors & Different Challenges

Required Reading:
Health and Development

Sickness and Wealth- The Corporate Assault on Global Health.
Brief History of Health and Development Strategies.
Chapt 3 Hong E. The Primary Health Care Movement Meets the Free Market 27-42
Chapt 4 Goyd S. Sapping the Poor: The Impact of Structural Adjustment Programs 43-54

The End of Poverty

Posted on Blackboard Documents folder dated September 30
Nayar K.R. and Rasum O. International Studies Millennium Development Goals and Health 2006; 43;317 DOI: 10.1177/002088170604300305 Sage Publication (Article will be posted on course website)

Case Studies in Global Health- Millions Saved.
Case 5 Eliminating Polio in Latin America and the Caribbean 33-40
Case 11 Reducing Guinea Worm in Asia and Sub-Saharan Africa 81-88
Case 12 Controlling Chagas Disease in Southern Cone of South America. 89-95

October 7
Neoliberal models, economic reform, and globalization: how is health and development shaped by these changes? Case studies for discussion in class

Required Reading:
Sickness and Wealth- The Corporate Assault on Global Health
Section II: Expansion of Neoliberal Model
Chapter 5 Verdugo JC. Failures of Neoliberal Model: Guatemala 57-68
Chapter 6 Iriat C, Waitzkin H and Merhy E. HMO's Abroad: Managed Care in Latin America 69-78
Chapter 7 Shaffer E and Brenner J. Trade and Health Care: Corporatizing Vital Human Services 79-94
Chapter 8 Yamada S. Militarism and Social Production of Disease 95-104
Development as Freedom
Chapter 5 Markets, States and Social Opportunity 111-45

The End of Poverty.
Chapter 5 Bolivian’s High –Altitude Hyperinflation 90-108
Chapter 6 Poland’s Return to Europe 109-30.
Chapter 7 Reaping the Whirlwind: Russia’s Struggle for Normalcy: 131-47
Chapter 8 China: Caching Up After Half a Millennium 148-70
Chapter 9 India’s Market Reforms: The Triumph of Hope over Fear 170-87

Case Studies in Global Health Millions Saved.
Case 15 Preventing Iodine-Deficiency Disease in China 113-19

**October 14 (Distribute Midterm Exercise at the end of class)**
Climate Change, Human Health and Economic Development: Current and Future Risks

**Guest Lecturer:**
Shannon Gibson
PhD student Department of International Studies
Project Manager, Rosenstiel Marine School and Atmospheric Sciences (RASMAS)

**Required Reading:**

Documents to be posted on Blackboard and located in documents folder October 14
Fighting Climate Change: Human Solidarity in a divided world. Human Development
Climate Shocks Risks and Vulnerability in an Unequal World 75-108

Lancet and the University College London Institute for Global Health Commission.

(Additional articles to be posted on BB course website)

**October 21 (Continue Working on Midterm Exercise)**
Central issues of global health and development: poverty, aging, and women health.
We have explored child health and risks, challenges to health development. During the
next two weeks (Oct 21 & 28) we will continue to explore the issue of global health,
poverty, women’s health and aging.

**Required Reading:**
The End of Poverty
Chapter 12 On-The-Ground Solutions for Ending Poverty 226-43
Chapter 13 Making the Investments Needed to End Poverty 244-65
Chapter 14 A Global Compact to End Poverty 266-87
Chapter 15 Can The Rich Afford To Help The Poor? 288-308

Development as Freedom
Chapter 8 Women’s Agency and Social Change: 189-203

Health and Development
Chapter 9 Phillipson C Estes and E Portacolone Health and Development: The role of International Organizations in Population Ageing 155-67 (reading from Sept 30)
Chapter 11 Manderson L. Women, Health and Development 183-96

Posted on the Blackboard and located in documents October 21 folder.

Bristol N. Dying To Give Birth: Fighting Maternal Mortality In Peru Simple innovations can mean the difference between life and death for Peruvian mothers-to-be. Health Affairs July/August 2009 Vol 26, No 4. DOI 10.1377/hlthaff.28.4.997

October 28 (MIDTERM DUE AT START OF CLASS)
Continue discussion on vulnerable groups of health and development

Required Reading:
Refer to October 21 readings

Case Studies in Global Health Millions Saved. (In class group work)
Case 9 Improving the Health of the Poor in Mexico 65-72
Case 10 Controlling Trachoma in Morocco 73-79
Case 12 Controlling Chagas Disease in Southern Cone of South America 89-95

Case Studies in Global Health Millions Saved (In class group work)
Case 6 Saving mothers’ Lives in Sri Lanka 41-8
Case 13 Reducing Fertility in Bangladesh 97-104
Case 16 Preventing Neural-Tube Defects in Chile 121-26
Case 19 Treating Cataracts in India 139-46

November 4
Determinants of health & development explored further. A consideration on evidence based research and gaps today
Required Reading:

The End of Poverty
Chapter 10 The Voiceless Dying: Africa and Disease 188-209

Development as Freedom
Chapter 6 The Importance of Democracy 146-59
Chapter 11 Social Choice and Individual Behavior 249-81
Chapter 12 Individual Freedom as a Social Commitment 282-98

Health and Development
Chapter 4 Research and Innovation in Health and Development 79-92 (Read on 9/2)

The following articles will be posted on the Blackboard under course documents November 4th folder.


Case Studies in Global Health Millions Saved.
Case 4 Reducing Child Mortality with Vitamin A in Nepal 25-31

November 11
Crises and challenges for health and development
We will explore some of the crises and challenges; globalization, health policies and development in the 21st Century

Required Reading:

Sickness and Wealth- The Corporate Assault on Global Health.
Section III. Globalization and health
Chapter 9 Shiva V. Stolen Harvest: The Hijacking of the Global Food Supply and Health 107-18
Chapter 10 Bond P. The Political Roots of South Africa’s Cholera Epidemic 119-30
Chapter 11 Holtz H and Kachur SR. Reglobalization of Malaria 131-44
Development as Freedom
Chapter 7 Famine and Other Crises: 161-88.
Chapter 9 Population, Food and Freedom: 204-26

November 18- (REMEMBER: RESEARCH PAPERS DUE ON OR BEFORE NOVEMBER 25)
Disease & Development. How will countries pay for health demands? Examination of both communicable and non-communicable diseases (e.g. heart disease, cancer, diabetes, obesity and more).

Required Reading:

Health and Development
Chapter 12 Stuckler D and D Yach. Long-term Impacts of Leading Chronic Diseases in Low-and Middle-income Countries 197-216

Case Studies in Global Health Millions Saved.
Case 3 Controlling Tuberculosis in China 17-24
Case 14 Curbing Tobacco in Poland. 105-12
Case 15 Preventing Iodine-Deficiency Disease in China 113-19
Case 18 Preventing Dental Caries in Jamaica 135-38

(Additional readings related to chronic diseases such as obesity, heart disease, cancer & diabetes will be posted on Blackboard course documents folder November 18)

November 25---- NO CLASS ---- RESEARCH PAPERS DUE BY 12 PM TODAY!

PAPERS DUE BEFORE 12 PM. Electronic submissions are gladly welcomed.
Please confirm I have successfully received of your submission.

HAPPY THANKSGIVING!

December 2
Global Health and Development: Where are we today and where are we going in the future? Course summation and discussion/distribution of final take home exam.

Required Reading:
The End of Poverty
Chapter 16 Myths and Magic Bullets 309-28
Chapter 17 Why we should do it 329-46
Chapter 18 Our generations’ challenge 347-68
Sickness and Wealth
Section 4 Mobilizing For Health
Chapter 13 Cerón, Das A & Fort M The Struggle for People’s Health 161-66
Conclusion Mercer M Shall We Leave It To The Experts? 167-72

December 9 Reading Week
Work on your final exams

December 14 (Monday) Final Exams Due by 12:30 PM
Ferré Building Room 321 or alternatively email exams to sporcela@med.miami.edu Be sure you receive a confirmation that the document has been successfully retrieved.

December 21
Final Grades due 5:00 PM in MyUM by Faculty

December 23
Final Grades available to students in MyUM

Supplemental Readings:
You are not required to read material posted at the end of this syllabus. This supplemental reading is for students requesting further details on a specific topic. I most likely will reference many of the supplemental readings during the semester through Power Point presentations or during our in class discussion. I have organized these readings to follow topic discussions and not alphabetically.


Collier, Paul. (2007). The Bottom Billion- Why the Poorest Countries Are Failing and What Can be Done About it Oxford University Press

Easterly, William (2006) The White Man’s Burden. Why the West’s Efforts to Aid the Rest Have Done So Much Ill and So little Good Penguin Books

Yunus, Muhammad (2004) Banker to the Poor, Perseus Books
Sen, Amartya. *Health in Development*


World Health Organization *Health and the Millennium Development Goals Report 2005*
Chapter 4

Investing in Development: A Practical Plan to Achieve the Millennium Development Goals http://www.unmillenniumproject.org/reports/fullreport.htm


http://lnweb18.worldbank.org/eap/eap.nsf/Attachments/poverty+reduce+2/$File/are+we+really+reducing.pdf


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Chapter 1: The Nature and Evolution of Poverty: 15-30


http://bmj.bmjjournals.com/cgi/reprint/324/7331/232.pdf

Fidler, David. *Fighting the Axis of Illness: HIV/AIDS, Human Rights and US Foreign Policy.* Harvard Human Rights Journal Volume 17 Spring 2004 (PDF will be available on course website)

Joint United Nations Programs on HIV/AIDS. Debt for AIDS-Swaps February 2004 Policy information brief

Center for Disease Control and Prevention (CDC) 2002 Protecting the Nations Health in the Era of Globalization. Global Infectious Disease Strategy


http://www2.cid.harvard.edu/cidpapers/mal_wb.pdf


http://www.cdc.gov/ncidod/emergplan/plan98.pdf


