

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, 19; April 2, 11.

Time: 1:30 - 4:30 pm

Location: 600 Peter Morand Crescent room 204

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.

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

Required

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. (Available at: <http://www.biomedcentral.com/content/pdf/1744-8603-7-29.pdf>)

Two additional short articles will be distributed in class for quick reading and use in a class exercise:

Dollar, D. (2001) Is globalization good for your health? *Bulletin of the World Health Organization* 79(9):827-33.

Feachem, R. (2001). Globalisation is good for your health, mostly. *British Medical Journal*, (323) 504-506; and numerous response letters (2002) *BMJ* (324).

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.

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.
<http://dx.doi.org/10.1016/j.socscimed.2017.03.029>

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.

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.

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," *Globalization and Health* (2015) 11:41 <http://www.globalizationandhealth.com/content>

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.

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. (Available at: 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.

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. (Available at: <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.

Belluz, J. and Hoffman, S. (September 30, 2014). The Ebola outbreak's real cause: letting industry drive the research agenda. (Available at: <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. (Available at: <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.

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.

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.

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. (Available at: <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. [IF:1.93] <http://dx.doi.org/10.3402/gha.v7.24997>

OXFAM (2013). Universal Health Coverage: Why health insurance schemes are leaving the poor behind. Available at: <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*

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? (pdf)

MARCH 19ST: 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.

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://dx.doi.org/10.3402/gha.v9.32760>

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

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

GRAIN (2012). Squeezing Africa Dry: Behind every land grab is a water grab. (Available at: <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. (Available at: <http://www.ipu.org/splz-e/unga13/prosperity.pdf>) (selected chapters)

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

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 2th: 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.

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. (Available at: <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. (Available at: <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

Lee, K. and Kamradt-Scott, A. (2014) "The multiple meanings of global health governance: a call for conceptual clarity," *Globalization and Health* 10:28: 1-10. (Available at: <http://www.globalizationandhealth.com/content/pdf/1744-8603-10-28.pdf>)

Labonté, R., Runnels, V. and Gagnon, M., Past Fame, Present Frames and Future Flagship? An Exploration of How Health is Positioned in Canadian Foreign Policy, *Adm. Sci.* 2012, 2, 162-185. (Available at: http://www.globalhealthequity.ca/webfm_send/210)

Ruckert, R., Labonté, R., Lencucha, R., Runnels, V., and Gagnon, M., "Global health diplomacy: A critical review of the literature," *Social Science and Medicine* 155 (2016): 61-72.

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

CLASS 1

Labonté, R., Schrecker, T., Sen Gupta, A. Health for Some: Death, Disease and Disparity in a Globalizing World, Toronto: Centre for Social Justice. 2005 (Available at: <http://tinyurl.com/kyvmqrr>)

Chapter 2, Globalization and Health, an historical perspective in Lee, K., Globalization and Health: An Introduction, 2003; pp.30-60. Palgrave Macmillan.

Anderson, WT, The two globalizations: notes on a confused dialogue, Futures 31 (1999): 897-903.

Held, D. Towards a new consensus: answering the dangers of globalization, Harvard International Review, Summer 2005.

Harris, R. and Seid, M. (2004) Globalization and Health in the New Millennium, Globalization and Health (Special Issue of Perspectives on Global Development and Technology): pp.1-46.

Labonté, R., Mohindra K., and Schrecker, T. (2011) The Growing Impact of Globalization for Health and Public Health Practice, Annual Review of Public Health. 32.

Cornia et al (2009) Chapter 2 in Globalization and Health: Pathways, Evidence and Policy.

Lee, K et al (2004). Globalization and Infectious Disease: A Review of the Linkages. World Health Organization.

CLASS 2

Labonté and Schrecker (2009) Chapter 1 in Globalization and Health: Pathways, Evidence and Policy.

Chapter A1 (2012), Global Health Watch 3

Chapter A1. The health crises of neoliberal globalization (2014) *Global Health Watch 4*.

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.

Stuckler, D., & Basu, S. (2013). Preface. *The Body Economic: Why austerity kills* (pp. ix-xv). Toronto, Ontario: HarperCollins Publishers Ltd.

Stuckler, D., & Basu, S. (2013). *God Bless Iceland. The Body Economic: Why austerity kills* (pp. 57-75). Toronto, Ontario: HarperCollins Publishers Ltd.

Stuckler, D., & Basu, S. (2013). *Greek Tragedy. The Body Economic: Why austerity kills* (pp. 77-94). Toronto, Ontario: HarperCollins Publishers Ltd.

Labonté, R & Schrecker, T. Globalization and the social determinants of health: A diagnostic overview and agenda for innovation (part 1 of 3) *Globalization and Health* (2007) 3(5):1-10. (Available at: <http://www.globalizationandhealth.com/mostviewedalltime>)

Babb, S. (2005). *The Social Consequences of Structural Adjustment: Recent Evidence and Current Debates. Annual Review of Sociology*, 31 199-222.

Birdsall, N. (2006). *The World is not Flat: Inequality and Injustice in our Global Economy*. Helsinki: World Institute for Development Economics Research. (Available at: http://www.cgdev.org/doc/commentary/speeches/Birdsall_WIDERpaper.pdf)

Labonté, R. (2012) *The austerity agenda: how did we get there and where do we go next? Critical Public Health*, 22:3, 257-265.

Ruckert, A. and Labonté, R. *The financial crisis and global health: the International Monetary Fund's (IMF) policy response*, *Health Promotion International*, (2013) 28 (3): 357-366.

Structural Adjustment Participatory Review Initiative (SAPRI) (2002). *The Policy Roots of Economic Crisis and Poverty*, especially chapter 8: *The effects of public expenditure policies on education and health care under structural adjustment* (Available at: http://www.saprin.org/SAPRI_Findings.pdf)

Schrecker (2009), Chapter 4 in *Globalization and Health: Pathways, Evidence and Policy*.

Labonté, R. & Schrecker, T. *Globalization and the social determinants of health: The role of the global marketplace* (part 2 of 3) *Globalization and Health* (2007) 3(6): 1-17. (Available at: <http://www.globalizationandhealth.com/mostviewedalltime>)

Bond (2009), Chapter 3 in *Globalization and Health: Pathways, Evidence and Policy*.

Woodward, D. and Simms, A. (2006) *Growth is Failing the Poor*, UN Department of Economic and Social Affairs.

Birdsall, N. (2006) *Stormy Days on Open Field Asymmetries in the Global Economy*. UNU-WIDER Research Paper No. 2006/31. (Available at: http://www.cgdev.org/files/6284_file_WP_81.pdf)

Wade, R.H. (2004) "Is globalization reducing poverty and inequality?" *World Development*, 2004, 32(4):567-589.

CLASS 3

Arnould, E. J., Plastina, A., & Ball, D. (2009). Does fair trade deliver on its core value proposition? Effects on income, educational attainment, and health in three countries. *Journal of Public Policy & Marketing*, 28(2), 186-201.

Koivusalo et al (2009), Chapter 5 in *Globalization and Health: Pathways, Evidence and Policy*.

Correa (2009), Chapter 11 in *Globalization and Health: Pathways, Evidence and Policy*.

Bhusan and Blouin (2009), Chapter 7 in *Globalization and Health: Pathways, Evidence and Policy*.

Labonté, R., Blouin, C. and Forman, L. (2010) *Trade, Growth and Population Health: An Introductory Review*. Ottawa: Collection d'études transdisciplinaires en santé des populations/Transdisciplinary Studies in Population Health Series. 2010. ISSN 1922-1398. (Available at: <http://www.iph.uottawa.ca/eng/transdis/files/trade-health.pdf>). Recommended as a good primer on trade and health

CLASS 4

Mikler, J. (ed.) *The Handbook of Global Companies*. New York: Wiley-Blackwell, 2013. (whole book)

Freudenberg, N. *Lethal but Legal. Corporations, Consumption and Protecting Public Health*. New York: Oxford University Press, 2014. (whole book)

Ruckert, A., Labonté, R. "Public-private partnerships (PPPs) in global health: the good, the bad and the ugly," *Third World Quarterly* 2014, 35(9): 1598-1614.

Romero, M.J. *What Lies Beneath? A critical assessment of PPPs and their impact on sustainable development*. EURODAD, 2014. [http://www.world-psi.org/sites/default/files/documents/research/eurodad - what lies beneath.pdf](http://www.world-psi.org/sites/default/files/documents/research/eurodad_-_what_lies_beneath.pdf)

CLASS 5

Pisani, E., et al. (2003). Back to basics in HIV prevention: focus on exposure. *BMJ*, 326, 1384-7.

Cheru, F. (2002). Debt, adjustment and the politics of effective response to HIV/AIDS in Africa. *Third World Quarterly*, 23(2), 299-312.

CLASS 6

Stuckler, D., McKee, M., Ebrahim, S. and Basu, S. (2012) Manufacturing Epidemics: The Role of Global Producers in Increased Consumption of Unhealthy Commodities Including Processed Foods, Alcohol, and Tobacco, *PLoS Med* 9(6)

Zimmet, P. (2000) Globalization, coca-colonization and the chronic disease epidemic: can the Doomsday scenario be averted? *Journal of Internal Medicine*, 247, 301-310.

Alleyne, G, S. Basu, and D. Stuckler. (2011). Who's afraid of NCDs? Raising awareness of the impact of non-communicable diseases (NCDs) on global health. *Journal of Health Communication* v16(S2): 82-93.

Hawkes et al (2009), Chapter 10 in *Globalization and Health: Pathways, Evidence and Policy*.

Collin, J., Lee, K., & Bissell, K. (2002). The framework convention on tobacco control: The politics of global health governance. *Third World Quarterly*, 23(2), 265-282.

Hawkes, C. Uneven dietary development: linking the policies and processes of globalization with the nutrition transition, obesity and diet-related chronic diseases. *Globalization and Health* 2006, 2:4

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CLASS 7

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