

EPI 5145 (3 cr.)

Topic: Towards Global Health Equity: From Evidence to Action

Winter 2018

Instructors

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Dates: Jan. 10, 17, 24, 31; Feb. 7, 14, 28; Mar. 7, 14, 21, 28; April 4, 11.

Time: 1:30 - 4:30 pm

Location: RGN 2111

Course Description

This course is designed for graduate students with an interest in understanding how globalization processes are affecting health and the policy options available to create a fairer and more health equitable globalization. It draws on theories from sociology, political science (international relations) and political economy; and on evidence derived from all three disciplines, as well as public health and epidemiology. No prior knowledge of the social science disciplines is needed, and the seminars and readings are intended to equip students with a better grasp of how social science theory alongside evidence offers powerful explanatory models for a public health practice that attempts to get at 'the determinants of the social determinants of health' at the global scale.

Part 1 of the course will define and provide a brief history of globalization, with emphasis on its health impacts (both positive and negative). Particular attention will be paid to how contemporary (post-1980) globalization differs from earlier eras. Several frameworks for assessing the linkages between these health outcomes and globalization will be presented as a means for more detailed examination of the key 'drivers' of contemporary global market integration. Topics addressed will include the health impacts of debt, trade liberalization (capital markets, goods, and services), global labour markets and value chains, commodification, and financialization (the 2008 global financial crisis, subsequent recession, and the 'austerity' policy response).

Part 2 of the course will focus on a number of key global health issues or populations, including HIV/AIDS, pandemic threats, the globalization of chronic disease, gender and globalization, globalization and health systems (including universal health coverage,

health worker migration and medical tourism), the role of international aid and other forms of financing for health, and the environment.

Part 3 of the course will emphasize global health governance policy options, including new global health initiatives (global public-private-partnerships), global public goods, human rights-based approaches, reform of the international financial institutions, the role of the WHO and the role of professional and civil society organizations.

Description du cours

Ce cours est destiné aux étudiants de troisième cycle qui aimeraient mieux comprendre la façon dont les processus de mondialisation impacte sur la santé et les options stratégiques disponibles pour créer une mondialisation équitable et plus juste. Il se fonde sur les théories de la sociologie, la science politique (relations internationales) et de l'économie politique; et sur les preuves provenant des trois disciplines, ainsi que la santé publique et l'épidémiologie. Aucune connaissance préalable des disciplines des sciences sociales est nécessaire, et les séminaires et lectures sont destinés à offrir aux étudiants une meilleure compréhension comment la théorie de la science sociale ainsi que les preuves offrent de puissants modèles explicatifs pour une pratique de santé publique qui tente d'adresser «les déterminants sociaux de la santé » à l'échelle mondiale.

La première partie du cours tentera de définir et fournir une brève histoire de la mondialisation, en mettant l'accent sur ses effets sur la santé (à la fois positifs et négatifs). Une attention particulière sera accordée à la façon dont la mondialisation contemporaine (post-1980) diffère de la mondialisation des époques antérieures. Nous examinerons plusieurs façons par lesquelles nous pouvons évaluer les liens entre la santé et la mondialisation. Nous étudierons ainsi les principaux «moteurs» de l'intégration du marché mondial contemporain. Les sujets abordés comprendront les effets sur la santé de la dette, la libéralisation des échanges (marchés de capitaux, de biens et services), les marchés mondiaux du travail et des chaînes de valeur, de la marchandisation et financiarisation (la crise financière mondiale de 2008, la récession subséquente, et la politique d'«austérité»).

Dans la deuxième partie du cours nous discuterons un certain nombre de populations et de questions de santé publique importantes, y compris le VIH /Sida, les menaces de pandémie, la mondialisation de la maladie chronique, le sexe et la mondialisation, la mondialisation et les systèmes de santé (y compris la couverture maladie universelle, la migration des travailleurs de la santé et le tourisme médical), l'aide d'autres formes de financement de la santé, et de l'environnement.

La troisième partie du cours mettra l'accent sur les options politiques de gouvernance de la santé mondiale, y compris de nouvelles initiatives de santé mondiale (Partenariats public-privé globales) mondiaux), les biens publics mondiaux, les approches fondées sur les droits humains, la réforme des institutions financières internationales, le rôle de l'OMS et le rôle des organisations professionnelles et de la société civile.

Course Learning Objectives

By the end of this reading course, participants will:

- Understand contemporary globalization, and locate it in historical context
- Identify the key drivers of contemporary globalization, and their theoretical and empirical effects on global health equity
- Understand the impacts of macroeconomic policies, trade liberalization, debt and official development assistance on global health equity
- Understand the key principles of trade agreements, and the theoretical and empirical effects of specific key agreements on global health equity
- Differentiate, and critically assess, the role of global public goods for health, and a rights-based approach to health
- Understand the impacts of contemporary globalization on environmental health and sustainability
- Identify key global health policies and governance opportunities that mitigate globalization's health harms, while maximizing its potential health benefits

Instructors:

Prof. Ronald Labonté is Canada Research Chair in Globalization and Health Equity. After a 25-year career in public health practice (nationally and internationally) he entered full-time academics, where he has been conducting research on social determinants of health for the past 17 years. His major focus is on globalization processes affecting health. He chaired the Globalization Knowledge Network of the WHO Commission on Social Determinants of Health, and participated in two subsequent reviews (UK and EU) of globalization impacts on health equity. His research projects include studies of the G8/G20 on global health, globalization and the health of Canadians, health and trade, health worker migration, medical tourism, comprehensive primary health care (universal health care), health and foreign policy ('global health diplomacy'), trade and the political economy of tobacco control, and the health impacts of post-financial crisis austerity programs. He is also co-leading an implementation study to scale-up structural interventions to reduce maternal and neonatal mortality in Ethiopia, and is active with the People's Health Movement.

Course Venue

All seminars will be conducted in RGN (Roger Guindon) Room 223

Course Evaluation

Mid-term short paper:

20%

Seminar presentation:	20%
Class participation (attendance):	10%
Individual course paper:	50%

The final grade for the course will be alpha-numerical.

The mid-term short paper will identify 3 health issues that you consider to be inherently linked to globalization processes. These could be health issues that are positively and/or negatively linked to globalization. The paper should argue why these are amongst the most important globalization-related health issues.

The seminar presentation will require each participant to undertake a 20 – 30 minute synopsis of a particular class. This synopsis should highlight key findings from the readings, points of participants' agreement/disagreement with the readings (and why), points of ongoing confusion, and implications for health equity. The synopsis may include a small group exercise for the rest of the class, but this is not required. This synopsis will start each seminar and is intended to give participants an opportunity to grapple with the topics (i.e. there are no grading penalties if more points of ongoing confusion are raised, than key findings or insights from the readings). Students are expected to delve a little into the optional readings for the seminars for which they provide the introductory synopsis. If there are more students than the number of seminars, students will team up for the synopsis.

The course paper will be on a topic derived from the project presentation or any other issue related to the course and its readings, and will be negotiated with the instructors. Length is expected to be between 20 and 30 pages, although longer papers will be accepted if essential to the development of the argument and the evidence in support of it.

Core Text

There are no core texts.

Each class has required and recommended (optional readings). Optional readings are to be pursued at participants' own discretion. They may be helpful for purposes of the assignments in providing a starting literature search/bibliography.

Required readings are available online, either through open access journal links (follow the URLs on the required reading list) or via a password protected link for those not available on-line (designated with an asterisk). A note will be sent to all registered students shortly before the class with information on how to access this link.

Part 1: Globalization and Health

Additional learning objectives:

- Distinguish global from international health
- Distinguish novel elements of contemporary globalization
- Identify the macroeconomic policy requirements of structural adjustment programs
- Assess the evidence of health impacts of structural adjustment programs
- Identify the key drivers and health impacts of the 2008 global financial crisis, global recession and subsequent 'austerity' program
- Understand the key principles of World Trade Organization agreements
- Understand how certain WTO and new generation trade agreements pose health risks
- Examine the health impacts of transnational corporations

JAN. 10TH: CLASS 1: GLOBALIZATION AND HEALTH: HISTORICAL SUMMARIES AND HEALTH IMPACTS

Please read the first article before attending the class:

Brown, G. and Labonté, R., Globalization and its Methodological Discontents: Contextualizing Globalization through the Study of HIV/AIDS, (2011) *Globalization and Health* 7(29):1-12. <http://www.biomedcentral.com/content/pdf/1744-8603-7-29.pdf>

Feachem, RG (2001) Globalisation is good for your health, mostly. *BMJ (Clinical research ed)*, 323 (7311). pp. 504-6. ISSN 0959-8138 DOI: 10.1136/bmj.323.7311.504 <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1121084/>

Time will be made during the class to read two additional articles that will be used in a class exercise:

Dollar, D. (2001) Is globalization good for your health? *Bulletin of the World Health Organization* 79(9):827-33. [http://www.who.int/bulletin/archives/79\(9\)827.pdf](http://www.who.int/bulletin/archives/79(9)827.pdf)

Cornia, GA. (2001) Globalization and health: results and options. *Bulletin of the World Health Organization* 79(9):834-41. [http://www.who.int/bulletin/archives/79\(9\)834.pdf](http://www.who.int/bulletin/archives/79(9)834.pdf)

JAN. 17TH: CLASS 2: GLOBALIZATION AND HEALTH: FRAMEWORKS FOR ANALYSIS

Harris, R. and Seid, M. "[Globalization and Health in the New Millennium,](#)" *Perspectives on Global Development and Technology*, (2004) Volume 3, issue 1-2: 1- 46. *

Labonté, R. and Torgerson, R. "[Interrogating Globalization, Health and Development: Towards a Comprehensive Framework for Research, Policy and Political Action,](#)" *Critical Public Health* (2005) 15(2):157-79.

Labonté, R. and Stuckler, D., (2015) "The rise of neoliberalism: How bad economics imperils health and what to do about it," *Journal of Epidemiology and Community Health* (2016) 70(3):312-318. <file:///C:/Users/rlabonte/Downloads/jech-2015-206295.full.pdf>

Ruckert, A. and Labonté, R., (2017) "Health inequities in the age of austerity: The need for social protection policies" *Social Science and Medicine*. 187:306-11. <file:///C:/Users/rlabonte/Downloads/RuckertLabonte2017SSM.pdf>

Ruckert, A. and Labonté, R., (2012) "The global financial crisis and health equity: Early experiences from Canada" <https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-10-2>

JAN 24th: CLASS 3: TRADE AND HEALTH

Labonté, R., Sanger, M. A Glossary of The World Trade Organization and Public Health: Part 1 and Part 2. *Journal of Epidemiology and Community Health* (2006) 60:655-661 and 61:738-44. <http://jech.bmj.com/content/jech/60/8/655.full.pdf> and file:///C:/Users/rlabonte/Downloads/Glossary_on_the_World_Trade_Organisation_and_publi.pdf

Scott, J. and Harman, S. (2013) [Beyond TRIPs: Why the WTO's Doha Round is Unhealthy](#), *Third World Quarterly*, 34(8): 1361-1376. *

Labonté, R., Schram, A. and Ruckert, A., "The Trans-Pacific Partnership: Is It Everything We Feared For Health?" *International Journal of Health Policy and Management* (2016) 5(8):487-96. http://www.ijhpm.com/article_3186_0.html

Schram, A., Labonté, R., Baker, P., Friel, S. Reeves, A. and Stuckler, D. "The role of trade and investment liberalization in the sugar-sweetened carbonated beverages market: a natural experiment contrasting Vietnam and the Philippines," (2015) 11:41 *Globalization and Health* <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-015-0127-7>

Barlow P, McKee M, Basu S, et al. "Impact of the North American Free Trade Agreement on high-fructose corn syrup supply in Canada: a natural experiment using synthetic control methods". *CMAJ* (2017);189:E881-7. <http://www.cmaj.ca/content/189/26/E881.full.pdf+html>

JAN 31ST: CLASS 4: TRANSNATIONAL CORPORATIONS: FORCES FOR GOOD OR BAD HEALTH?

Freudenberg, N. "How corporate America exports disease to the rest of the world," *Salon* (2014) (Available at: http://www.salon.com/2014/03/02/how_corporate_america_exports_disease_to_the_rest_of_the_world/)

Freudenberg, N. "Insatiable: Sizing Up the Corporate-Consumption Complex," *The American Interest* (2014) 9(4) (Available at: <http://www.the-american-interest.com/2014/03/03/insatiable-sizing-up-the-corporate-consumption-complex/>)

Chandler, A and Mazlish, B. *Leviathans: Multinational Corporations and the New Global History* (2005), Cambridge University Press (excerpts 1-44, mimeo).

Baum, F. and Anaf. JM. "[Transnational Corporations and Health: A Research Agenda](#)," *International Journal of Health Services* (2015) 45(2):1-10. *

Adams, B. and Martens, J. *Fit for Purpose? Private funding and corporate influence in the United Nations*. (2015) New York: Global Policy Forum. Chapters 1-3 and 7. https://www.globalpolicy.org/images/pdfs/images/pdfs/Fit_for_whose_purpose_online.pdf

Mikler, J. (ed.) *The Handbook of Global Companies* New York: Wiley-Blackwell, 2013. One of Chapters 1, 5, 19 or 24 (pdf's will be provided) *

Part 2: Global Health Issues

Additional Learning Objectives:

- Examine globalization 'drivers' for the HIV/AIDS and other global pandemics
- Identify globalization drivers that influence global chronic disease prevalence
- Identify the gendered dimensions of globalization and health
- Understand the role of development assistance in the context of the MDGs and the SDGs
- Explore the impact of globalized health sector reform policies on access to health care in developing world contexts.
- Explore the implications of globalization-related environmental pathways to health

FEB 7th: CLASS 5: HIV/AIDS. EMERGENT PANDEMICS, GLOBALIZATION 'DRIVERS' AND GLOBAL RESPONSES

Parker, R. (2002). The global HIV/AIDS pandemic, structural inequalities, and the politics of international health. *American Journal of Public Health*, 92(3), 343-346. <http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.92.3.343>

Stoebenau, K., et al. (2011). More than just talk: the framing of transactional sex and its implications for vulnerability to HIV in Lesotho, Madagascar and South Africa. *Globalization and Health*, 7:34. <http://www.globalizationandhealth.com/content/7/1/34>

Hoffman, S. (2010). The evolution, etiology and eventualities of the global health security regime. *Health Policy and Planning*, 25:510-22. <https://academic.oup.com/heapol/article-lookup/doi/10.1093/heapol/czq037>

Belluz, J. and Hoffman, S. (September 30, 2014). The Ebola outbreak's real cause: letting industry drive the research agenda. <http://www.vox.com/2014/8/4/5963751/the-real-cause-of-the-ebola-outbreak-its-not-what-you-think>

FEB 14TH: CLASS 6: GLOBALIZATION OF CHRONIC DISEASE

Labonté, R., Mohindra, K., and Lencucha, R. (2011) Framing International Trade and Chronic Disease, *Globalization and Health* 21(3):273-87. <http://www.globalizationandhealth.com/content/pdf/1744-8603-7-21.pdf>

Friel, S., Hattersley, L., Snowdon, W., Thow, A.M., Lobstein, T., Sanders, D., Barquera, S., Mohan, S., Hawkes, C., Kelly, B., Kumanyika, S., L'Abbe, M., Lee, A., Ma, J., Macmullan, J., Monteiro, C., Neal, B., Rayner, M., Sacks, G., Swinburn, B., Vandevijvere, S., Walker, C. and INFORMAS (2013) Monitoring the impacts of trade agreements on food environments. *Obesity Reviews*, 14, 120–134. <http://onlinelibrary.wiley.com/doi/10.1111/obr.12081/epdf>

Moodie, R., Stuckler, D., Monteiro, C., Sheron, N., Neal, B., Thamarangsi, T., Lincoln, P., and Casswell, S. (2013). Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *The Lancet*, 381(9867), 670-679. [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(12\)62089-3.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(12)62089-3.pdf)

Schram, A., Labonté, R. and Sanders, D. "[Urbanization and International Trade and Investment Policies as Determinants of Noncommunicable Diseases in Sub-Saharan Africa](#), *Progress in Cardiovascular Diseases* 2013, 56(3):281-201. * Or

Makoka, D., Appau, A., Drope, J., Labonté, R., Li, Q., Goma, F., Zulu, R., Magati, P. & Lencucha, R. "[Costs, revenues and profits: An economic analysis of smallholder tobacco farmer livelihoods in Malawi](#)," *Tobacco Control* 2016 Published Online First: 9.10.2016 doi:10.1136/tobaccocontrol-2016-053022) *

FEB 28th: CLASS 7: GENDER, GLOBALIZATION AND HEALTH

Kabeer, N. (2004). [Globalisation, labour standards and women's rights: dilemmas of collective \(in\)action in an interdependent world](#). *Feminist Economics*, 10(1), 3-35. *

Moss, N.E. (2002). [Gender equity and socioeconomic inequality: a framework for the patterning of women's health](#). *Social Science and Medicine*, 54(5), 649-661. *

Sen, G., & Östlin, P. (2008). [Gender inequity in health: why it exists and how we can change it](#). *Global Public Health* 3(1): 1-12. *

Mohindra, K., Labonté, R. and Spitzer, D. (2011) The Global Financial Crisis: Whither Women's Health? *Critical Public Health*. 21(3):273-288.
https://www.globalhealthequity.ca/webfm_send/226

MARCH 7th: CLASS 8: GLOBALIZATION, HEALTH AND DEVELOPMENT

Stuckler, D., & Basu, S. (2009). The International Monetary Fund's effects on global health: before and after the 2008 financial crisis. *International Journal of Health Services*, 39(4), 771-781. *

Engel, S. (2014). The not-so-great aid debate, *Third World Quarterly* 35(8), 2014: 1374-89. *

Buse, K., & Hawkes, S. (2015). Health in the sustainable development goals: ready for a paradigm shift?. *Globalization and health*, 11(1), 13.
<http://www.globalizationandhealth.com/content/pdf/s12992-015-0098-8.pdf>

Labonté, R., "Health Promotion in an Age of Normative Equity and Rampant Inequality," *International Journal of Health Policy and Management* (2016), 5(12), 675-82
http://www.ijhpm.com/article_3243_9cfe55f382f6c9876bd955b41b2c9007.pdf

MARCH 14TH: CLASS 9: GLOBALIZATION AND HEALTH SYSTEMS CHANGE

Labonté, R., Sanders, D, Packer, C. and Schaay, N. "Is the Alma Ata Vision of Comprehensive Primary Health Care Viable? Findings from an International Project" *Global Health Action* 2014, 7:24997.
<http://www.tandfonline.com/doi/pdf/10.3402/gha.v7.24997?needAccess=true>

OXFAM (2013). Universal Health Coverage: Why health insurance schemes are leaving the poor behind. <http://www.oxfam.org/sites/www.oxfam.org/files/bp176-universal-health-coverage-091013-en .pdf>

Chapter B1 (2014) The current discourse on Universal Health Coverage (UHC) *Global Health Watch 4* http://www.ghwatch.org/sites/www.ghwatch.org/files/B1_1.pdf

Vian, T., McIntosh, N., et al (2015), "Hospital Public–Private Partnerships in Low Resource Settings: Perceptions of How the Lesotho PPP Transformed Management Systems and Performance," *Health Systems & Reform*, 1(2):155–166, 2015 *

OXFAM (2015) A Dangerous Diversion: Will the IFC's flagship health PPP bankrupt Lesotho's Ministry of Health?

https://www.oxfam.org/sites/www.oxfam.org/files/file_attachments/bn-dangerous-diversion-lesotho-health-ppp-070414-en_0.pdf

MARCH 21ST: CLASS 10: GLOBAL HEALTH MOBILITIES

Packer, C., Labonté, R. and Runnels, V. (2009) "Globalization and the cross-border flow of health workers", in Labonte, R., Schrecker, T., Packer, C. and Runnels, V. (eds.). *Globalization and Health: Pathways, Evidence and Policy*, Routledge. pp.213-234. *

One of:

Tomblin Murphy, G., MacKenzie, A., Waysome, B., Guy-Walker, J., Palmer, R., Rose, A.E., Rigby, J., Bourgeault, I., and Labonté, R. "A mixed-methods study of health worker migration from Jamaica," *Human Resources for Health* (2016) 14:S1:1-15. <http://human-resources-health.biomedcentral.com/articles/10.1186/s12960-016-0125-8>

Labonté, R., Sanders, D., Mathole, T., Crush, J., Chikanda, A., Dambisya, Y., Runnels, V., Packer, C., MacKenzie, A., Tomblin-Murphy, G. and Bourgeault, I. "Health worker migration from South Africa: Causes, consequences and policy responses," *Human Resources for Health* (2015) 13:92:1-16. <http://human-resources-health.biomedcentral.com/articles/10.1186/s12960-015-0093-4>

Castro-Palaganas, E., Spitzer, D., Kabamalan, M.M., Sanchez, M., Carcativo, R., Runnels, V., Labonté, R., Tomblin-Murphy, G., Bourgeault, I., "An examination of the causes, consequences, and policy responses to the migration of highly trained health personnel from the Philippines: the high cost of living/leaving—a mixed method study," *Human Resources for Health* (2017) 1-14. <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0198-z>

Walton-Roberts, M., Runnels, V., Rajan, I., Sood, A., Nair, S., Thomas, P., Packer, C., MacKenzie, A., Tomblin-Murphy, G., Labonté, R., Bourgeault, I., "Causes, consequences and policy responses to the migration of health workers: Key findings from India," *Human Resources for Health* (2017) 1-18.

<https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0199-y>

Labonté, R. "Overview: Medical Tourism Today: What, Who, Why and Where?" in Labonté, R., Deonandan, R., Packer, C., Runnels, V. (eds) *Travelling Well: Essays in Medical Tourism*, Ottawa: Collection d'études transdisciplinaires en santé des populations/Transdisciplinary Studies in Population Health Series, 4(1) 2013. ISSN 1922-1398.

<http://www.globalhealthequity.ca/sites/default/files/imce/Medical%20Tourism%20-%20Chapter%202.pdf>

Labonté, R., Runnels, V., Crooks, V. A., Johnston, R., & Snyder, J. (2017). What does the development of medical tourism in Barbados hold for health equity? An exploratory qualitative case study. *Global Health Research and Policy*, 2(1), 5.

<https://ghrp.biomedcentral.com/track/pdf/10.1186/s41256-017-0025-z?site=ghrp.biomedcentral.com>

Johnston, R., Crooks, V., Ceron, A., Labonté, R., Snyder, J., Nunez, E., Flores, W., "Inbound Medical Tourism in Central America and the Caribbean: Factors Driving and Inhibiting Sector Development and Their Health Equity Implications," *Global Health Action* (2016) 12(9):1-10.

<http://www.tandfonline.com/doi/pdf/10.3402/gha.v9.32760?needAccess=true>

Crooks, V.A., L. Turner, G. Cohen, J. Bristier, J. Snyder, V. Casey, R. Whitmore (2013) "Ethical and legal implications of the risks of medical tourism for patients: A qualitative study of Canadian health and safety representatives' perspectives." *BMJ Open* 3(2):e00230

<http://bmjopen.bmj.com/content/bmjopen/3/2/e002302.full.pdf>

MARCH 28TH: CLASS 11: GLOBALIZATION, CLIMATE CHANGE AND HEALTH

GRAIN (2012). Squeezing Africa Dry: Behind every land grab is a water grab.

<http://www.grain.org/article/entries/4516-squeezing-africa-dry-behind-every-land-grab-is-a-water-grab>

Jackson, T. (2009). Prosperity Without Growth. Earthscan. <http://www.ipu.org/splz-unga13/prosperity.pdf> (choose 3 chapters)

McMichael, AJ. (2013). Globalization, climate change, and human health. *The New England Journal of Medicine*, 368, 1335-43.

<http://www.nejm.org/doi/pdf/10.1056/NEJMr1109341>

Hancock, T. (2015) "Population health promotion 2.0: An eco-social approach to public health in the Anthropocene," *Can J Public Health* 106(4):e252–e255

doi: 10.17269/CJPH.106.5161 *

CPHA (2015) *Addressing the Ecological Determinants of Health* (Policy Discussion Paper), https://www.cpha.ca/sites/default/files/assets/policy/edh-discussion_e.pdf

Haines, A. (2017) "Addressing challenges to human health in the Anthropocene epoch—an overview of the findings of the Rockefeller/Lancet Commission on Planetary Health," *Int Health* 2017; 9: 269–274 doi:10.1093/inthealth/ihx036 *

Part 3: Global Health Governance: Policies and Practices for Global Health Equity

Additional Learning Objectives:

- Understand the strengths and weaknesses of emerging forms of global health governance
- Identify elements of a rights-based approach to global health equity
- Examine justice theories and ethical arguments supporting global health equity

APRIL 4th: CLASS 12: HUMAN RIGHTS AND GLOBAL HEALTH ETHICS

Ruger JP, Ethics and governance of global health inequalities. (2006) *J Epidemiol Community Health* 60:998-1002. <http://jech.bmj.com/content/jech/60/11/998.full.pdf>

Johri, M., Chung, R., Dawson, A., & Schrecker, T. (2012). Global health and national borders: the ethics of foreign aid in a time of financial crisis. *Globalization and Health*, 8(1), 1-10. <http://www.globalizationandhealth.com/content/pdf/1744-8603-8-19.pdf>

Schrecker, T., Chapman, A., Labonté, R. and De Vogli, R. (2010) "Advancing health equity in the global marketplace: How human rights can help", *Social Science & Medicine* 71: 1520-26. *

Labonté, R., Baum, F, and Sanders, D. "Poverty, Justice and Health," in R. Detels, C.C. Tan, Q.A. Karim, and M. Guilliford. Oxford Textbook of Public Health (2015) pp.89-105. *

Brolan, C., Hill, P. and Ooms, B. (2015) "'Everywhere but not specifically somewhere': a qualitative study on why the right to health is not explicit in the post-2015 negotiations," *BMC International Health and Human Rights* 15:22. <http://www.biomedcentral.com/content/pdf/s12914-015-0061-z.pdf>

APRIL 11th: CLASS 13: HEALTH AND FOREIGN POLICY: IS COHERENCE POSSIBLE?

Labonté, R., "Health in All (Foreign) Policies: Challenges in Achieving Coherence," (2014) *Health Promotion International*, 29:S1: 1-11
<https://academic.oup.com/heapro/article-lookup/doi/10.1093/heapro/dau031>

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ACADEMIC FRAUD

DEFINITION

1. Academic fraud is an act by a student which may result in a false academic evaluation of that student or of another student. Without limiting the generality of this definition, academic fraud occurs when a student commits any of the following offences:
 - a) Commits plagiarism or cheating of any kind.
 - b) Submits a work of which the student is not the author, in whole or in part (except for duly cited quotations or references). Such work may include an academic paper, an essay, a test, an exam, a research report, and a thesis, whether written, oral, or in another form.
 - c) Presents research data which has been falsified or concocted in any way.
 - d) Attributes a purported statement of fact or reference to a source which has been concocted.
 - e) Submits the same piece of work or a significant part thereof for more than one course, or a thesis or other work which has already been submitted elsewhere, without written authorization of the professors concerned and/or of the academic unit concerned.

- f) Falsifies an academic evaluation, misrepresents an academic evaluation, uses a forged or falsified academic record or supporting document, or facilitates the use of a falsified academic record or supporting document.
- g) Undertakes any other action for the purpose of falsifying an academic evaluation.

Optional Readings

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