

GLOBAL HEALTH

GOVERNANCE, INTERVENTIONS, ECONOMICS



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SUMMARY

This course deals with the political aspects of global health, which designates the compound of policies adopted and enacted by public and private actors within and across nation-states. The course asks how global health is governed, what kinds of interventions it is made of, and what its economic implications are at the global level.

The course consists of one-hour lectures, followed by two student presentations. All presentations are designed for delivery by two students, three at most. Attendance and active participation in all sessions are compulsory and will be part of the grading of the course, which also includes a text review to be handed at the end of the term.

OUTLINE

Global Health and International Relations

1. Introduction
2. Institutions
3. Principles

Case Studies in Global Health Interventions

4. Epidemics
5. Biosecurity
6. Tobacco

The Political Economy of Global Health

7. Pharmaceuticals
8. Food
9. Austerity

COURSE ORGANIZATION

All sessions start with a 50-minute lecture.

The references provided below the outline of each lecture are weekly readings *for myself*, not for you; their ideas will be presented, at least in passing, in the lectures themselves. If you are looking for optional readings to get a deeper grasp of global health, I would rather recommend that you take a look at the handbooks listed in the “Recommended Readings” section on page 5.

The second hour of each session after the first two will host two student presentations.

The desired number of students per presentation is two, although three students might be exceptionally allowed to present together if more than 28 students attend the course. All students are required to present once in the semester. Presentations will be assigned in Session 1. Instructions on how to organize the presentations will be delivered in the same session. Student presentations are programmed from Sessions 3 to 9.

Attendance and active participation in all sessions are strictly compulsory.

Each presentation should give rise to a ‘Q & A’ session, the overall quality of which will count as part of a class-level final grade, which will also include a measure of attendance and discipline during lectures and presentations. In other words, I will collectively reward a classroom of active, assiduous students, just as I will sanction any alternative configuration, especially if it includes chatting or mobile phones.

Your final grade for this course will be

50% student presentation (*see next page*) +

25% text review (*instructions to be delivered later in the semester*) +

25% class attendance, discipline and participation.

If you are absent to any of the course sessions, please justify it *with admin*.

I *do not* handle (or even care about) absences, and I *cannot* justify them for you. The *only* case where I actually care about absences is if you are absent to your own presentation, in which case I require that you email me to let me know that you have been formally excused (or not) by admin for that absence. Unexcused absences on presentations will systematically be graded 0 out of 20. Please do not do that.

Last, if you plagiarize *any* material, you *will* be severely sanctioned.

ESPOL enforces strict anti-plagiarism rules as well as severe sanctions when students do not properly quote, cite and reference their sources. Your work will be scanned by anti-plagiarism software, and your teachers have been trained to detect plagiarism. Please consult your student rulebook to learn about plagiarism, and read carefully all instructions related to academic citations and bibliographic references.

RULES FOR PRESENTATIONS

Presentations should cover the assigned readings.

Covering the readings takes precedence on covering anything else.

Covering additional relevant material is welcome, but entirely optional.

Presentations should last no more than 20 minutes, and no less than 15 minutes.

Rehearse your presentation before class at least once. Seriously, do it.

Present in English; untranslated quotes from French readings are accepted.

Do not suggest ‘discussion points’ at the end of your presentation.

Let the audience sort that one out. Expect three types of questions:

- *Factual* ‘Could you please re-explain... What did you mean by...’
- *Analytical* ‘What did you imply when you said that...’
- *Critical* ‘Do you actually agree with the idea that...’

Use readable, static slides.

This means: no Prezi or PowerPoint animated theatrics. None. Zero percent.

Also refrain from sticking gratuitous, useless stock photographs in your slides.

For readability, use a light background, dark text color, and large font size.

Make sure to carefully proofread your slides.

Provide slides and handouts in PDF format.

Export your slides and handout to PDF *before the class break*.

Copy your slides and handout to my laptop *during the class break*.

All slides will have to be shown from my laptop, and from my laptop only.

Have a USB stick ready in order to transfer the slides to my laptop.

Slides should open with the title of the presentation and with your full names.

Organize the rest of your slides as you see fit, as long as you cover:

- *Description* What facts are covered in the reading
- *Analysis* How the author(s) interpret(s) those facts
- *Implications* What conclusions can be drawn from there

Do not prepare more slides than you can present in 20 minutes.

Handouts should include the full references to the covered readings.

Handouts should also include an outline of your presentation.

Handouts might also include helpful material like definitions and quotes.

RECOMMENDED READINGS

- HANDBOOKS **Adams & Butterly**, *Diseases of Poverty. Epidemiology, Infectious Diseases, and Modern Plagues*
Dartmouth College Press, 2015
- Beaglehole** (ed.), *Global Public Health: A New Era*
Oxford University Press, 2003
- Lee & Collin** (eds), *Global Health and Change*
Open University Press, 2005
- Cooper & Kirton** (eds), *Innovation in Global Health Governance. Critical Cases*
Ashgate, 2009
- Cooper, Kirton & Schrecker** (eds), *Governing Global Health. Challenge, Response, Innovation*
Routledge, 2016
- Kay & Williams** (eds), *Global Health Governance. Crisis, Institutions and Political Economy*
Palgrave Macmillan, 2009
- McInnes & Lee**, *Global Health and International Relations*
Polity, 2012
- JOURNALS* **British Medical Journal: Global Health** gh.bmj.com
- Bulletin of the World Health Organization** who.int/bulletin
- Global Health Governance** blogs.shu.edu/ghg
- Global Public Health** tandfonline.com/rgph20
- Global Health Research and Policy** ghrp.biomedcentral.com
- Health Policy** sciencedirect.com/journal/health-policy
- The Lancet** thelancet.com
- The Lancet Global Health** thelancet.com/journals/langlo
- WEBSITES **International Committee of the Red Cross** icrc.org
- Critical Global Health** criticalglobalhealth.org
- World Bank** worldbank.org
- World Health Organization (WHO)** who.int

* Many 'plain International Relations' journals also occasionally publish material relevant to the study of global health: see, e.g., *Ethics & International Affairs*, *International Organization*, *International Studies Quarterly*, and the *Journal of Global Security Studies*.

Part 1. Global Health and International Relations

1 INTRODUCTION

- **Basic Terminology**
- **Course Organization**

HANDBOOKS **Adams & Butterly**, ch. 1 (Adams, Butterly & Cheung, “Introduction to Global Health”), 4 (Butterly, “Epidemiology and Infectious Diseases: Introduction and Early Perspectives”), 6 (Butterly, “The Basic Necessities of Life: Nutrition, Water, and Sanitation”) and 11 (Butterly & Hartman, “The Silent Emergencies: What Is Killing Our Children?”) · **Beaglehole**, ch. 1 (McMichael & Beaglehole, “The Global Context for Public Health”) and ch. 2 (Bonita & Mathers, “Global Health Status at the Beginning of the Twenty-first Century”) · **Collin & Lee**, ch. 1 (“Introduction to Global Health”) · **McInnes & Lee**, ch. 1 (“What is Global Health?”) and 2 (“Constructing a New Agenda: International Relations and Global Health”).

REFERENCES **Bashford**, “Global Biopolitics and the History of World Health” (*History of the Human Sciences*, 2006) · **Cutler, Deaton & Lleras-Muney**, “The Determinants of Mortality” (*Journal of Economic Perspectives*, 2006) · **Kerouedan**, *Géopolitique de la santé mondiale* (Collège de France, 2013) · **King**, “Security, Disease, Commerce: Ideologies of Postcolonial Global Health” (*Social Studies of Science*, 2002) · **Koplan et al.**, “Towards a Common Definition of Global Health” (*The Lancet*, 2009) · **Lakoff**, “Two Regimes of Global Health” (*Humanity*, 2010) · **Packard**, *A History of Global Health. Interventions into the Lives of Other Peoples* (Johns Hopkins University Press, 2016).

2 INSTITUTIONS

- **Presentation 2.1. Is the WHO Budget Indexed on Disease Patterns?**

Stuckler et al., “WHO’s Budgetary Allocations and Burden of Disease: A Comparative Analysis” (*Lancet*, 2008).

- **Presentation 2.2. Two-Level Games in Chinese Health Policy**

Huang, “International Institutions and China’s Health Policy” (*Journal of Health Politics, Policy and Law*, 2015).

HANDBOOKS **Adams & Butterly**, ch. 2 (Adams, “Global Health: Systems, Agencies, Organizations, and Other Stakeholders”) · **Collin & Lee**, ch. 6 (“Introduction to the Global Economy”), 7 (“The World Trade Organization and Public Health”) and 12 (“Health, Globalization and Governance: An Introduction to Public Health’s ‘New World Order’”) · **Cooper & Kirton**, ch. 8 (Scott, Wilkinson & Eberhard, “Rotary International and Eradicating Polio”) · **Kay & Williams**,

introduction (“The International Political Economy of Global Health Governance”) · **McInnes & Lee**, ch. 4 (“Global Health and the International Political Economy”).

- REFERENCES
- Brown, Cueto & Fee**, “The World Health Organization and the Transition from ‘International’ to ‘Global’ Public Health” (*American Journal of Public Health*, 2006) · **Chorev**, *The World Health Organization between North and South* (Cornell University Press, 2012; see also “Restructuring Neoliberalism at the World Health Organization,” *Review of International Political Economy*, 2012) · **Feldbaum, Lee & Michaud**, “Global Health and Foreign Policy” (*Epidemiologic Reviews*, 2010) · **Guilbaud**, *Business partners. Firmes privées et gouvernance mondiale de la santé* (Presses de Sciences Po, 2015) · **Kaasch**, *Shaping Global Health Policy. Global Social Policy Actors and Ideas about Health Care Systems* (Palgrave Macmillan, 2015) · **McInnes et al.**, “Framing Global Health: The Governance Challenge” (*Global Public Health*, 2012).

3 PRINCIPLES

□ **Presentation 3.1. What is Global Health Governance?**

Ng & Ruger, “Global Health Governance at a Crossroads” (*Global Health Governance*, 2011).

□ **Presentation 3.2. What is Global Health Justice?**

Ng & Ruger, “Global Justice” (in Jennings, ed., *Bioethics*, 4th ed., Macmillan Reference, 2014).

- HANDBOOKS
- Beaglehole**, ch. 13 (Wikler and Cash “Ethical Issues in Global Public Health”) and 14 (Raeburn & Macfarlane, “Putting the Public into Public Health: Towards a More People-centred Approach”) · **Collin & Lee**, ch. 10 (“Global Environmental Changes, Climate Change and Human Health”) and 14 (“Health and an Emerging Global Civil Society”) · **Kay & Williams**, ch. 1 (Lee, “Understandings of Global Health Governance: The Contested Landscape”) · **McInnes & Lee**, ch. 3 (“Health, Foreign Policy and Global Health Diplomacy”) and 5 (“Global Health Governance”).

- REFERENCES
- Adams, Novotny & Leslie**, “Global Health Diplomacy” (*Medical Anthropology*, 2008) · **Deaton**, “What Does the Empirical Evidence Tell Us About the Injustice of Health Inequalities?” (working paper, 2011) · **King, Harper and Young**, “Who Cares About Health Inequalities? Cross-country Evidence from the World Health Survey” (*Health Policy and Planning*, 2012) · **Venkata-puram**, “Global Justice and the Social Determinants of Health” (*Ethics & International Affairs*, 2010).

4 EPIDEMICS

□ Presentation 4.1. Tuberculosis in South Africa

Packard, *White Plague, Black Labor. Tuberculosis and the Political Economy of Health and Disease in South Africa* (University of California Press, 1989; read introduction, ch. 9 and epilogue).

□ Presentation 4.2. HIV/AIDS in Brazil, Russia, India and China

Gómez, “Understanding the BRIC Response to AIDS: Political Institutions, Civil Society, and Historical Policy Backlash in Comparative Perspective” (*Commonwealth & Comparative Politics*, 2015) · Gómez, “Crafting AIDS Policy in Brazil and Russia: State–civil Societal Ties, Institutionalised Morals, and Foreign Policy Aspiration” (*Global Public Health*, 2015).

HANDBOOKS Adams & Butterly, ch. 3 (Butterly, “A Brief Primer of Infectious Diseases: Humans, Their Environment, and Evolution”), 5 (Adams, “Epidemiology of Infectious Diseases: Global Perspective”), 7 (Adams, “Loud Emergencies I: HIV/AIDS”), 8 (Adams, “Loud Emergencies II: Tuberculosis”) and 9 (Butterly, “Loud Emergencies III: Malaria”) · Collin & Lee, ch. 5 (“The Impact of Globalization on Emerging Infectious Diseases”) · Cooper & Kirton, ch. 8 (Besada, “Coming to Terms with Southern Africa’s HIV/AIDS Epidemic”) · Kay & Williams, ch. 3 (Rushton, “Global Governance Capacities in Health: WHO and Infectious Diseases”) and 4 (Ingram, “The International Political Economy of Global Responses to HIV/AIDS”).

REFERENCES [Note: all additional readings in this section focus on HIV/AIDS.] Hirsch *et al.*, “Caught in the Middle: The Contested Politics of HIV/AIDS and Health Policy in Vietnam” (*Journal of Health Politics, Policy and Law*, 2015) · Lieberman, *Boundaries of Contagion. How Ethnic Politics Have Shaped Government Responses to AIDS* (Princeton University Press, 2009) · Piot, “Good Politics, Bad Politics: The Experience of AIDS” (*American Journal of Public Health*, 2007) · Piot, *AIDS Between Science and Politics* (Columbia University Press, 2015; adapted from *Le sida dans le monde: Entre science et politique*, Odile Jacob, 2011) · Pisani, *The Wisdom of Whores. Bureaucrats, Brothels and the Business of AIDS* (Granta Books, 2008) · Rosenberg, “What Is an Epidemic? AIDS in Historical Perspective” (*Daedalus*, 1989).

5 BIOSECURITY

□ Presentation 5.1. Transatlantic Microbial Security

Zylberman, *Tempêtes microbiennes. Essai sur la politique de sécurité microbienne dans le monde transatlantique* (Presses Universitaires de France, 2013; read introduction and ch. 9-10).

□ Presentation 5.2. Disease Securitisation

Fidler, “A Pathology of Public Health Securitism: Approaching Pandemics as Security Threats” (in Cooper, Kirton & Schrecker, eds, *Governing Global Health. Challenge, Response, Innovation*, Routledge, 2016) · Kamradt-Scott & McInnes, “The Securitisation of Pandemic Influenza: Framing, Security and Public Policy” (*Global Health*, 2012).

HANDBOOKS Adams & Butterly, ch. 12 (Talbot, “Pandemic Influenza: From Basic Biology to Global Health Implications”) · Collin & Lee, ch. 11 (“Global Health and Security”) · Kay & Williams, ch. 1 (Lee, “Understandings of Global Health Governance: The Contested Landscape”) · McInnes & Lee, ch. 6 (“Security and Health”).

REFERENCES Davies, Kamradt-Scott & Rushton, “2 From Tipping Point to Cascade: SARS and the IHR Revision Process” (in *Disease Diplomacy. International Norms and Global Health Security*, Johns Hopkins University Press, 2015) · Hawley & Kozlovac, “A Perspective of Biosecurity: Past to Present” (in Burnette, ed., *Biosecurity. Understanding, Assessing, and Preventing the Threat*, Wiley, 2013) · Lakoff, “From Population to Vital System. National Security and the Changing Object of Public Health” (in Lakoff & Collier, eds, *Biosecurity Interventions. Global Health and Security in Question*, Columbia University Press, 2008) · Park, Park & Shafik, “Nuclear War and Public Health: Re-balancing Priorities and Global Health Leadership” (*Lancet*, 2017) · Pennington, “Smallpox and Bioterrorism” (*Bulletin of the World Health Organization*, 2003) · Ryan, “Seeds of Destruction” (in *Biosecurity and Bioterrorism. Containing and Preventing Biological Threats*, 2nd ed., Butterworth-Heinemann, 2016) · Selgelid & Enemark, “Infectious Diseases, Security And Ethics: The Case of HIV/AIDS” (*Bioethics*, 2008).

6 TOBACCO

□ Presentation 6.1. The WHO FCTC

Collin & Lee, “Globalisation and the Politics of Health Governance: The Framework Convention on Tobacco Control” (in Cooper & Kirton, eds, *Innovation in Global Health Governance. Critical Cases*, Ashgate, 2009) · Cairney, Studlar & Mamudu, *Global Tobacco Control. Power, Policy, Governance and Transfer* (Palgrave Macmillan, 2012; read ch. 9).

□ Presentation 6.2. Framing Tobacco Control

Reubi, “Making a Human Right to Tobacco Control: Expert and Advocacy Networks, Framing and the Right to Health” (*Global Public Health*, 2012) · **Reubi**, “Health Economists, Tobacco Control and International Development: On the Economisation of Global Health Beyond Neoliberal Structural Adjustment Policies” (*BioSocieties*, 2013)

HANDBOOKS **Collin & Lee**, ch. 9 (“The Global Economy and the Tobacco Pandemic”) · **Cooper & Kirton**, ch. 7 (Huang, “In-Flew-Enza: Pandemic Influenza and Its Security Implications”) · **Kay & Williams**, ch. 5 (Barraclough, “Chronic Diseases and Global Health Governance: The Contrasting Cases of Food and Tobacco”).

REFERENCES **de Beyer & Brigden** (eds), *Tobacco Control Policy. Strategies, Successes and Setbacks* (World Bank, 2003) · **Brandt**, *Cigarette Century The Rise, Fall, and Deadly Persistence of the Product That Defined America* (Basic Books, 2007) · **Jarman**, *The Politics of Trade and Tobacco Control* (Palgrave Macmillan, 2015) · **Reubi & Berridge**, “The Internationalisation of Tobacco Control, 1950–2010” (*Medical History*, 2016) · **Reubi**, “A Genealogy of Epidemiological Reason: Saving Lives, Social Surveys and Global Population” (*BioSocieties*, 2017) · **Smith, Thompson & Lee**, “Public Enemy No 1. Tobacco Industry Funding for the AIDS Response” (*SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 2016).

Part 3 · The Political Economy of Global Health

7 PHARMACEUTICALS

□ Presentation 7.1. Contesting the TRIPS Agreement

Massard da Fonseca, “Intellectual Property Enforcement in the European Union” (in Greer & Kurzer, eds, *European Union Public Health Policy. Regional and Global Trends*, 2012) · **Shadlen**, “The Political Economy of AIDS Treatment: Intellectual Property and the Transformation of Generic Supply,” *International Studies Quarterly*, 2007).

□ Presentation 7.2. HIV/AIDS, Drugs Development and Social Justice

Fisher & Syed, “Global Justice in Healthcare: Developing Drugs for the Developing World” (*University of California Davis Law Review*, 2006).

HANDBOOKS **Adams & Butterly**, ch. 11 (Butterly, “Antibiotic Resistance and Infection Control”) · **Collin & Lee**, ch. 8 (“The Globalization of the Pharmaceutical Industry”) · **Cooper & Kirton**, ch. 9 (Cohen-Kohler, “The Renovation of Institutions to Support Drug Access: Is it Enough?”) and 10 (Forman, “Global Health

Governance from Below: Access to AIDS Medicines, International Human Rights Law, and Social Movements”).

- REFERENCES
- Chorev**, “Changing Global Norms through Reactive Diffusion: The Case of Intellectual Property Protection of AIDS Drugs (*American Sociological Review*, 2012) · **Kapczynski**, “The Access to Knowledge Mobilization and the New Politics of Intellectual Property” (*Yale Law Journal*, 2008) · **Massard da Fonseca**, “How Can A Policy Foster Local Pharmaceutical Production and Still Protect Public Health? Lessons from the Health–Industry Complex in Brazil” (*Global Public Health*, 2017) · **Roemer-Mahler**, “Business Conflict and Global Politics: The Pharmaceutical Industry and the Global Protection of Intellectual Property” (*Review of International Political Economy*, 2013) · **Shadlen**, *Coalitions and Compliance. The Political Economy of Pharmaceutical Patents in Latin America* (Oxford University Press, 2017) · **Williams**, “Access to Medicines, Market Failure and Market Intervention: A Tale of Two Regimes (*Global Public Health*, 2012).

8 FOOD

□ Presentation 8.1. Is Famine Avoidable?

Plümper & Neumayer, “Famine Mortality, Rational Political Inactivity, and International Food Aid” (*World Development*, 2009) · **Sen**, *Poverty and Famines. An Essay on Entitlement and Deprivation* (Clarendon Press, 1981; read this text first; focus ch. 4 and 10, and skim-read ch. 5–9).

□ Presentation 8.2. Food (In)security in Africa

Faubert, “La malnutrition dans les pays africains ou les limites structurelles des politiques de santé” (in Kerouedan, ed., *Santé internationale*, Presses de Sciences Po, 2011) · **Laroche Dupraz & Postolle**, “La souveraineté alimentaire en Afrique est-elle compatible avec les négociations commerciales agricoles à l’OMC ?” (*Politique africaine*, 2010).

- HANDBOOKS
- Collin & Lee**, ch. 4 (“The Impact of Globalization on Food”) · **Kay & Williams**, ch. 5 (Barraclough, “Chronic Diseases and Global Health Governance: The Contrasting Cases of Food and Tobacco”).

- REFERENCES
- Acharya et al.**, “The Current and Future Role of the Food Industry in the Prevention and Control of Chronic Diseases: The Case of PepsiCo” (in Stuckler & Siegel, eds, *Sick Societies. Responding to the Global Challenge of Chronic Disease*, Oxford University Press, 2012) · **Boussion, Crudeli & Piccinni**, “La crise alimentaire 2007-2008 : opportunité pour une révision des politiques de sécurité alimentaire” (in Kerouedan, ed., *Santé internationale*, Presses de Sciences Po, 2011) · **Stuckler & Nestle**, “Big Food, Food Systems, and Global Health” (*PLoS Medicine*, 2012).

9 AUSTERITY

□ Presentation 9.1. Health Austerity in Greece

Burgi, “Le démantèlement méthodique et tragique des institutions grecques de santé publique” (*Revue de l’IRES*, 2017) · **Burgi**, “The Downsizing and Commodification of Healthcare: The Appalling Greek Experience Since 2010” (in Doxiadis & Plakas, eds, *Living under Austerity. Greek Society in Crisis*, Berghahn Books, 2018).

□ Presentation 9.2. The Global Austerity Agenda

Ruckert, Labonté & Parker, “Global Healthcare Policy and the Austerity Agenda,” (in Kuhlmann *et al.*, eds, *The Palgrave International Handbook of Healthcare Policy and Governance*, Palgrave Macmillan, 2015) · **Stuckler & Basu**, “The International Monetary Fund’s Effects on Global Health Before and After the 2008 Financial Crisis” (*International Journal of Health Services*, 2009).

HANDBOOKS **Kay & Williams**, ch. 6 (Sparke, “Unpacking Economism and Remapping the Terrain of Global Health”), 7 (Schrecker, “The Power of Money: Global Financial Markets, National Politics, and Social Determinants of Health”), 8 (Labonté, Blouin & Forman, “Trade and Health”), 9 (Buckley & Baker, “IMF Policies and Health in Sub-Saharan Africa”) and 10 (Harman, “The World Bank and Health”).

REFERENCES **Földes**, “Health Policy and Health Systems: A Growing Relevance for the EU in the Context of the Economic Crisis” (*Journal of European Integration*, 2016) · **Helderman**, “The Crisis as Catalyst for Reframing Health Care Policies in the European Union” (*Health Economics, Policy and Law*, 2012) · Klein, “The Crises of the Welfare State” (in Cooter & Pickstone, eds, *Companion to Medicine in the Twentieth Century*, Routledge, 2003) · **Petmesidou, Pavolini & Guillén**, “South European Healthcare Systems under Harsh Austerity: A Progress–Regression Mix?” (*South European Society and Politics*, 2014) · **Reeves *et al.***, “The Political Economy of Austerity and Healthcare. Cross-National Analysis of Expenditure Changes in 27 European Nations 1995–2011” (*Health Policy*, 2014).

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