



SciencesPo.

HEALTH CARE AND PUBLIC HEALTH IN WESTERN DEMOCRACIES

Political Science, Fall 2012

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Fridays, 5–7pm

Sep 7, 14, 21, 28; Oct 5, 12, 19, 26; Nov 16, 23, 30; Dec 7

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Room S11

Why study health politics? In Western countries, health care expenditure represents large fractions of the gross domestic product—the United States alone spends over \$2 *trillion* per year on health care, and Barack Obama's recently passed health insurance reform has polarized American politics to the extreme. Health issues at the beginning and the end of the life cycle are amongst the most politicised issues—compare, for example, abortion and euthanasia legislation in France and Spain, or conflicts and scandals over the National Health Service in the UK. As Western populations age, chronic disease such as cancer and diabetes will become an increasingly frequent experience. Finally, think of the 'obesity epidemic' and its implications for society at large.

This course will explore the politics of **health care** and **public health** in Western democracies. It is also intended to introduce theories and concepts useful for studying health policy in affluent countries. Its sessions will touch upon the funding and organisation of health systems, power relations between social movements in health, pharmaceutical policy and public health issues such as AIDS or tobacco control.

By design, this course will approach health care through the **comparative method**: why do different governments adopt different policies? What are the forces behind common goals and policies in Europe and in other Western democracies? How do different institutions and ideas shape political conflicts over health issues? **Historical insights** will often provide helpful background in answering these questions, as well as perspectives from **health economics** and **basic epidemiology**. No previous knowledge in any of these domains is required for taking the course, but some curiosity in every of them will prove useful.

COURSE ASSIGNMENTS

Students are expected to be regular and active participants in the course, and to complete required readings prior to class meetings. Course sessions start with a 30-minute introduction, after which two pairs of students will each give an **oral presentation** of roughly 15 minutes, followed by a 15-minute discussion in both cases. Presentations should make extensive use of their specified readings to offer a concise, synthetic, descriptive and explanatory account of the topic under examination.

Students with a specific interest in the course material can hand in an **optional research essay** of roughly 3,500 words on the last day of class. *In the absence of truly exceptional circumstances, there will be no time extensions.* In the essay, students are required to expand on one of the sessions in which they presented by reading an additional set of ‘review’ texts, and by adding a strong analytical component to the issue under examination. If the essay receives a higher grade than any of the two presentations, then the essay grade will be swapped with the lower presentation grade to compute the final grade.

Refer to the end of the syllabus for additional guidance on oral presentations and research essays, and feel free to ask in class for additional guidance. However, *do so in class, and do not wait for the last minute.* Use email for individual matters, and include the “HPH:” prefix at the beginning of your email subject. The grading policy for the course is 40 points for each presentation or for the optional essay (see above) and 20 points for attendance and participation. Further expectations about coursework will be outlined at the first meeting. Finally, I *highly* value your *personal* feedback on the course, so please provide some!

COURSE SUMMARY

Introduction

Part 1 Actors and Institutions

Medicine and the Medical Profession

Introduction to Health Systems

Patients and Health Movements

Part 2 Regulating Health

The Political Economy of Health Care Provision — I. Western Europe

The Political Economy of Health Care Provision — II. North America

Modern Epidemics: Before and After AIDS

State Responses to Chronic Diseases

Birth and Death as Political Issues

Part 3 International Health Politics

Developments in Pharmaceutical Policy

The Europeanization of Health Politics

Global Health and the West

ESSENTIAL READINGS

Most core textbooks have been taken out of reserve (see shelf marks in brackets below) and are available in multiple copies, thanks to Anne-Marie Magnard at the Sciences Po Library.

Main readings

- Baggott, R. 2007. *Understanding Health Policy*. Policy Press. (362.1-BAG-2007)
- Blank, R. and Burau, V. 2007. *Comparative Health Policy*. Palgrave. (362.1-BLA-2007)
- Freeman, R. 2000. *The Politics of Health in Europe*. Manchester University Press. (8°215.332)
- Moran, M. 1999. *Governing the Health Care State*. Manchester University Press. (362.1-MOR-1999)
- Nathanson, C. 2007. *Disease Prevention as Social Change*. Russell Sage Foundation. (362.1-NAT-2007)
- Salter, B. 2004. *The New Politics of Medicine*. Palgrave. (8°253.697)

Reading guide: *Baggott, Blank & Burau and Salter introduce the political forces at play in health policy; Freeman and Moran offer empirical and theoretical perspectives for the political analysis of health systems; and Nathanson analyses public health as a political struggle. These texts are strongly recommended readings.*

Additional readings

- Bourdelaï, P. 2006. *Epidemics Laid Low: A History of What Happened in Rich Countries*. Johns Hopkins University Press [also published in French by Éd. La Martinière in 2005].
- Lupton, D. 1995. *The Imperative of Health: Public Health and the Regulated Body*. Sage.
- Nettleton, S. 2006. *The Sociology of Health and Illness*, 2nd edition. Polity.
- Smith, S., Le Grand, J. and Propper, C. 2008 *The Economics of Social Problems*, 4th edition. Palgrave [ch. 1, 2 and 10].
- Walshe, K. 2003. *Regulating Healthcare*. Open University Press.
- Porter, D. 1999. *Health, Civilization, and the State*. Routledge.

Reading guide: *Smith et al. and Walshe are accessible introductions to health economics; Nettleton and Lupton review current perspectives in the sociology of health & illness; and Bourdelaï and Porter summarise the history of modern public health in affluent countries.*

Websites

- European Observatory of Health Systems and Policies
<http://www.euro.who.int/observatory>
- OECD Health Data, Information and Working Papers
<http://www.oecd.org/health>

COURSE READINGS

All sessions feature some core readings that should be read by all students before class. Each presentation then comes with two additional readings for the presenters to cover. Finally, the 'Review' texts should be read, analysed and critically discussed by students who are writing their essay on the session's topic.

Session 1 Health in the West

Medicine and the civilisation process. Health care and insurance after the Industrial Revolution. Post-war health systems and public health. Current epidemiological trends and health status in Western democracies.

- Readings: Carpenter, D. 2012. "Is Health Politics Different?" *Annual Review of Political Science* 15: 287–311.
- Fox, D. M. 2006. "The Determinants of Policy for Population Health." *Health Economics, Policy and Law* 1(4): 395–407.
- Klein, R. 2003. "The Crises of the Welfare States." In Cooter, R. and Pickstone, J. (eds), *Companion to Medicine in the Twentieth Century*, Routledge, pp. 155–70.
- Wildavsky, A. 1977. "Doing Better and Feeling Worse: The Political Pathology of Health Policy." *Daedalus* 106(1): 105–23.

Part 1. Actors and Institutions

Session 2 Medicine and the Medical Profession

- Readings: Blank and Burau, *Comparative Health Policy*, ch. 5.
- Salter, *The New Politics of Medicine*, ch. 1.

Presentations: **Doctors & Collective Action: The French and American Medical Professions**

Hassenteufel, P. 1997. *Les médecins face à l'État*. Presses de Sciences Po.

Starr, P. 1982. *The Social Transformation of American Medicine*. Basic Books.

Note: this is the first presentation, and it has some of the longest readings; to make your task easier, you should concentrate on the creation of medical associations in France and in the United States, which is covered in the first chapters of each book.

Negotiating with Doctors: The 1958 Hospital Reform in France

Immergut, E. 1992. *Health Politics: Interests and Institutions in Western Europe*, Cambridge University Press [ch. 1 and 3].

Jamous, H. 1969. *Sociologie de la décision. La réforme des études médicales et des structures hospitalières*. Éditions du CNRS [skim].

- Review: Harrison, S. *et al.* 2002. "Policy Emergence and Policy Convergence: The Case of 'Scientific-Bureaucratic Medicine' in the United States and United Kingdom." *British Journal of Politics and International Relations* 4(1): 1–24; White, J. 2009. "Capacity and Authority: Comments on Governing Doctors and Health Care." *Health Economics, Policy and Law* 4(3): 367–82.

Session 3 Introduction to Health Systems

Readings: Blank and Bureau, *Comparative Health Policy*, ch. 3.

Freeman, *The Politics of Health in Europe*, ch. 2.

Presentations: **Creating a Health System: The British National Health Service, 1946–1974**

Klein, R. 2010. *The New Politics of the NHS. From Creation to Reinvention*. Radcliffe Publishing, 6th edition [ch. 1, 2, and 3 for last remarks].

Webster, C. 1990. "Conflict and Consensus: Explaining the British Health Service." *Twentieth Century British History* 1(2): 115–51.

Selecting a Health System: The Origins of the French Health Care System, 1945

Dutton, P. 2007. *Differential Diagnoses. A Comparative History of Health Care Problems and Solutions in the U.S. and France*. Cornell University Press.

Palier, B. 2005. *Gouverner la sécurité sociale : les réformes du système français de protection sociale depuis 1945*. Presses Universitaires de France [ch. 2–3 and 5].

Review: Marmor, T. and Wendt, C. 2012 "Conceptual Frameworks for Comparing Healthcare Politics and Policy." *Health Policy* 107(1): 11–20 [see also Wendt, C. 2009. "Mapping European Health Care Systems: A Comparative Analysis of Financing, Service Provision and Access to Healthcare." *Journal of European Social Policy* 19(5): 432–45]; Toth, F. 2010. "Is there a Southern European Healthcare Model?" *West European Politics* 33(2): 325–343.

Session 4 Patients and Health Movements

Readings: Epstein, S. 2007. "Patient Groups and Health Movements." In Hackett, E. *et al.* (eds), *Handbook of Science and Technology Studies*, pp. 499–539.

Presentations: **Patient-Based Advocacy: Patient-Support Groups and the AIDS Epidemic**

Barbot, J. 2006. "How to Build an 'Active' Patient? The Work of AIDS Associations in France." *Social Science & Medicine* 62(3): 538–551.

Berridge, V. 2003. "AIDS and Patient-Support Groups." In Cooter, R. and Pickstone, J. (eds), *Companion to Medicine in the Twentieth Century*, Routledge, pp. 687–701.

How Much 'Patient Power' Exactly? Patient Involvement in the British NHS

Mold, A. 2010. "Patient Groups and the Construction of the Patient-Consumer in Britain: An Historical Overview." *Journal of Social Policy* 39(4): 505–521.

Salter, *The New Politics of Medicine*, ch. 3.

Review: Brown, P. *et al.* 2004. "Embodied Health Movements: New Approaches to Social Movements in Health." *Sociology of Health & Illness* 26(1): 50–80 [see also other papers in that special issue].

Part 2. Regulating Health

Session 5 The Political Economy of Health Care Provision—I. Western Europe

Readings: Cacace, M. *et al.* 2008. “Explaining Convergence and Common Trends in the Role of the State in OECD Healthcare Systems.” *Harvard Health Policy Review* 9(1): 5–16 [for the full study, see Rothgang, H. *et al.*, 2010. *The State and Healthcare. Comparing OECD Countries*. Palgrave.]

Giaimo, S. 2001. “Who Pays for Health Care Reform?” In Pierson, P. (ed.), *The New Politics of the Welfare State*, Oxford University Press, pp. 334–367 [for additional and more recent case studies, see Gingrich, J. 2011. *Making Markets in the Welfare State: The Politics of Varying Market Reforms*. Cambridge University Press, ch. 4].

Presentations: □ ‘Thatcherian’ and ‘Blairite’ Reforms in the British NHS, 1983–2008

Greer, S. 2005. “Why Do Good Health Politics Make Bad Health Policy?” In Dawson, S. and Sausman, C. (eds), *Future Health Organizations and Systems*, Palgrave, pp. 105–127.

Ham, C. 2009. *Health Policy in Britain*. Palgrave, 6th edition [ch. 2–3; alternatively, see Kober-Smith, A. 2010. *Le système de santé anglais à l’épreuve des réformes managériales*. Presses Universitaires de Rennes].

□ Health Reforms in Bismarckian Welfare States: France and Germany, c. 1990–today

Hassenteufel, P. and Palier, B. 2007. “Towards Neo-Bismarckian Health Care States? Comparing Health Insurance Reforms in Bismarckian Welfare Systems.” *Social Policy & Administration* 41(6): 574–596.

Steffen, M. 2010. “Liberal Universalism. The French Health Care System and Its Reforms.” *Journal of Health Politics, Policy and Law* 35(3): 353–387.

Review: Hassenteufel, P. *et al.* 2010. “Programmatic Actors and the Transformation of European Health Care States.” *Journal of Health Politics, Policy and Law* 35(4): 517–538; Jensen, C. 2011. “Marketization via Compensation: Health Care and the Politics of the Right in Advanced Industrialized Nations.” *British Journal of Political Science* 41(4): 907–925.

Session 6 The Political Economy of Health Care Provision—II. North America

Readings: Quadagno, J. 2004. “Why the United States Has No National Health Insurance: Stakeholder Mobilization against the Welfare State, 1945–1996.” *Journal of Health and Social Behavior* 45 (Special Issue): 25–44 [see also her 2005 book, *One Nation Uninsured*. Oxford University Press].

White, J. 2009. “National Case Studies and Cross-National Learning: U.S. Health Care, 1993–2006.” *Journal of Comparative Policy Analysis* 11(3): 401–425.

Presentations: □ **Divergent Paths: The American and Canadian Health Systems, c. 1910–c.1980**

Boyчук, G. 2008. *National Health Insurance in the United States and Canada. Race, Territory and the Roots of Difference*. Georgetown University Press [skim].

Tuohy, C. 1999. *Accidental Logics: The Dynamics of Change in the Health Care Arena in the United States, Britain, and Canada*. Oxford University Press [ch. 2–3, 5 and 7].

□ **Get Insurance or Die Trying: The Clinton and Obama Health Care Plans, 1996–2010**

Steinmo, S. and Watts, J. 1995. “Its the Institutions, Stupid! Why Comprehensive National Health Insurance Fails in America.” *Journal of Health Politics, Policy and Law* 20(2): 329-372 [see also Hacker, J. 2001. “Learning from Defeat? Political Analysis and the Failure of Health Care Reform in the United States.” *British Journal of Political Science* 31(1): 61–94].

Hacker, J. 2010. “The Road to Somewhere: Why Health Reform Happened.” *Perspectives on Politics* 8(3): 861–876; *ibid.*, 2009. “Yes We Can? The New Push for American Health Security.” *Politics & Society* 37(3): 3–32 [note that the author was directly involved in the reform plans; for more coverage, see also Campbell, A. L. 2012. “The Future of U.S. Health Care.” *Boston Review* 37(4); Dworkin, R. 2012. “Why the Mandate Is Constitutional: The Real Argument” and “A Bigger Victory Than We Knew.” *New York Review of Books*, online; Jacobs, L. and Skocpol, T. 2010. *Health Care Reform and American Politics: What Everyone Needs to Know*, Oxford University Press; Madrick, J. 2012. “Obama & Health Care: The Straight Story.” *New York Review of Books*, online; Marmor, T. *et al.*, 2009. “The Obama Administration’s Options for Health Care Cost Control: Hope Versus Reality.” *Annals of Internal Medicine* 150(7): 485–489, Marmor, T. and Oberlander, J. 2009. “Health Reform: The Fateful Moment.” *New York Review of Books* 56(13); Oberlander, J. 2010. “Long Time Coming: Why Health Reform Finally Passed.” *Health Affairs* 29(6): 1112–6].

Note: this presentation covers two events that have been extensively studied at book and article lengths, during and after their occurrence; you should concentrate on Steinmo and Watts for ‘Hillarycare’, and Hacker for ‘Obamacare.’ For post-enactment coverage, see also the blog posts published by Dan Hopkins, John Sides and others at The Monkey Cage: <http://themonkeycage.org/blog/category/health-care/>

Review: Hacker, J. 2004. “Dismantling the Health Care State? Political Institutions, Public Policies and the Comparative Politics of Health Reform.” *British Journal of Political Science* 34(4): 693–724.

Session 7 Modern Epidemics: Before and After AIDS

Readings: Bourdelais, *Epidemics Laid Low*, chapters 2 and 5.
Nathanson, *Disease Prevention as Social Change*, ch. 2.

Presentations: **Disease as a Threat to Social Order: Cholera in Europe**

Delaporte, F. 1986. *Disease and Civilization. The Cholera in Paris, 1832*. MIT Press.

Evans, R. 1988. "Epidemics and Revolutions: Cholera in Nineteenth-Century Europe." *Past and Present* 120(1): 123-146.

Medicine as a Threat to Social Order: Refusing Vaccination

Blume, S. 2006. "Anti-Vaccination Movements and Their Interpretations." *Social Science & Medicine* 62(3): 628-642.

Bourdelaï, *Epidemics Laid Low*, ch. 6.

Review: Rosenberg, C. 2003. "What is Disease? In Memory of Owsei Temkin" *Bulletin of the History of Medicine* 77(3): 491-505.

Session 8 State Responses to Chronic Diseases

Readings: Conrad, P. 2007. *The Medicalization of Society. On the Transformation of Human Conditions into Treatable Disorders*, Johns Hopkins University Press [ch. 7].

Oliver, T. 2006. "The Politics of Public Health Policy." *Annual Review of Public Health* 27: 195-233.

Presentations: **Fighting with Legislation: Tobacco Control in the U.S. and in Europe**

Studlar, D. 2008. "U.S. Tobacco Control: Public Health, Political Economy, or Morality Policy?" *Review of Policy Research* 25(5): 393-410.

Studlar, D. 2009. "Tobacco Control Policy in Western Europe: A Case of Protracted Paradigm Change." In Capano, G. and Howlett, M. (eds.), *European and North American Policy Change: Drivers and Dynamics*, Routledge, pp. 71-90.

Waging War on Fat: Tackling Obesity in America

Kersh, R. and Morone, J. 2002. "How the Personal Becomes Political: Prohibitions, Public Health and Obesity." *Studies in American Political Development*, 16(2): 162-175.

Oliver, E. and Lee, T. 2005. "Public Opinion and the Politics of Obesity in America." *Journal of Health Politics, Policy and Law* 31(5): 923-954 [see also previous articles in that issue].

Review: Cairney, P. 2009. "The Role of Ideas in Policy Transfer: The Case of UK Smoking Bans since Devolution." *Journal of European Public Policy* 16(3): 471-488; Harwood, V. 2008. "Theorizing Biopedagogies." In Wright, J. and Harwood, V. (eds), *Biopolitics and the 'Obesity Epidemic.'* *Governing Bodies*, Routledge, pp. 15-30.

Session 9 Birth and Death as Political Problems

Readings: Blank, R. 2007. "Life and Death Decision Making: Issues at the End of Life." Excerpts from Blank, R. and Merrick, J. (eds), *End of Life Decision Making: A Cross-National Study*, MIT Press, 2007.

Engeli, I. 2009. "The Challenges of Abortion and Assisted Reproductive Technologies Policies in Europe." *Contemporary European Politics* 7(1): 56–74.

Presentations: **Birth & the Unborn: What Made Abortion Legal in the Netherlands?**

Outshoorn, J. 1996. "The Stability of Compromise: The Politics of Abortion in Western Europe." In Githens, M. and McBride Stetson, D. (eds.), *Abortion Politics: Public Policy in Cross-Cultural Perspective*, Routledge, pp.145–165.

Outshoorn, J. 2001. "Policy-Making on Abortion: Arenas, Actors and Arguments in the Netherlands." In McBride Stetson, D. (ed.) *Abortion Politics, Women's Movements, and the State*, Oxford University Press, pp. 205–228 [see also *ibid.*, 2000. "Abortion in the Netherlands. The Successful Pacification of a Controversial Issue." In Krabbendam, H. and ten Napel, H.-M. (eds), *Regulating Morality*, Maklu, pp. 135–147].

Death & the Dying: What Made Euthanasia Legal in the Netherlands?

Ten Have, H. and Welie, J. 2005. *Death and Medical Power: An Ethical Analysis of Dutch Euthanasia Practice*. Open University Press [ch. 1; see also ten Have, H. 2007. "End-of-Life Decision Making in the Netherlands." In Blank, R. and Merrick, J. (eds), *End of Life Decision Making: A Cross-National Study*, MIT Press, 2007, pp. 147–68].

Green-Pedersen, C. 2007. "The Conflict of Conflicts in Comparative Perspective. Euthanasia as a Political Issue in Denmark, Belgium, and the Netherlands." *Comparative Politics* 39(3): 273–91.

Review: Studlar, D. 2001. "What Constitutes Morality Policy? A Cross-National Perspective." In Mooney, C. (ed.), *The Public Clash of Private Values*, Chatham House, pp. 37–51; Engeli, I. *et al.*, 2010. "Theoretical Perspectives on Morality Policy." In Engeli, I. *et al.* (eds), *Morality Politics in Western Europe: Parties, Agendas and Policy Choices*. Palgrave, pp. 5–26.

Part 3. International Health Politics

Session 10 Issues in Pharmaceutical Policy

Readings: Busfield, J. 2005. "The Globalization of the Pharmaceutical Industry." In Lee, K. and Collin, J. (eds), *Global Change and Health*, Open University Press, pp. 95–110.

Maynard, A. and Bloor, K. 2003. "Dilemmas in Regulation of the Market for Pharmaceuticals." *Health Affairs* 22(3): 31–41.

Presentations: □ **The Politics of Explicit Rationing: The Controversial Role of NICE in Britain**

Abraham, J. 2009. "The Pharmaceutical Industry, the State and the NHS." In Gabe, J. and Calnan, M. (eds), *The New Sociology of the Health Service*, pp. 99–120.

Owen-Smith, A. *et al.* 2009. "Explaining Reactions to Explicit Healthcare Rationing." *Social Science & Medicine* 68(11): 1935–1942.

□ **Europeanizing Markets & Policies: Pharmaceutical Policy in the European Union**

Hancher, L. 2010. "The EU Pharmaceuticals Market: Parameters and Pathways." In Mossialos, E. *et al.* (eds), *Health Systems Governance in Europe. The Role of EU Law and Policy*, Cambridge University Press, pp. 635–682.

Permanand, G. and Mossialos, E. 2005. "Constitutional Asymmetry and Pharmaceutical Policy-Making in the European Union." *Journal of European Public Policy* 12(4): 687–709 [see also Permanand, G. 2006. *EU Pharmaceutical Regulation: The Politics of Policy-Making*. Manchester University Press].

Review: Danzon, P. M. and Keuffel, E. 2007. "Regulation of the Pharmaceutical-Biotechnology Industry." NBER draft book chapter, available at <http://www.nber.org/chapters/c12572>.

Session 11 The Europeanization of Health Politics

Readings: Adolph, C. *et al.* 2012. "Allocation of Authority in European Health Policy." *Social Science & Medicine* 75(9):1595–603.

Lamping, W. and Steffen, M. 2009. "European Union and Health Policy: The 'Chaordic' Dynamics of Integration." *Social Science Quarterly* 90(5): 1361–79.

Presentations: □ **A Two-Level Game: EU Health Services Policies in Britain and France**

Greer, S. 2009. *The Politics of European Union Health Policies*. Open University Press [ch. 2, 7 and 9].

□ **A Multi-Level Game: Tobacco Control in EU Member-States**

Mamudu, H. and Studlar, D. 2009. "Multilevel Governance and Shared Sovereignty: European Union, Member States, and the FCTC." *Governance* 22(1): 73–97.

Princen, S. 2007. "Advocacy Coalitions and the Internationalization of Public Health Policies." *Journal of Public Policy* 27(1): 13–33 [see also his 2004 paper, "No Smoking. Venue Choice and the Europeanisation of Anti-Smoking Policy." Presented at ECPR, Bologna; and in his 2009 book, *Agenda-Setting in the European Union*. Palgrave, ch. 5].

Review: Greer, S. and Jarman, H. 2012. "Managing Risks in EU Health Services Policy: Spot Markets, Legal Certainty and Bureaucratic Resistance." *Journal of European Social Policy* 22(3): 259–72; Studlar, D. *et al.* 2011. "Tobacco Control in the EU-15: The Role of Member States and the European Union." *Journal of European Public Policy* 18(5): 728–745.

Session 12 **Global Health and the West**

Readings: Collin, J. 2012. "Tobacco Control, Global Health Policy and Development: Towards Policy Coherence in Global Governance." *Tobacco Control* 21(2): 274–80.

Stuckler, D. and Siegel, K. (eds) 2012. *Sick Societies: Responding to the Global Challenge of Chronic Disease*. Oxford University Press [ch. 5].

Note: the presentations in this session will focus on the spread and treatment of infectious disease, and what Western democracies can do about it. To get an accurate picture of current challenges in global health, the readings add some information about chronic disease and policy.

Presentations: **The North/South Divide of Disease: NGOs and HIV/AIDS in (Sub-Saharan) Africa**

Seckinelgin, H. 2005. "A Global Disease and Its Governance: HIV/AIDS in Sub-Saharan Africa and the Agency of NGOs." *Global Governance* 11(3): 351–368.

Doyle, C. and Patel, P. 2008. "Civil Society Organisations and Global Health Initiatives: Problems of Legitimacy." *Social Science & Medicine* 66(9): 1928–1938 [see also Rau, B. 2006. "The Politics of Civil Society in Confronting HIV/AIDS." *International Affairs* 82(2): 285–295].

The North/South Divide of Drugs: Access to Antiretrovirals in Developing Countries

Odell, J. and Sell, S. 2006. "Reframing the Issue: The WTO Coalition on Intellectual Property and Public Health, 2001." In Odell, J. (ed.), *Negotiating Trade. Developing Countries in WTO and NAFTA*, Cambridge University Press, pp. 85–114.

Shadlen, K. 2007. "The Political Economy of AIDS Treatment: Intellectual Property and the Transformation of Generic Supply." *International Studies Quarterly* 51(3): 559–581.

Review: Chorev, N. 2012. "Restructuring neoliberalism at the World Health Organization." *Review of International Political Economy* (forthcoming); Freeman, R. 2008. "Global Health and the Problem of Governance." *Harvard Health Policy Review* 9(1): 26–34; Bashford, A. 2006. "Global Biopolitics and the History of World Health." *History of the Human Sciences* 19(1): 67–88.

*Thanks for attending!
Please submit feedback on the course,
and best wishes for the future*

ORAL PRESENTATIONS

Presentations should last 15 minutes. The only way to respect such a time frame is to rehearse your presentation at least once before giving it to the class. Presentations should follow a simple outline that helps the audience understand your argument.

Assume that the audience knows nothing about the topic, except for the information contained in the session readings. Your presentation should develop an informative and structured argument around a research question that offers an intellectual challenge about the issue under examination.

Your topic might be a case study or comparative case study. Avoid a purely chronological presentation of the facts, or a “Case 1, Case 2” divide; instead, identify recurring themes in your sources (the readings), select their most important aspects, and present them in short lists of simple, three-sentence items.

Your research question (or *problématique*) should identify a puzzle or paradox that emerged from both your readings. The puzzle or paradox should address a generic health policy issue by contextualising it through a case study. Each section of your presentation should provide part of your answer.

Your introduction should introduce the speakers and then briefly state what the issue under scrutiny is, what makes it hard to handle from a knowledge and policy perspective, and how the different sections of your argument aim at answering that research question. Finish your talk by summarising your findings.

Your support material should make your talk accessible. You are encouraged to print a handout for the class: include the title of your presentation as well as your full names and sources, a detailed outline of your argument, and any additional graphs and tables. You might want to use slides along with that.

If you are planning to use slides, remember to bring them on a USB key, make sure that they are readable on a relatively small screen, and simplify them so that they offer the right amount of information for the audience to read as they simultaneously listen to you. My rule of thumb is “3 items, 6 lines” per slide.

The discussion is an important part of your talk (and thus of your grade too). You might use the first five minutes to take a first round of questions, and then answer them selectively. After that, you might open the floor for ten minutes of general discussion. Always give priority to students who have not yet spoken.

When speaking in public, things get more complicated to handle. Make sure that you have simple notes printed in Arial or Helvetica in 14pt instead of long and small-written paragraphs. Use simple sentences in plain English that you can improvise if needed: *never rely on reading your notes*.

□ **Class rules for *all students* during presentations:** keep silent during the talk, and give a brief round of applause at the end. Prepare short questions in advance: if you did not understand a particular part of the argument, or if you have grounds to disagree, ask the presenters for details or additional points.

□ **Class rules for *myself* during presentations:** I will show a sign when you have only three minutes left, and then one minute left, for your talk. During the discussion, I will intervene to add some points of my own. If you later email me your handout and slides, I will send feedback and a tentative grade in return.

□ **A final note on language.** This course is entirely taught in English: take it as an opportunity to train yourself in that language. I will *not* grade your accent or your pronunciation. I only take into account the amount of effort that *every* student manifests in order to be fully understandable to the rest of the class.

RESEARCH ESSAYS

Your research essay discusses the readings assigned to one of the course sessions in which you presented. This includes all readings from the session. There is no obligation to add references other than the ones listed in the course syllabus for that specific session, although you should certainly feel free to do so.

The discussion should focus on the scientific approach to your session topic: what is our *knowledge* of the topic, and what *methods* were used in assembling it? Along with the facts, what are the *theories* that structure the topic, and how do they underline the *political* dimension of health care and public health?

The outline of your essay is entirely left to you: like your presentation, it should be balanced and clear to the reader. You should add a title to your essay, as well as a final paragraph that includes critical thoughts on the topic, as well as on the methodological relevance of the course readings regarding that topic.

Scientific style is impersonal and neutral in tone— a style that you should learn to produce for your own work. Take inspiration from the course readings, which are all written in that format. The spelling, grammar and syntax of your essay should have been checked *at least twice*.

Academic references should appear every time you use material from the readings. Use an inline author-year citation format – “As Starr (1982: 107–9) mentions, ...” – with the full formatted list of references appearing at the end of your essay. Refer to the course readings for examples of academic citation styles.

Official reports from international organizations (e.g. the OECD and the World Health Organization), national agencies (e.g. the English Department of Health) and think tanks (e.g. the King’s Fund and the Nuffield Trust in Britain) should also be acknowledged in the bibliography if you end up citing them.

Finally, please remember that essay has a limit of 3,500 words and a precise deadline for submission, both of which are intangible. Please include a word count with your essay, and send it by email as a PDF file. Ask for additional guidance in class if necessary. Good luck, and see you soon!