

The Right to Health: Problems, Perspectives and Progress

CH0188
Spring 2016

Meeting day(s)/times(s):

Thursdays, 9:00am-12:00pm

Location:

574 Boston Avenue, Room 206

Course Director:

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Office hours or equivalent:

Thursday afternoons from 12:00- 3:00 pm or by appointment.

Course Description:

The right to health is a contested idea. Is there a right to health? Even if we do agree that health should be considered a human right, disagreements abound about what the human right to health might mean, who should bear the responsibility to protect it, how to protect it, and how we, as concerned citizens might work together to enable its protection far more widely.

This seminar aims to cultivate a serious discussion about some key problems that animate right to health discourse. We will discuss progress (or lack thereof) of advancing the right to health globally, and gain the perspectives of a wide variety of experts, scholars, practitioners, policy makers, and patients in an effort to better enable students to be able to contribute to the future of the right to health movement. We will then build a set of skill and a “right to health toolkit” that will enable students to analyze current policy, draft new policy proposals, and consider their role as citizen activists with a stake in the global health equity project.

Required readings/texts/software/other

Required textbook:

Farmer, P., et. al. (2013). Reimagining Global Health: An Introduction. Berkeley: University of California Press.

All other reading materials will be available on Trunk.

The Blog for the class is: <https://sites.tufts.edu/hhrc/>

Competencies:

By the end of the course, students will be able to:

- Identify relevant documents related to human rights and health;
- Identify the potential positive or negative impacts of health policies and program on human rights;
- Describe the impact of human rights abuses on health;
- Cite case examples of the interrelatedness of public health and human rights;
- Be able to analyze public policy, write cogent policy proposals, and develop advocacy strategies and tactics to move forward policy ideas politically;
- Understand relevant social theory of social movements and apply this lens to the right to health movement;
- Understand community organizing as a leadership skill in building social movements dedicated to fighting for the right to health.

Expectations

ACADEMIC HONESTY

The following is the **Tufts University** *official information regarding Academic Honesty* <http://students.tufts.edu/student-affairs/student-life-policies/academic-integrity-policy>

Academic honesty is essential for students to attain the competencies the University and School expect of graduates, and any action by a student that subverts these goals seriously undermines the integrity of the educational programs at the School. Students at the Tufts University are expected to adhere to the highest standards of academic honesty.

Academic misconduct is any intentional act or omission by a student which misrepresents his or her academic achievements, or attempts to misrepresent these achievements. While not an exhaustive list, the following acts constitute academic misconduct:

- **Plagiarism.** Any representation of the work of another person as one's own constitutes plagiarism. This includes copying or substantially restating the work of another person in any written or oral work without citing the source, or collaborating with another person in an academic endeavor without acknowledging that person's contribution.

- Submitting the same work in more than one course without the express knowledge and consent of **all** the instructors.
- Misrepresentation or falsification of data.
- Allowing another student to represent your work as his or her own.
- Violating the rules of an examination or assignment.
- Charges of academic misconduct will be brought to the attention of the Dean of Student Affairs Office, who will review all such cases and decide upon the appropriate action. A student who is found guilty of academic misconduct may be subject to disciplinary action, up to and including dismissal from the program.

1. Attendance and participation (20%)

Attendance at all class sessions, participation in class, good questions and generally being attentive and showing interest will get you a good grade for participation. Wireless internet access is a mixed blessing; do not use scarce and expensive class time to check email, text your friends, shop, or surf. If you bring a computer, it should be for taking notes. *Anyone discovered surfing randomly, twittering or texting will be marked down for participation.*

You will be called upon randomly from time to time, to respond to a question or to give your thoughts. Please be ready and attentive at all times.

GUIDELINES ON ASSESSING CLASS PARTICIPATION

Class attendance is required and students are strongly encouraged to contribute to class discussion. Participation is the key to a lively class. 20% of the course grade will depend upon contributions to our class sessions, including responses to questions asked by the professor or other class members. Class participation provides the opportunity to practice speaking and persuasive skills, as well as the ability to listen. Comments that are vague, repetitive, unrelated to the current topic, disrespectful of others, or without sufficient foundation will be evaluated negatively. What matters is the quality of one's contributions to the class discussion, not the number of times one speaks.

I will use the following criteria to assess students' contribution to in-class discussions:

1. Outstanding Contributor: Contributions in class reflect exceptional preparation. Ideas offered are always substantive, provide one or more major insights as well as direction for the class. Challenges are well substantiated and

persuasively presented. If this person were not a member of the class, the quality of discussion would be diminished markedly.

2. Good Contributor: Contributions in class reflect thorough preparation. Ideas offered are usually substantive, provide good insights and sometimes direction for the class. Challenges are well substantiated and often persuasive. If this person were not a member of the class, the quality of discussion would be diminished.

3. Adequate Contributor: Contributions in class reflect satisfactory preparation. Ideas offered are sometimes substantive, provide generally useful insights but seldom offer a new direction for the discussion. Challenges are sometimes presented, fairly well substantiated, and are sometimes persuasive. If this person were not a member of the class, the quality of discussion would be diminished somewhat.

4. Non-Participant: This person says little or nothing in class. Hence, there is not an adequate basis for evaluation. If this person were not a member of the class, the quality of discussion would not be changed.

5. Unsatisfactory Contributor: Contributions in class reflect inadequate preparation. Ideas offered are seldom substantive, provide few if any insights and never a constructive direction for the class. Integrative comments and effective challenges are absent. If this person were not a member of the class, valuable air-time would be saved.

2. Blog post on a global public health issue (20%)

A new form of communication – the “weblog” or “blog” has become more widely used and some blog writers are having a big influence on public affairs. I have created a blog for the class, at: <https://sites.tufts.edu/hhrc/>

Each student will be responsible for writing a blog posting which will be posted on the class blog every other week. The class will be divided into two groups, the first group blogs one week and the second group the other week throughout the semester. Instead of asking you to write a paper which is read by one or two people –such as myself as the professor – it is more interesting for you to share your thoughts and also to receive feedback from your colleagues, and possibly from outsiders such as your friends, parents, interested lay persons, and the occasional wingnut. A blog is after all a public forum – bear that in mind when you choose your topic and the language you use. Each posting will be reviewed by me. The posting should be something interesting, relevant, and creative – it should make the reader think “wow that is something I did not know about!” A posting can be your reaction to something you read in the newspaper or heard on the radio, a report from conferences, journal articles, and other sources, or based on your own experience.

Students are encouraged to keep up to date with sources such as Harvard World Health News: (<http://worldhealthnews.harvard.edu/>), the Center for Global Development (<http://www.cgdev.org//section/opinions/blogs>) and blogs from the Global Fund, WHO, UNICEF, the Gates Foundation, the Clinton Foundation, and many others.

Outbreak information is available from ProMed Mail <http://www.promedmail.org/pls/otn/f?p=2400:1000>. Médecins sans frontières (Doctors without borders) has a good website on health in conflict areas (www.msf.org). The New York Times has very good coverage of international health issues and you can subscribe to email updates on health topics at their website. If you have chosen to react to something you read or heard perhaps on the radio or TV, in writing your blog post, you might consider the following questions:

- What was most interesting to me about the article or news story? Why?
- Would I recommend this piece to other readers? Who? Why?
- How does this article relate to other information you have read or heard (newspaper, scientific journal, television news, etc) or to some event, idea or problem you may have encountered outside of this course?
- Did this article or story change my mind about anything?

Remember that organization of ideas, clarity of expression, and overall coherence are principles of any good paper regardless of the model employed. You should also support your views with specific references to the text or other sources. A blog post is not a summary, and it is not a detailed, passionless analysis. ***I want to hear your voice and opinion.*** It should not be longer than 2 pages, double-spaced.

3. Mid-term paper (30%): policy analysis/proposal and presentation

- Due week 9 (3-31-16)
- Includes a 15 minute short presentation on paper in class that session

4. Final paper (30%)

- Due week 13 (4-28-16)
- Includes a 30 minute presentation during week 13 during the class session to a public audience

GRADING SCALE

Grade	Level of Performance	Numerical Equivalent
A plus	Outstanding	97 and above
A	Excellent	93-96
A minus	Very good	90-92
B plus	Good	87-89
B	Fair	83-86
B minus	Flawed but acceptable	80-82
C plus or below	Poor: Failing grade	79 and below

SESSION BY SESSION COURSE PLAN
Part 1: A Right to Health? Building a Common Understanding
Week 1 (1-21-16): Introduction to the Right to Health

This introductory lecture/discussion will summarize, highlight and frame the entire course. After a look at the health status of the world's population we will focus on determinants of health. This will be followed by a discussion of what kinds of rights exist (i.e., positive, negative, moral, political) and what constitutes a "Human Right". We will also discuss the counter claims to the international universal human rights movement in the form of relativism and challenges to state sovereignty. The history of human rights will be reviewed with an emphasis on modern human rights and the relationship of the individual to the state. The basic international human rights system and the international declaration and treaties will be introduced. This lecture will then focus on the inextricable link between a progressive human rights agenda and population health status. Case studies will be used throughout to highlight and elucidate the link.

Objectives: Following this session the student should be able to:

- Understand the structure of the course, expectations, and requirements
- Describe the arguments concerning the primary determinants of the state of the world's health
- Distinguish between the nature, scope and limits of different kinds of rights including the challenge to the universality of human rights
- Discuss the history of human rights with a focus on the modern human rights movement
- Identify and begin to describe the international human rights system and the basic rights conventions
- Explain the link between health and human rights
- Give examples of cases that highlight the link between health and human rights
- Describe the health and human rights agenda

Required Readings:

UN WHO. 2002. Twenty five questions and answers on Health and Human Rights. HHR Publication Series, 1, July 2002.

<http://apps.who.int/iris/bitstream/10665/42526/1/9241545690.pdf>

- Gruskin, S., Mills, E. J., & Tarantola, D. (2007). History, principles, and practice of health and human rights. *The Lancet*, 370(9585), 449-455.
- Shuftan C. A guided tour through key principles and issues of the human rights based framework as applied to health. *Social Medicine* 2007;2:68-78.
- Sen, A. (2008). Why and how is health a human right?. *The Lancet*, 372(9655), 201

Additional Readings:

- Chapman, A. R. (2010). The social determinants of health, health equity, and human rights. *Health and Human Rights: An International Journal*, 12(2).
- Paul, F. (2003). Pathologies of power. Chapter 1: On suffering and structural violence *Berkeley, University of California Press*.
- Farmer, P. (2003). Pathologies of power: Health, human rights, and the new war on the poor. *North American Dialogue*, 6(1), 1-4.
- Singh, JA, Grovender, M, Mills, EJ (2007) Do human rights matter to health? *The Lancet*, 370(9585), 521-27.
- UN High Commissioner for Human Rights/World Health Organization. The Right to Health, Fact Sheet No. 31., pages 1-39.

Review UN Texts on the Right to Health:

- UDHR, Art. 25
- ICESCR, Art. 12
- International convention on the Elimination of All Forms of Racial Discrimination, Art. 5(e)
- Convention on the Elimination of All Forms of Discrimination Against Women, Art 11.1(f)
- Convention on the Rights of the Child, Art. 24
- CESCR General Comment 14
- Additional Protocol to the American Convention on Human Rights, Art. 10

Review Regional Texts on the Right to Health:

- European Social charter of 1961, Art 11
- African Charter on Human and Peoples' Rights, Art 16

Review Other General Texts on Health and Human Rights

- Declaration of Alma-Ata
- Peoples' Charter for Health
- The Leaders Statement on the Right to Health

- Cange Declaration

Week 2 (1-28-16): Roots of the Global Health and Right to Health Project

Our second session will seek to build historical perspectives to the modern right to health movement. How are the roots of global health and modern medicine linked to the legacies of colonialism, slavery, the rising tide of globalization, the expansion of transnational governance and global institutions? How did the HIV/AIDS pandemic emerge as both an extraordinary epidemiological event, but also an extraordinary political event? How did the HIV treatment movement come to shape the modern mode of global health financing? What does it mean for the current, post-MDG / pre-SDG landscape?

Objectives: Following this session the student should be able to:

- Understand the roots of modern medicine in colonial medicine, the historically and politically rootedness of public health theory and practice
- Understand the roots of the Bretton Woods institutions and the UN system, their original intent, and their impact on health care delivery in countries around the world
- Gain an understanding of how economic ideologies came to the forefront of a geopolitical war between the US and the USSR

Required Readings:

- Farmer, Kleinman, Kim, Basilico. Reimagining Global Health. Chapters 1 – 3

Recommended Readings:

- Keshavjee, S. Blind Spot: How Neoliberalism Infiltrated Global Health. Chapters 4 – 7
- Goodman, T. (2005) Is There A Right to Health? *Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, 30:6, 643-66
- Hunt, P. and MacNaughton, G. (2006). Impact assessments, poverty and human rights: A case study using the right to the highest attainable standard of health. UNESCO.
- Mann, JM, et. al. (1994) Health and Human Rights. *Health and Human Rights*, Vol. 1, No. 1 (Autumn, 1994), pp. 6-23.
- Meier, B.M. (2007). Advancing Health Rights in a Globalized World. *Global Health Law, Ethics and Policy*. Winter 2001: 545-555.
- UNFPA. (2008). Six Human Rights Case Studies. Focus on Tanzania (Ch 3), Nepal (Ch 4) and the Philippines (Ch 6).

Week 3 (2-4-16): Laws, Institutions, and Governance in the Right to Health

The Nuremberg Code was the first major document to incorporate human rights principles that centered on the professional responsibilities of physicians. The

Code was formulated during the trial of the Nazi doctors at Nuremberg in 1946 and 1947. The Nazi doctors were tried for crimes against humanity and war crimes involving the murder and torture of concentration camp prisoners while performing cruel and barbaric experiments in the name of science. Other major Nazi war criminals were tried by the International Military Tribunal, which determined the existence of war crimes and crimes against humanity, that individuals could be held personally liable for committing these atrocities and that obeying orders was not an excuse. This session will review Nuremberg but also understand the context of health and human rights within current challenges from military medicine and health law, focusing on the biomedical ethical issues emerging from Guantanamo. Furthermore, these experiences inform human rights instruments and documents as part of the International Bill of Human Rights. International human rights are those rights defined in specific international treaties that have been ratified by individual states which undertake to respect, protect and fulfill the rights defined in the documents. The most important human rights document is the 1948 Universal Declaration of Human Rights which laid the basis for two subsequent treaties, the International Covenant on Civil and Political Rights and the International Covenant on Economic, Social and Cultural Rights. These three documents are often referred to as the “International Bill of Rights” and it is impossible to understand modern human rights without a basic understanding of the origins, role, and uses of these documents.

Objectives: Following this session the student should be able to:

- Discuss the role of Medicine and Public Health during the Holocaust
- Discuss and identify the Nuremberg Principles
- Outline the major principles of the Nuremberg Code
- Discuss how a human rights perspective can be incorporated into medical practice
- Recognize the documents that set out the main principles of biomedical ethics including the Nuremberg Code, Helsinki Declaration, the Belmont Report
- Identify the most important human rights documents and their role in international law
- Compare the legal status of declarations to treaties
- Explain the relationship of the UDHR to the ICCPR and the ICESCR
- Discuss the International Bill of Human Rights and its role in global health promotion

Required Readings:

Grodin et al Chapter 2

Recommended Readings:

- International Documents:
 - Nuremberg Code

- International Covenant on Civil and Political Rights, Art. 7
- Human Rights Committee General Comment 20
- Declaration of Helsinki: Ethical Principles for Medical Research involving Human Subjects
- International Ethical Guidelines for Biomedical Research Involving Human Subjects
- Professional Ethics:
 - Declaration of Geneva
 - World Medical Association, International Code of Medical Ethics
 - Nurses and Human Rights
 - Madrid Declaration on Ethical Standards for Psychiatric Practice
- Basic Texts in Human Rights
 - International Bill of Human Rights
 - Universal Declaration of Human Rights
 - International Covenant on Economic, Social and Cultural Rights
 - International Covenant on Civil and Political Rights
 - World Conference on Human Rights
 - Vienna Declaration and Programme of Action
- Paul, F. (2003). Pathologies of power. Chapter 2: Pestilence and restraint: Guantanamo, AIDS and the logic of quarantine. *Berkeley, University of California Press*
- International Dual Loyalty Working Group, Physicians for Human Rights (US), University of Cape Town. School of Public Health, & Primary Health Care. (2002). *Dual loyalty & human rights in health professional practice: proposed guidelines & institutional mechanisms*. Physicians for Human Rights.
- Lancet editorial. (2001). How complicit are doctors in abuses of detainees. *Lancet* 2001; 358:1741.
- Lenzer Jeanne. Nurse refuses “criminal” force feeding of Guantanamo detainees *BMJ* 2014; 349 :g4712
- Miles, S.H. (2004) Abu Ghraib: its legacy for military medicine. *Lancet* 2004; 634: 725- 29.
- U.S. Senate Intelligence Committee (2014) Senate report on CIA torture program. Downloaded from: <http://www.cnn.com/interactive/2014/12/politics/torture-report/> Retrieved March 8, 2015. (Focus on Findings and Conclusions)

Part 2: The Right to Health - Scoping and Mapping the Problems

Week 4 (2-11-16): Key problems in the right to health 1

This week we will take a critical look at the way that global health and international development are financed through bilateral, multilateral, private, and corporate entities. What are the interests at stake for each of these entities in committing to international development and global health work? How do these

entities develop a market for projects and how does this market drive a focus on certain outcomes or bias towards certain “clients”? What’s at stake when some of the largest and most powerful financiers of international developments are no longer states, which are subject to a modicum of public oversight, but instead are now corporations or even single individuals?

Objectives: Following this session the student should be able to:

- Understand the ways that global health and international development initiatives are financed, and which institutions are the major drivers of this financing
- Build a deeper understanding of the “sociology of international development” and the field of practice the governs the social production of norms and financing in global health

Required Readings:

- Farmer, Kleinman, Kim, Basilio. Reimagining Global Health. Chapter 10
- Krause, M. The Good Project: Humanitarian Relief and the Fragmentation of Reason, Chs 2, 4, 10

Recommended Readings:

- Bourdieu, P. The Field of Cultural Production. Chapter 1: The Field of Cultural Production, or: The Economic World Reversed
- Global Health 2035: a world converging within a generation. Lancet Commission
- Financing Global Health 2014: Shifts in Funding as the MDG era closes (<http://www.healthdata.org/policy-report/financing-global-health-2014-shifts-funding-mdg-era-closes>)
- Explore the global health financing data visualization tool: <http://www.healthdata.org/data-visualization/financing-global-health>

Week 5: (2-25-16): Key problems in the right to health 2

This week we will cover two important topics that are important challenges in the right to health struggle: mental health care delivery and medical innovation, ethics, and technology.

Global mental health has been one of the great unmet disease burdens globally. The World Health Organization estimates that untreated mental disorders account for 13 percent of the total global burden of disease, and that by 2030, depression alone will be the leading cause of disability around the world—outpacing heart disease, cancer, and HIV. Many places, especially poor countries, lack trained mental health care providers and comprehensive mental health care services. Almost half the world’s population lives in countries where, on average, there is one psychiatrist to serve 200,000 or more people, according to the WHO. Furthermore, stigma against disorders such as schizophrenia,

bipolar disorder, depression, and epilepsy goes unchecked, discouraging people from seeking care and sometimes leading to inhumane treatment.

With the advancement of science and technology new ethical and human rights issues emerge. Species-altering techniques, like cloning and inheritable genetic modifications, could benefit the human species but also raises unique and important ethical and human rights concerns. Technology has also wreaked havoc on the physical environment. The precautionary principle is one attempt to slow the tide of environmental alterations.

Objectives: Following this session the student should be able to:

- Understand the burden of mental health issues and disease globally
- Discuss the barriers – in terms of financing, policy, and delivery – to care for mental illness more effectively
- Discuss the proposed International Treaty Prohibiting Cloning and Inheritable Alterations
- Discuss the human rights issues that arise with scientific and technological advancement
- Understand the scope and limitations of TRIPS
- Define and discuss the precautionary principle

Required Readings:

- Farmer, Kleinman, Kim, Basilio. Reimagining Global Health. Chapter 8

Recommended Readings:

- Lancet Series on Global Mental Health
(<http://www.thelancet.com/series/global-mental-health-2011>)
- <http://www.globalmentalhealth.org/resources/advocacy>
- International Documents:
 - Bioethics and Biotechnology (pp. 47-77)
 - Protection of the Environment (pp. 375-392)
- Additional Reading:
 - Health and Human Rights in Emerging Technologies
 - Protecting the Endangered Human: Toward an International Treaty Prohibiting Cloning and Inheritable Alterations (pg. 135-162)
 - Tying Prometheus Down: Human Rights Issues of Human Genetic Manipulation (pp. 163-178)
 - Patents and Medicines: The Relationship between TRIPS and the Human Right to Health (pp. 179-202)
 - TRIPS, Pharmaceuticals, Patents, and Access to Essential Medicines: A Long Way from Seattle to Doha (pp. 203-222)

Week 6 (3-3-16): Key problems in the right to health 3

This class focuses on the particular human rights and health problems exacerbated by gender discrimination and their roles in health, disease prevention, and treatment. We will also focus on the growing and important role the climate change will play in driving new and emerging infectious diseases and how the ill effects of climate change will be born primarily by the poor and marginalized.

Discrimination against women, especially in the areas of family law, employment, and education has major impacts on the lives and health of women and their children. Although women's rights are human rights, a specific treaty, the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) has been thought to be necessary to deal with this central human rights problem, and follow-up documents have been produced at meetings, especially in Cairo and Beijing. Additionally, there is near universal agreement that children require special protection. This sentiment has been articulated in the Convention on the Rights of the Child, which has been ratified in every country except the United States and Somalia. This session focuses on how different states have succeeded or failed to respect, protect, and fulfill children's rights and will begin to explore rights violations from child soldiering and child labor to deprivation of food, water and education. It will also begin to explore the legislative, administrative and budgetary actions that states need to do in order to realize rights.

Objectives: Following this session the student should be able to:

- Explain why a separate convention on the rights of women is necessary
- Compare CEDAW to the major human rights treaties that make no gender distinctions
- Discuss the role and impact of follow-up world conferences to clarify the meaning of CEDAW, especially as it relates to reproductive health
- Explain why there is no international human "right to abortion"
- Identify key principles in Convention on the Rights of the Child and the two optional protocols
- Describe and discuss violations of the rights of the child across time and place
- Explain how human rights documents can guide governments in realizing the rights of children

Required Readings:

Grodin, et al., Ch 23

Recommended Readings

- Women and Reproductive Health (pg. 212-248)
- The "Double Discourse" on Sexual Reproductive Rights in Latin America: The Chasm between Public Policy and Private Actions (pg. 247-270)

- Sexual Rights in Southern Africa: A Beijing Discourse or a Strategic Necessity (pg. 271-292)
- Maternal Mortality in Heart Province, Afghanistan: The Need to Protect Women's Rights (pg. 333-354)
- Maternal Mortality as a Human Rights Issue: Measuring Compliance with International Treaty Obligations (pg 427-468)
- Human Rights and the Politics of Risk and Blame: Lessons from the International Reproductive Health Movement (pg. 527-536)
- Children Confronting HIV/AIDS: Charting the Confluence of Rights and Health (pg. 224- 246)
- UNICEF (2006). State of the World's Children (Statistical Tables). UNICEF. New York. Available online at: http://www.unicef.org/sowc06/pdfs/sowc06_tables.pdf.
- **Watch:** The Perfect Vagina: <http://topdocumentaryfilms.com/perfect-vagina/>

Part 3: Driving Progress - Developing a Right to Health Toolkit

Week 7 (3-10-16): Health Systems Strengthening and the Science of Global Health Delivery

The right to health includes broader social and economic rights and social determinants are crucial to understanding and protecting the right to health. But, equitable access to high quality health care delivery systems to identify, diagnose, care for and treat medical illness is a crucial component to delivering on the right to health as well. This week we will focus on how high-quality health care delivery systems can be built in settings of deep poverty and underdevelopment.

We will look at and understand a health care delivery model that includes:

- Strengthening access to primary health care
- Providing health care and education to the poor
- Relying on community-level partnerships
- Addressing basic social and economic needs
- Working in and alongside the public sector
- Focusing on women and children
- Harnessing technology and communications
- Disseminating lessons learned

Additionally, we will explore a more unified framework for effective global health delivery, which includes adapting to local contexts, constructing a care delivery value chain, leveraging shared delivery infrastructure, and improving both health care delivery and economic development.

Required Readings:

- Farmer, Kleinman, Kim, Basilio. Reimagining Global Health. Chapters 6 and 7

Recommended Readings

- Porter, M. Farmer, P. Kim, J. Redefining global health-care delivery
- WHO Framework for Action: Strengthening Health Systems to Improve Health Outcomes
(http://www.who.int/healthsystems/strategy/everybodys_business.pdf)
- Rethinking health systems strengthening: key systems thinking tools and strategies for transformational change
(http://heapol.oxfordjournals.org/content/27/suppl_4/iv54.full.pdf+html)

Week 8 (3-17-16): Policy Analysis and Policy Making 1

In this week's session, students will work to train in the practice in the skills of applied policy analysis. It will equip students to define problems systematically, and to select and apply analytical tools in the service of better policy decisions. Major themes that we will introduce and begin to learn will include:

- Defining the policy problem
- Generating alternatives and "backward mapping"
- Decision making: cost benefit analysis, sensitivity analysis, and making trade-offs
- Strategic alignment and stakeholder analysis

By the end of this session, students will be able to:

- Utilize the frameworks, tools, and global health historical perspectives covered earlier in the course in policy analysis and formulation
- Apply the basic tools of policy analysis to find flaws, weak points, and opportunities for improvement in current law and policy
- Draft policy proposals for new law and policy statements

Required Readings:

- Leonard, H. B. *A Short Note on Public Sector Strategy-Building*
(<http://isites.harvard.edu/fs/docs/icb.topic849455.files/Strategic%20Planning/LeonardNote%20on%20Strategy%202006%2001%2016.doc>)

Recommended Readings:

- Bardach, E. *A Practical Guide for Policy Analysis: The Eightfold Path to More Effective Problem Solving*
- Stokey and Zeckhauser, *A Primer for Policy Analysis*

Week 9 (3-31-16): Policy Analysis and Policy Making 2

This week, everyone will present to the class either:

- 1) A policy analysis: students will identify a piece of legislation, global health policy, international treaty, etc and will use the policy analysis tools and frameworks presented in the previous class to present the policy along the lines of their effects (effectiveness, unintended effects, and equity) as well as their implementation (cost, feasibility, and acceptability).
- 2) A policy proposal: students will develop a novel piece of policy or legislative opportunity and give supporting evidence for its value in terms of possible effects (effectiveness, unintended effects, and equity) as well as its utility in implementation (cost, feasibility, and acceptability).

Week 10 (4-7-16): Community Organizing and Social Movements 1

Social movements are often cited as an important political forces driving social change, but are often discussed in “hand-wavy” generalities. This session aims to put some more concrete theory behind our understanding of social movements and will explore the utility of analyzing the global health equity project and the right to health through a social movement lens. We will explore the micro, meso, and macro levels of organizing and politics contained within the rise, expansion, and decline of social movements. We will explore past social movements in history, especially the movement to reclassify access to HIV treatment from a private good to be bought and sold on “open markets,” to a public good, which was to be protected by laws, policies, and as a basic human right. How did ACT UP change the field of the possible in organizing and activism for the right to health? What opportunities does it open up for future activism and social movement organizing?

Objectives: Following this session the student should be able to:

- Explain different theories and ways of understanding collective action and social movements
- Describe leadership in social movements and the basic tenets of community organizing
- Understand past social movements, their structure, emergence, growth, victories (or losses), and decline
- Have an understanding of how social movement analysis could be useful in understanding the global health and human rights project and how it might be useful in future work

Required Readings:

- Ganz, M. *Leading Change: Leadership, Organizing, and Social Movements*
- McAdam, D. *Political Process and the Development of Black Insurgency, 1930-1970*

Recommended Reading:

- Viterna, J. *Women in War: The Micro-processes of Mobilization in El Salvador*
- Davis, G. McAdam, D. Scott, R.W. Zald, M.N. *Social Movements and Organization Theory*
- Ganz, M. *Leading Change: Leadership, Organizing, and Social Movements*
- Ganz, M. *Organizing Notes*

Week 11 (4-14-16): Community Organizing and Social Movements 2***Class will meet at Partners in Health***

Fulfilling the democratic promise of equity, accountability and effectiveness requires the participation of an “organized” citizenry able to formulate, articulate and assert its shared interests effectively. Organizing, in turn, requires leadership: *accepting responsibility for enabling others to achieve shared purpose in the face of uncertainty*. Organizers identify, recruit and develop leadership; build community around that leadership; and build power from the resources of that community.

In this session, students will be going through the process of learning about leadership by organizing a leadership team to work with him or her to mobilize members of a “constituency” to work together to achieve specific outcomes in the pursuit of a shared purpose by the end of the course. Participants learn five core leadership practices: building committed relationships; using narrative to translate values into the capacity for agency; turning resources into power by strategizing; turning intentions into effective action; and structuring organization so as to develop leadership, engage constituents, and achieve goals. Participants learn to coach others as well receive coaching. They also learn the limits of mobilizing resources in the short-term – as in getting petition signatures or mouse clicks – unless linked to organizing people for the longer-term – as in building an organization or movement.

This session will be a reflection on the community organizing action, discussion of opportunities for future action, organizing, and campaigns, and an introduction to PIH Engage, the right to health movement building program within Partners In Health. We will also discuss a variety of other right to health movement building organizations ranging from indigenous health delivery, language preservation, access to medicines, LGBTQ rights and health care, etc.

Required Readings:

- Farmer, P. *Never Again? Reflections on Human Values and Human Rights* (http://tannerlectures.utah.edu/documents/a-to-z/f/Farmer_2006.pdf)
- Farmer, Kleinman, Kim, Basilio. *Reimagining Global Health*. Chapter 12

Week 12 (4-21-16): SDGs, Universal Health Coverage, and the Future of the Right to Health

At the beginning of October, 2015, the United Nations universally adopted a new set of development goals, the 'Sustainable Development Goals' to drive inclusive development, health care access, social and economic rights, and environmental protection for the coming 15 years.

Central amongst the long list of Sustainable Development Goals is the notion of advancing universal health coverage in low and middle income countries around the world.

In this session, we will discuss questions such as: What opportunities does the notion of UHC present to the right to health movement? What are the potential pitfalls of the modern conceptualization of UHC? What type of organizing, political process, policy making, and financing will be necessary to enable UHC to advance the right to health more broadly?

Required Readings:

Farmer, et al. Chapters 11 and 12

Recommended Readings:

- Explore the Sustainable Development Goals Knowledge Platform (<https://sustainabledevelopment.un.org/>)
- Schmidt, Gostin, Emmanuel, *Public health, universal health coverage, and the Sustainable Development Goals: Can they coexist?* ([http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60244-6/fulltext?rss%3Dyes](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60244-6/fulltext?rss%3Dyes))
- Questions and Answers on Universal Health Coverage and the post-2015 Framework (http://www.who.int/contracting/documents/QandA_UHC_post-2015.pdf)
- Farmer, P. *Who lives and who dies? The most important lessons from decades in global health* (http://www.slate.com/articles/health_and_science/medical_examiner/2015/03/global_public_health_development_goals_paul_farmer_on_who_lives_and_who.html)
- Ooms, G. *Beyond health aid: would an international equalization scheme for universal health coverage serve the international collective interest?* (<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4035731/>)

Week 13 (4-28-16): Final Class

In this, the final session of this seminar course, each student will make a final presentation to the class and an audience of freshman, sophomore, and junior community health students.