“Health Policy in a Globalizing World” is a one-week intensive course providing an overview of the forces of globalization shaping health in our world. Globalization describes how goods, services, culture and ideas cross borders, and more specifically in the context of health, how disease-causing pathogens, the knowledge to care and cure these maladies, and the products to treat them do or do not cross these borders. Health inequities may result when there are asymmetries in what becomes globalized.

Through seminars and site visits, participants will gain an appreciation of the context and policy levers affecting health in a globalizing world. Taking advantage of Geneva, the course draws heavily upon experts from the World Health Organization and other inter-governmental organizations located there. The participants will be primarily comprised of Global Health Fellows competitively chosen through the Duke University Geneva Program on Global Policy and Governance.

As part of Duke University’s Geneva Program on Global Policy and Governance, this course builds upon the core training planned by the Program on Global Health and Technology Access at Duke University’s Sanford School of Public Policy for the Global Health Fellows Program. This course is designed to complement the policy internship at a major international organization completed by every Global Health Fellow.

The following readings are meant to serve as starter resources. Not all are meant to be read in their entirety, but by selectively reviewing these documents, they hopefully will enrich the course participant’s understanding of the context of the seminar or site visit discussions.

**Session 1: Introduction – Globalization and Health**

1. What are the major currents of health policy in a globalizing world?
2. How can globalization foster progress in public health? For example, in what ways has the advent of the Internet positively transformed the global surveillance of epidemic outbreaks?
3. How does globalization exacerbate public health risks? For example, what happens when the globalization of tobacco outpaces consumer protections or when expectations of life-saving medicines cross borders more readily than the products themselves? How do these asymmetries in globalization contribute to health inequities?
4. How do stakeholders, from intergovernmental agencies such as WHO to civil society, shape the response to these challenges of globalization and health?
5. In what ways might a common framework, yet different perspectives, be used to analyze the various issues of globalization and health examined over the course of this week?

**Readings:**

Session 2: Systems Thinking

1. What is “systems thinking,” and what does it mean for health systems? How is this a paradigm shift?
2. How does one apply a systems perspective to design and evaluate health systems interventions?
3. What are some of the challenges in applying systems thinking to real-world settings?

Readings for Session 2:

- Sheikh, K., Gilson, L., Agyepong, I. A., Hanson, K., & Ssengooba, F. (2011). Building the Field of Health Policy and Systems Research: Framing the Questions. PLoS Medicine, 8(8), 1-6.

Supplemental Readings:

Session 3: Human Resources for Health

1. In what ways can the disparity in human resources for health be best addressed? And how do such disparities result in challenges for health care delivery?
2. How does retention and migration of health care workers play a role in exacerbating or improving this situation? What innovative approaches are being taken to align supply and demand of health care workers more effectively?
3. Who are the key stakeholders and what are the major initiatives to address the issues surrounding human resources for health, both from a system-wide and a disease-specific approach?

Readings for Session 3:

- WHO. “Managing health workforce migration – The Global Code of Practice.” [The first time WHO Member States used constitutional authority of the Organization to develop a code in thirty years - adopted by the 63rd World Health Assembly on 21 May 2010] (Access)

Supplemental Readings for Session 3:

Session 4: Innovation + Access for Global Health

1. What is the 10-90 gap, and in what ways is there a mismatch between market-driven development of health technologies and public health priorities?
2. How can knowledge for global health be better shared in a globalizing world?
3. How can product development be aligned to meet these public health priorities? What examples are there of alternative approaches to encouraging greater innovation and more affordable access for those in need?
4. What role might novel financing mechanisms, from product development partnerships and push incentives to prizes, advance market commitments and other pull incentives, play?

Readings:

Supplemental:

**Session 5: Global Health R&D: Strengthening Global Financing and Coordination**

1. What prompted and led to the policy process that culminated in the release of the recommendations of the Consultative Expert Working Group on Research and Development: Financing and Coordination and the more recent World Health Assembly resolution this year?
2. What were the key recommendations put forward, the key points of controversy and consensus, and following the World Health Assembly’s deliberations?
3. What has been the progress of these recommendations since they were first introduced, and how have the follow-on meetings affected this?
4. How can technology transfer and local production figure into the strengthening of global financing and coordination of R&D?

**Readings for Session 5:**

**Supplemental Readings:**

**Session 6: Visit to WHO Strategic Health Operations Center / International Health Regulations**

**Questions for Session 6**

1. How did the International Health Regulations come into being, and how have they evolved over the years? In what ways are they hard, enforceable norms, and in what ways do they exert influence through soft norms?
2. How have epidemic outbreaks, from SARS and avian flu to H1N1 to the recent H7N9 outbreak in China, tested and shaped the interpretation and implementation of the International Health Regulations? In what ways have the International Health Regulations come into contention with other global regimes, such as the Convention on Biological Diversity?
3. How has surveillance changed under the International Health Regulations? What other ramifications will these regulations have on pandemic preparedness and response? Has it had its intended impact, in retrospect, in tackling emerging infectious diseases? What challenges remain ahead?

**Readings:**

**Supplemental:**
Session 7: Non-communicable Diseases

1. What challenges face efforts to roll back non-communicable diseases? From mental health and tobacco control to cancer and road traffic accidents, are there any unifying approaches across non-communicable diseases?
2. What resulted from the UN High-Level Meeting on NCD Prevention and Control? What has been the follow-up to the Political Declaration on NCDs and the monitoring framework and targets for prevention and control of NCDs?
3. What would you highlight from the Global NCD Action Plan 2013-2020 (GAP)? How will NCDs feature, do you believe, in the post-2015 development agenda?
4. What are the challenges to scale-up of response to NCD prevention and control? Are there any lessons that might be adapted from efforts for communicable diseases?

Readings:

Supplemental Readings for Session 7:

Session 8: Universal Health Coverage
1. How should universal health coverage be defined, and what services should be considered essential under such programs? Would this differ by national context, or is there a universal floor for such coverage?

2. In striving for universal health coverage, how should such a health system be financed, and how can it best protect people from the financial consequences of ill-health?

3. What are promising strategies for low- and middle-income countries to overcome challenges that prevent countries from moving towards universal coverage? How can such health systems best prioritize needed services to optimize the use of available resources?

4. How might aid flows to finance universal health coverage in a LMIC work (or not)?

Readings for Session 8:


Session 9- Mental Health

1. In what ways do mental health problems and neurological disorders, from dementia to epilepsy, contribute to the global burden of disease? Why has this been neglected, even more so perhaps than other areas of non-communicable disease?

2. In what ways can policy makers emphasize the importance of integration and planning of better mental health services with overall health policy? Are there exemplars of how this is being done or lessons from other areas of how this might be done?

3. What role does mental health and those with mental disabilities play in development and implementation of poverty reduction and community development programs?

4. What is WHO’s role and that of other key global stakeholders in meeting the needs of those with mental or neurological disorders?

Readings for course session on “Global Mental Health”:

Session 10: Violence and Injury Prevention

1. What are the largest barriers facing policymakers in reducing both violence and injury prevention on a global scale?
2. Why has road safety taken such an important focus of the VIP focus, and what are the other main targets of injury prevention policy?
3. What role does economic status of a region play in violence and injury prevention?
4. How can public health stakeholders, including intergovernmental organizations like WHO, help implement the planks of the Violence Prevention Alliance’s Plan of Action for 2012-2020, including the development and strengthening of national action plans for violence prevention?

Readings for Session 10:


Seminar Session 11: Pandemic Influenza Preparedness: Scaling up the manufacture of vaccines

1. What are the main objectives coming out of the 2011 PIP Framework, and what steps have been taken since?
2. How does this framework affect LMICs, and assure their access to medical products in the event of a pandemic?
3. What are the challenges of scaling up the manufacture of vaccines in the event of a pandemic, especially in LMICs?
4. How does tech transfer and IPR concern these challenges?

Readings for course session on Session 11:


Seminar Session 12: Malaria: Scaling up Artemisinin Combination Treatment

1. What is Artemisinin Combination Treatment and what are challenges to scaling-up access?
2. What are some some supply-side interventions (such as A2S2, ACT Forecasting Consortium) to improve ACT access and effectiveness?
3. What are some demand-side interventions (such as AMFm) and how are these effective?

- "Use of a private sector co-payment mechanism to improve access to ACTs in the new funding model". *Global Fund*. 2012. ([GFATM_AMFm_InfoNote_2012](#))

**Session 13: Overview of the World Trade Organization and World Intellectual Property Organization**

1. What are the implications of trade agreements, such as those under the WTO’s & WIPO’s agreements, for public health?
2. How might the Trade-Related Aspects of Intellectual Property Rights encourage or hamper pharmaceutical innovation for global health? What exceptions are allowed, and under what circumstances, may these applied?
3. As an intergovernmental organization, how do WIPO & WTO work in contrast to the WHO & how do they work in concert?

**Readings for Session 13:**

- “Understanding the WTO,” WTO website. ([Access](#))

**Supplemental Readings for Session 13:**


**Session 14: Food Safety, Sanitary and Phytosanitary measures**
1. What are the key elements of the WTO’s SPS agreement important for public health? From genetically modified foods to antibiotics in livestock feed, how do countries resolve their differences over food trade through the SPS agreement and dispute resolution process?

2. With problems from Salmonella poisoning to melamine contamination, what are the challenges to maintaining food safety? How can these be handled within the international framework?

Readings for Session 14:


Supplemental Readings for Session 14:


Session 15: Tobacco Control

Questions for Session 15:

1. What prompted WHO to exercise for the first time its treaty making authority in calling for a Framework Convention on Tobacco Control? How did the process unfold, and what has been achieved to date?

2. What are the strengths and shortcomings of such international conventions like the Framework Convention on Tobacco Control? What is the reporting mechanism under this convention? What compels compliance or enforcement with its protocols? What continuing role is there for civil society after ratification of such a treaty?

3. What is the interplay between the WHO Tobacco Free Initiative and the Framework Convention on Tobacco Control as complementary instruments to combat the tobacco epidemic? What is the potential use of such mechanisms in tackling future global health concerns- e.g., non-communicable diseases related to diet or alcohol?

4. What is denialism, and how has the tobacco industry applied this approach to oppose tobacco control efforts?

5. How has the tobacco industry used trade and investment agreements to undermine tobacco control efforts?

Readings for Session 15:

• Diethelm, P.A., McKee, M. “Lifting the smokescreen: tobacco industry strategy to defeat smoke free policies and legislation.” INCa, France: European Respiratory Society, February 2006. (DiethelmEtAl_LiftingTheSmokescree-TobaccoIndustryToDefeatSmokeFreePolicies_2006)


Supplemental Readings for Session 15:


• NEW: (.bmj-mckee-diethelm-denialism

SITE VISITS

The site visits during the “Health Policy in a Globalizing World” course provide an overview of key stakeholder organizations in Geneva, from intergovernmental organizations to civil society and public-private partnerships. Each site visit affords an opportunity to understand that organization’s role on the global health policy landscape through the lens of issues that it works on.

SITE VISIT 1: World Polio Eradication Initiative
For details, visit http://polioeradication.org and read about their work and endgame strategy

SITE VISIT 2: Office of the High Commissioner for Human Rights
The The Right to Health. OHCHR Fact Sheet 31. 2008

SITE VISIT 3: Medicines Patent Pool


**SITE VISIT 4: Global Fund for AIDS, TB and Malaria (GFATM)**

Institutional website: [http://www.theglobalfund.org](http://www.theglobalfund.org)


**SITE VISIT 5: UNITAID**

Institutional website: [http://www.unitaid.eu/](http://www.unitaid.eu/)


Project Updates, January-July 2011, can be found at:

SITE VISIT 6: South Centre
“South Centre Welcomes Decision on LDCs and TRIPS” South News. 14 June 2013. SouthNews_SouthCentre Welcomes WTO’s LDC_TRIPS Decision

SITE VISIT 7: Médecins sans Frontières (MSF)

Twitter: @MSF_access and @Kathersuch

Readings for MSF site visit:
MSF Access website. (http://msfaccess.org/)
Statement of MSF to Eighteenth Session of WIPO Standing Committee on the Law of Patents (SCP). (Access)
MSF. The Right Shot: Extending the Reach of Affordable and Adapted Vaccines. Geneva, Switzerland: MSF Access Campaign, 2012. (MSF_TheRightShot-ExtendingTheReachOfAffordableAndAdaptedVaccines_2012)

SITE VISIT 8: Drugs for Neglected Diseases Initiative (DNDi)

Institutional website: http://www.dndi.org
Treat Chagas Campaign website, available at: http://www.treatchagas.org/
Ioset JR, Chang S. “Drugs for Neglected Diseases initiative model of drug


SITE VISIT 9: Global Alliance for Vaccines and Immunizations

Institutional website: http://www.gavialliance.org/


For details on the pneumococcal advance market commitment, see http://www.gavialliance.org/funding/pneumococcal-amc/


SITE VISIT 10: Foundation for Innovation New Diagnostics (FIND)

FIND: About us: http://www.finddiagnostics.org/about