

Global Health Policy and Delivery: 2019 Syllabus

University of Pennsylvania
Graduate Program in Public Health
MPH Degree Program

Course Syllabus – Spring 2019

Title: PUBH 551 (NURS 640 / SWRK 793) – Global Health Policy and Delivery

Course Units: 1.0 c.u.

Course Description: This participatory, interdisciplinary seminar course examines contemporary issues in global health policy and delivery. Students will develop skills in policy analysis, development of evidence-based policy, and effective delivery of global health interventions. The class will explore the health delivery and policy process using a variety of contemporary global health case studies, which focus on content areas such as maternal health, HIV policy, global child health, family planning and medication access.

Placement / Room Assignment: BRB 251
Time: Tuesday, 1:00PM – 4:00 PM

Pre-requisites: There are no prerequisites. The course is designed for graduate students in the social and behavioral sciences, health professions, public health, business and law. Advanced undergraduate students will be admitted with permission.

Invited Guest Speakers:

- Valerie Koscelnik – Global Public Health Specialist and consultant
- Patty Skuster, Senior Policy Advisor, IPAS
- Kelly Curran, Director of HIV and Infectious Disease Programs, JHPIEGO Corporation
- Alison Bутtenheim, Associate Professor School of Nursing, Health Policy, UPenn
- Fernando Chang-Muy, Thomas O’Boyle Lecturer, Penn Law/SP2

Course Objectives:

- Critically examine key issues and controversies in contemporary global health policy and delivery (e.g. priority setting, design of health systems, primary health care, equity considerations)
- Explain how epidemiology and burden of disease, socioeconomic, cultural, and structural factors influence the **design** of evidence-based policy and interventions.
- Analyze and apply frameworks for the effective **delivery** of health interventions and services to low-resource areas including public-sector, private-sector, and community channels and partnerships.
- Develop skills in the **assessment** of policy and program **impact** for both continuous improvement as well as formation and dissemination of best practices.
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Teaching Methods: Interactive seminar course with guest faculty from policy, implementation, research and evaluation, and community engagement and advocacy. Topics from maternal health and child survival will be used as case studies throughout the course.

Evaluation Methods:	30%	Policy briefs (3)
	30%	Health Delivery Program Development Paper
	30%	Class Participation and Contribution
	10%	Group Case Presentation

Course Assignments:

- a. **Policy Briefs (3):** During the course, each student will prepare 3 short policy briefs concisely summarizing issues, policy alternatives, and key considerations for action. For written briefs - 1.5 spaced, 12-point font, based on guidelines provided in class.
 - a. **Brief 1 (short brief) (10% of grade):** Due Feb 12th - Students will choose a country and topic (in child survival). Prepare a brief addressed to the Minister of Health of the assigned country on major burden of disease and policy/interventions recommendations. (maximum 2 pages). Countdown to 2030 profiles <http://stage.countdown2030.org/country-and-regional-networks/country-profiles>
 - b. **Brief 2 (policy analysis) (10% of grade):** Due March 12th: 2-page brief using template/matrix provided. Table should be no longer than 2 pages. Include references at end. Choose a country and identify a problem, challenge, or need related to a topic of your choice. For example, *maternal mortality and one of the 3 delays*. Based on the current epidemiology, state of maternal health, and coverage of programs, discuss 3 options, recommending one. Your brief should provide your recommendations and reasoning noting potential challenges and how these can be overcome, addressed, or mitigated. Remember to identify your audience.
 - c. **Brief 3: (oral brief) (10% of grade):** In class March 26th - Innovations in delivery – Students will be assigned a case study of an innovation in delivery for which they will prepare an oral (3-5minute) briefing using ppt summarizing the success factors/challenges and implications for scale-up or use of the model in other settings. Audience – implementing organization. PowerPoint Required.

For all assignments, literature must be cited using APA or comparable standardized format.

- b. **Health Delivery Paper:** May 6th: 8-10 pages double-spaced. Students will develop a proof of concept for a health delivery program in a country/region of their choice. The paper will include 1) a background section that describes need and rationale/evidence supporting the modes for delivery selected 2) a description of the proof of concept 3) a roll-out plan and 4) a Log Frame depicting program activities and related outcomes.
- c. **Group delivery case presentation** - students will be broken up into team of 4-5 students and will work together to prepare their best answer to a global health delivery case (as assigned)

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by instructor). The team will present a short 10-minute PowerPoint briefing to the class on April 30th.

- d. **Class Participation:** students are expected to attend and participate in all classes.

Participation includes:

- a. Preparation of reading assignments prior to each class and participating in the discussion each week
- b. Each student will also prepare questions for guest lectures based on the assigned readings and/or topic.
- c. Feedback on policy briefs of fellow students

**If you must miss a class, please notify instructors in advance. If you miss more than one class, you will be required to complete an assignment at the discretion of the instructors. Missing multiple classes will affect the participation grade.

Required Reading:

- Articles as assigned in the syllabus for each class

Academic Integrity: Students are expected to adhere to the University's Code of Academic Integrity. Care should be taken to avoid academic integrity violations, including: plagiarism, fabrication of information, and multiple submissions. Students who engage in any of these actions will be referred to the Office of Academic Integrity, which investigates and decides on sanctions in cases of academic dishonesty.

See link for more information: <http://www.upenn.edu/academicintegrity/index.html>

MPH Academic Standing Policy/Academic Probation: According to University policy, a graduate student must maintain a 'B' average or better to be considered in good academic standing. A student who does not meet the University policy of a 'B' /3.0 average will be reviewed by the MPH Program Director, the Associate Director and the Academic Progressions Committee. A student may be put on academic probation for a period of 1 semester to improve his/her overall average may be put on academic probation for a period of 1 semester to improve his/her overall average.

Any course in which the student receives a grade below a B- will not be applied toward the Master of Public Health degree. The record of any student who receives an unsatisfactory grade (less than a 'B-') in a course or who does not meet the University policy of a 'B' /3.0 average will be reviewed by the MPH Program Director, the Associate Director and the Academic Progressions Committee. A student may be put on academic probation for a period of 1 semester to improve his/her overall average

Students may continue to take other courses during the probation period and the student must make arrangements with the course director to remediate any grades lower than a B-. These arrangements must be approved by the MPH Program Director with input from the Academic Progressions Committee as needed. Any student who is on academic probation for a period greater than 1 semester will be referred to the Academic Progressions Committee for review and recommendation. This committee is authorized to dismiss the student or allow the student to

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remain in the program on a probationary basis. A return to good academic standing is contingent on receiving an acceptable grade (B or higher) in all remaining courses.

The MPH grading policy is at the discretion of the individual course instructors.

Please find below the generally used grading scale for the MPH Program.

A+	97-100	B+	87-89	C+	77-79		
A	93-96	B	83-86	C	73-76		
A-	90-92	B-	80-82	C-	70-72	F	0-69

Please note that an A+ carries the same weight (4.0) as an A.

Incomplete Grade: It is expected that a matriculated Master of Public Health student shall complete the work of a course during the semester in which that course is taken. A student who fails to complete a course within the prescribed period shall receive at the instructor's discretion either a grade of I (incomplete) or F (failure). If the incomplete is given, the instructor may permit an extension of time up to one year for the completion of the course. In such cases, any course which is still incomplete after one calendar year from its official ending must remain as incomplete on the student's record and shall not be credited toward the MPH degree. Students who receive two or more incompletes within a semester may not register for the subsequent semester(s) without the permission of the Department.

For additional information on academic policies, please refer to the corresponding sections in the Student Handbook.

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(Note: Please see Canvas for updated readings)

Course Outline / Assignments:

Class	Date	Class Topics	Readings & Homework Due
<u>Global Health Policy</u>			
1	1/22	<p>Introduction to the Course, Global Health Delivery Models in context, the global health policy landscape, and resources for global health.</p>	<p>Required Reading:</p> <ul style="list-style-type: none"> a. Garrett, L. The Challenge of Global Health b. The U.S. Government Engagement in Global Health – A Primer http://files.kff.org/attachment/report-the-u-s-government-engagement-in-global-health-a-primer c. The Global Health Regime 2013 Council on Foreign Relations https://www.cfr.org/report/global-health-regime d. (If did not take PUBH519) - History of Global Health – Modules 1-8 http://www.uniteforsight.org/global-health-history/module1 <p>Recommended Reading:</p> <ul style="list-style-type: none"> a. Sustainable Development Goals http://www.un.org/sustainabledevelopment/sustainable-development-goals/
2	1/29	<p>Health System Strengthening (HSS): WHO Building Blocks: Lecture and small group activity</p> <p>Wendy Voet</p> <p>.....</p> <p>Val Koscelnik</p> <p>PEPFAR Funding and Programs and it transition to local partner support for sustainability</p>	<p>Required Reading:</p> <ul style="list-style-type: none"> a. https://www.usaid.gov/sites/default/files/documents/1864/HSS-Vision.pdf b. World Health Organization. Everybody business: strengthening health systems to improve health outcomes: WHO’s framework for action. 2007. http://www.who.int/healthsystems/strategy/everybodys_business.pdf c. TBD by guest speaker d. Scale-up of HIV Treatment Through PEPFAR: A Historic Public Health Achievement, J Acquir Immune Defic Syndr. 2012 Aug, El-Sadr et al. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3445041/ e. Massive Benefits of Antiretroviral Therapy in Africa, Journal of Infectious Diseases, 2014

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			<p>Jan, Vermund ^{T T T T}_{S E P I S E P} http://jid.oxfordjournals.org/content/early/2013/12/02/infdis.jit586.full</p> <p>f.</p>
3	2/5	<p>Evidence based Policy</p> <p>Carol McLaughlin</p> <p>- Child Survival: community-based treatment of pneumonia.</p> <p>This class focuses on the evidence and policy debate/issues surrounding the use of antibiotics/anti-malarials by lay-community health workers.</p>	<p>Required Reading:</p> <ol style="list-style-type: none"> a. Bhutta Z, Black R. Global Maternal, Newborn, and Child Health – So Near and Yet So Far. <i>NEJM</i> 369: 2226-2235, 2013. b. Countdown to 2015 Report. 2015. http://www.countdown2015mnch.org/reports-and-articles/2015-final-report. (links to 2030 site...2017 report due out in early 2018) c. George et al. iCCM policy analysis: strategic contributions to understanding its character, design and scale up in sub-Saharan Africa. <i>Health Policy and Planning</i>, 30, 2015 http://heapol.oxfordjournals.org/content/30/suppl_2/ii3.full.pdf+html d. Global Health Council. Research Brief: Community Case Management of Childhood Pneumonia. May 2010 e. UNICEF. Community Case Management of diarrhea, malaria, and pneumonia: Tracking science to policy and practice in sub-Saharan Africa. 2012. f. CCM Center - see countries http://ccmcentral.com/ (Links to an external site.) <p>Recommended Reading:</p> <ol style="list-style-type: none"> a. Haines A, Sanders D, Lehmann U, et al. Achieving child survival goals: potential contribution of community health workers. <i>Lancet</i>. 2007 Jun 23;369(9579):2121–31. b. Mugeni et. al. Nationwide implementation of integrated community case management of childhood illness in Rwanda. <i>Glob Health Sci Pract</i> 2014;2(3):328-341. August 5, 2014. http://dx.doi.org/10.9745/GHSP-D-14-00080 c. Bagonza et. al. Performance of Community health workers managing malaria, pneumonia, and diarrhea under community case management program me in central Uganda: a cross sectional study. <i>Malar J</i>. 2014 Sep 18;13:367. http://www.malariajournal.com/content/13/1/367

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			<p>FYI: Lancet series on Child Survival http://www.thelancet.com/series/child-survival</p>
4	2/12	<p>Maternal and neonatal health –</p> <p>Three Delays Wendy Voet</p>	<p style="background-color: yellow;">Policy Brief #1 due in class</p> <p>Required Readings:</p> <ol style="list-style-type: none"> a. Thaddeus S, Maine D. Too Far to Walk: Maternal Mortality in Context. <i>Soc Sci Med.</i> 1994 Apr;38(8):1091-110. b. TBD
5	2/19	<p>Health policy and human rights, access to Family Planning Guest Speaker: Patty Skuster</p> <p>..... Policy Analysis Overview</p> <p>Wendy Voet</p> <p>..... Brief 2 introduction – Matrix in groups</p>	<p>Required Reading:</p> <ol style="list-style-type: none"> a. ICDP and Human Rights: 20 years of advancing human rights through the UN treaty bodies and legal reform. 2013 http://www.unfpa.org/publications/icpd-and-human-rights b. Umuhuza et al. Advocating for safe abortion in Rwanda: how young people and the personal stories of young women in prison brought about change. 2013; 21(41): 49-56. c. Key Human Rights Documents (UDHR, ICCPR, ICESCR, CEDAW) <p>Recommended Reading: Reference: Bardach E. <i>A practical guide for policy analysis: The eightfold path to more effective problem solving.</i> Washington, DC: CQ Press; 2009. 1-59. Appendix A:111-125.</p>
6	2/26	<p>Key partners: Burden of disease, cost effectiveness analysis, ethics, equity, vertical vs. horizontal programming</p> <p>..... Service Delivery, Information Systems and HRH: Quality Improvement, Data for Decision-making and Human Capacity Development</p>	<p>Required Reading:</p> <ol style="list-style-type: none"> a. Disease Control Priorities Project. Using cost-effectiveness analysis for setting health priorities. March 2008. (Available at: http://www.dcp2.org/file/150/DCPP-CostEffectiveness.pdf) b. Denny CC, Emanuel EJ. US health aid beyond PEPFAR: The Mother & Child Campaign. <i>JAMA.</i> 2008;300(17):2048-2051. c. Mayer KH, Hamilton CD. Distributing US health aid. <i>JAMA.</i> 2009; 301(13) 1339-40. d. IHME - Global Financing http://www.healthmetricsandevaluation.org/publications/policy-report/financing-global-health-2012-end-golden-age

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		Delivery Paper Intro	
7	3/5	Spring break – no class	
8	3/12	<p>SMART Objectives</p> <p>Log frame development for program planning and evaluation</p> <p>Developing theories of change that underlie programming</p> <p>Wendy Voet</p> <p>Discuss Brief #3 Carol McLaughlin</p>	<p style="background-color: yellow;">* Policy Brief #2 due in class</p> <p>Required Readings:</p> <ol style="list-style-type: none"> a. Measuring Program Outcomes: A Practical Approach. "Step 2: Choose the Outcome You Want to Measure" (1996) United Way of America b. "Logic Models: The Picture Worth A Thousand Words." Goldman, Karen and Schmalz, Kathleen. (2006) Health Promotion Practice. c. https://usaidlearninglab.org/lab-notes/what-thing-called-theory-change
<u>Global Health Delivery</u>			
9	3/19	<p>Use of evaluation and evidence to guide policy and response frameworks</p> <p>Carol McLaughlin</p>	<p>Required Reading:</p> <ol style="list-style-type: none"> a. Habicht JP, Victora CG, & Vaughan JP. (1999). Evaluation Designs for Adequacy, Plausibility and Probability of Public Health Programme Performance and Impact. <i>International Journal of Epidemiology</i>, 28(1):10-8. b. White H. The use of mixed methods in randomized trials. 2013 In D. M. Mertens & S. Hesse-Biber (Eds.), <i>Mixed methods and credibility of evidence in evaluation. New Directions for Evaluation</i>, 138, 61–73. White-2013-New Directions for Evaluation.pdf c. State of the Problem: HIV Rises in Injection Drug Users - Voice of America http://www.voanews.com/content/hiv-injected-drugs-17feb15/2647126.html d. Global State of Harm Reduction 2014 – read chapter on Sub-Saharan Africa page 119-127

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			<p>http://www.ihra.net/files/2015/02/16/GSHR2014.pdf</p> <p>e. Basics of Harm reduction: http://www.avert.org/harm-reduction-hiv-prevention.htm</p> <p>f. World Health organization. Effectiveness of sterile needle and syringe programming in reducing HIV/AIDS among injecting drug users. (Evidence for action technical papers 2004. http://whqlibdoc.who.int/publications/2004/9241591641.pdf?ua=1</p> <p>Recommended Readings:</p> <p>g. Atkins D, Siegel J, Slutsky J. Making policy when the evidence is in dispute. <i>Health Affairs</i>, 2005;24(1): 102-113.</p> <p>h. Chapter 1 (pages 1-22) in Gage, A et al. A Guide for Monitoring and Evaluation of Child Health Programs.</p>
10	3/26	<p>Brief #3 Presentations Delivery – Innovations in reaching the last mile</p>	<p>1 USAID/Maternal and Child Health Integrated Program: Building on the Current Evidence to Strengthen Community Based Service Delivery Strategies for Promoting Child Survival.</p> <p>2 Freeman, P., et al., <i>Accelerating progress in achieving the millennium development goal for children through community-based approaches</i>. Glob Public Health, 2009: p. 1-20.</p> <p>3 CBIO – community based impact oriented approach (CBIO) Perry, H., et al., <i>Attaining Health for All through Community Partnerships: Principles of the Census-based, Impact Oriented Approach to Primary Health Care Developed in Bolivia, South America</i>.</p>
11	4/2	<p>Behavioral Economics Allison Buttenheim Layout of a proposal/work-plan Wendy Voet Discuss Final Paper</p>	<p>Required Readings: TBD</p>
12	4/9	<p>Guest Speaker: Kelly Curran</p>	<p>Required Readings:</p>

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		From Innovation to Scale-up: Using Voluntary Medical Male Circumcision (VMMC) to prevent HIV as a case study	<ol style="list-style-type: none"> 1. Gray Rakai VMMC RCT Lancet Feb 2007.pdf 2. Njeuhmeli Cost and Impact VMMC PLOS 2011.pdf 3. Mahler Supply and Demand Quality and Efficiency PLOS 2011.pdf <p>Recommended Readings:</p> <ol style="list-style-type: none"> a. WHO "Practical guidance for scaling up health service innovations" http://www.expandnet.net/PDFs/WHO_ExpandNet_Practical_Guide_published.pdf b. Lessons Learned from the Preliminary Analysis of the Scale-Up Experience of Six High Impact RMNCH Interventions: http://www.mcsprogram.org/wp-content/uploads/2015/12/Scale-Up-RMNCH-in-Six-Countries.pdf
13	4/16	Refugee Policy and Health Fernando Chang-Muy	Readings to be posted on canvas
14	4/23	Partnerships, Implementation and contemporary policy challenges Group Work	Readings to be posted on canvas
15	4/30	Group Presentations and Course Wrap-up	Group presentations

Case studies for Policy Brief 3

Innovations in delivery

Students will sign up for a case study of an innovation in delivery for which they will prepare an oral (3-5minute) briefing summarizing the core components, success factors/challenges and implications for scale-up or use of the model in other settings.

Audience – implementing organization.

** focus on the DELIVERY MODEL – not the organization ***

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- use powerpoint (maximum 5 slides)
- Below are some suggestions for background readings but you can also look to websites or other materials you can find on the topic.

A. Jamkhed (India)

- Arole & Arole (1994). *Jamkhed – A Comprehensive Rural Health Project*. London: MacMillan Press and Jamkhed Foundation in North Carolina
- Bulletin of the World Health Organization 2010. <http://www.who.int/bulletin/volumes/88/10/09-064469.pdf>
- <http://www.jamkhed.org/>

B. BRAC (Bangladesh)

- Smillie, Ian. *Freedom From Want -The Remarkable Success Story of BRAC, the Global Grassroots Organization That's Winning the Fight Against Poverty*. 2009
- BRAC 2009 Annual Report (available at <http://www.brac.net/oldsite/useruploads/files/brac-ar-2009.pdf>)
- BRAC Receives Gates Award for Global Health 2004

C. Care Groups (Mozambique and Cambodia)

- Edward, A., et al., *Examining the evidence of under-five mortality reduction in a community-based programme in Gaza, Mozambique*. *Trans R Soc Trop Med Hyg*, 2007. 101(8): p. 814-22.
- Perry, H., et al., *Averting childhood deaths in resource-constrained settings through engagement with the community: an example from Cambodia*, in *Essentials of Community Health*, Gofin J and Gofin, R Editors. 2010, Jones and Bartlett.: Sudbury, MA. P. 169-174.
- Laughlin, M., *The Care Group Difference: A guide to Mobilizing Community-Based Volunteer Health Educators*. 2004, Baltimore, MD: World Relief and the Child Survival Collaborations and Resources (CORE) Group. <http://www.coregroup.org/our-technical-work/initiatives/diffusion-of-innovations/50>

D. Hopital Albert Schweitzer (Haiti)

- Perry, H., et al., *Reducing under-five mortality through Hopital Albert Schweitzer's integrated system in Haiti*. *Health Policy Plan*, 2006. 21(3): p. 217-30.
- Perry, H., et al., *Long-term reductions in mortality among children under age 5 in rural Haiti: effects of a comprehensive health system in an impoverished setting*. *Am J Public Health*, 2007. 97(2): p 240-6
- <http://www.hashaiti.org/>

E. Gadchiroli – SEARCH (India)

- Bang, AT., Bang RA., Reddy, HM., *Home-based Neonatal Care: Summary and Applications of the Field Trial in Rural Gadchiroli, (1993 to 2003)*. *Journal of Perinatology* 2005, 25:S108-S122.
- www.searchgadchiroli.org

F. Community Directed treatment for neglected Tropical Diseases

- The case of ivermectin and river blindness (APOC)
- Community-directed interventions for major health problems in Africa, 2008. <http://apps.who.int/tdr/svc/publications/tdr-research-publications/community-directed-interventions-health-problems>

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G. Healthstore CFW shops

- franchising community clinics <http://www.cfwshops.org>
- [Resources on their website](http://www.cfwshops.org/links.html) <http://www.cfwshops.org/links.html>

H. Jacaranda Health – maternal health

- <http://jacarandahealth.org>

I. Progres (oportunidades) (Mexico) – conditional cash transfers

- Millions Saved Case study http://www.cgdev.org/section/initiatives/active/millionssaved/studies/case_9/
- BBC news story http://news.bbc.co.uk/2/hi/programmes/crossing_continents/412802.stm
- Brookings interview - <http://www.brookings.edu/events/2007/0108poverty.aspx>

J. Millennium Villages

- <http://www.millenniumvillages.org/>
- The African Millennium Villages <http://www.millenniumvillages.org/docs/PNAS.pdf>

K. Avavind (eye care in India)

- <http://www.aravind.org/>
- PBS report http://www.pbs.org/newshour/updates/health/july-dec09/eye_09-02.html

L. Life spring maternity hospitals

- www.lifespring.in/

M. Blue Star – social franchising of family planning clinics

- <https://mariestopes.org/what-we-do/social-franchising>

N. Living Goods – community health worker/promoter model /private sector in Uganda

- <https://livinggoods.org>
- Evaluation by IPA: <https://www.poverty-action.org/study/entrepreneurial-model-community-health-delivery-uganda>