PIA4142: GLOBAL PUBLIC HEALTH

Effective Term

Semester B 2022/23

Part I Course Overview

Course Title

Global Public Health

Subject Code

PIA - Public and International Affairs

Course Number

4142

Academic Unit

Public and International Affairs (PIA)

College/School

College of Liberal Arts and Social Sciences (CH)

Course Duration

One Semester

Credit Units

3

Level

B1, B2, B3, B4 - Bachelor's Degree

Medium of Instruction

English

Medium of Assessment

English

Prerequisites

Nil

Precursors

Nil

Equivalent Courses

AIS4142 Global Public Health

Exclusive Courses

Nil

Part II Course Details

Abstract

This course aims to provide students with an introduction to the implications of diseases from historical times to the present, and to develop their skills in analysing the political, economic and social impacts of threats to health. After a

broad inter-disciplinary introduction, the course considers pandemic and epidemic outbreaks. Towards the end of the course the threats posed by non-communicable diseases and newly health threats are also considered in a comparative perspective. Cutting across all cases this course will compare and contrast the roles played by states, societies, market actors and international organizations. Empirically-driven this course will range across the major infectious disease outbreaks of the 20th and 21st centuries.

Course Intended Learning Outcomes (CILOs)

	CILOs	Weighting (if app.)	DEC-A1	DEC-A2	DEC-A3
1	Show familiarity with the major communicable and non-communicable diseases	25	X	X	X
2	Assess the challenges posed by such diseases	25	X	X	
3	Analyse response strategies made by different actors	25	x	x	X
4	Show an awareness of such diseases on societies in historical and contemporary times	25	X	X	

A1: Attitude

Develop an attitude of discovery/innovation/creativity, as demonstrated by students possessing a strong sense of curiosity, asking questions actively, challenging assumptions or engaging in inquiry together with teachers.

A2: Ability

Develop the ability/skill needed to discover/innovate/create, as demonstrated by students possessing critical thinking skills to assess ideas, acquiring research skills, synthesizing knowledge across disciplines or applying academic knowledge to real-life problems.

A3: Accomplishments

Demonstrate accomplishment of discovery/innovation/creativity through producing /constructing creative works/new artefacts, effective solutions to real-life problems or new processes.

Teaching and Learning Activities (TLAs)

	TLAs	Brief Description	CILO No.	Hours/week (if applicable)
1	1	Lectures	1, 2, 3, 4	
2	2	Group Discussions: students will analyse weekly readings and discuss their findings	1, 2, 3, 4	
3	3	Oral leads: Students will work in groups to lead class discussions	1, 2, 3, 4	
4	4	Research presentation: students use relevant materials to undertake research into a topic as set by the instructor and then present their findings	1, 2, 3, 4	

Assessment Tasks / Activities (ATs)

	ATs	CILO No.	Weighting (%)	Remarks (e.g. Parameter for GenAI use)
1	Attendance and participation	1, 2, 3, 4	20	
2	Research presentation	1, 2, 3, 4	30	
3	Quizzes	1, 2, 3, 4	50	

Continuous Assessment (%)

100

Examination (%)

0

Assessment Rubrics (AR)

Assessment Task

1. Research Presentation (30%)

Criterion

Relevance to question, degree of analysis, mix of oral to visual presentation, sources, coherence with other presenters, ability to answer questions, quality of visual materials, oral communication skills.

Excellent (A+, A, A-)

Demonstrates high level of conceptual thinking reflected in presentation. Evidence of ability to fully comprehend and critique lecture and reading material through demonstrable written and oral communication. The student is able to utilise theoretical concepts in critically explaining case study materials and extrapolate these materials into new areas. Able to answer questions to a high level and strong coherence with the rest of the group.

Good (B+, B, B-)

Demonstrates good ability to think critically and performs well in presentation Student is able to recognise important characteristics of the theoretical models and case studies but may not be fully able to analyse them or apply them to new situations. Able to answer questions and coherence with the rest of the group. High level oral skills. No spelling or grammatical mistakes in relevant text.

Fair (C+, C, C-)

Demonstrates incomplete/marginal ability to critically analyze theoretical and case study material. The student may struggle with understanding the models. Student's oral performance in the presentation has shown minimal appreciation of the subjects beyond a discursive level. Unable to answer questions in a comprehensive way and only limited coherence with the rest of the group. Reasonable oral skills. Some spelling or grammatical mistakes in relevant text.

Marginal (D)

Indicates that the student has comprehended little understanding of the theories and case studies. Tin general a poor performance in the presentation. Unable to answer questions and little coherence with the rest of the group. Poor oral skills. Frequent spelling or grammatical mistakes in relevant text.

Failure (F)

Indicates that through poor learning or lack of effort, the student has failed to demonstrate even a minimal capacity to analyze concepts and theories. Unable to answer questions and no coherence with the rest of the group. Very poor oral skills. Spelling or grammatical mistakes in relevant text.

Assessment Task

2. Attendance and Participation (20%)

Criterion

Engages in discussions, able to pose and answer questions, an incorporation of theory and case studies. Does not miss any classes.

Excellent (A+, A, A-)

The student has not missed any classes and has regularly contributed to discussions at a high level.

Good (B+, B, B-)

The student has missed 1-2 classes without explanation and/or has regularly contributed to discussions but only at a discursive level.

Fair (C+, C, C-)

The student has missed 2-3 classes without justified explanation and has infrequently contributed to discussions at a discursive level.

Marginal (D)

The student has missed three classes without justified explanation, but has generally contributed to discussions and/or other activities. Or the student has not missed more than three classes without justified explanation, but has failed to contribute to discussions.

Failure (F)

The student has missed more than three classes without justified explanation, generally failed to contribute to discussions.

Assessment Task

3. Quiz (50%)

Criterion

Quality of argument, Reference to texts covered in course, Reference to cases covered in class discussions

Excellent (A+, A, A-)

Excellent analytical arguments, excellent structure, clear incorporation of texts covered in course, clear use of case studies to illustrate argument, no spelling or grammatical mistakes

Good (B+, B, B-)

Good analytical arguments, good structure, good incorporation of texts covered in course, good use of case studies to illustrate argument, no spelling or grammatical mistakes

Fair (C+, C, C-)

Largely descriptive arguments, adequate structure, minimal incorporation of texts covered in course, minimal use of case studies to illustrate argument, some spelling or grammatical mistakes

Marginal (D)

Descriptive arguments, poor structure, minimal or no incorporation of texts covered in course, minimal or no use of case study materials to illustrate argument, frequent spelling or grammatical mistakes

Failure (F)

Descriptive arguments, poor structure, no incorporation of texts covered in course, no use of case study materials to illustrate argument, frequent spelling or grammatical mistakes.

Part III Other Information

Keyword Syllabus

Health security, disease, pandemics, non-communicable diseases, health governance.

Reading List

Compulsory Readings

	Title
1	McInnes, Colin and Kelley Lee (2012). Global Health and International Relations (Cambridge, UK: Polity Press), pp. 130-157.
2	Fidler, David P. (2010). The Challenges of Global Health Governance (New York: Council on Foreign Relations), pp. 1-31.
3	Wilson, Kumanan (2004). "The Complexities of Multi-Level Governance in Public Health," Canadian Journal of Public Health 95(6): 409-412.
4	Heymann, David (2010). "Public Health, Global Governance, and the Revised International Health Regulations," in David Relman, Eileen Choffnes and Alison Mack (eds.) Infectious Disease Movement in a Borderless World: Workshop Summary (Washington, DC: Institute of Medicine, The National Academies Press), pp. 182-195.
5	Banchoff, Thomas (2005). "Path Dependence and Value-Driven Issues: The Comparative Politics of Stem Cell Research," World Politics 57(2): 200-230.
6	Morin, Jean-Frédéric and Amandine Orsini (2014). "Policy Coherency and Regime Complexes: The Case of Genetic Resources," Review of International Studies 40: 303-324.
7	Fitzgerald, Maureen H. (2004). "Punctuated Equilibrium, Moral Panics and the Ethics Review Process," Journal of Academic Ethics 2: 315-338.
8	Huang, Yanzhong (2010). "Pursuing Health as Foreign Policy: The Case of China," Indiana Journal of Global Legal Studies 17(1): 105-146.
9	Leon, Joshua K. (2013). "The Regime Complex for Global Health: Is Bigger Worse?" Paper Presented at the Western Political Science Association Meeting, Hollywood, California, US.
10	Holzscheiter, Anna (2014). "Restoring Order in Global Health Governance: Do Metagovernance Norms Affect Interorganizational Convergence?" CES Open Forum Series #23, 2014-2015: 1-30.
11	Roger, Charles and Peter Dauvergne (2016). "The Rise of Transnational Governance as a Field of Study," International Studies Review 18(3): 415-437.
12	Lomas, Jonathan (1998). "Social Capital and Health: Implications for Public Health and Epidemiology," Social Science and Medicine 47(9): 1181-1188.
13	ASEAN Network for Drugs, Diagnostics, Vaccines and Traditional Medicine Innovation (2013). Strategic Business Plan (Taguig City, Philippines: ASEAN-NDI), pp. i-157.
14	Haas, Ernst B. and Philippe C. Schmitter (1964). "Economics and Differential Patterns of Political Integration: Projections about Unity in Latin America," International Organization 18(4): 705-737.
15	Sridhar, Devi et al. (2014). "Global Rules for Global Health: Why We Need an Independent, Impartial WHO," BMJ 348: g3841.
16	Frenk, Julio and Suerie Moon (2013). "Governance Challenges in Global Health," The New England Journal of Medicine 368(10): 936-42.
17	Kickbusch, Ilona and David Gleicher (2012). Governance for Health in the 21st Century (Copenhagen: WHO/Europe), pp. v-107.
18	Altenstetter, Christa (2005). "Bridging European and Member State Implementation: The Case of Medical Goods, In Vitro Diagnostics and Equipment," in Monika Steffen (ed.) Health Governance in Europe: Issues, Challenges and Theories (London: Routledge), pp. 81-112.
19	Moon, Suerie et al. (2017). "Post-Ebola Reforms: Ample Analysis, Inadequate Action," BMJ 356: j280.

20	Shah, Sonia (2016). Pandemic: Tracking Contagions, From Cholera to Ebola and Beyond (New York: Sarah Crichton Books), pp. 179-199.
21	Taubenberger, Jeffery K. and David M. Morens (2006). "1918 Influenza: The Mother of All Pandemics," Emerging Infectious Diseases 12(1): 15-22.
22	Watts Sheldon (1999). Epidemics and History: Disease, Power and Imperialism (New Haven and London: Yale University Press), pp. 1-39.
23	Yip, Ka-che (2012). "Segregation, Isolation, and Quarantine: Protecting Hong Kong from Diseases in the Pre-War Period," Journal of Comparative Asian Development 11(1): 93-116.
24	Peckham, Robert (2016). Epidemics in Modern Asia (Cambridge, UK: Cambridge University Press), pp. 250-300.
25	Rodriguez-Garcia, Rosalia (2001). "The Health-Development Link: Travel as a Public Health Issue," Journal of Community Health 26(2): 93-112.
26	King, Brian (2010). "Political Ecologies of Health," Progress in Human Geography 34(1): 38-55.
27	Rossi, John and Samual A. Garner (2014). "Industrial Farm Animal Production: A Comprehensive Moral Critique," Journal of Agricultural and Environmental Ethics 27(3): 479-522.
28	Benard, Marianne and Tjard de Cock Buning (2013). "Exploring the Potential of Dutch Pig Farmers and Urban-Citizens to Learn Through Frame Reflection," Journal of Agricultural and Environmental Ethics 26(5): 1015-1036.
29	Klein, Jakob A. (2013). "Everyday Approaches to Food Safety in Kunming," The China Quarterly 214: 376-393.
30	Pimentel, David et al. (1998). "Ecology of Increasing Disease," Bioscience 48(10): 817-826.
31	Kealhofer, Lisa (2002). "Changing Perceptions of Risk: The Development of Agro-Ecosystems in Southeast Asia," American Anthropologist 104(1): 178-194.
32	Fauci, Anthony S. and David M. Morens (2016). "Zika Virus in the Americas - Yet Another Arbovirus Threat," The New England Journal of Medicine 374: 601-604.
33	Mlakar, Jernej et al. (2016). "Zika Virus Associated with Microcephaly," The New England Journal of Medicine 374: 951-958.
34	Kettel, Bonnie (1996). "Women, Health and the Environment," Social Science and Medicine 42(10): 1367-1379.
35	Musso, D., E. J. Nilles and V. M. Cao-Lormeau (2014). "Rapid Spread of Emerging Zika Virus in the Pacific Area," Clinical Microbiology and Infection 20(10): O595-O596.
36	Nikogosiana, Hail and Vera Luiza da Costa e Silva (2015). "WHO's First Global Health Treaty: 10 Years in Force," Bulletin of the World Health Organization 93: 211.
37	Fang, Xiaoping (2014). "The Global Cholera Pandemic Reaches Chinese Villages: Population Mobility, Political Control, and Economic Incentives in Epidemic Prevention, 1962-1964," Modern Asian Studies 48(3): 754-790.
38	Gerwin, Leslie E. (2011). "Planning for Pandemic: A New Model for Governing Public Health Emergencies," American Journal of Law and Medicine 37(1): 128-171.
39	Bentley, Jeffery W. et al. (2012). "Travelling Companions: Emerging Diseases of People, Animals and Plants Along the Malawi-Mozambique Border," Human Ecology 40: 557-569.
40	Krech, Rüdiger (2012). "Working on the Social Determinants of Health is Central to Public Health," Journal of Public Health Policy 33(2): 279-284.
41	Bhutta, Zulfiqar A. (2013). "Conflict and Polio: Winning the Polio Wars," JAMA 310(9): 905-906.
42	Asad, Asad L. and Tamara Kay (2015). "Toward a Multidimensional Understanding of Culture for Health Interventions," Social Science and Medicine 144: 79-87.
43	Prasad, Amit et al. (2015). "Prioritizing Action on Health Inequities in Cities: An Evaluation of Urban Health Equity Assessment and Response Tool (Urban HEART) in 15 Cities from Asia and Africa," Social Science and Medicine 145: 237-242.
44	Mutatkar, R. K. (1995). "Public Health Problems of Urbanization," Social Science and Medicine 41(7): 977-981.
45	Elbe, Stefan (2006). "Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security," International Studies Quarterly 50: 119-144.

46	Lo, Catherine Yuk-Ping (2015). HIV/AIDS in China and India: Governing Health Security (New York: Palgrave Macmillan), pp. 45-64.
47	Knutsen, Wenjue Lu (2012). "An Institutional Account of China's HIV/AIDS Policy Process from 1985 to 2010," Politics & Policy 40(1): 161-192.
48	Abraham, Thomas (2004). Twenty-First Century Plague: The Story of SARS (Hong Kong: Hong Kong University Press), pp. 51-79.
49	Schwartz, Jonathan (2012). "Compensating for the 'Authoritarian Advantage' in Crisis Response: A Comparative Case Study of SARS Pandemic Responses in China and Taiwan," The Journal of Chinese Political Science 17: 313-331.
50	Fidler, David P. (2010). "Viral Sovereignty, Global Governance, and the IHR 2005: The H5N1 Virus Sharing Controversy and Its Implications for Global Health Governance," in David Relman, Eileen Choffnes and Alison Mack (eds.) Infectious Disease Movement in a Borderless World: Workshop Summary (Washington, DC: Institute of Medicine, The National Academies Press), pp. 210-228.
51	French, P. Edward and Eric S. Raymond (2009). "Pandemic Influenza Planning: An Extraordinary Ethical Dilemma for Local Government Officials," Public Administration Review 69(5): 823-830.
52	Mason, Katherine A. (2016). Infectious Change: Reinventing Chinese Public Health After an Epidemic (Stanford, California: Stanford University Press), pp. 143-180.
53	Imperato, Pascal James (2016). "The Convergence of a Virus, Mosquitoes, and Human Travel in Globalizing the Zika Epidemic," Journal of Community Health 41: 674-679.
54	McCoy, Charles Allan (2016). "SARS, Pandemic Influenza and Ebola: The Disease Control Styles of Britain and the United States," Social Theory and Health 14(1): 1-17.
55	Monson, Sarah (2017). "Ebola as African: American Media Discourses of Panic and Otherization," Africa Today 63(3): 3-27.
56	Robbins, Anthony and Ruth Berkelman (2015). "Lessons from the Public Health Response to Ebola," Journal of Public Health Policy 36(1): 1-3.
57	Akhtar, Aysha (2013). "The Need to Include Animal Protection in Public Health Policies," Journal of Public Health Policy 34(4): 549-559.
58	Yang, Seongwoo and Sung-Il Cho (2017). "Middle East Respiratory Syndrome Risk Perception Among Students at a University in South Korea, 2015," American Journal of Infection Control 45(6): e53-e60.
59	Youde, Jeremy (2015). "MERS and Global Health Governance," International Journal 70(1): 119-136.
60	Cui, Dan et al. (2017). "Use of and Microbial Resistance to Antibiotics in China: A Path to Reducing Antimicrobial Resistance," Journal of International Medical Research 45(6): 1768-1778.
61	Neu, Harold C. (1992). "The Crisis in Antibiotic Resistance," Science 257(5073): 1064-1073.
62	Blouin, Chantal and Laurette Dube (2010). "Global Health Diplomacy for Obesity Prevention: Lessons from Tobacco Control," Journal of Public Health Policy 31(2): 244-255.
63	Christiani, Yodi et al. (2016). "Inadequate Collaboration: A Challenge to Reaching Global Targets for Non-Communicable Disease Control and Prevention," Journal of Public Health Policy 37(1): 114-117.
64	Mariner, Wendy K. (2016). "Beyond Lifestyle: Governing the Social Determinants of Health," American Journal of Law and Medicine 42: 284-309.

Additional Readings

	Title
1	Nil