



GLOBAL HEALTH EDUCATION COMPETENCIES TOOL-KIT

SECOND EDITION

Consortium of
Universities
for Global Health



Editors

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Global Health Education Competencies Tool-Kit (2nd edition)

Overview

The Consortium of Universities for Global Health (CUGH) is a membership organization for institutions involved in higher education and global health – including education, research and practice. The CUGH Competency Sub-committee of the Education Committee has been instrumental in defining competencies for global health education and professional development, as well as exploring ongoing conversations and controversies around global health competencies and careers. In 2015, the Competency Sub-Committee and collaborators published a **seminal article in the Annals of Global Health**¹ defining levels of proficiency, as well as desirable competencies for **two levels** – the **global citizen level** and the **basic operational program oriented level**. What followed was the publication in 2017 of the **first edition** of the *Competencies Tool Kit*.

In the **second edition of the CUGH Global Health Education Competencies Tool Kit**, it has been revised and updated following a similar format from the first edition including: the competency, teaching strategies, and accompanying resources (websites, articles, reports, books, and study questions) that provides curricular content to support the

competencies for those proficiency / trainee levels. What is **NEW** in this current 2nd edition is the addition of **annotated bibliographies (for many of the competencies)**, which provides a further explanation of the focus of a particular resource, all competencies **peer-reviewed** and **placed in a “user-friendly” platform**. We are hopeful that with this additional information, as users - you will be better able to access resources for your teaching, research and practice.

Again, it is important to note that its contributors acknowledge that it continues to be a **“work in progress”** much like a **“living document”** as a **“starting point”**, rather than a definitive, comprehensive resource. This CUGH Competency Sub-committee will continue to work on validating the list of these competencies, while further development and exploration will occur at the other levels stated in the 2017 article and within other disciplines.

If you have any questions or comments please direct them to the CUGH Competency Sub-Committee Co-Chair, at Barbara.Astle@twu.ca

¹ Jogerst, K., Callender, B., Adams, V.,Wilson, L.L. (2015). Identifying interprofessional global health competencies for 21st-century health professionals. *Annals of Global Health*, 81(2), 239-47.

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In this second edition of the *CUGH Global Health Competencies Toolkit* we would like to acknowledge that this toolkit is the combined expertise of members of the Competency Sub-Committee and Contributing Scholars in global health who are committed to excellence in global health education. We thank our colleagues from the 1st edition to this 2nd edition, who gave of their time to ensure that the most meaningful information was included to assist our colleagues who teach, research, and practice in the field of Global Health.

The task of the initial creation and updating the tool-kit is an huge undertaking that could only be achieved through the dedication and commitment of both former and current CUGH Competency Sub-Committee members, contributing scholars, peer reviewers, graduate students, the editorial team, and support from the CUGH Secretariat.

We are very excited about this 2nd edition as it has many updates that will be invaluable for our work with our students and colleagues engaged in Global Health.

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Domains

Global Burden of Disease

Globalization of Health and Healthcare

Social and Environmental Determinants of Health

Capacity Strengthening

Collaboration, Partnering and Communication

Ethics

Professional Practice

Health Equity and Social Justice

Program Management

Sociocultural and Political Awareness

Strategic Analysis

DOMAIN 1

Global Burden of Disease

Encompasses basic understandings of major causes of morbidity and mortality and their variations between high-, middle- and low-income regions, and with major public health efforts to reduce health disparities globally.

Global Citizen Level and Basic Operational Program-Oriented Level

Competencies

1a Describe the major causes of morbidity and mortality around the world, and how the risk of disease varies with regions

1b Describe major public health efforts to reduce disparities in global health (such as Sustainable Development Goals (SDGs) and Global Fund to Fight AIDS, TB, and Malaria)

1c Validate the health status of populations using available data (e.g., public health surveillance data, vital statistics, registries, surveys, electronic health records and health plan claims data)

1 Global Burden of Disease

Competency 1a

Describe the major causes of morbidity and mortality around the world, and how the risk of disease varies with regions.

2nd Edition: Ayla Landry (ayla.landry@porchesforprogress.org)

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Teaching Strategies

Share basic background of this topic through articles, videos, and/or interactive lecture in order to define key terms, morbidity and mortality measurements and factors that contribute/cause morbidity and mortality around the world. The factors that cause morbidity and mortality are more fully reviewed in later competencies (3b,3c, 7b, 8a, 8c 11a). Interactive possibilities for a flipped classroom or team-based learning setting include having students hypothesize their own hypothetical measure for the burden of disease before being introduced to those currently in practice. With a general understanding of morbidity and mortality, students can then explore and discover the extent of which the risk of disease varies regionally through online resources and in-class/out-of-class assignments. You could also create a quiz on key terms and/or measures. Some ideas for learning activities include student presentations or papers analyzing morbidity and mortality of a particular region with the world or other regions.

Key Terms

Morbidity • Mortality • Multiple Determinants of Health • Disability Adjusted Life Years (DALYs) • Quality Adjusted Life Years (QALYs) • QALYs vs DALYs – when to use what? • Incidence • Prevalence

Resources

Websites

Articles &
Reports

Competency 1b

Describe major public health efforts to reduce disparities in global health (such as Sustainable Development Goals (SDGs) and Global Fund to Fight AIDS, TB, and Malaria).

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Teaching Strategies

Educators may consider starting with the current picture of global health funding and intervention (SDGs, etc.) or take a historical perspective (colonial medicine, etc.) and use past example of changing priority to allow students to think critically about current global health efforts. Educators may also consider including some local efforts to reduce health disparity in their own communities. If teaching Competency 1A prior to 1B, consider bridging the two competencies by discussing the concept of needs assessment and how prioritization may change the way global efforts are mediated.

For educators in the health professions, it should be noted that MedEd Portal has a number of lectures/exercises pertaining to this competency that are freely available for download and adaptation too.

Resources

Websites

Articles &
Reports

Books

Study
Questions

Competency 1c

Validate the health status of populations using available data (e.g., public health surveillance data, vital statistics, registries, surveys, electronic health records and health plan claims data).

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Teaching Strategies

Validating the health status of populations has taken a historical leap in the last several years due to more accurate data gathering at macro and micro levels and with the publications of the widely disseminated Global Burden of Disease Studies.

Initial background on this topic will require a combination of landmark articles, a textbook assigned as required reading, with supplemental assignments of videos, blogs, and exploration of websites, lecture or flipped classrooms with voice over power points. It will also include individual and team- based learning to encourage active learning and better retention.

Resources



Websites Competency 1a

Gap Minder. (n.d.). Retrieved from <https://www.gapminder.org/tools/>

This interactive resource allows users to change the axis of a graph, map or table in order to customize how you compare and contrast health indicator measures, populations, and countries.

Global Health Learning. (2011). Mortality Surveillance Methods Strategies. Retrieved from <https://www.globalhealthlearning.org/course/mortality-surveillance-methods-strategies>

This course will provide participants with a basic understanding of the importance and usefulness of mortality data and introduce a range of approaches to collecting such data. The advantages and limitations of the various methods will also be discussed.” You must set-up a free account in order to access/register for the course.

Institute for Health Metrics and Evaluation. (2016). Data visualizations. Retrieved from <http://www.healthdata.org/results/data-visualizations>

Morbidity and mortality data is depicted in several different visuals that enable information to be understood without looking at the raw numbers/graphs/statistics.

Johns Hopkins Bloomberg School of Public Health OpenCourseWare, && Mosley, H. (2006). Mortality and morbidity: Determinants and measurements.[PDF document]. Retrieved from <http://ocw.jhsph.edu/courses/PopulationChange/PDFs/Lecture6.pdf>

These open access lecture slides describe the sources of data and the common measurements for morbidity and mortality.

Massachusetts Institute of Technology OpenCourseWare, & Jones, D. (2010).The burden of disease..[PDF document]Retrieved from https://ocw.mit.edu/courses/health-sciences-and-technology/hst-934j-introduction-to-global-medicine-bioscience-technologies-disparities-strategies-spring-2010/readings-and-lectures/MITHST_934JS10_02_4_Burden.pdf

These lecture slides describe health indicator data including morbidity and mortality measures, visualizations of health disparities and discusses contributing factors.

World Health Organization. (n.d.). Global burden of disease. Retrieved from http://www.who.int/topics/global_burden_of_disease/en/

This website gives a basic definition and overview of the current global burden of disease with links to more in-depth resources.

World Health Organization (n.d.). Global Health Observatory Data. NCDs mortality and morbidity. Retrieved from http://www.who.int/gho/ncd/mortality_morbidity/en/

This website gives a basic overview of current global morbidity and mortality caused by noncommunicable disease with links to more in-depth resources.

World Health Organization. (n.d.). Mortality. Retrieved from <http://www.who.int/topics/mortality/en/>

This website gives a basic definition and overview of current global causes of death with links to more in-depth resources.

Articles and Reports Competency 1a

Murray, C. J. L., Phil, D., & Lopez, A. D. (2013). Measuring the global burden of disease. *New England Journal of Medicine*, 369(5), 448-457. Retrieved from http://www.ph.ucla.edu/epi/faculty/detels/PH150/GlobBurdDis_NEJM_2013.pdf

This article reviews the measurement, key findings from the 2010 global burden of disease study and describes changes in global morbidity and mortality since 1990. In addition, the article discusses application and use for the data including benchmarking for future

The Lancet. (n.d.). Global burden of disease. Retrieved from <http://www.thelancet.com/gbd>

This website holds a number of articles and visualizations that have emerged from the Global Burden of Disease Study which reviews and analyzes major causes of morbidity and mortality from 1990-2016. Various articles are available looking at the data by regions, demographic factors, and causes.

World Health Organization. (2011). Burden: mortality, morbidity and risk factors. In *Global status report on noncommunicable disease* (pp.9-31). Retrieved from http://www.who.int/nmh/publications/ncd_report2010/en/

The first chapter of this report describes the burden of disease and trends of noncommunicable diseases and the risk factors. It also provides estimates on the number, rates and causes of global deaths from NCDs and the prevalence of the most important related risk factors.

Neumann, P.J., Anderson, J.E., Panzer, A.D., Pope, E.F., D'Cruz, B.N., Kim, D.D., & Cohen, J.T. (2018). Comparing the cost-per-QALYs gained and cost-per-DALYs averted literatures. *Gates Open Research*, 3, 5. <http://doi.org/10.12688/gatesopenres.12786.1>

This article discusses about the QALY and DALY where the authors conclude the number of cost-per QALY and cost-per-DALY analyses has grown rapidly with applications to diverse interventions and diseases. Discrepancies between the number of published studies and disease burden suggest funding opportunities for future cost-effectiveness research.

Augustovski, F., Colantoni, L.D., Galante, J., Bardach, A., Caporale, J.E., Zarate, V...Kind, P. (2018). Measuring the Benefits of Healthcare: DALYS and QALYs – Does the Choice of Measure Matter? A Case Study of Two Preventive Interventions. *International Journal of Health Policy and Management*, 7(2), 120-136. <http://doi.org/10.15171/ijhhpm.2017.47>

This article discusses the measurement of health benefits as a key issue in health economic evaluations. There is scarce empirical literature exploring the differences of using quality-adjusted life years (QALYs) or disability-adjusted life years (DALYs) as benefit metrics and their potential impact in decision-making

Websites Competency 1b

Bill & Melinda Gates Foundation. (n.d). Retrieved from <http://www.gatesfoundation.org>

This website describes the many philanthropic initiatives that this foundation has been supporting for the past ten years. In the United States, this foundation spends a significant amount of money on education so that those with fewer resources can access opportunities to succeed in school and life. In addition, they support financially many projects in other developing countries that focus on improving people's health and wellbeing.

Centers for Disease Control and Prevention (CDC). (2008). Promoting health equity: A resource to help communities address social determinants of health. Retrieved from <http://www.cdc.gov/nccdphp/dch/programs/healthycommunitiesprogram/tools/pdf/SDOH-workbook.pdf>

This workbook is for a wide range of users, such as public health practitioners and partners who acknowledge the importance for addressing the social determinants of health to promote health and health equity in their communities. The information contained in the workbook provides the user with tools and information to develop, implement, and evaluate various interventions that address the social determinants of health equity.

Kaiser Family Foundation. (n.d). Retrieved from <http://kff.org/>

This website describes its purpose in leading in health policy analysis and health journalism to providing information on national health issues in the United States.

National Partnership for Action to End Health Disparities. (2016). [PDF document]. Toolkit for community action. Retrieved from http://minorityhealth.hhs.gov/npa/files/Plans/Toolkit/NPA_Toolkit.pdf

This organization was developed to connect and mobilize individuals and organizations across the United States to create a place where all persons have an opportunity to reach their full potential. They have developed a toolkit to assist individuals, organizations, and policy makers to: raise awareness about health disparities; engage others in conversations about problems and solutions; and lastly, take action.

PolicyLink. (2013). Community engagement guide for sustainable communities. Retrieved from <http://www.policylink.org/find-resources/library/community-engagement-guide-for-sustainable-communities>

This document describes the “Sustainable Communities Initiative” are finding new problem-solving methods, communities are catalyzing new networks of relationships, and creating inclusive decision-making table to develop an authentic vision for an prosperous and equitable future.

Public Health Agency of Canada (PHAC). (2016). Social determinants of health. Retrieved from <http://cbpp-pcpe.phac-aspc.gc.ca/public-health-topics/social-determinants-of-health/>

This website provides various resources that Canadians and the Global Community can use to address the social determinants of health. They provide a “pull-down” screen with the following areas that can provide valuable information about SDOH: data, government strategies (frameworks, actions plans, etc.), guidance, and systematic reviews of research.

Sustainable Development Knowledge Platform (United Nations [UN]). (n.d). Retrieved from <https://sustainabledevelopment.un.org/>

This website displays a variety of “knowledge platforms” that are currently being used to explore the Sustainable Development Goals (SDGs). This will be a very useful website to use in teaching a variety of topics related to the SDGs.

Sustainable Development Solutions Network: A Global Initiative for the United Nations (UN). (n.d). Retrieved from <http://unsdsn.org/>

The UN Sustainable Development Solutions Network (SDSN) began operating in 2012 under the backing of the UN Secretary-General. The SDSN works closely with the UN, private sector, multilateral financing institutions and civil society. This website describes the various initiatives that SDSN is involved in mobilizing knowledge around SDGs. SDSN has a small secretariat with offices in Paris, New Delhi, and New York.

The Global Fund. (n.d). Retrieved from <http://www.theglobalfund.org/en/>

This website describes the purpose of the work the “Global Fund” which is a 21st century partnership organization created to move forward the end of tuberculosis, AIDS and malaria as epidemics. The Global Fund was founded in 2002, and is a partnership with civil society, governments, the private sector, and persons affected by diseases. It describes the Global Fund supports programs operated by local experts in communities and countries most in need.

United Nations. (2015).[PDF document]. Retrieved from [http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG_2015_rev_\(July_1\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG_2015_rev_(July_1).pdf)

The millennium development goals report 2015. This report described the achievements of the MDGs since their introduction in 2000 for the past fifteen years. This report outlines the

achievements in meeting various goals, as well as some of the uneven achievements and shortfall.

UNFPA, United Nations Population Fund.(n.d.)Retrieved from <https://www.unfpa.org/about-us>

This website describes the work UNFPA conducts in more than 150 countries and territories with its primary mission to ensure the every pregnancy is wanted, childbirth is safe, and every young person has the opportunity to reach their potential.

United Nations. (n.d.). Sustainable Development Goals. Retrieved from <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

UNICEF, Children’s Rights & Emergency Relief Organization. (n.d). Retrieved from www.unicef.org

This website describes the work UNICEF does with children in 190 countries and territories. The purpose is to save children’s lives, defend their rights, and assist them with reaching their potential.

USAID from the American People. Global Health Fellows (GHFP) II. (n.d). Retrieved from <https://www.ghfp.net/about/about-the-program>

Global health fellows program II. The GHFP II is the US Agency for International Development (USAID) Global Health (GH) premier fellowship program that supports and identifies technically, diverse professionals at all levels to work at achieving the Agency’s health priorities. This website describe how this program engages academia to strengthen non-technical competencies that are essential for job and career opportunities in Global health.

USAID, U.S. Agency for International Development. (n.d.). . Retrieved from <https://www.usaid.gov/>

This website describes the purpose of USAID in assuming leadership in international development and humanitarian efforts in poverty reduction, strengthening democratic governance, saving lives, and assisting people to progress beyond assistance.

W. Montague Cobb/National Medical Association (NMA) Health Institute Cobb Institute. (n.d). Retrieved from <http://www.thecobbinsstitute.org/index>

The purpose of this institute is to develop, evaluate, and implements strategies to promote wellness, and eliminate racism and health disparities in medicine.

World Health Organization (WHO). (2015). [PDF document] Retrieved from http://www.who.int/about/finances-accountability/funding/financing-dialogue/MDGstoSDGs_Summary.pdf

From MDGs to SDGs: A new era for global public health 2016 – 2030. This website provides an excellent overview of the progress and lessons learned with MDGs to the move to SDGs and health. The tables in this document would be very useful for students to review.

World Health Organization (WHO). (n.d). Retrieved from <http://www.who.int/en/>

This is the main website for the World Health Organization (WHO) which describes its primary goal of building a better and healthier future for people on a global scale. WHO has offices in more than 150 countries – so its impact is far-reaching. This website describes valuable resource for students and teachers wanting current information about a myriad of health-related issues.

Articles and Reports Competency 1b

Clinton, C., & Sridhar, D. (2017). Who pays for cooperation in global health? A comparative analysis of WHO, the World Bank, the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, and Gavi, the Vaccine Alliance. *The Lancet Updates - Health Policy*, 390(10091), 324-332. Retrieved from: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)32402-3/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)32402-3/fulltext)

In this report the authors assess who pays for cooperation in global health through an analysis of the financial flows of WHO, the World Bank, the Global Fund to fight HIV/AIDS, TB and Malaria, and Gavi, the Vaccine Alliance.

Ezzati, M., Friedman, A. B., Kulkarni, S. C., & Murray, C. J. L. (2008). The reversal of fortunes: Trends in county mortality and cross-county mortality disparities in the United States. *PLoS Medicine*, 5(4), 0557–0568. Retrieved from <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0050066>

This study describes the trends in cross-county mortality disparities, county mortality, including contributions of specific diseases to county level mortality trends. The findings revealed that there was a steady increase in mortality inequality across the US counties between 1983-1999.

Hill, P. S., Buse, K., Brolan, C. E., & Ooms, G. (2014). How can health remain central post-2015 in a sustainable development paradigm? *Globalization and Health*, 10(18), 1–5. Retrieved from <http://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-10-18>

This paper describes the shift from the MDGs to the introduction of the SDGs. They argue current context and new agenda for promotion of the SDGs differs from the implementation of the MDGs. As a result, the authors describe four strategic shifts that are required to ensure that the SDGs are implemented in the future.

Jamison, D. T., Summers, L. H., Alleyne, G., Arrow, K. J., Berkley, S., Binagwaho, A., Yamey, G. (2013). Global health 2035: A world converging within a generation. *The Lancet*, 382(9908), 1898-1955. Retrieved from: [http://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/Global health 2035-a world converging within a generation.pdf](http://www.afdb.org/fileadmin/uploads/afdb/Documents/Publications/Global_health_2035-a_world_converging_within_a_generation.pdf)

This report describes the development of a new investment framework to achieve dramatic health gains by 2035. The authors describe four messages accompanied by opportunities for

action by the international community, and national governments of low-income and middle-income countries.

Marmot, M., Friel, S., Bell, R., Houweling, T. A. J., & Taylor, S. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *The Lancet*, 372(9650), 1661–9. Retrieved from https://www.researchgate.net/publication/23460262_Closing_the_Gap_in_a_Generation_Health_Equity_Through_Action_on_the_Social_Determinants_of_Health

This seminal article summarizes the key findings and recommendations from the Commission on Social Determinants of Health (SDOH).

Satcher, D. (2000). Eliminating global health disparities. *JAMA*, 284(22), 2864. Retrieved from <http://jama.jamanetwork.com/article.aspx?articleid=193359>

This seminal preview by Satcher (the Assistant Secretary for Health and Surgeon General of the US, at the time) describes the important role that is required and essential in eliminating global health disparities through addressing: disease distribution, inequalities in health status, and accessibility to services.

United Nations. (nd.) Transforming Our World: The 2030 Agenda for Sustainable Development. <https://sustainabledevelopment.un.org/post2015/transformingourworld/publication>

This website directs you to a PDF document of the document describing the agenda for an action plan for the planet, people, and prosperity. This “new” agenda includes the 17 Sustainable Development Goals (SDGs) and 169 targets that build on the Millennium Development Goals.

Waage, J., Banerji, R., Campbell, O., Chirwa, E., Collender, G., Dieltiens, V., Unterhalter, E. (2010). The millennium development goals: A cross-sectional analysis for goal setting after 2015. *The Lancet*, 376(9745), 991–1023.. Retrieved from [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(10\)61196-8.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(10)61196-8.pdf)

This article emphasizes that in analyzing the report it is not an assessment of the MDGs, but focuses primarily on the challenges with the implementation of the MDGs, that may be useful for informing future goal setting.

Books Competency 1b

Seear, M., & Ezezika, O. (2017). *An introduction to Global Health*. Toronto, ON: Canadian Scholars.

Skolnik, R. (2016). *Global Health 101* (3rd ed). Burlington, MA: Jones & Bartlett Learning.

Study Questions for Global Citizen Basic Operational Level

1. What life expectancy and child mortality measures tell about health and development?
2. Explain why the notions of developing and developed country are outdated.
3. What is the Global Burden of Disease?
4. What are the UN Sustainable Development Goals (SDGs)?
5. Why are the Sustainable Development Goals (SDGs) important to global health?
6. What does it mean to be a global citizen?

Websites Competency 1c

Centers for Disease Control and Prevention (CDC). (2015). Community health status indicators. Retrieved from <http://www.countryhealthrankingsorg/peer>

CDC. (2016). Health, United States, 2015. Retrieved from <https://www.cdc.gov/nchs/hus/>
Institute for Health Metrics and Evaluation. (2016). GBD compare: Viz hub. Retrieved from <https://vizhub.healthdata.org/gbd-compare/>

Institute for Health Metrics and Evaluation. (n.d.). Retrieved from <http://www.healthdata.org/>

National Sample Survey Office (NSSO) (n.d.). Ministry of Statistics and Programme Implementation Government of India. Retrieved from <http://www.mospi.gov.in/national-sample-survey-office-nssso>

Organisation for Economic Cooperation and Development (OECD) I Library. (n.d.). Retrieved from <http://www.oecd-ilibrary.org/>

Partners in Information Access for the Public Health Workforce. (2017). Health data tools and statistics. Retrieved from https://phpartners.org/health_stats.html

The Kaiser Family Foundation. (n.d.). Retrieved from <http://kff.org/>

The Lancet. (2010). Global burden of disease study 2010. Retrieved from <http://thelancet.com/gbd/2010>

The World Bank. (n.d.). Health. Retrieved from <http://data.worldbank.org/topic/health>

U.S. National Library of Medicine. (2017). Health services research information central (HSRIC): Health informatics. Retrieved from <https://www.nlm.nih.gov/hsrinfo/informatics.html>

World Health Organization (WHO). (2013). Civil registration and vital statistics 2013: Challenges, best practice and design principles for modern systems.[PDF document]. Retrieved from http://www.who.int/healthinfo/civil_registration/crvs_report_2013.pdf

World Health Organization (WHO). (n.d.). The data repository. Retrieved from <http://www.who.int/gho/database/en/>

World Health Organization. (n.d.). WHO statistical information system (WHOSIS). Retrieved from: <http://www.int/whosis/en/>

Articles and Reports Competency 1c

Murray, C. J., Vos, T., Lozano, R., Naghavi, M., Flaxman, A. D., Michaud, C., Memish, Z. A. (2012). Disability-adjusted life years (DALYs) for 291 diseases and injuries in 21 regions, 1990-2010: A systematic analysis for the global burden of disease study 2010. *The Lancet*, 380(9859), 2197–2223. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(12\)61689-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(12)61689-4/abstract).

Disease Control Priorities 3rd Edition. 2018. Retrieved from: <http://dcp-3.org/disease-control-priorities-third-edition>.

United Nations, Department of Economic and Social Affairs. (2014). Population and vital statistics report (Vol. LXVI, pp 1– 22). Retrieved from http://unstats.un.org/unsd/demographic/products/vitstats/sets/Series_A_2017.pdf

Books Competency 1c

Skolnik, R. (2016). *Global health 101* (3rd Ed.). Burlington, MA: Jones and Bartlett Learning.

Videos Competency 1c

U.S National Library of Medicine. (2015). Community health status indicators (CHIS 2015) web application briefing [Webinar]. Retrieved from https://www.nlm.nih.gov/nichsr/CHSI_Webinar/Community_Health_Status_Indicators_2015.html

PowerPoint Presentations Competency 1c

Woods, C. W. (2012). Estimating global burden of disease [PowerPoint slides]. Duke Global Health Institute. Retrieved from <http://globalhealthchallenges2012.files.wordpress>

Study Questions for Global Citizen Basic Operational Level

1. Identify the most important global/public health indicators in use today to validate the health status of populations
2. Define and discuss the key health status indicators being used currently in Low and Middle Income Countries (LMICs) and their drawbacks. How reliable are these indicators?
3. Discuss the historical significance and impact of the Global Burden of Disease Study
4. Identify the composite metrics used to measure burden of disease locally and globally. Select and apply the metric to compare and contrast a chronic condition such as diabetes or obesity or an infectious disease such as HIV-AIDs or Malaria.
5. Discuss the strengths and limitations of data sources such as patient-reported data; clinician-reported data; medical chart abstraction data; Electronic health records data and existing registries such as Health Plan and Health Care data

DOMAIN 2

Globalization of Health and Health Care

Focuses on understanding how globalization affects health, health systems, and the delivery of health care.

Global Citizen Level and Basic Operational Program-Oriented Level

Competencies

2a Describe different national models or health systems for provision of healthcare and their respective effects on health and healthcare expenditure.

2b Describe how global trends in healthcare practice, commerce and culture, multinational agreements and multinational organizations contribute to the quality and availability of health and healthcare locally and internationally.

2c Describe how travel and trade contribution to the spread of communicable and chronic diseases.

2d Describe general trends and influences in the global availability and movement of health care workers.

2 Globalization of Health and Health Care

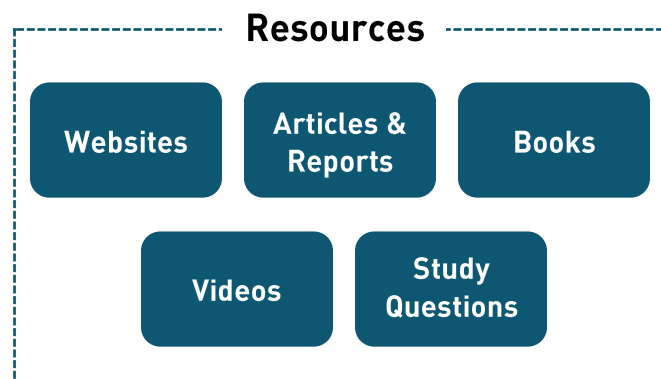
Competency 2a

Describe different national models or health systems for provision of healthcare and their respective effects on health and healthcare expenditure.

2nd Edition: LaHoma Smith Romocki (lromocki@nccu.edu)
1st Edition: Lynda Wilson (lyndawilson@uab.edu)

Teaching Strategies

Initial background on this topic will likely require a combination of landmark articles or a textbook assigned as required reading, with supplemental assignments of videos, blogs, exploring websites, lecture, or in-class activities to contrast various national health system models. Interactive possibilities for simulation, “flipped classroom,” or team-based learning activities include having students prepare presentations illustrating benefits and disadvantages of various health system models in different countries. If possible, clinical experiences can be arranged to observe different health system models.



Competency 2b

Describe how global trends in healthcare practice, commerce and culture, multinational agreements and multinational organizations contribute to the quality and availability of health and healthcare locally and internationally.

1st & 2nd Editions: LaHoma Smith Romocki (lromocki@nccu.edu) and Mary T. White (mary.t.white@wright.edu))

Teaching Strategies

Educators will work with learners to define health systems, how they are organized and highlight differences in functioning and provision of services at the country level. Attention should also be directed to the differences in the availability and standards of care that may contribute to differences in health outcomes. More importantly, learners can be introduced to the role of technology and its application in resource limited environments.

Consideration of various financing options, public and private partnerships, government and corporate investments in health care, and how care is allocated based on financial decisions can also be an important topic for discussion. Case studies and TED talks on these topics are widely available and should be used to provide concrete examples of these issues. Assigning topics for extensive discussion include using the debate format to discuss the pros and cons of governmental relationships with multinational, large conglomerate, big business and pharmaceutical companies and how these can represent competing and sometimes conflicting interests to residents of a particular country.

Globalization, commerce and an increase in trade agreements may lead to unintended public health consequences with unequitable distribution of resources and outcomes between countries. Learners should also begin to examine details of the implementation of the new 2030 Sustainable Development Goals and the implications for the growing needs of the 21st health workforce and health services delivery.

Resources



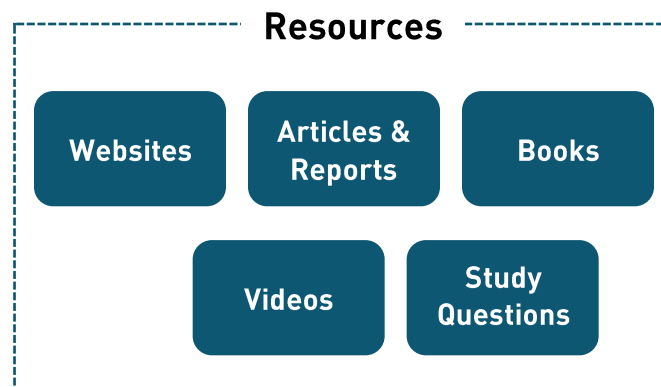
Competency 2c

Describe how travel and trade contribution to the spread of communicable and chronic diseases
(Global Citizen & Basic Operations Levels)

1st & 2nd Editions: Barbara Astle (barbara.astle@twu.ca),
Madhavi Dandu (Madhavi.dandu@ucsf.edu),
Theresa Townley (tatownley@creighton.edu)

Teaching Strategies

Initial background on this topic will likely require a combination of seminal or landmark articles or a specific textbook as required reading, with supplemental materials of videos, blogs, exploring websites, on-line/in-class lectures or activities to illustrate the issues in of how “historically globalization, travel and trade contribute to the spread of communicable and noncommunicable diseases”. Interactive possibilities for simulations, interactive modules, for example, practice mapping communicable diseases (Zika virus, H1N1, SARS etc). In addition, have students’ debate strategies addressing border policies and enforcement for quarantine during an “outbreak”; and addressing widespread fear. Other teaching strategies could include writing an overview paper exploring challenges including historical/geo-political/cultural contexts of the spread of these diseases; small working groups to develop ‘action plans’ to address a particular outbreak.



Competency 2d

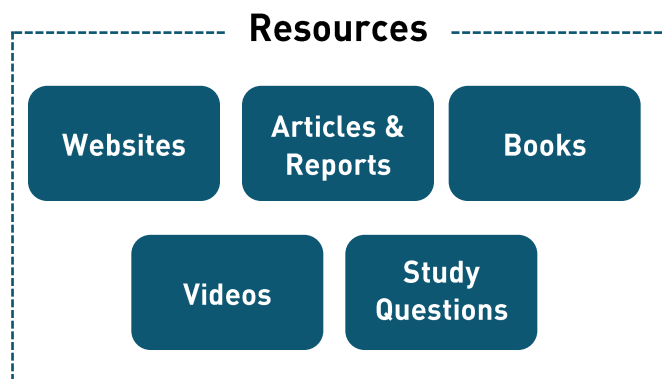
Describe general trends and influences in the global availability and movement of health care workers
(Basic Operational Program-Oriented)

1st & 2nd Editions: Barbara Astle (barbara.astle@twu.ca)
Madhavi Dandu (Madhavi.dandu@ucsf.edu) and
Theresa Townley (tatownley@creighton.edu)

Teaching Strategies

Initial background on this topic will likely require a combination of seminal or landmark articles or a specific chapters in textbook(s) as required reading, with supplemental materials of videos, blogs, exploring websites, on-line/in-class lectures or activities on definitions of the global health workforce, global health workforce shortage, and ideas around task-shifting and task-sharing. Interactive possibilities, such as flipped classroom, or team-based learning activities such as having students debate strategies to develop actions plans to encourage the development of a Global health Workforce, including an understanding of the inherent cost, and the need to create an educational system which is relevant to the career requirement for each country. In a larger group referring to the gap minder website, discuss and explore who provides health care.

Other teaching strategies could include writing an overview paper exploring challenges of having a shortage of qualified professional health care workers, i.e., rural locations; outpost settings; the stress placed on healthcare providers when, for example, a HIV epidemic may cause the death of many of the health care providers, or following a natural disaster, such as after the earthquake in Haiti – the need for rehabilitation trained professionals.



Websites Competency 2a

- Common Wealth. (2017). Interactive maps and data. Retrieved from <http://www.commonwealthfund.org/interactives-and-data/maps-and-data>
- Health Finance & Governance (HFG). (2015). Health systems strengthening indicators. Retrieved from <https://www.hfgproject.org/resources/tools/health-systems-strengthening-indicators/>
- Health Finance & Governance(HFG) (n.d.). Publications. Retrieved from <https://www.hfgproject.org/resources/publications/>
- Health Systems 20/20. (2012). Health systems strengthening-PRO virtual learning course. Retrieved from <https://www.hfgproject.org/wp-content/uploads/2015/02/Health-Systems-Strengthening-PRO-Virtual-Learning-Course-Brief.pdf>
- HRH Global Resource Center. (n.d.). Health Systems in transition country profiles. Retrieved from <http://www.hrhresourcecenter.org/node/1572>
- International Training & Education Center for Health. (n.d.). Retrieved from <http://www.go2itech.org/>
- Management Sciences for Health. (n.d.). Retrieved from <http://www.msh.org/>
- Management Sciences for Health. (n.d.). Universal health coverage. Retrieved from <http://www.msh.org/our-work/initiative/universal-health-coverage>
- World Health Organization (WHO). (2015). Universal health coverage. Retrieved from http://www.who.int/universal_health_coverage/en/
- WHO. (n.d.). Global health observatory (GHO) data. Retrieved from http://www.who.int/gho/health_systems/en/
- WHO. (n.d.). Health systems. Retrieved from http://www.who.int/topics/health_systems/en/

Articles and Reports Competency 2a

- Backman, G., Hunt, P., Khosla, R., Jaramillo-Strouss, C., Fikre, B. M., Rumble, C.,... Viadescu, C. (2008). Health systems and the right to health: An assessment of 194 countries. *The Lancet*, 372(9655), 2047–2085. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/19097280>
- Berman, P., & Bitran, R. (2011, May). Health systems analysis for better health system strengthening (Discussion Paper). Retrieved from World Bank website: <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/HealthSystemsAnalysisForBetterHealthSysStrengthening.pdf>

- Brolan, C. E., & Hill, P. S. (2016). Universal health coverage's evolving location in the post-2015 development agenda: Key informant perspectives within multilateral and related agencies during the first phase of post-2015 negotiations. *Health Policy and Planning*, 31(4), 514–526. Retrieved from <http://heapol.oxfordjournals.org/lookup/doi/10.1093/heapol/czv101>
- Bump, J., Cashin, C., Chalkidou, K., Evans, D., González-Pier, E., Guo, Y.,... Yamey, G. (2016). Implementing pro-poor universal health coverage. *The Lancet Global Health*, 4(1), 14–16. Retrieved from [http://thelancet.com/journals/langlo/article/PIIS2214-109X\(15\)00274-0/fulltext](http://thelancet.com/journals/langlo/article/PIIS2214-109X(15)00274-0/fulltext)
- Dimovska, D., Sealy, S., Bergkvist, S., & Pernefeldt, H. (2009). Innovative Pro-Poor Healthcare Financing and Delivery Models [Landscaping from the Rockefeller Foundation-Sponsored Initiative on the Role of the Private Sector in Health Systems in Developing Countries. Retrieved from <https://healthmarketinnovations.org/sites/default/files/Innovative%20Pro-Poor%20Healthcare%20Financing%20and%20Delivery%20Models.pdf>
- Frenk, J., & Moon, S. (2013). Governance challenges in global health. *New England Journal of Medicine*, 368(10), 936–942. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMr1109339>
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- Kulesher, R., & Forrestal, E. (2014). International models of health systems financing. *Journal of Hospital Administration*, 3(4). 127-139. Retrieved from <https://pdfs.semanticscholar.org/e7dc/e866df6e9af08d8bca79d55d2d3c6c8abd0c.pdf>
- Lu, C., Schneider, M. T., Gubbins, P., Leach-Kemon, K., Jamison, D., & Murray, C. J. L. (2010). Public financing of health in developing countries: A cross-national systematic Analysis. *The Lancet*, 375(9725), 137 –1387. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60233-4/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60233-4/abstract)
- Oderkirk, J., Ronchi, E., & Klazinga, N. (2013). International comparisons of health system performance among OECD countries: Opportunities and data privacy protection challenges. *Health Policy*, 112(1-2), 9-18. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23870099>
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- Rice, T., Rosenau, P., Unruh, L. Y., Barnes, A. J., Saltman, R. B., & van Ginneken, E. (2013). United States of America: Health system review. *Health Systems in Transition* 15(3), 1–43. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0019/215155/HiT-United-States-of-America.pdf

Squires, D. A. (2011). The U.S. health system in perspective: A comparison of twelve industrialized nations. *The Commonwealth Fund* 16, 1–12. Retrieved from <http://www.commonwealthfund.org/publications/issue-briefs/2011/jul/us-health-system-in-perspective>

Wallace, L. S. (2013). A view of health care around the world. *American Academy of Family Physicians*, 11(1), 84. Retrieved from <http://www.annfammed.org/content/11/1/84.1.full>

Books Competency 2a

Johnson, J. A., & Stoskopf, C. (2010). *Comparative health systems: Global perspective* (10thEd.). Burlington, MA: Jones & Bartlett Publishers.

Skolnik, R. (2016). *Global Health 101* (3rd ed.). Burlington, MA: Jones & Bartlett Learning. .

Videos Competency 2a

Fuchs, V. (2009, December 4). International health policy: Comparative health care systems. [Video file]. Retrieved from <https://www.youtube.com/watch?v=uLPSk6f7pQw>

World Health Organization & Alliance for Health Policy and Systems Research. (2010, May 14). Systems thinking for health systems strengthening [Video file]. Retrieved from <https://www.youtube.com/watch?v=iIs6zQXUpAU>

Study Questions for Global Citizen Basic Operational Level

1. Compare the health care systems of two countries with respect to a one of the following indicators: maternal morbidity and mortality; infant morbidity and mortality; immunization rates; access to long-term care; and indicators of quality of care for non-communicable diseases.
2. Describe the health care system and health care expenditures for a selected country that you including contributions from international aid organizations, programs or other non-governmental organizations (NGOs).
3. What are the key components of Universal Health Coverage (UHC), and what are the models of health care systems that can most effectively promote UHC
4. Discuss the key components of the following four models of health care: Beveridge model, the Bismarck model, the National Health Insurance or Tommy Douglas model, and the out-of-pocket model. Compare the strengths and limitations of each model as strategies to achieve UHC.

Websites Competency 2b

CUGH Global Health Training Modules <https://www.cugh.org/resources/educational-modules> specifically “Appropriate Technologies: Concepts, Criteria, Uses” “Health Economics,” “Human Resources for Health: A Worldwide Crisis,” “Introduction to Comparative Health Systems,” “TRIPS: Protecting Patents or Patients?,” “Globalization and its Impact on Health,” “Why is the Third World the Third World?”

Education of Health Professionals for a 21st Century: Lancet Commission. Retrieved from [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(10\)60450-3/abstract](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(10)60450-3/abstract)

Physicians for Human Rights. (2004). An action plan to prevent brain drain: Building equitable health systems in Africa. Retrieved from <http://physiciansforhumanrights.org/library/reports/action-plan-to-prevent-brain-drain-africa-2004.html>

This website describes PHR’s work in the critical role of forensic science, clinical medicine, and public health research in ensuring that human rights abuses are properly documented using the most rigorous scientific methodologies possible.

RBF Health. (n.d.). The Health Results Innovation Trust Fund. Retrieved from <http://rbfhealth.org/>

Also includes an interactive, exploration and strategy game for teaching the principles of Results Based Financing. Available on this same site at <https://elab.emerson.edu/unlockinghealth>

The Health Results Innovation Trust Fund (HRITF), a collaboration between the Governments of Norway and the United Kingdom through the Department for International Development (DFID), supports results-based financing (RBF) approaches in the health sector to improve maternal and child health around the world. MEASURE Evaluation Project: United States Agency for International Development.

(USAID). (2018, March). Retrieved from: <https://www.measureevaluation.org/our-work/health-information-systems>

This website provides information on health information systems (HIS) which are the backbone of national health systems and provide essential information to enable all decision makers—from policy makers to health providers—to make evidence-informed choices for budgeting on health, health workforce needs, and services for citizens.

The World Bank. (2018, March). Open Knowledge repository of health financing documents. Retrieved from <https://openknowledge.worldbank.org/handle/10986/7094?show=full>

The World Bank Group Open Knowledge Repository, or OKR, is an open source for book reports, financial and economic case studies and other development publications and research. Download more than 4000 research documents on Sub-Saharan Africa, including books and flagship reports on poverty, employment and economic growth. It’s a library for free

downloads. Can also find social media posts and discussions in the Metadata section, like blog mentions, Facebook posts and Tweets.

World Health Organization (WHO). (2011, April 7). Health system strengthening: Current Trends and challenges. Retrieved from http://apps.who.int/gb/ebwha/pdf_files/WHA64/A64_13-en.pdf

World Health Organization (WHO). (2016). Global health observatory data repository. Retrieved from <http://apps.who.int/gho/data/node.main.75?lang=en>

WHO. Health systems. 2018, March) Retrieved from http://www.who.int/topics/health_systems/en/

These three sources provide background information and regional guidelines for developing good health system which can deliver quality services to all people, when and where they need them. The exact configuration of services varies from country to country, but in all cases requires a robust financing mechanism; a well-trained and adequately paid workforce; reliable information on which to base decisions and policies; well-maintained facilities and logistics to deliver quality medicines and technologies.

Articles and Reports Competency 2b

Amadeo, K. (2018). Universal health care in different countries, pros and cons of each: Why America is the only rich country without universal health care. Hot Topics. Retrieved from <https://www.thebalance.com/universal-health-care-4156211>

Aquil, A., Silvestre, E., Hotchkiss, D., & Maniscalco, L. (2017) Health Systems Strengthening Monitoring, Evaluation, and Learning Guide. Retrieved from <https://www.measureevaluation.org/resources/publications/tr-17-167c>

This paper reports that as the number of health systems strengthening (HSS) projects funded by the United States Agency for International Development (USAID) increases, so, too, does the need to build the capacities of staff at the missions and at headquarters to plan, manage, and conduct monitoring and evaluation (M&E) of HSS projects This guide provides step-by-step instructions on planning, implementing, and evaluating an HSS project. Its overarching intent is to encourage the design and implementation of the project MEL component using existing resources such that the project's capacity to generate evidence around achievements, system-wide changes, and learning is enhanced. Summaries of each chapter follow.

Berwick, D., Snair, M., & Nishtar, S. (2018). Crossing the global health care quality chasm: A key component of Universal Health Coverage. *JAMA*, 320(13). 1317-1318. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/30177995>

Bloom, D.E., Khoury, A., & Subbaraman, R. (2018). The promise and peril of universal health care. *Science*. 361(6404). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/30139847>

Universal health care (UHC) is garnering growing support throughout the world, a reflection of social and economic progress and of the recognition that population health is both an indicator and an instrument of national development. Substantial human and financial resources will be

required to achieve UHC in any of the various ways it has been conceived and defined. Progress toward achieving UHC will be aided by new technologies, a willingness to shift medical tasks from highly trained to appropriately well-trained personnel, a judicious balance between the quantity and quality of health care services, and resource allocation decisions that acknowledge the important role of public health interventions and nonmedical influences on population health.

Cohen, I.G. (Ed). (2013). *The Globalization of health care: Legal and ethical issues.*New York: Oxford University Press.

This book offers a comprehensive legal and ethical analysis of the most interesting and broadest reaching developments in health care of the last twenty years: its globalization. It ties together the manifestation of this globalization in four related subject areas – medical tourism, medical migration (the physician “brain drain”), telemedicine, pharmaceutical research and development – and integrates them in a philosophical discussion of issues of justice and equity relating to the globalization of health care. Medical tourism and telemedicine are growing, multi-billion-dollar industries affecting large numbers of patients. This book describes how some of the leading thinkers in the field plot ways in which this globalization will develop.

An interesting and informative panel discussion on the book at the Harvard Law School is also available at https://www.youtube.com/watch?v=rzW0_hGnrHM

Cometto, G. (2016). *The WHO global strategy on human resources for health and the UN Commission on health employment and economic growth. 4th Global Symposium on Health Systems Research [Powerpoint slides]*
http://www.who.int/hrh/news/2016/GSHRH_Commission_Cometto_14Nov2016.pdf

Cometto, G. (2014, December 4). *Health workforce 2030 - Tackling health workforce challenges to universal health care coverage: Setting targets and measuring progress [PowerPoint slides]. Retrieved from*
http://healthworkforce.eu/wp-content/uploads/2015/09/4dec_slides_cometto.pdf

This powerpoint slide presentation outlines the health workforce challenges to universal health coverage using the benchmarks during the Millennium Development Goals era (2000-2015), the available health workforce for universal health coverage, describes a new discourse for the attainment of this goals focusing on the Sustainable Development Goals (2016-2030) and the health workforce implications; the requirements for tracking health workforce development at national level and the Global Strategy on Human Resources for Health.

Diana, M., Yeager, V., Hotchkiss,D. (2017) *Health systems strengthening: A compendium of indicators.* Retrieved from <https://www.measureevaluation.org/resources/publications/tr-17-167b>

This report is part of a package of health systems strengthening [HSS] resources, along with this compendium and one other document—provides advice and direction on how to set up monitoring, evaluation, and learning (MEL) processes. The compendium is organized in three sections. First, it provides introduction to indicators, grouping based on health system functions, selection considerations, and data sources. Second, an overview HSS indicators is provided. Lastly, tables of indicators based on core health system functions are presented.

Global Burden of Disease Health Financing Collaborator Network. (2017). Future and potential spending on health 2015–40: development assistance for health, and government, prepaid private, and out-of-pocket health spending in 184 countries *Lancet* 2017; 389: 2005–30 Published Online April 19, 2017 [http://dx.doi.org/10.1016/S0140-6736\(17\)30873-5](http://dx.doi.org/10.1016/S0140-6736(17)30873-5). This online publication has been corrected. The corrected version first appeared at thelancet.com on May 18, 2017

The amount of resources, particularly prepaid resources, available for health can affect access to health care and health outcomes. Although health spending tends to increase with economic development, tremendous variation exists among health financing systems. Estimates of future spending can be beneficial for policy makers and planners, and can identify financing gaps. In this study, we estimate future gross domestic product (GDP), all-sector government spending, and health spending disaggregated by source, and we compare expected future spending to potential future spending.

Global Health Workforce Alliance World Health Organization. (n.d.) A universal truth: No health without a workforce. Retrieved from: http://www.who.int/workforcealliance/knowledge/resources/hrhreport_summary_En_web.pdf?ua=1

This report is intended to inform proceedings at the Third Global Forum on Human Resources for Health and to inform a global audience and trigger momentum for action. The report presents a case that the health workforce is central to attaining, sustaining and accelerating progress on universal health coverage and suggests three guiding questions for decision-makers.

Gottret, Pablo; Schieber, George. 2006. Health financing revisited: a practitioner's guide (English). Washington, DC: World Bank. Retrieved from: <http://documents.worldbank.org/curated/en/874011468313782370/Health-financing-revisited-a-practitioners-guide>.

This overview of health financing tools, policies and trends--with a particular focus on challenges facing developing countries--provides the basis for effective policy-making. Analyzing the current global environment, the book discusses health financing goals in the context of both the underlying health, demographic, social, economic, political and demographic analytics as well as the institutional realities faced by developing countries, and assesses policy options in the context of global evidence, the international aid architecture, cross-sectoral interactions, and countries' macroeconomic frameworks and overall development plans.

Jasso-Aguilar, R., Waitzkin, H., Landwehr, A. (2004). Multinational corporations and health care in the United States and Latin America: Strategies, actions, and effects. *Journal of Health and Social Behavior*, 45(Suppl), 136-157.. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2965354/>

This article analyzes the corporate dominance of health care in the United States and the dynamics that have motivated the international expansion of multinational health care corporations, especially to Latin America.

Kissick, K. (2011). The “brain drain:” Migration of healthcare workers out of sub-Saharan Africa (Factsheet Final). Stanford University, School of Medicine, School Health Evaluation and Research. Retrieved from: <http://med.stanford.edu/schoolhealtheval/files/KissickBrainDrainFactSheetFinal.pdf>.

“Brain drain” refers to the departure of educated or professional people from one country, economic sector, or field to another, usually for better pay or living nWorldwide, WHO estimates there are around 60 million healthcare workers, and like any other group of professionals, they tend to migrate to areas where working conditions are best .This means that healthcare workers generally migrate from developing countries to more developed countries, leaving a scarcity of health workers where the need is greatest.

Missoni, E. (2013). Understanding the impact of global trade liberalization on health systems pursuing universal health coverage. *Value in Health*, 16(1), S14-S18. Retrieved from <https://www.sciencedirect.com/science/article/pii/S1098301512041538>

Riberio, H. (2015). Free-trade agreements: challenges in global health. *Revista de Saude Publica*. 49:52. Retrieved from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4544417/>

In this study new free-trade agreements are discussed, which are based on the breaking down of tariff and technical barriers and normally exclude most of the poorest countries in the world. Considering the current context of economic globalization and its health impacts, seven controversial points of these treaties and their possible implications for global public health are presented, mainly regarding health equity and other health determinants. Finally, this research proposes a greater social and health professionals participation in the formulation and discussion of these treaties, and a deeper insertion of Brazil in this important international agenda.

Schnidman, A. (2006). The global effects of the brain drain on health care systems. *Georgetown University Journal of Health Sciences*, 3(1). Retrieved from <https://blogs.commonsgorgetown.edu/journal-of-health-sciences/issues-2/previous-volumes/vol-3-no-1-march-2006/the-global-effects-of-the-brain-drain-on-health-care-systems>

This paper concentrates on how the brain drain affects health care personnel on a global scale. Currently, a number of countries are working together in order to create a global framework that deals with the policy of health care professional migration (McKinnon, 2003). The successful projects such as the reforms initiated by the International Organization for Migration (IOM) look at the situation from a multilateral perspective, covering issues of economics and politics. However, countries trying to regulate migration patterns face opposition. Two critical counter-arguments that cannot be ignored are the disruption of economic stability within developing countries and the infringement upon the basic human right to migrate.

Smith, R. D. (2006). Trade and public health: facing the challenges of globalization. *Journal of Epidemiology & Community Health*. 60(8). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2588067/>

Mittelman, M.,& Hanaway, P (eds) (2012). Globalization of Health care. *Global Adv. Health Med*. May, 1(2): 5-7. Published online 2012 May 1. doi: 10.7453/gahmj.2012.1.2.001

Globalization—the increasing transnational circulation of money, goods, people, ideas, and information worldwide—is generally recognized as one of the most powerful forces shaping our current and future history, but how is it affecting healthcare? While the current magnitude of globalization is unprecedented and yet still expanding, the editors of this journal believe that there is enormous potential benefits in global convergence and pluralism in medicine and healthcare—in science, in professional practice, and in the basic health of the peoples of the world.

Petrou, P., Samoutis, G., & Lionis, C. (2018). Single-payer or a multipayer health system: a systematic literature review. *Public Health*. 163. 141-152.

Healthcare systems worldwide are actively exploring new approaches for cost containment and efficient use of resources. Currently, in a number of countries, the critical decision to introduce a single-payer over a multi-payer healthcare scheme poses significant challenges. Consequently, we have systematically explored the current scientific evidence about the impact of single-payer and multi-payer systems on the areas of equity, efficiency and quality of health care, fund collection negotiation, contracting and budgeting health expenditure and social solidarity.

T’Hoen, E. F. N. (2009). *The global politics of pharmaceutical monopoly power*. The Netherlands: AMB Publishers. Retrieved from https://www.msfacecess.org/sites/default/files/MSF_assets/Access/Docs/ACCESS_book_GlobalPolitics_tHoen_ENG_2009.pdf

This publication argues that a policy agenda for access and innovation is sorely needed and should address both immediate steps to be taken, as well as tackle the fundamental question of how to create incentives for R&D that do not create access barriers.

USAID’s Vision for Health Systems Strengthening. Retrieved from: <https://www.usaid.gov/sites/default/files/documents/1864/HSS-Vision.pdf>

Health Systems Strengthening (HSS) has been at the core of the U.S. Agency for International Development’s (USAID’s) mission in health for the last 20 years. Many actors – development partners, non-governmental organizations, other civil society organizations, and public-private partnerships – increasingly are targeting their substantial resources to HSS. USAID must continue to adapt to today’s rapidly changing environment to meet HSS needs.

Shrouth, L., Khawaja, R. (2007). *Globalization of Healthcare*. *Frontiers of Health Services Management* Volume/Issue: Winter Vol 24, No.2

This paper reports that healthcare worldwide is undergoing a dramatic change consistent with the changes that globalization has brought in many major industries. At first globalization could be dismissed as the latest example of the United States's outsourcing of jobs to other countries. However, when examined closely, globalization might prove to be the avenue that provides a developed country an opportunity to have a substantial influence on healthcare in developing regions of the world. U.S. hospitals, along with their Western counterparts, have the expertise that could make a dramatic difference in meeting the needs that cannot be met by the public health systems in these developing countries.

United National Development Programme. United Nations Research Institute for Social Development. GLOBAL TRENDS Challenges and Opportunities in the Implementation of the Sustainable Development Goals. Retrieved from: http://www.undp.org/content/dam/undp/library/SDGs/English/Global%20Trends_UNDP%20and%20UNRISD_FINAL.pdf

In September 2015 the world’s governments signed an historic agreement to eradicate poverty, improve the living standards and well-being of all people, promote peace and more inclusive societies and reverse the trend of environmental degradation. The 2030 Agenda for Sustainable Development commits to promoting development in a balanced way—economically, socially and environmentally—in all countries of the world, leaving no one behind and paying special attention to those people who are poorest or most excluded. It contains 17 Sustainable Development Goals (SDGs) with associated targets to assess progress. The 2030 Agenda builds on earlier commitments, more recently the aspirations set out in the Millennium Development Goals (MDGs) and Millennium Declaration.

Working Group for Monitoring Action on the Social Determinants of Health (2018). Towards a global monitoring system for implementing the Rio Political Declaration on Social Determinants of Health: Developing a core set of indicators for government action on the social determinants of health to improve health equity. *International Journal of Equity in Health*, 17(1). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/30185200>

In the 2011 Rio Political Declaration on Social Determinants of Health, World Health Organization (WHO) Member States pledged action in five areas crucial for addressing health inequities. Their pledges referred to better governance for health and development, greater participation in policymaking and implementation, further reorientation of the health sector towards reducing health inequities, strengthening of global governance and collaboration, and monitoring progress and increasing accountability. WHO is developing a global system for monitoring governments' and international organizations' actions on the social determinants of health (SDH) to increase transparency and accountability, and to guide implementation, in alignment with broader health and development policy frameworks, including the universal health coverage and Sustainable Development Goals (SDG) agendas. We describe the selection of indicators proposed to be part of the initial WHO global system for monitoring action on the SDH

World Health Organization (WHO). (2016). Health workforce requirements for universal health coverage and the sustainable development goals. Background paper No. 1 to the Global Strategy on Human Resources for Health. Cometto, G. (ed).

The need for health workers globally is expected to grow significantly in the coming decades as a result of a confluence of factors, including population growth, ageing, changing epidemiology and new technologies. This analysis recognizes that health workforce availability in adequate numbers is only a precondition to effective service coverage: equally important are other attributes of the health workforce, including its accessibility, the acceptability of the care it provides, and its quality and performance (1).

Study Questions for Global Citizen Basic Operational Level

1. Define universal healthcare and the current focus on its growth globally.
2. Describe the role of financing in health systems. Compare and contrast single payer and multipayer health systems.
3. Explain how financing contributes to health outcomes. Provide specific country level and community level examples.
4. Identify various stakeholders in global healthcare market. What are their interests and how do they affect operations at the country level?
5. Describe the key principles for health education reform proposed to improve the health care workforce for the 21st century.
6. Articulate the importance of health care quality for universal health care.
7. What are the key elements of a high quality health system? Is there a difference between high, middle and low income countries?
8. How does the GDP of a country affect the health system? Does the GDP of a country affect health outcomes? Defend your answers with specific examples.
9. How do we balance the need to facilitate commerce which has been greatly increased by trade agreements with the need for regulation of health professionals in specific countries?
10. What is TRIPS and why is it relevant to Global Health?

Websites Competency 2c

Bausch, D. (n.d.). Ebola then and now. Retrieved from <http://www.who.int/features/2016/ebola-then-now-bausch/en/>

Centers for Disease Control and Prevention (CDC). (2018). National center for emerging and zoonotic infectious diseases. Retrieved from <http://www.cdc.gov/nceid/>

CDC. (March 2018). Disease and conditions. Retrieved from <http://www.cdc.gov/diseasesconditions/> [Is a very useful reference for a number of diseases and conditions, with some accompanying popular health topic]

Consortium of Universities for Global Health. (2018). Global health training modules: Infectious, parasitic and communicable diseases. Non-communicable diseases, injuries and related countries. Retrieved from <http://cugh.org/resources/educational-modules>

Globalization 101. (2016.). Diseases go global. Retrieved from <http://www.globalization101.org/diseases-go-global/>

Institute for Health Metrics and Evaluation (IHME). (2018.). Global Burden of Disease (GBD). Retrieved from <http://www.healthdata.org/gbd/>

This website provides additional resources about: GBD Training and Workshops; GBD Data Visualizations; GBD News & Events; GBD publications; GBD data. All of these resources are useful for both clinicians, academics in teaching students.]

One Health Initiative (2018). Retrieved from <http://www.onehealthinitiative.com>

Pan American Health Organization (PAHO). (n.d.). Non-communicable diseases. Retrieved from http://www.paho.org/hq/index.php?option=com_topics&view=article&id=345&Itemid=40933&lang=en

The PAHO website provides a number of excellent resources understanding and teaching about NCDs.

ProMED-mail. (2018). Retrieved from <http://www.promedmail.org/>

This is the site which provides a number of updates about infectious diseases in eight languages.

Stephen Lewis Foundation. (2018). About the Stephen Lewis Foundation. Retrieved from <http://www.stephenlewisfoundation.org> [This website provides updates of the work being done specifically in sub-saharan Africa].

The Tobacco Atlas. (2015.). Retrieved from <http://www.tobaccoatlas.org/about/>

World Health Organization. (WHO). (2018). International health regulations (IHR). Retrieved from http://www.who.int/topics/international_health_regulations/en/

The IHR is a legal instrument that is binding on 196 countries across the globe (including member states of WHO). The purpose is to assist international community to respond and prevent to acute public health risks with the potential to transcend borders and threaten people globally.

WHO. (2018). Trade, foreign policy, diplomacy and health. Retrieved from http://www.who.int/trade/trade_and_health/en/

Provide various resources (publications) related to trade and health.

WHO. (2018). Communicable diseases and crises. Retrieved from <http://www.who.int/hac/techguidance/pht/comdisease/en/>

This site provides information on how to deal with communicable diseases following various “disasters”.

WHO. (2018.). Draft legal review of the general agreement on trade in services (GATS) from a health policy perspective. Retrieved from <http://www.who.int/trade/resource/gatslegalreview/en/>

The General Agreement on Trade Services (GATS) is a very important multilateral trade agreement that resulted from the Uruguay Round negotiations that formed the World Trade Organization (WTO). This document is available on this website.

WHO. (2018.). Ebola maps. Retrieved from <http://www.who.int/csr/disease/ebola/maps/en/>

Provides maps of Ebola from January 2014 to March 2016 for the “Ebola outbreak” of 2014-15

WHO. (2018.). International travel and health. Retrieved from <http://www.who.int/ith/en/>

Provides travelers with the most recent updates for diseases, vaccines, travel health risks, general precautions, and other travel considerations.

WHO. (2018.). Noncommunicable diseases: Fact sheet – updated June 2017. Retrieved from <http://www.afro.who.int/en/health-topics/topics/4358-noncommunicable-diseases.html>

This fact sheet provides an overview of; who is a risk of such diseases; risk factors; socioeconomic impacts of NCDs; prevention and control of NCDs; WHO response; and other references.

World Trade Organization (WTO). (2018). Retrieved from <https://www.wto.org/>

The WTO is the only global international organization which rules trade between nation. This website provides current / and past decisions made globally – which has over 160 members representing 98% of world trade)

Articles and Reports Competency 2c

- Abegunde, D. O., Mathers, C.D., Adam, T., Ortegón, M., & Strong, K. (2007). The burden and costs of chronic diseases in low-income and middle-income countries. *The Lancet*, 370(9603), 1929–1938. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/18063029>
- Baker, P., Kay, A., & Walls, H. (2014). Trade and investment liberalization and Asia's noncommunicable disease epidemic: A synthesis of data and existing literature. *Globalization and Health*, 10(16), 1-20. Retrieved from <http://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-014-0066-8>
- Beaglehole, R., & Yach, D. (2003). Globalization and the prevention and control of non-communicable disease: The neglected chronic diseases of adults. *The Lancet*, 362(9387), 903–908. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(03\)14335-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(03)14335-8/abstract)
- Bedhomme, S., Hillung, J., & Elena, S.F. (2015). Emerging viruses: Why they are not jacks of all trades? *Current Opinion in Virology*, 10, 1–6. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25467278>
- Dans, A., Ng, N., Varghese, C., Tai, E. S., Firestone, R., & Bonita, R. (2011). The rise of chronic non-communicable diseases in southeast Asia: Time for action. *The Lancet*, 377(9766), 680–690. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21269677>
- Daulaire, N. (1999). Globalization and health. *Development*, 42(4), 22–44. Retrieved from <http://www.globalhealth.org/assets/html/drmed3.html>
- Fischetti, M. (2016, February 1). Developing countries are battling diseases of the rich and poor [Blog Post]. *Scientific American*. Retrieved from <http://www.scientificamerican.com/article/developing-countries-are-battling-diseases-of-the-rich-nd-poor/>
- Harvey, K., Esposito, D. H., Han, P., Kozarsky, P., Freedman, D. O., Plier, D. A., & Sotir, M. J. (2013). Surveillance for travel-related disease-GeoSentinel surveillance system. *MMWR Surveillance Summaries*, 62, 1–23. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23863769>
- Labonté, R., & Mohindra, K. S., & Lencucha, R. (2011). Framing international trade and chronic disease. *Globalization and Health*, 7(21), 1–15. Retrieved from <http://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-7-21>
- Leder, K., Torresi, J., Libman, M. D., Cramer, J. P., Castelli, F., Schlangenhaut, P., Freedom, D. O. (2013). GeoSentinel surveillance of illness in returned travelers, 2007-2011. *Annals of Internal Medicine*, 158(8), 456–468. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23552375>
- Lee, K., Sridhar, D., & Patel, M. (2009). Bridging the divide: Global governance of trade and health. *The Lancet*, 373(9661), 416–422. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19167060>
- McCloskey, B., Dar, O., Zumla, A., & Heymann, D. L. (2014). Emerging infectious diseases and pandemic potential: Status quo and reducing risk of global spread. *The Lancet Infectious*

Diseases, 14(10), 1001–1010. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25189351>

- Smith, R. D., Lee, K., & Drager, N. (2009). Trade and health: An agenda for action. *The Lancet*, 373(9665), 768–773. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2726935/>
- Stuckler, D. (2008). Population causes and consequences of leading chronic diseases: A comparative analysis of prevailing explanations. *The Milbank Quarterly*, 86(2), 273–326. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/18522614>
- Suk, J. E., Van Gangh, T., Beauté, J., Bartels, C., Tsoлова, S., Pharris, A., Ciotti, M., & Semenza, J. C. (2014). The interconnected and cross-border nature of risks posed by infectious diseases. *Global Health Action*, 7. Retrieved from <http://www.globalhealthaction.net/index.php/gha/article/view/25287>
- Thow, A. M., Sanders, D., Drury, E., Puoane, T., Chowdhury, S. N., Tsolekile, L., & Negin, J. (2015). Regional trade and the nutrition transition: Opportunities to strengthen NCD prevention policy in the Southern African development community. *Global Health Action*, 8. Retrieved from <http://www.aprifel.com/article-regional-trade-and-the-nutrition-transition-opportunities,22040.html>
- Thow, A.M., Snowdon, W., Labonte, R., Gleeson, D., Stuckler, D., Hattersley, L., Schram, A., Kay, A., & Friel, S. (2015). Will the next generation of preferential trade and investment agreements undermine prevention of noncommunicable diseases? A prospective policy analysis of the Trans Pacific Partnership Agreement. *Health Policy*, 119(1), 88–96. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25217839>
- World Health Organization (WHO). (2014). Global status report on noncommunicable diseases 2014. Retrieved from <http://www.who.int/nmh/publications/ncd-status-report-2014/en/>
- WHO. (2015). Guidance note on the integration of noncommunicable diseases into the United Nations development assistance framework. Retrieved from <http://www.who.int/nmh/ncd-task-force/guidance-note.pdf>

Books Competency 2c

- Barry, J. M. (2004). *The great influenza: The epic story of the deadliest plague in history*. New York
- Crosby, M. C. (2006). *The American plague: The untold story of yellow fever, the epidemic that shaped our history*. New York, NY: Berkeley Books.
- Farmer, P. (1999). *Infections and inequalities: The modern plague*. Berkeley, CA: University of California Press.
- Kimball, A. M. (2006). *Risky Trade: Infectious disease in the era of global trade*. Aldershot, UK: Ashgate Press.
- Knobler, S., Mahmoud, A., Lemon, S., & Pray, L. (Eds.). (2016). *Infectious disease emergence and control*. Washington, DC: National Academies Press.
- Mahal, A., Karan, A., & Engelgau, M. (2010). *The economic implications of non-communicable disease for India*. Washington, DC: World Bank.
- Mohindra, K. S., Lencuchua, R., & Labonte, R. (Eds.). (2012). *Reaching behind borders: International trade and chronic disease*. Surrey, England: Ashgate Publishing Limited.
- National Academy of Science (2010). *Infectious disease movement in a borderless world: Workshop summary*. Retrieved from: <https://www.ncbi.nlm.nih.gov/books/NBK45735/>
- Nolen, S. (2007). *28: Stories of AIDS in Africa*. New York, NY: Walker Publishing Company.
- Relman, D. A., Choffnes, E. R., Mack, A. (2010). *Infectious disease movement in a borderless world (Workshop Summary)*. Washington, DC: National Academies Press.
- Seear, M., & Ezezika, O. (2017). *An introduction to Global Health*. Toronto, ON: Canadian Scholars.
- Skolnik, R. (2016). *Global health 101*(3rd ed.). Burlington, MA: Jones & Bartlett Learning.
- Spencer, C. (2015). *Having and fighting Ebola – Public health lessons from a Clinician turned patient*. [A quick read and a personal account of his experience returning to the US with Ebola].
- Tuckler, D., & Siegel, K. (2011). *Sick societies: Responding to the global challenge of chronic disease*. Oxford, England: Oxford University Press.

Videos Competency 2c

- Brewer, T. (2016, February 11). *On Pandemics: Global health conference Midwest* [Video file]. Retrieved from <https://www.youtube.com/watch?v=bJL0YxOcjBA>.

This is a 43 minute video covering the history, risk, and requirement of response to pandemics.

Grush, L. (2014). How sneeze particles travel inside an airplane. Retrieved from: <https://www.popsci.com/article/science/how-sneeze-particles-travel-inside-airplane>.

This animated video was created for a lay audience and explains how infection risk and infection happen in closed areas.

Doctors without Borders. (n.d). Videos [Video File]. <http://www.doctorswithoutborders.org/article/monsoon-season-could-wreak-havoc-refugee-camps-bangladesh>. Retrieved from <http://www.doctorswithoutborders.org/news-stories/videos>.

There are many videos that can be used to illustrate the intersection of travel and disease.

Pacete, J. (n.d.). How pandemics spread: Introduction to infectious diseases [Video File]. Retrieved from <http://ed.ted.com/on/b6v8CZfb#review>.

There is an eight minute introductory lesson on Infectious Diseases and spread but this can be expanded and customized to fit teaching goals.

Study Questions for Global Citizen Basic Operational Level 2c

1. Summarize how travel and trade contribute to the spread of communicable and chronic diseases.
2. Identify a recent communicable disease, for example, ebola and map the spread of the disease.
3. Identify a potentially “emerging” disease that faces your community, and propose a strategy to address this issue.
4. Identify three examples in which trade agreements have influenced health/disease prevalence (example: food industry rules and obesity) and discuss their implications.
5. Interview someone from a healthcare organization, in your community and ask them about policies related to the roles of health care workers in an epidemic.

Websites Competency 2d

Data Market. (n.d.). Medical doctors by country. Retrieved from <https://datamarket.com/data/set/1cgt/medical-doctors-per-1000-people#!ds=1cgt!r4l=65&display=line>

Partners in Health. (n.d.). Rwanda. Retrieved from <http://www.pih.org/country/rwanda>

World Health Organization (WHO). (2008). First global conference on task shifting. Retrieved from http://www.who.int/mediacentre/events/meetings/task_shifting/en/

WHO. (n.d.). Global atlas of the health workforce. Retrieved from http://www.who.int/globalatlas/autologin/hrh_login.asp

WHO. (n.d.). Global health workforce alliance. Retrieved from <http://www.who.int/workforcealliance/en>

WHO. (n.d.). Health workforce. Retrieved from <http://www.who.int/hrh/migration/code/practice/en/>

WHO. (n.d.). Human resources for health (HRH) tools and guidelines. Retrieved from <http://www.who.int/hrh/tools/planning/en/>

Articles and Reports Competency 2d

Aluttis, C., Bishwa, T., Frank, M. W. (2014). The workforce for health in a globalized context. *Global Health Action*, 7. Retrieved from <http://www.globalhealthaction.net/index.php/gha/article/view/23611>

Anyangwe, S., & Mtonga, C. (2007). Inequalities in the global health workforce. *International Journal of Environmental Research and Public Health*, 4(2), 93–100. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/17617671>

Bhushan, H., & Bhardwaj, A. (2015). Task shifting: A key strategy in the multipronged approach to reduce maternal mortality in India. *International Journal of Gynecology and Obstetrics*, 131, S67–S70. Retrieved from <http://fulltext.study/preview/pdf/3951659.pdf>

Bradby, H. (2014). International medical migration: A critical conceptual review of the global movements of doctors and nurses. *Health*, 18(6), 580-96.

This paper critically appraises the discourse at the turn of the 21st century international migration. They elaborate on how there has been a promotion of the medical professional interests, while ignoring historical patterns of underinvestment in the healthcare systems and structures. Bradby suggests that “task-shifting” in rich and poor countries health-care systems offers one way of thinking about global equity in accessing quality of care.

Campbell, J., Buchan, J., Cometto, G., David, C., Dussault, G., Fogstad, H., Tangcharoensathien, V. (2013). Human resources for health and universal health coverage: Fostering equity and effective coverage. *Bulletin of the World Health Organization*, 91, 853–863. Retrieved from <http://www.who.int/bulletin/volumes/91/11/13-118729.pdf>

Dal Poz, M. R., Gupta, N., Quain, E., Soucat, A.L.H (Eds.). (2009). *Handbook on monitoring and evaluation of human resources for health: With special applications for low-and middle-income countries*. Geneva, Switzerland: World Health Organization. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0011/200009/Handbook-on-monitoring-and-evaluation-of-human-resources-Eng.pdf

Frenk, J., Chen, L., Bhutta, Z. A., Cohen, J., Crisp, N., Evans, T.,...Fineberg, H. (2010). Health professionals for a new century: Transforming education to strengthen health systems in an independent world. *The Lancet*, 376(9756), 1923–1958. Retrieved from [http://dx.doi.org/10.1016/S0140-6736\(10\)61854-5](http://dx.doi.org/10.1016/S0140-6736(10)61854-5)

Kaplan, A. D., Dominis, S., Palen, J. G. H. & Quain, E. E. (2013). Human resource governance: What does governance mean for the health workforce in low-and middle-income countries? *Human Resources for Health*, 11(6), 1–12. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23414237>

Karan, A., DeUgarte, D., & Barry, M. (2016). Medical “Brain Drain” and health care worker shortages: How should international training programs respond? *Journal of Ethics*, 18(7), 665-75. Retrieved from <https://www.semanticscholar.org/paper/Medical-%22Brain-Drain%22-and-Health-Care-Worker-Short-Karan-Deugarte/099cb1e1f04d39b2b725e4f56d62cd820fc3a43e>

Case study exploring the ethical quandaries emerging from the movement of a physician from Nigeria considering working in the United States, where he is currently receiving surgical training to increase capacity in his home country. This article discuss both sides of “brain drain” from the Nigerian and United States revealing both complementary and different contributions.

Katongole, S. P., Mugisha, J. F., Anguyo, R., Bikaitwoha, E. M., & Wampande, L. N. (2015). Perceptions of health workers and managers on the use of non-monetary human resource motivation tools in general hospital of Central Uganda. *International Journal of Public Health Research*, 3(5), 264–270. Retrieved from https://www.researchgate.net/publication/281148786_Perceptions_of_Health_Workers_and_Managers_on_the_Use_of_Non-Monetary_Human_Resource_Motivation_Tools_in_General_Hospitals_of_Central_Uganda

Liu, J.X., Goryakin, Y., Maeda, A., Bruckner, T., & Scheffler, R. (2017). Global health workforce labor market projections for 2030. *Human Resources for Health*, 15:11. Retrieved from <https://human-resources-health.biomedcentral.com/articles/10.1186/s12960-017-0187-2>

This article highlights the projected global demand of health care workers in UMICs, MICs and LICs relative to demand and supply.

Matthews, Z., Channon, A., & Van Lerberghe, W. (2006). Will there be enough people to care? Geneva: World Health Organization. Retrieved from http://www.who.int/hrh/resources/workforce_implications.pdf

Ogilvie, L., Mill, J. E., Astle, B., Fanning, A., & Opore, M. (2007). The exodus of health professionals from sub-Saharan Africa: Balancing human rights and societal needs in the twenty-first century. *Nursing Inquiry*, 14(2), 114–124. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/17518823>

This article describes the analysis of from a human rights perspective the competing rights in the international migration of health professionals from sub-Saharan Africa: “the right to leave one’s country to seek a better life; the right to health of populations in the source and destination countries; labour rights; the right to education; and the right to nondiscrimination and equality” (p. 114).

Pruitt, S. D., & Epping-Jordan, J. E. (2015). Preparing the 21st century global healthcare workforce. *BMJ*, 330(7492), 637–639. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/15774994>

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- Tsolekile, L. P., Abrahams-Gessel, S., & Puoane, T. (2015). Healthcare professional shortage and task-shifting to prevent cardiovascular disease: Implications for low-and middle-income countries. *Current Cardiology Reports*, 17(12), 115. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26482758>
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- WHO. (2010). The WHO global code of practice on the international recruitment of health personnel. Retrieved from http://www.who.int/hrh/migration/code/code_en.pdf?us=1
- WHO, Global Health Workforce Alliance. (2013). A universal truth: No health without a workforce. Retrieved from <http://www.who.int/workforcealliance/knowledge/resources/hrhreport2013/en/>
- WHO. (2015). Global strategy on human resources for health: Workforce 2030. Retrieved from http://who.int/hrh/resources/global_strategyHRH.pdf?ua=1
- Zurn, P., Codjia, L., Sall, F.L., & Braichet, J. M. (2010). How to recruit and retain health workers in underserved areas: the Senegalese experience. *Bulletin of World Health Organization*, 88, 386–389. Retrieved from <http://www.who.int/bulletin/volumes/88/5/09-070730/en/>

Books Competency 2d

- Connell, J. (2010). *Migration and globalization of health care: The health worker exodus*. Cheltenham, UK: Edward Elgar.
- DeLuca, M.A., & Soucat, A. (Eds.). (2013). *Transforming the global health workforce*. New York, NY: New York University.
- Evert, J., Drain, P., & Hall, T. (2014). *Developing global health programming: A Guidebook for medical and professional schools (2nd ed.)*. San Francisco, CA: Global Health Education Collaborations Press.
- O’Brien, P., & Gostin, L.O. (2011). *Health workers shortages and global justice*. New York, NY: Milbank Memorial Fund.

Valiani, S. (2012). Rethinking unequal exchange: The global integration of nursing labour markets. Toronto, ON: University of Toronto Press.

Videos / Presentations Competency 2d

Buchan, J. (2011, August 9). An “ethical” approach to health workforce sustainability: Desirable? Achievable? [Video file]. Retrieved from <https://www.youtube.com/watch?v=j4LtT0vAaqs>

Global Health Workforce Alliance (GHWA). (n.d.). Retrieved from <https://www.youtube.com/user/ghwavideos>

GHWA. (2010, January 28). Doctors and nurses: Documentary film on health workforce [Video file]. Retrieved from <https://www.youtube.com/watch?v=HPaMwIkx2PA>

Hall, T. L. & Bores, N. (2007). Human resources for health: A worldwide crisis [PowerPoint slides]. Retrieved from http://www.cugh.org/sites/default/files/69_Human_Resources_for_Health_a_Worldwide_Crisis_FINAL.pdf

Pasricha, T. (n.d.). A doctor of my own: The first medical students of Namibia [Video File]. Retrieved from <https://adoctorofmyown.wordpress.com/>

Study Questions for Basic Operational Level Competency 2d

1. Summarize the basic principles involved in the challenge of developing a global health workforce.
2. Identify “root causes” of health care workers movement and propose strategies to address them.
3. Identify examples of the impact that a shortage of health care works can have on the system.
4. Describe three ways in which the shortage of health workers act as a barrier to health and health care access
5. Share at least two potential solutions for increasing the number of health care providers (community health workers, clinical officers)
6. Discuss the concepts of task-shifting or task-sharing?
7. Small group activities: use gapminder website to explore disease burdens of two to three diseases and then compare to the health workforce in that region. Explore ways to estimate workforce needs based on the WHO website planning tools.
8. Many countries in Sub-saharan Africa are established new medical schools, for example, in Namibia, South Sudan, and Botswana. Debate the pros and cons of building these medical schools.

DOMAIN 3

Social and Environmental Determinants of Health

Focuses on an understanding that social, economic, and environmental factors are important determinants of health, and that health is more than the absence of disease.

Global Citizen Level and Basic Operational Program Oriented Level

Competencies

3a Describe how cultural context influences perceptions of health and disease.

3b List major social and economic determinants of health and their impacts on the access to and quality of health services and on differences in morbidity and mortality between and within countries.

3c Describe the relationship between access to and quality of water, sanitation, food and air on individual and population health.

3 Social and Environmental Determinants of Health

Competency 3a

Describe how cultural context influences perceptions of health and disease.

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1st Edition: Brian Callender (bcallend@medicine.bsd.uchicago.edu).

Reviewed by: Lynda Wilson (lyndawilson@uab.edu)

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Teaching Strategies

Initial background on this topic will require the student to understand the broad meaning of culture. This can be achieved providing seminal readings (books or journal articles) on the topic and in-class discussion. However, a flipped classroom approach is recommended as this will help reveal the nuances of the different meanings of culture for each of the participants. Once a broad understanding of culture has been achieved, learners can be asked to reflect upon their own culture. Introducing the term of ethnocentrism, or an exercise to reveal the impact of ethnocentrism in behavior towards other cultures, might be useful before the term culture is introduced. Through different case studies, including videos, blogs, journal articles, or mock or real interviews, an array of examples can be explored in order to depict how culture influences the perception of health, health behavior, disease and illness. It is transcendental that teaching strategies to achieve this competence do not focus solely in “other” cultures, and that examples from familiar settings are used throughout.

Resources

Websites

Articles & Reports

Books

Study Questions

Competency 3b

List major social and economic determinants of health and their impacts on the access to and quality of health services and on differences in morbidity and mortality between and within countries (Global Citizen & Basic Operations Levels)

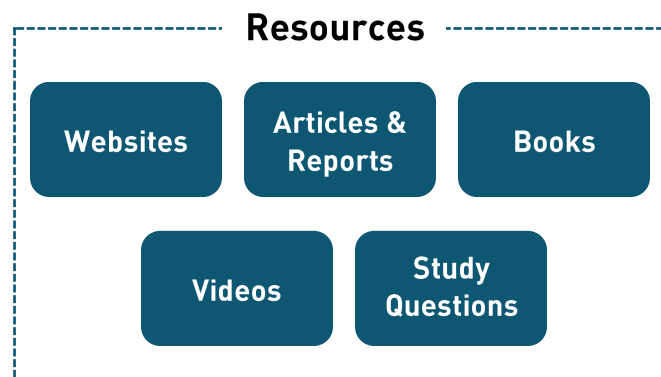
2nd Edition: Andrew Dykens (jdykens@uic.edu) Kevin Cao (kcao4@uic.edu) and Emmanuelle Allseits (eallseits1@gmail.com).

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Teaching Strategies

It is important to place this topic within an historical context by illustrating the evolution of health interventions in relation to international declarations and statements. Students will best gain perspectives through a community tour or participatory discussions with local community agencies after the basic concepts have been introduced. An additional strategy for conveying the complexities of these themes is to house the discussion in a consideration of health policy at multiple levels. The development of a “policy action plan” over the course of the didactic sessions may be a practical way to apply students’ developing knowledge within a skills development activity. If possible, longitudinal field experiences to participate or observe in participatory research may provide additional depth to students’ comprehension of these concepts.

Acronyms: SDOH – Social Determinant of Health, WHO – World Health Organization



Competency 3c

Describe the relationship between access to and quality of water, sanitation, food and air on individual and population health.
Global Citizen and Basic Operational Levels

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1st Edition: Elise Fields (elise.fields@gmail.com)
and Jill Edwardson (jedwars49@jhmi.edu).

Teaching Strategies

Students can be introduced to the topic in small group settings, where each group is asked to brainstorm ways that access to and quality of one of the above resources (water, sanitation, food, and air) affects individual and population health.

Resources

Websites

Study
Questions

Websites Competency 3a

Culture and its Influence on Health Communication. Retrieved from <http://www.uniteforsight.org/health-communication-course/module2>

Case studies in “Caring for Patients from Different Cultures”. Retrieved from <http://www.ggalanti.org/case-studies-field-reports/>

Culturally and linguistically appropriate medical care. Retrieved from: <https://emscimprovement.center/resources/toolboxes/cultural-competency-toolbox/>

Growing Your Capacity to Engage Diverse Communities. Retrieved from: http://www.familyvoices.org/admin/work_diversity/files/CommunityBrokers_04-27-2009.pdf

Cultural Competency Toolkit. Retrieved at: <https://www.diverseecymru.org.uk/wp-content/uploads/Cultural-Competency-Toolkit.pdf>

Article and Reports Competency 3a

Jenks, A. C. (2011). From “lists of traits” to “open-mindedness”: Emerging issues in cultural competence education. *Culture, Medicine, and Psychiatry*, 35(2), 209–235. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21560030>

This journal article argues for a shift in the approach in the “cultural competence” education model. It advocates to transform the understanding in cultural competence education model from one that expands the traditional approach of “list of traits” associated with various racial and ethnic groups to one that aims to produce a new kind of health provider who is “open-minded,” willing to learn about difference, and treats each patient as an individual.

Napier, A. D., Ancarno, C., Butler, B., Calabrese, J., Chater, A., Chatterjee, H.,... Woolfe, K. (2014). Culture and health. *The Lancet*, 384(9954), 1607–1639. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25443490>

This Lancet Commission article reviews health and health practices as they relate to culture, as well as identifying and assessing pressing issues in this subject matter, and recommends lines of research that are needed to address pressing issues and emerging needs. An in-depth overview is provided on the overlapping domains of culture and health: cultural competence, health inequalities, and communities of care.

Napier, D., Depledge, M. H., Knipper, M., Lovell, R., Ponarin, E., Sanabria, E., & Thomas, F. (2017). Culture matters: using a cultural contexts of health approach to enhance policy-making. World Health Organization Regional Office for Europe.

According to this WHO policy brief “Incorporating cultural awareness into policy-making is critical to the development of adaptive, equitable and sustainable health care systems, and to making general improvements in many areas of population health and well-being”. Using

distinct examples from nutrition, migration and the environment, the policy brief demonstrates how cultural awareness is central to understanding health and well-being and to developing more effective and equitable health policies.

Thiederman, S. B. (1986). Ethnocentrism: a barrier to effective health care. *The Nurse Practitioner*, 11(8), 52-54.

This journal article looks into health care professionals' tendency to project their own culturally specific values and behaviors onto the foreign-born patient, and how this has contributed significantly to non-compliance in this patient population. The article also provides a set of action points for health professionals to be more aware of this behavior.

Browne, A. J., & Fiske, J. A. (2001). First Nations women's encounters with mainstream health care services. *Western journal of nursing research*, 23(2), 126-147.

This study examines health care encounters from the viewpoint of First Nations women from a reserve community in northwestern Canada. Using critical theory and feminist theory the authors undergo in-depth interviews to reveal a variety of health care encounters. The narratives revealed that women's encounters were shaped by racism, discrimination, and structural inequities that continue to marginalize and disadvantage First Nations women.

Books Competency 3a:

Edberg, M. (2012). *Essentials of health, culture, and diversity: Understanding people, reducing disparities*. Burlington, MA: Jones and Bartlett Learning.

The book examines what is meant by culture, the ways in which culture intersects with health issues, how public health efforts can benefit by understanding and working with cultural processes, and a brief selection of conceptual tools and research methods that are useful in identifying relationships between culture and health.

Baldwin, J. R., Faulkner, S. L., Hecht, M. L., & Lindsley, S. L. (Eds.). (2006). *Redefining culture: Perspectives across the disciplines*. Routledge.

This book argues that culture is one of the most important factors we need to know when we interact as well as in our discussions of social problems and their solutions. This volume provides an updated listing of over 300 definitions of culture from a wide array of disciplines. Chapters examine how the definition of culture has changed historically, consider themes that cut across the definitions, and provide models for organizing approaches to defining culture.

Holland, K. (2017). *Cultural awareness in nursing and health care: an introductory text*. CRC Press.

This introductory textbook relates theory to practice and enhances students' learning and understanding of cultural issues that impact on patient care and their own practice as nurses, while considering wider social and political issues. Topics include: health, illness and religious

beliefs; mental health and culture; women's and men's health in a multicultural society; caring for the elderly; death and bereavement.

Helman, C. G. (2007). *Culture, health and illness*. CRC Press.

Culture, Health and Illness is one of the leading textbooks on the role of cultural and social factors in health, illness, and medical care. The book addresses the complex interactions between health, illness and culture by setting out anthropological theory in a highly readable, jargon-free style and integrating this with the practice of health care using real-life examples and case histories.

Ember, C. R. and Ember, M (Eds). (2004). *Encyclopedia of medical anthropology: Health and illness in the world's cultures* (2 volumes). New York, NY: Springer Science + Business Media, Inc.

The book describes the cultural practices relevant to health in the world's cultures and provides an overview of important topics in medical anthropology.

Fadiman, A. (1997). *The spirit catches you and you fall down: A Hmong child, her American doctors, and the collision of two cultures*. New York: Farrar, Straus, and Giroux.

The Spirit Catches You and You Fall Down explores the clash between a small county hospital in California and a refugee family from Laos over the care of Lia Lee, a Hmong child diagnosed with severe epilepsy. Through miscommunications about medical dosages and parental refusal to give certain medicines due to mistrust, misunderstandings, and behavioral side effects, and the inability of the doctors to develop more empathy with the traditional Hmong lifestyle or try to learn more about the Hmong culture, Lia's condition worsens. The dichotomy between the Hmong's perceived spiritual factors and the Americans' perceived scientific factors comprises the overall theme of the book.

Spector, R. E. (2012). *Cultural diversity in health and illness* (8th ed.). Upper Saddle River, NJ: Prentice Hall

The book examines health care consumer's intangible cultural heritage, diverse health beliefs and practices, the relevant issues within the modern health care system, and the impact of the demographic changes that exist within North America and globally. It features rich illustrated examples of traditional health beliefs and practices among selected populations.

Study Questions for Basic Operational Level Competency 3a

Questions 1-12 from Panel 10: Key questions for culture and health, Napier et al (2014) Napier, A.D. et al. (2014). Culture and health. *Lancet* 384(9954), 1607-1639. doi: 10.1016/S0140-6736(14)61603-2.

1. How does health-care delivery have to be restructured to prioritize the promotion of wellbeing and acceptance of its sociocultural origin?
2. How can health priorities (personal, clinical, societal, and financial) be made to account for and adjust to the effect of culture on human behaviour (the culturally mediated behaviours of patients and providers) and the damaging effects of ignoring the effects of culture on curing of illness and advancement of wellbeing?
3. How can physical and perceived wellbeing be improved if beliefs, norms, behaviours, and practices are not understood and acknowledged?
4. In view of the damaging effects of clinical non-adherence, the waste it creates, and the inaccessibility of clinical care for some people, how can health-care providers become better and more effective if they are not culturally competent?
5. If most accurate diagnoses can be made by taking of careful case histories, how can caregivers be allotted more time to develop trusting relationships with their patients and the vulnerable populations that they serve?
6. How can caregivers understand patients' capacities for participating in patient-driven health improvement if caregivers are prohibited from, or not interested in, gaining a full understanding of patients' needs?
7. How can a caregiver know what a patient is trying to do unless he or she knows what that patient expects to happen?
8. How can doctors and nurses in training learn to value what is not yet known about culturally generated wellbeing if they are only judged on their ability to relate to an evidence base that values its own outstanding knowledge resource above negotiated caregiving?
9. How can the study of health-related practices in other cultures best be supported so that successes can be shared worldwide and vulnerabilities can be appropriately assessed and responded to locally?
10. What are the direct and indirect effects of the inadequate delivery of health care in disadvantaged and incapacitated communities?
11. Can private self-interest contribute to trust, general health, and wellbeing when competition for scarce resources prioritizes personal gain over shared wellbeing?
12. What are the key drivers of positive change in care, and how can these drivers be improved to better humankind both locally and worldwide?

Study Questions for Global Citizen Level Competency 3a

1. What is culture?
2. Describe a sociocultural approach to health.
3. How does culture affect health beliefs and perceptions of disease and illness?

4. How does having a better understanding of one's culture impact delivery of healthcare and public health interventions?
5. Describe two cultural practices that promote health. Describe two cultural practices that are harmful.

Websites Competency 3b

- AAFP. (2018). EveryONE Project Unveils Social Determinants of Health Tools. Retrieved from www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/sdohguide.pdf
- ACTION: SDH. (n.d.). Retrieved from http://www.who.int/social_determinants/actionsdh/en/
- Centers for Disease Control and Prevention (CDC). (2016). Access to health care. Retrieved from <http://www.cdc.gov/nchs/fastats/access-to-health-care.htm>
- CDC. (2016). Social determinants of health: Know what affects health. Retrieved from <http://www.cdc.gov/socialdeterminants/>
- Declaration of Alma-Ata. (n.d.). International conference on primary health care, Alma-Ata, USSR, 6-12. Retrieved from http://www.who.int/publications/almaata_declaration_en.pdf?ua=1
- de Andrade, L.M., Pellegrini Filho, A., Solar, O., Rigoli, F., de Salazar, L.M., Serrate, P.C., & ... Atun, R. (2015). Social determinants of health universal health coverage, and sustainable development: case studies from Latin American countries. *Lancet*, 395(9975), 1343-1351. Doi:10.1016/S0140-6736(14)61494-X
- Families USA. (2014). Measuring health care quality: An overview of quality measures. Retrieved from http://familiesusa.org/sites/default/files/product_documents/HSIQualityMeasurement_Brief_final_web.pdf
- Health Begins. (n.d.). Retrieved from <http://www.healthbegins.org/>
- Kaiser Family Foundation. (2015). Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity. Retrieved from <https://www.kff.org/disparities-policy/issue-brief/beyond-health-care-the-role-of-social-determinants-in-promoting-health-and-health-equity/>
- United Nations. (1948). The universal declaration of human rights. Retrieved from <http://www.un.org/en/universal-declaration-human-rights/>
- United Nations. (n.d.). Sustainable Development Goals. Retrieved from <http://www.un.org/sustainabledevelopment/sustainable-development-goals/>
- United Nations Human Rights, Office of the High Commissioner. (1966). The international covenant on economic, social and cultural rights. Retrieved from <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx>
- United Nations Millennium Development Goals and Beyond 2015. (n.d.). News on millennium development goals. Retrieved from <http://www.un.org/millenniumgoals/>

- U.S. Department of Health and Human Services. (2010). Healthy people 2020: An Opportunity to Address Social Determinants of Health in the United States. Retrieved from <https://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm>
- U.S. Department of Health and Human Services. (n.d.). Healthy people 2020: Determinants of health. Retrieved from <https://www.healthypeople.gov/2020/about/foundation-health-measures/Determinants-of-Health>
- U.S. Department of Health and Human Services. (n.d.). Health people 2020: Social determinants of health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- World Health Organization (WHO). (1986). Ottawa charter for health promotion. Retrieved from http://www.who.int/sdhconference/resources/ottawa_charter_hp.pdf?ua=1
- WHO. (2018.) Social Determinants of Health. Retrieved from http://www.who.int/social_determinants/thecommission/en/
- WHO. (2011, October). Rio political declaration on social determinants of health. Retrieved from <http://www.who.int/sdhconference/declaration/en/>
- WHO. (2016). Determinants of health. Retrieved from http://www.paho.org/hq/index.php?option=com_content&view=article&id=5165&Itemid=3745
- WHO. (2016). Universal health coverage (UHC). Retrieved from <http://www.who.int/mediacentre/factsheets/fs395/en/>
- WHO. (n.d.). Case studies on social determinants of health. Retrieved from http://www.who.int/sdhconference/resources/case_studies/en/
- WHO. (n.d). Welcome to the universal health coverage partnership web site. Retrieved from <http://www.uhpartnership.net/>
- WHO and World Bank Group Report. (2015). Tracking universal health coverage: First global monitoring report. Retrieved from http://www.who.int/healthinfo/universal_health_coverage/report/2015/en/

Articles and Reports Competency 3b

Braveman, P., Egerter, S., & Williams, D. R. (2011). The social determinants of health: Coming of age. *Annual Review of Public Health, 32*, 381-398. doi:10.1146/annurev-publhealth-031210-101218

Authors Center on Social Disparities in Health and Harvard SPH grossly examine the social determinants of health (SDOH) of the 21st century. Fundamental theories on SDOH using modern day examples to encompass large framework of public health curricula are highlighted. Economic, cultural, and educational barriers are directly tied with health consequences, highlighting need for multidimensional interventions Knowledge gaps, research priorities, current funding and political will are noted as well.

Braveman, P., Marchi, K., Egerter, S., Kim, S., Metzler, M., Stancil, T., & Libet, M. (2010). Poverty, near-poverty, and hardship around the time of pregnancy. *Maternal and Child Health Journal, 14*(1), 20-35. doi:10.1007/s10995-008-0427-0

Authors at the Center on Social Disparities and UCSF analyze poverty income levels and prevalence of major hardships among women during or just before pregnancy. Data from California's Maternal and Infant Health Assessment and 19 other states in CDC Pregnancy Risk Assessment Monitoring System were used. A multitude of negative SDOH (income, housing, etc) were analyzed and correlated with adverse health consequences. Such metrics included are divorce rates, income level, separation rates, all tied into the economic and psychosocial support network needed. Suggestions on further study and the emphasis of SDOH and maternal health are detailed.

CDC. (n.d). A Practitioner's Guide to Advancing Health Equity. Retrieved from <https://www.cdc.gov/nccdphp/dch/pdf/HealthEquityGuide.pdf>

The purpose of the Health Equity Guide is to assist practitioners with addressing the well-documented disparities in chronic disease health outcomes. This resource offers lessons learned from practitioners on the front lines of local, state, and tribal organizations that are working to promote health and prevent chronic disease health disparities. It provides a collection of health equity considerations for several policy, systems, and environmental improvement strategies focused on tobacco-free living, healthy food and beverages, and active living.

CDC. (n.d). Ten Essential Public Health Services and How They Can Include Addressing Social Determinants of Health Inequities. Retrieved from https://www.cdc.gov/stltpublichealth/publichealthservices/pdf/ten_essential_services_and_sdoh.pdf

This document has a simple 2 column table which helps illustrates the relationship between addressing SDOH inequities and the 10 essential public health services. Through broader awareness of how these 10 key public health practices can better incorporate consideration of SDOH, this can help practitioners to advance health equity. This document includes links to relevant examples of SDOH resources and tools.

Klein, M., Beck, A., Henize, A., Alcamo, A., Kahn, R., O'Toole, J., & McLinden, D. (2013). Video curriculum on screening for the social determinants of health. *MedEdPortal*, 9. Retrieved from <https://www.mededportal.org/publication/9575>

Video curriculum by The Journal of Teaching and Learning Resources addresses lack of competency among pediatric residents in identifying families that face socioeconomic and environmental difficulties. Furthermore, pediatric residents lack the competence to refer said patients to proper community resource from limited training. The Curriculum contains a series of vignettes, first-hand accounts, and discussion topics. Residents who underwent given curriculum were self-surveyed, later agreeing that curriculum addressed important screenings of SDOH. While not significant, surveyed parents reported more frequent screens for social factors by residents who underwent curriculum.

Levesqu, J., Harris, M. F., & Russell, G. (2012). Patient-centred access to health care: Conceptualising access at the interface of health systems and populations. *International Journal for Equity in Health*, 12(18), 1–9. Retrieved from <https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-12-18>

Literature review published in the International Journal for Equity in Health suggest a conceptualization of access of health care by integrating demand and supply-side-factors and operationalization in the process of obtaining care and benefiting from the service. Building off older, more tangible operational definitions and concepts of health care access, the new and more patient-centered framework places emphasis on dynamic interaction of care between patient and provider. Conceptualized supply and demand side determinants work to define multilevel accessibility factors in better defining patient/community and provider interaction.

Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), 1099-1104. doi:10.1016/S0140-6736(05)71146-6

Author Michael Marmot expounds on the WHO's Commission on Social Determinants of Health and its role in reviewing its role in identifying, reviewing, and recommending policy goals to improve health of world's most vulnerable people. First, the role of the commission is stated to both mediate the societal debate to promote policy that reduce inequalities in health between countries. A framework of the arguments that the commission will use is given.

Marmot, M., Friel, S., Bell, R., Houweling, T. A., Taylor, S., & Commission on Social Determinants of Health. (2008). Closing the gap in a generation: Health equity through action on the social determinants of health. *The Lancet*, 372(9650), 1661-1669. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/18994664>

Article summarizes the Commission of Social Determinants of Health's findings and recommendations to promote health equity. The article adds commentary to the commission's overarching recommendations of improving daily living conditions, tackling the inequitable distribution of power, money and resources, and measuring and understanding the problem and assessing the result of action. The article encompasses larger elements of health care systems and financing, economics, gender equity, and political empowerment and inclusion.

Marmot, M. G., Smith, G. D., Stansfeld, S., Patel, C., North, F., Head, J., Feeney, A. (1991). Health inequalities among British civil servants: The Whitehall II study. *Lancet*, 337(8754), 1387–1397. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/1674771>

Study by the British Civil Service in 1985 surveyed 10,314 civil servants aged 35-55 to investigate cause of social gradient in morbidity (Whitehall study II). Particular emphasis was placed on psychosocial factors such as stressful work environment and lack of social support in influencing cardiovascular disease. Self-administered questionnaires were posted and found that inverse association between employment grade and the prevalence of cardiovascular disease symptoms. Self-perceived health status and symptoms were worse in lower status jobs, and furthermore higher rates of health-risk behavior were found in lower status jobs.

Schwarz, T. (n.d.). Thematic guide: social and economic determinants of health. Retrieved from <http://www.medicusmundi.org/en/topics/addressing-the-social-determinants-of-health/thematic-guide-social-and-economic-determinants-of-health>

Medicus Mundi International's guide to social and economic determinants of health provides a chronological resource guide to global health conferences, statements, bulletins, and papers under the framework of the WHO's Commission on Social Determinants of Health (CSDH). The guide provides overarching links from the WHO and expands into smaller NGO's, advocacy organization links, educational videos, and specific journal facilitators for SDOH curriculum.

Whitehead, M., & Dahlgren, G. (1991). What can be done about inequalities in health? *The Lancet*, 338(8774), 1059–1063. Retrieved from <http://www.sciencedirect.com/science/article/pii/014067369191911D>

Authors of this Lancet piece suggest modest optimism in combating inequalities in the then geopolitical climate of 1991. The article expresses the already seen and future initiative of medicine and multi-leveled public policy to combat inequality. Options for change are suggested such as infant health, improvement of working conditions, equity in policy creation, and auditing European policy. Readers should be mindful of early 1990's context during which authors had published this article.

World Health Organization. (2012) Health indicators for sustainable development goals. Retrieved from http://www.who.int/hia/health_indicators/en/

Link provides comprehensive list of health indicators for sustainable development goals. Fields for each goal include: agriculture, food nutrition security, disaster risk management, energy, jobs, sustainable cities, and water. Each field contains key messages and broad concept framework for research and field work. Links and key statistics are also provided.

World Health Organization. (2010). A conceptual framework for action on the social determinants of health. Retrieved from http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf?ua=1

This article is part of a Paper Series on Social Determinants of Health. It provides knowledge on how to tackle the social determinants of health to improve health equity. It has two main purposes: to guide empirical work to enhance our understanding of determinants and mechanisms and to guide policy-making to illuminate entry points for interventions and policies.

Books Competency 3b

Brennan Ramirez, L., Baker, E., & Metzler, M. (2008). Promoting health equity: A resource to help communities address social determinants of health. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention.

This CDC resource guide includes a basic social equity educational framework, case studies from varied initiatives, and an action guide for future activities. Included are key statistics on population, race, and other pertinent factors. Recommendations for sustainable action and assessment are emphasized.

Committee on Educating Health Professionals to Address the Social Determinants of Health; Board on Global Health; Institute of Medicine; National Academies of Sciences, Engineering, and Medicine. (2016). A Framework for Educating Health Professionals to Address the Social Determinants of Health. Washington (DC): National Academies Press

National Academies of Science, Engineering, and Medicine produced a conceptual framework for actionable steps for addressing the social determinants of health to health professionals. The framework encompasses the impetus for providing such an education and a number of other topics: ethics and sustainability, implementation of educating professionals, etc. Key notes from the convention were highlighted, such as the global forum on innovation and speaker biographies.

Holzer, H., Schanzenbach, D., Duncan, G., & Ludwig, J. (2007). The economic costs of poverty in the United States: Subsequent effects of children growing up poor. National Poverty Center Working Paper Series.

The literature review prepared by the National Poverty Center details the economic costs of poverty in the US. The working paper focuses on the subsequent effects of children growing up impoverished. A range of studies estimate the relationship between children growing up in poverty and their future social outcomes (earnings, crime, quality of life). Negative outcomes are then framed in an economic context. Quantitatively, the aggregate cost of child poverty is estimated to be \$500B per year, or around 4% of US GDP.

Institute of Medicine. (2011). For the public's health: The role of measurement in action and accountability. Washington, DC: The National Academies Press.

The first of a three part series, the Institute of Medicine's Committee on Public Health Strategies to Improve Health examines current approaches for measuring health of individuals and communities in the US. Topics covered include the case for change in health

measurements and the shortcomings of national health statistics. A number of systemic recommendations are proposed to remedy the described shortcomings of measurement.

Kronenfeld, J. J. (2013). *Social determinants, health disparities and linkages to health and health care*. Emerald Publishing Limited

Key links between health and health care, social determinants of health, and health disparities are examined through large and small scale topics. These links are viewed through the lens of geography, race/ethnicity, health systems, and a myriad of other factors. Literature reviews and large scale statistical analyses convey the aforementioned links through issues of ageing, maternal health, barriers to care, etc.

Manchanda, R. (2013). *The upstream doctors* (38th ed.). TED Conferences.

Social and environmental settings are examined as new “upstream” approaches to medicine. The “upstream” approach incorporates larger perspectives on social determinants of health and integration into medical practice and curriculum is discussed.

Marmot, M. (2015). *The health gap: The challenge of an unequal world*. London, England: Bloomsbury Publishing.

The large health disparities in Scotland’s largest city of Glasgow are highlighted. The setting gives larger context to social determinants of health in the western world’s urban centers.

Michener, J. L., Koo, D., Castrucci, B. C., & Sprague, J. B. (Eds.). (2015). *The practical playbook: Public health and primary care together*. New York, NY: Oxford University Press.

A structure of integrating clinical work into the larger goals of population health is presented. The book covers topics like clinical recommendations for integrating work into larger community health goals, data resources, case studies, and commentaries from key figures in the field.

National Research Council; Institute of Medicine. (2013). *Health in International Perspective: Shorter Lives, Poorer Health*. Washington (DC): National Academies Press

Panel of National Institutes of Health, National Research Council, and Institute of Medicine convened to report US health disadvantages across life span. The panel describes economic and social disadvantages of the observed shorter life spans and higher injury and illness rate of high income countries. The report details contributing factors such as health care systems, individual behaviors, physical and social environments, and other social determinants of health. Action steps and recommendations for further inquiry are presented.

Ratcliff, K.S. (2017). *The Social Determinants of Health: Looking Upstream*. Polity Press.

This book presents upstream social determinants of health in the context of policies, politics, and power of governmental and corporate decisions that influence health outcomes. The book serves as a criticism of the unethical and unsustainable profit gains that are responsible for negative determinants of health.

Solar, O., & Irwin, A. (Eds.). (2010). *A conceptual framework for action on the social determinants of health*. Geneva, Switzerland: World Health Organization.

This broad, updated conceptual framework crafted by the Commission on Social Determinants of Health highlights different levels of causation, social hierarchy mechanisms, and conditions of daily life. The paper examines current theories on social determinants of health, along with perspectives on significant elements of the SDOH such as income, education, etc. Research gaps and gradients, policies, and interventions are delineated at the end.

Woolf, S. H., & Aron, L. (Eds.). (2013). *US health in international perspective: Shorter lives, poorer health*. Washington, DC: National Academies Press.

Similar to the National Research Council publication, shorter life span and higher morbidity and mortality in the US is dissected to find a cause. The report finds a myriad of health system, social, and economic conditions that lie at the root of these issues.

World Health Organization. (2008). *The world health report 2008: Primary health care: now more than ever*. Geneva, Switzerland: World Health Organization

This 2008 World Health Report emphasizes the importance of primary health care (PHC). Chapters outline the role of primary care in a changing world, universal coverage, policy and public health, leadership and governance, and prescribed action steps.

World Health Organization. (2010). *Equity, social determinants and public health programmes*. Geneva, Switzerland: World Health Organization

Thirteen case studies are detailed to examine the implementation challenges in addressing social determinants of health in low and middle income settings. Statistics and relevant data are included for each study.

World Health Organization. (2015). *Health in all policies: training manual*. Geneva, Switzerland: World Health Organization.

This training manual serves to increase understanding of importance of health in different sector policies. Health in All Policies (HiAP) principles encourage collaboration from different sectors. Educational implementation and dissemination of HiAP is documented.

Videos Competency 3b

Adelman, L., Smith, L., Herbes-Sommers, C., Strain, T. H., MacLowry, R., Stange, E., Garcia, R. P.,...Public Broadcasting Service (U.S.). (2008). *Unnatural causes: Is Inequality Making Us Sick?* San Francisco, CA: California Newsreel. Retrieved from http://www.unnaturalcauses.org/for_educators.php and http://www.unnaturalcauses.org/assets/uploads/file/UC_DiscussionGuide_All.pdf

This is a seven-part documentary series exploring racial and socioeconomic inequalities in health. The four-hour series is made up of seven programs: a one-hour introduction/overview plus six half-hour episodes. Each episode is set in a different ethnic/racial community. Through portraits of individuals and families across the United States, the series reveals the root causes and extent of health inequities and searches for solutions. It provides a deeper exploration of how social conditions affect population health and how some communities are extending the lives of their residents by improving them. The first link provides resources (lesson plans, syllabi, facilitation guides, online courses) to help explore health equity and deepen understanding of the presented concepts. The second link is a discussion guide for this documentary. It includes a wide range of questions and activities to engage different audience types in dialogue.

WHO. (n.d.). Health inequities and their causes. Retrieved from http://www.who.int/features/factfiles/health_inequities/en/

As part of the WHO fact file series, this fact file looks at what health inequities are, provides examples and shows their cost to society.

WHO. (n.d.). Media Centre. Retrieved from http://www.who.int/social_determinants/mediacentre/en/

Media Centre details chronological declarations by the WHO on the SDOH. Aforementioned reports and conferences are documented with links of interviews, panels, films, and bulletins. Provides easy access to visual media on large scale health efforts.

Study Questions for Global Citizen Level Competency 3b

1. Define the following terms: Social Determinants of Health, Access to Health Care, and Universal Health Care.
2. Illustrate your ability to apply concepts of social determinants of health inequities by answering the following questions about a community:
Is this a healthy community? Are some people healthier than other people in this community? Why or why not?
3. Do the history or values of this community influence the health of the community? How?
 - a. What are the assets of this community? What are the barriers to accessing care in this community?
 - b. How do social or economic conditions influence health in the community?

Additional Study Questions for Basic Operational Level Competency 3b

1. Describe in detail the historical context of the development of the concepts associated with the social determinants of health.
2. Name and give examples of six categories of social determinants.
3. Describe the dimensions of access to health care.

4. Distinguish between “Primary Health Care” and “Primary Care.” State where each are applied and provide examples of how one approach may be better suited to address the social determinants of health.
5. Describe common indicators used for measuring health gains through policy approaches.

Websites Competency 3c

Centers for Disease Control and Prevention. (n.d.). National center for environmental health. Retrieved from <http://www.cdc.gov/nceh/>

National Institute of Environmental Health Sciences. (n.d.). For educators. Retrieved from <http://www.niehs.nih.gov/health/scied/teachers/>

UNHCR, The UN Refugee Agency. (n.d.). Water, sanitation, and hygiene. Retrieved from <http://www.unhcr.org/pages/49c3646cef.html>

United Nations. (2008). International year of sanitation. Retrieved from <http://esa.un.org/iys/>This reference provide historical context.

World Health Organization (WHO). (n.d.). Public health, environmental and social determinants of health (PHE). Retrieved from <http://www.who.int/phe/en/>

WHO. (n.d.). Water sanitation health. Retrieved from http://www.who.int/water_sanitation_health/en/

Articles and Reports Competency 3c

Centers for Disease Control and Prevention. (1999). Achievements in public health, 1900-1999: Safer and healthier foods. *Morbidity and Mortality Weekly Report*, 48(40), 905–932. Retrieved from <http://www.cdc.gov/mmwr/PDF/wk/mm4840.pdf>

Kindig, D., & Stoddart, G. (2003). What is population health? *American Journal of Public Health*, 93(3), 380–383. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447747/>

Kulshrestha, M., & Mittal, A. (2003). Diseases associated with poor water and sanitation: Hazards, prevention, and solutions. *Reviews on Environmental Health*, 18(1), 33–50. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/12875510>

Prüss-Üstün, A., & Corvalán, C. (2006). Preventing disease through healthy environments: Towards an estimate of the environmental burden of disease: Executive summary. Geneva, Switzerland: World Health Organization. Retrieved from http://www.who.int/quantifying_ehimpacts/publications/prevdiseexecsume.pdf?ua=1

UN-Water. (2008). Tackling a global crisis: International year of sanitation2008. Geneva, Switzerland: UN-Water. Retrieved from http://esa.un.org/iys/docs/IYS_flagship_web_small.pdf

Study Questions for Global Citizen Level Competency 3c

1. Define “population health.”
2. List three different diseases or conditions that can be caused by each of the following: poor water quality; poor sanitation; lack of access to safe, healthy food; and poor air quality.

Additional Study Questions for Basic Operational Level Competency 3c

1. Give examples of both non-communicable and communicable diseases that are affected by access to and quality of water, sanitation, food and air on individual and population health.
2. Describe how struggles to access safe water and to secure food impact the health of women and children in refugee camps.

DOMAIN 4

Capacity Strengthening

Capacity strengthening is sharing knowledge, skills, and resources for enhancing global public health programs, infrastructure, and workforce to address current and future global public health needs.

Only Basic Operational Program-Oriented Level

Competencies

4a Collaborate with a host or partner organization to assess the organization's operational capacity.

4b Co-create strategies with the community to strengthen community capabilities and contribute to reduction in health disparities and improvement of community health.

4c Integrate community assets and resources to improve the health of individuals and populations.

4 Capacity Strengthening

Competency 4a

Collaborate with a host or partner organization to assess the organization’s operational capacity

2nd Edition: Carlos A. Faerron Guzmán (carlos.faerron@tropicalstudies.org)

1st Edition: Elise Fields (elise.fields@gmail.com)
and Jill Edwardson (jedwars49@jhmi.edu).

Teaching Strategies

Educators should consider starting with a discussion surrounding the components of “operational capacity” (legal, technical, financial, etc.) **Brainstorming:** Challenge students to examine how the operational capacity of an organization may differ based on the perspective(s) entering the partnership. **Behavioral simulation** Encourage students to envision partnering with a large, well-established organization (example: Partners in Health) as well as partnering with a new, smaller organization (ex: any nascent NGO based in a developing country). Have the students assess the operational components for each organization.

Scenario Analysis: In small groups, students should discuss their expectations and anticipations of what different organizations may look like (this can happen before or after being assigned a host/partner organization) as well as barriers to implementation as a result of the organization’s operational capacity. Complementary to Competency 5b, these two competencies can be taught concurrently.



Competency 4b

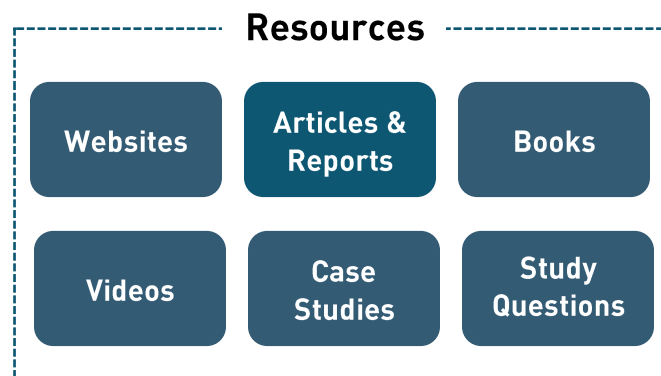
Co-create strategies with the community to strengthen community capabilities and contribute to reduction in health disparities and improvement of community health.
(Basic Operational Level).

2nd Edition: Jessica Evert (jevert@cfhi.org) and Deborah Dandu (deborah@cfhi.org)

1st Edition: Jessica Evert (jevert@cfhi.org) and Kathleen Ellis (ellisk@musc.edu)

Teaching Strategies

This competency brings into focus international development and community engagement strategies and practices. International development has contrasting approaches, broadly known as deficit versus asset-based strategies. In addition, there are controversies between those who favor increased foreign aid from richer to poorer settings, and those that advocate for more market-driven approaches. These two perspectives are captured, respectively, by thought leaders such as Jeffrey Sachs and Dambisa Moyo. Understanding the geopolitical, historical, and broad determinants of GDP and a country's economic position is essential. In addition, the role of capacity building within and beyond the health sector cannot be overstated. Capacity building in a manner that is sustained and impactful is a skillsset necessary for global health practitioners.



Competency 4c

Integrate community assets and resources to improve the health of individuals and populations (Basic Operational Level).

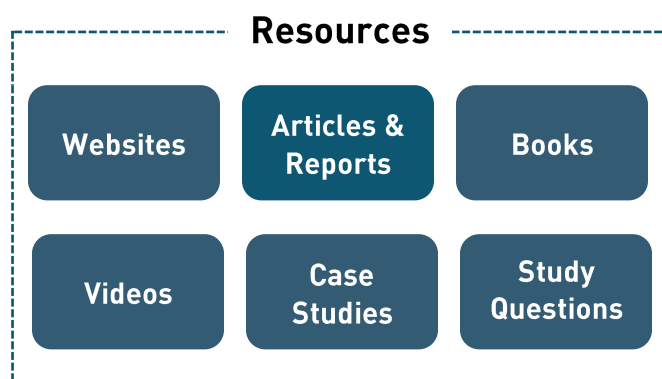
2nd Edition: Jessica Evert (jevert@cfhi.org) and Deborah Dandu (deborah@cfhi.org)

1st Edition: Jessica Evert (jevert@cfhi.org) and Kathleen Ellis (ellisk@muscd.edu)

Teaching Strategies

This competency builds on mere understanding of asset-based engagement and requires learners to apply an understanding of assets into health improvement strategies and approaches. Nurturing this competency requires students to undertake a process or project that allows them to collaborate with community-based stakeholders to improve the health of either individuals, groups of individuals, or the community as a whole. Students will need to define and identify community assets in order to then be able to describe how these resources are (or are not) effectively integrated into the community-based stakeholder program/initiatives. Naturally this leads into monitoring and evaluation skills sets as effective asset integration must be confirmed through measurement. This can often be a challenging task to fit into a short academic course or program calendar. Thus, utilizing a ‘beads on a string’ methodology allows students to engage in pieces of an ongoing process, preferably one led by local community members and integrating students. It is important that each student who participates together or sequentially in the project get sufficient background and contextual understanding to appreciate the complexity, nuances, and long-term perspective of how short-term efforts fit into a larger longitudinal effort to improve health.

*The resources below include descriptions and examples of approaches that emphasize integrating community assets into health improvement such as Asset-Based Community Development Model, Healthcare worker capacity building approach, Community-based Participatory Research, and more.



Websites Competency 4a

- Case Studies for Global Health. (n.d.). Retrieved from <http://www.casestudiesforglobalhealth.org/>
- I-TECH, International Training and Education Center for Health (n.d.). Health systems strengthening. Retrieved from <http://www.go2itech.org/what-we-do/heath-systems-strengthening>
- NGO Advisor. (n.d.). Top 100 NGOs. Retrieved from <http://theglobaljournal.net/top100NGOs/>
- World Association of Non-Governmental Organizations, WANGO. (n.d.). Worldwide NGO Directory. Retrieved from <http://www.wango.org/resources.aspx?section=ngodir&sub=list@ionID=0>

Articles and Reports Competency 4a

- Behn, R. (2015, June 11). Rule #1: Policy design starts with operational capacity. Government Executive. Retrieved from <http://www.govexec.com/excellence/promising-practices/2015/06/rule-1-policy-design-starts-operational-capacity/115051/> [EF2]
- Berman, P., & Bitran, R. (2011, May). Health systems analysis for better health system strengthening (Discussion Paper). Retrieved from World Bank website: <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/HealthSystemsAnalysisForBetterHealthSysStrengthening.pdf>
- Royston, G. (2011). Meeting global health challenges through operational research and management science. *Bulletin of the World Health Organization*, 89, 683–688. Retrieved from <http://www.who.int/bulletin/volumes/89/9/11-086066/en/>

Study Questions for Basic Operational Level Competency 4a

1. Select one existing organization that is in its early stages and select one organization that is well-established. Compare the operational capacities of the two organizations with respect to the following components: purpose, governance (both in terms of policies as well as human resource management), technology, and finances.
 - a) Discuss how shortcomings in the operational capacity of the partnering organization may hinder the success of the relationship as well as strategies to overcome potential barriers.
 - b) Compare and contrast expectations (as well as timelines for expectations) for your organization to work with the organizations chosen in question
2. Assess how the perspective or impression of one partner organization towards another may impact the relationship. Also found at <http://www.hks.harvard.edu/thebehnreport/AllIssues/BehnReport2015-5May.pdf>

Websites Competency 4b

Asset-Based Community Development Institute (ABCD). (n.d.). Retrieved from <http://www.abcdinstitute.org>

Provides an overview of the ABCD approach to community-based development, as well as case studies, tool kits, and connection with the community of practice.

ABCD Institute Resource Kit. (n.d.). Shifting focus: Alternative pathways for communities and economics. Retrieved from <http://www.abcdinstitute.org/docs/ABCDResourceKitIntro.pdf>

Resources to assist students and faculty in learning more about ABCD.

ABCD Institute Tool kit. (n.d.). Retrieved from <http://abcdinstitute.org/toolkit/index.html>

Tool kit on the “how-to” of using the ABCD approach.

Community-Campus Partnerships for Health (CCPH). (n.d.). Retrieved from <https://www.ccphealth.org/resources/>

Organization and resources that help individuals and institutions partner between communities and academic institutions, including conferences, community-based participatory research guides, examples of best practices, and much more. Retrieved from <https://www.ccphealth.org/resources/faculty-toolkit-for-service-learning-in-higher-education/>

CCPH. (n.d.). Developing and sustaining community-based participatory research partnerships: A skill-building curriculum. Retrieved from <https://ccph.memberclicks.net/>

7 unit curriculum to understanding what CBPR is, how to develop collaborations and operationalize them. Must be CCPH member to access.

CCPH. (n.d.). Toolkits & databases. Retrieved from <https://ccph.memberclicks.net/toolkits-databases>

Includes a toolkit for campus-community service-learning program development found here: https://www.ccphealth.org/wp-content/uploads/2017/10/HE_toolkit.pdf

Conflict Research Consortium, Beyond Intractability
https://www.beyondintractability.org/education_and_training

A variety of courses, resources, and case studies in conflict resolution.

Exploring Cross-Cultural Communication. (n.d.). Retrieved from <http://www.phc-online.org/learning/pages/catalog/cc/>

A web-based course that invites learners to spend time thinking about and developing their own responses to a variety of ideas and situations about culture, communication and public health.

Global Health Bioethics, Research Ethics & Review. (n.d.). eLearning resources. Retrieved from <https://bioethicsresearchreview.tghn.org/elearning/>

A variety of e-learning resources include a 14 module course on research ethics.

Global Health Media Project. (2014). Retrieved from <http://globalhealthmedia.org/>

Videos to train community health workers and depict community-based health interventions and information.

Mind Tools. (n.d.). Cross-culture communication: Good collaboration is a must. Retrieved from <https://www.mindtools.com/CommSkill/Cross-Cultural-communication.htm>

A variety of management tools, including a brief article on cross-cultural communication, can be useful to project management and personnel management training.

NextGenU. (n.d.). Retrieved from <http://www.nextgenu.org/>

Free accredited higher education, including a soon-to-be-released MPH degree, useful for capacity building.

Peoples-uni. (n.d.). People's open access education initiative: Peoples-uni. Retrieved from <http://peoples-uni.org/content/courses-general>

Open Education Resources (OER) including free courses on public health grouped into foundational and more advanced levels.

The Open University. (n.d.). HEAT Resources. Retrieved from <http://www.open.ac.uk/africa/heat/heat-resources>

HEAT “Health Education and Training” include thirteen modules cover a wide range of subjects including child and maternal health, hygiene, immunization, and nutrition. These modules have been created as Open Educational Resources and they can be accessed by anyone in the world, at any time, free of charge.

Training and Resources in Research Ethics Evaluations. (n.d.). Retrieved from <http://elearning.trree.org/course/index.php>. Courses are available at <https://elearning.trree.org/course/index.php?categoryid=1>.

Modules on various aspects of research ethics including those specific to HIV, Public Health and other subjects.

University of Michigan School of Public Health training Community-Based Participatory Research: A Partnership Approach for Global Health. Downloadable training that introduces participant to key concepts and basics of community based participatory research
<https://sites.google.com/a/umich.edu/community-based-participatory-research/about-this-training>

Articles and Reports Competency 4b

Articles on asset-based community development

ABCD Institute. (n.d.). Agents rather than patients. Retrieved from http://abcdinstitute.org/docs/abcd/Windsor_2003.pdf. Promotes asset-based community development.

ABCD Institute. (n.d.). What is asset based community development (ABCD). Retrieved from <http://abcdinstitute.org/docs/What%20isAssetBasedCommunityDevelopment%281%29.pdf>.

Explores the concept of asset based community development.

Bergdall, T. (2012). Reflections on the catalytic role of an outsider in asset-based community development. In T. Timsina & D. Neupane (Eds.). *Changing lives, changing society: ICA's experience in Nepal and in the world*. Kathmandu, Nepal: ICA Nepal. Retrieved from: <https://community-wealth.org/sites/clone.community-wealth.org/files/downloads/paper-bergdall.pdf>

Duncan, D. (2015). *The four components of effective collective impact: Through the lens of asset-based community development and results-based accountability*. Rockville, MD: Results Leadership Group. Retrieved from [https://resources.depaul.edu/abcd-institute/publications/by-topic/Documents/The%20Four%20Components%20of%20Effective%20Collective%20Impact%20ABCD%20RBA\(1\).pdf](https://resources.depaul.edu/abcd-institute/publications/by-topic/Documents/The%20Four%20Components%20of%20Effective%20Collective%20Impact%20ABCD%20RBA(1).pdf)

Explores the four components of effective collective impact, centered on asset-based community development and results-based accountability.

Duncan, D. H. (2012). The classic duo: Accountability and community development can help unlock an abundance of resources. *Public Management Magazine*, 20–23. Retrieved from <http://abcdinstitute.org/docs/Duncan%20ABCD%20RBA%20ICMA%20Article%20Nov%202012.pdf>.

Explores the connection between results-based accountability and asset-based community development as a method for local governments to promote measurable change through community engagement.

Russell, C., & Smeaton, T. (2009). *From needs to assets: Charting a sustainable path towards development in sub-Saharan African countries*. United Kingdom: Practical Action Publishing.

Retrieved from <http://abcdinstitute.org/docs/From%20Needs%20to%20Assets%20-Charting%20a%20Sustainable%20path%20towards%20Development%20in%20Sub-Saharan%20African%20Countries.pdf> .

Argues for the redefinition of development in Sub-Saharan Africa to better follow the asset-based approach for community development.

Articles on capacity building/global health workforce

Brown, A., Cometto, G., Cumbi, A., de Pinho, H., Kamwendo, F., Lehmann, U., Sanders, D. (2011). Mid-level health providers: A promising resource. *Rev Peru Med Exp Salud Publica*, 28(2), 308–315. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21845312>.

Explains the significance of mid-level health providers and how they can help overcome health workforce challenges, improve health services, and achieve the Millennium Development Goals.

Cometto, G., Boerma, T., Campbell, J., Dare, L., & Evans, T. (2013). The third global forum: Framing the health workforce agenda for universal health coverage. *The Lancet Global Health*, 1(6), e324–e325. Retrieved from <http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2813%2970082-2/fulltext>. DOI: [http://dx.doi.org/10.1016/S2214-109X\(13\)70082-2](http://dx.doi.org/10.1016/S2214-109X(13)70082-2)

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Explores the processes and strategies associated with four distinct approaches to capacity building; and considers the role of funding bodies and questions how these factors affect the evaluation of capacity building.

Feldbaum, H., Lee, K., & Michaud, J. (2010). Global health and foreign policy. *Epidemiologic Reviews*, 32(1), 82–92. Retrieved from <http://epirev.oxfordjournals.org/content/32/1/82>.

Calls for the restructuring of the way in which foreign policy processes and initiatives work, including systems of coordination and consultation between national and international agencies of defense, diplomacy, and development.

Serour, G. I. (2009). Healthcare workers and the brain drain. *International Journal of Gynecology and Obstetrics*, 106(2), 175–178. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19535068>

Addresses the brain drain and proposes a code of practice on international recruitment of health personnel to address this issue.

Sheikh, M. (2009). The health workforce: Scaling up through primary health care [PowerPoint slides]. Retrieved from http://www.who.int/workforcealliance/media/speeches/4th_icphc.pdf

Presentation on the global health workforce crisis and the global health workforce alliance as a solution.

World Health Organization. (2013). Global health workforce shortage to reach 12.9 million in coming decades. Retrieved from <http://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/#>

Reports on key causes of the global health workforce shortage.

Articles on community-based research and ethics:

Burns, J. C., Cooke, D. Y., & Schweilder, C. (2011). A short guide to community-based participatory action research. Los Angeles, CA: Advancement Project – Healthy City. Retrieved from <http://www.labor.ucla.edu/wp-content/uploads/2015/03/A-Short-Guide-to-Community-Based-Participatory-Action-Research.pdf>

An introduction to the Community-Based Participatory Action Research framework and provides workshops for understanding how to apply this framework as well as serving as a resource for conduct further research.

Folayan, M. O., Peterson, K., & Kombre, F. (2015). Ethics, emergencies and Ebola clinical trials: The role of governments and communities in offshored research. *The Pan African Medical Journal*, 22(Suppl 1), 10. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/26740838>

In the midst of the investments in the Ebola Virus Disease research, this article expresses concerns toward lack of attention paid to community ethics engagement programs and critical government regulatory agencies.

MacQueen, K. M., Bhan, A., Frohlich, J., Holzer, J., Sugarman, J., & Ethics Working Group of the HIV Prevention Trails Network. (2015). Evaluating community engagement in global health research: The need for metrics. *BMC Medical Ethics*, 16(44), 1–9. Retrieved from <http://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-015-0033-9>

Proposes better guidelines and scholarship regarding community engagement in research.

Melby, M. K., Loh, L. C., Evert, J., Prater, C., Lin, H., & Khan, O. A. (2016). Beyond medical "missions" to impact-driven short-term experiences in global health (STEGHs): Ethical principles to optimize community benefit and learner experience. *Academic Medicine*, 91(5), 633–638. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/26630608>

Explores the concept of short-term global health experiences in light of increasing demands for global health education in medical training.

Tindana, P. O., Singh, J. A., Tracy, C. S., Upshur, R. E. G., Daar, A. S., Singer, P. ., . . . Lavery, (2007). Grand challenges in global health: Community engagement in research in developing countries.

PLoS Medicine, 4(7), 1451–1455. Retrieved from <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0040273>

Explores the challenges in global health and its relevance to community engagement.

Articles on training experiences, community partnership, communication and ethics

Crump, J. A., Sugarman, J., & Working Group on Ethics of Guidelines for Global Health Training. (2010). Ethics and best practice guidelines for training experiences in global health. *The American Journal of Tropical Medicine and Hygiene*, 83(6), 1178–1182. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2990028/>

Explores what are the ethics and best practices when seeking training experiences in global health.

Hufford, L., West, D. C., Paterniti, D. A., & Pan, R. J. (2009). Community-based advocacy training: Applying asset-based community development in resident education. *Academic Medicine*, 84(6), 765–770. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/19474556>

Reflects on the Communities and Physicians Together initiative and how it promotes asset-based community development.

Lieberman, D. (2015, February 9). Rethinking how we perceive and approach service-learning [Blog post]. Retrieved from <https://www.aacu.org/leap/liberal-education-nation-blog/rethinking-how-we-perceive-and-approach-service-learning>

Explores the changes in service learning.

Loh, L. C., Cherniak, W., Dreifuss, B. A., Dacso, N. M., Lin, H. C., & Every, J. (2015). Short-term global health experiences and local partnership models: A framework. *Globalization and Health*, 11(50). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/26684302>

Explores the concept of short-term global health experiences.

Books Competency 4b

The Aspen Institute. (2016). *Measuring community capacity building: A workbook-in-progress for rural communities*. Washington, DC: Aspen Institute/Rural Economic Policy Program. Retrieved from: <https://www.aspeninstitute.org/publications/measuring-community-capacity-building/>

Defines community capacity building, explores its importance, evidence of it, and how to measure it.

The Global Health Fund to Fight AIDS, Tuberculosis and Malaria. (2014). Community systems strengthening framework (Revised ed.). Geneva, Switzerland: The Global Health Fund.

Provides a detailed framework for community systems strengthening centered on fighting AIDS, Tuberculosis, and Malaria.

Kretzmann, J. P., & McKnight, J. L. (1993). Building communities from the inside out: A path toward finding and mobilizing a community's assets. Chicago, IL: ACTA Publications.

Explores lessons gained by studying successful community-building initiatives in neighborhoods throughout the U.S. to show the accomplishments of local communities in asset-based development.

Measure Evaluation Manual. (2014). Mapping community-based global health programs: A reference guide for community-based practitioners. Chapel Hill, NC: MEASURE Evaluation.

Complete guide for community-based practitioners seeking to map community-based global health programs.

Mathie, A., & Cunningham, G. (2008). From clients to citizens: Communities changing the course of their own development. Warwickshire, England: Practical Action Publishing.

Explores case studies regarding communities that built on their assets before seeking assistance from outside sources.

Videos Competency 4b

TEDx Talks. (2014, Nov 18). Making the invisible visible | DeAmon Harges | TEDxIndianapolis [Video file]. Retrieved from <https://www.youtube.com/watch?v=y6yiRXVP90g>

Explores using art for social change and community building to focus more on Asset-Based Community Development.

Case Studies Competency 4b

ICF International. (2012). Global fund supported community systems strengthening programs in Cambodia: Evaluation report. Calverton, MD: ICF International. Retrieved from http://cedarscenter.com/resources/CSS_Cambodia_report_March_27_final.pdf

Full evaluation report on programs in Cambodia centered on global fund-supported community systems strengthening.

Public Health Institute. (2009). Empowering the community at Risk: The partnership of PT Tupperware Indonesia and HOPE worldwide. Retrieved from <http://www.phi.org/resources/?resource=empowering-the-community-at-risk-the-partnership-of-pt-tupperware-indonesia-and-hope-worldwide>

Provides details on a case study done in North Jakarta by Tupperware and HOPE to improve and sustain a better quality of life. This initiative focuses on women and children.

UNAIDS. (2012). Promising practices in community engagement for elimination of new HIV infections among children by 2015 and keeping their mothers alive. Geneva, Switzerland: UNAIDS. Retrieved from http://www.unaids.org/sites/default/files/media_asset/20120628_JC2281_PromisingPracticesCommunityEngagements_en_0.pdf

Provides full report on promising practices in community engagement that can prevent HIV

Study Questions Competency 4b

1. What is a key component of Asset-Based Community Development?
 - a) Needs Assessment
 - b) Asset-Mapping
 - c) Burden of Disease Evaluation
 - d) Legal Review
2. What is the first website to offer a free/open source Master's in Public Health (MPH)?
 - a) HEAL Initiative
 - b) NextGenU
 - c) USAID
 - d) University of Phoenix
3. Approaches to capacity building include:
 - a) Bottom-Up Organizational Approach
 - b) Top-Down Organizational Approach
 - c) Partnerships
 - d) Community Organizing
 - e) All of the Above

Websites Competency 4c

Asset-Based Community Development Institute (ABCD). (n.d.). Retrieved from <http://www.abcdinstitute.org>

This is the homepage for the Asset-Based Community Development Institute which includes links to a variety of content on the topic, some of which are specifically highlighted below.

ABCD Institute Resource Kit. (n.d.). Shifting focus: Alternative pathways for communities and economics. Retrieved from <http://www.abcdinstitute.org/docs/ABCDResourceKitIntro.pdf>

Provides the Community Partnering Process and including the restructuring of the power industry as an example. This is the introduction document to a four-part resource kit.

ABCD Institute Tool Kit. (n.d.). Retrieved from <https://resources.depaul.edu/abcd-institute/resources/Pages/tool-kit.aspx>

A collection of tools from ABCD faculty and other groups that embody ABCD principles in their work.

Community-Campus Partnerships for Health (CCPH). (n.d.). Retrieved from <https://www.ccphealth.org>

Home page of Community-Campus Partnerships for Health, an organization focused on promoting health equity and social justice through partnerships with communities and academic institutions.

CCPH. (n.d.). Developing and sustaining community-based participatory research partnerships: A skill-building curriculum. Retrieved from <https://ccph.memberclicks.net/cbprcurriculum>

Provides an extensive lay out and resources for the seven unit curriculum for developing and sustaining community-based participatory research partnerships.

CCPH. (n.d.). Resource Library Retrieved from <http://www.ccphealth.org/resources>

Provides a collection of resources by the Community-Campus Partnerships for Health.

Exploring Cross-Cultural Communication. (n.d.). Retrieved from <http://www.phtc-online.org/learning/pages/catalog/cc/>

Defines cross-cultural communication.

Global Health Bioethics, Research Ethics & Review. (n.d.). eLearning resources. Retrieved from <https://bioethicsresearchreview.tghn.org/elearning/>

Provides a large variety of online courses related to research conduct and ethics.

Global Health Media Project. (2014). Retrieved from <http://globalhealthmedia.org/>

Homepage of Global Health Media, an organization centered on creating videos to teach life-saving techniques to local healthcare workers in the developing world.

Mind Tools. (n.d.). Cross-culture communication: Good collaboration is a must. Retrieved from <https://www.mindtools.com/CommSkill/Cross-Cultural-communication.htm>

Explores the concept of cross-culture communication.

NextGenU. (n.d.). Retrieved from <http://www.nextgenu.org/>

Offers free online courses for the healthcare field.

Peoples-uni. (n.d.). People's open access education initiative: Peoples-uni. Retrieved from <http://peoples-uni.org/>

Seeks to improve the health of low- to middle-income countries through Public Health capacity via e-learning at a low cost.

The Open University. (n.d.). HEAT Resources. Retrieved from <http://www.open.ac.uk/africa/heat/heat-resources>

Provides modules that make up the theoretical training element of the HEAT program.

Training and Resources in Research Ethics Evaluations. (n.d.). Retrieved from <http://elearning.trree.org/course/index.php>

Provides training modules and national supplements regarding research ethics evaluation.

USAID, U.S. Agency for International Development. (n.d.). MEASURE Evaluation. Retrieved from <http://www.cpc.unc.edu/measure>

Homepage for mandate to strengthen health information systems in low-resource settings.

Articles and Reports Competency 4c

Articles on asset-based community development

ABCD Institute. (n.d.). Agents rather than patients. Retrieved from https://resources.depaul.edu/abcd-institute/publications/publications-by-topic/Documents/Windsor_2003.pdf

Promotes asset-based community development.

ABCD Institute. (n.d.). What is asset based community development (ABCD). Retrieved from <http://abcdinstitute.org/docs/What%20isAssetBasedCommunityDevelopment%281%29.pdf>

Explains what asset based community development is.

Bergdall, T. (2012). Reflections on the catalytic role of an outsider in asset-based community development. In T. Timsina & D. Neupane (Eds.), *Changing lives, changing society: ICA's experience in Nepal and in the world*. Kathmandu, Nepal: ICA Nepal. Retrieved From <https://resources.depaul.edu/abcd-institute/faculty/Documents/T.%20Bergdall%20Catalytic%20Role%20of%20An%20Outsider%202.13.18.pdf>

Reflects on Institute of Cultural Affairs' experience in Nepal, presents case studies centered on asset based community development.

Duncan, D. (2015). *The four components of effective collective impact: Through the lens of asset-based community development and results-based accountability*. Rockville, MD: Results Leadership Group. Retrieved from [https://resources.depaul.edu/abcd-institute/publications/publications-by-topic/Documents/The%20Four%20Components%20of%20Effective%20Collective%20Impact%20ABCD%20RBA\(1\).pdf](https://resources.depaul.edu/abcd-institute/publications/publications-by-topic/Documents/The%20Four%20Components%20of%20Effective%20Collective%20Impact%20ABCD%20RBA(1).pdf)

Explores the four components of effective collective impact, centered on asset-based community development and results-based accountability.

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Explores the connection between results-based accountability and asset-based community development as a method for local governments to promote measureable change through community engagement.

Russell, C., & Smeaton, T. (2009). *From needs to assets: Charting a sustainable path towards development in sub-Saharan African countries*. United Kingdom: Practical Action Publishing. Retrieved from <https://resources.depaul.edu/abcd-institute/publications/publications-by-topic/Documents/From%20Needs%20to%20Assets%20Charting%20a%20Sustainable%20path%20towards%20Development%20in%20Sub-Saharan%20African%20Countries.pdf>

Argues for the redefinition of development in Sub-Saharan Africa to better follow the asset-based approach for community development.

Articles on capacity building/global health workforce

Brown, A., Cometto, G., Cumbi, A., de Pinho, H., Kamwendo, F., Lehmann, U., Sanders, D. (2011). Mid-level health providers: A promising resource. *Rev Peru Med Exp Salud Publica*, 28(2), 308–315. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21845312>

Explains the significance of mid-level health providers and how they can help overcome health workforce challenges, improve health services, and achieve the Millennium Development Goals.

Cometto, G., Boerma, T., Campbell, J., Dare, L., & Evans, T. (2013). The third global forum: Framing the health workforce agenda for universal health coverage. *The Lancet Global Health*, 1(6), e324–e325. Retrieved from [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(13\)70082-2/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(13)70082-2/fulltext)

Explores the shortcomings of the Millennium Development Goals due to shortages of the health workforce.

Crisp, B. R., Swerissen, H., & Duckett, S. J. (2000). Four approaches to capacity building in health: consequences for measurement and accountability. *Health Promotion International*, 15(2), 99–107. Retrieved from <http://heapro.oxfordjournals.org/content/15/2/99.abstract>

Explores the processes and strategies associated with four distinct approaches to capacity building; and considers the role of funding bodies and questions how these factors affect the evaluation of capacity building.

Feldbaum, H., Lee, K., & Michaud, J. (2010). Global health and foreign policy. *Epidemiologic Reviews*, 32(1), 82–92. Retrieved from <http://epirev.oxfordjournals.org/content/32/1/82.full>

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Serour, G. I. (2009). Healthcare workers and the brain drain. *International Journal of Gynecology and Obstetrics*, 106(2), 175–178. Retrieved from <https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1016/j.ijgo.2009.03.035>

Addresses the brain drain and proposes a code of practice on international recruitment of health personnel to address this issue.

Sheikh, M. (2009). The health workforce: Scaling up through primary health care [PowerPoint slides]. Retrieved from http://www.who.int/workforcealliance/media/speeches/4th_icphc.pdf

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World Health Organization. (2013). Global health workforce shortage to reach 12.9 million in coming decades. Retrieved from <http://www.who.int/mediacentre/news/releases/2013/health-workforce-shortage/en/#>

Reports on key causes of the global health workforce shortage

Articles on community-based research and ethics

Burns, J. C., Cooke, D. Y., & Schweilder, C. (2011). A short guide to community-based participatory action research. Los Angeles, CA: Advancement Project – Healthy City. Retrieved from <https://hc-v6-static.s3.amazonaws.com/media/resources/tmp/cbpar.pdf>

An introduction to the Community-Based Participatory Action Research framework and provides workshops for understanding how to apply this framework as well as serving as a resource for conduct further research.

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Loh, L. C., Cherniak, W., Dreifuss, B. A., Dacso, N. M., Lin, H. C., & Every, J. (2015). Short-term global health experiences and local partnership models: A framework. *Globalization and Health*, 11(50). Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4683927/>

Explores the concept of short-term global health experiences in regards to local partnerships.

MacQueen, K. M., Bhan, A., Frohlich, J., Holzer, J., Sugarman, J., & Ethics Working Group of the HIV Prevention Trails Network. (2015).

Evaluating community engagement in global health research: The need for metrics. *BMC Medical Ethics*, 16(44), 1–9. Retrieved from <http://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-015-0033-9>

Proposes better guidelines and scholarship regarding community engagement in research.

Melby, M. K., Loh, L. C., Evert, J., Prater, C., Lin, H., & Khan, O. A. (2016). Beyond medical "missions" to impact-driven short-term experiences in global health (STEGHs): Ethical principles to optimize community benefit and learner experience. *Academic Medicine*, 91(5), 633–638. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/26630608>

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Tindana, P. O., Singh, J. A., Tracy, C. S., Upshur, R. E. G., Daar, A. S., Singer, P. A.,...Lavery, J. V. (2007). Grand challenges in global health: Community engagement in research in developing countries. *PLoS Medicine*, 4(7), 1451–1455. Retrieved from <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0040273>

Explores the challenges in global health and its relevance to community engagement.

Books Competency 4c

Kretzmann, J. P., & McKnight, J. L. (1993). *Building communities from the inside out: A path toward finding and mobilizing a community's assets*. Chicago, IL: ACTA Publications.

Explores lessons gained by studying successful community-building initiatives in neighborhoods throughout the U.S. to show the accomplishments of local communities in asset-based development.

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Explores case studies regarding communities that built on their assets before seeking assistance from outside sources.

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Complete guide for community-based practitioners seeking to map community-based global health programs.

The Aspen Institute. (2016). *Measuring community capacity building: A workbook-in-progress for rural communities*. Washington, DC: Aspen Institute/Rural Economic Policy Program. Retrieved from <https://www.aspeninstitute.org/publications/measuring-community-capacity-building/>

Defines community capacity building, explores its importance, evidence of it, and how to measure it.

The Global Health Fund to Fight AIDS, Tuberculosis and Malaria. (2014). Community systems strengthening framework (Revised ed.). Geneva, Switzerland: The Global Health Fund.

Provides a detailed framework for community systems strengthening centered on fighting AIDS, Tuberculosis, and Malaria

Videos Competency 4c

Harges, D. (2014, Nov 18). Making the invisible visible [TEDxIndianapolis]. Retrieved from <https://www.youtube.com/watch?v=y6yiRXVP90g>

Explores using art for social change and community building to focus more on Asset-Based Community Development.

Case Studies Competency 4c

ICF International. (2012). Global fund supported community systems strengthening programs in Cambodia: Evaluation report. Calverton, MD: ICF International. Retrieved from http://cedarscenter.com/resources/CSS_Cambodia_report_March_27_final.pdf

Full evaluation report on programs in Cambodia centered on global fund-supported community systems strengthening.

Public Health Institute. (2009). Empowering the community at Risk: The partnership of PT Tupperware Indonesia and HOPE worldwide. Retrieved from <http://www.phi.org/resources/?resource=empowering-the-community-at-risk-the-partnership-of-pt-tupperware-indonesia-and-hope-worldwide>.

Provides details on a case study done in North Jakarta by Tupperware and HOPE to improve and sustain a better quality of life. This initiative focuses on women and children.

UNAIDS. (2012). Promising practices in community engagement for elimination of new HIV infections among children by 2015 and keeping their mothers alive. Geneva, Switzerland: UNAIDS. Retrieved from http://www.unaids.org/sites/default/files/media_asset/20120628_JC2281_PromisingPracticesCommunityEngagements_en_0.pdf

Provides full report on promising practices in community engagement that can prevent HIV infections among children and save their mothers.

Study Questions Competency 4c

- 1) What is a key component of Asset-Based Community Development?
 - a) Needs Assessment
 - b) Asset-Mapping
 - c) Burden of Disease Evaluation
 - d) Legal Review

- 2) What is the first website to offer a free/open source Master's in Public Health (MPH)?
 - a) HEAL Initiative
 - b) NextGenU
 - c) USAID
 - d) University of Phoenix

- 3) Four approaches to capacity building include:
 - a) Bottom-Up Organizational Approach
 - b) Top-Down Organizational Approach
 - c) Partnerships
 - d) Community Organizing
 - e) All of the Above

DOMAIN 5

Collaboration, Partnering and Communication

Collaborating and partnering is the ability to select, recruit, and work with a diverse range of global health stakeholders to advance research, policy, and practice goals, and to foster open dialogue and effective communication” with partners and within a team.

Global Citizen Level and Basic Operational Program-Oriented Level.

Competencies

5a Include representatives of diverse constituencies in community partnerships and foster interactive learning with these partners.

5b Demonstrate diplomacy and build trust with community partners.

5c Communicate joint lessons learned to community partners and global constituencies.

5d Exhibit interprofessional values and communication skills that demonstrate respect for, and awareness of, the unique cultures, values, roles/responsibilities and expertise represented by other professionals and groups that work in global health.

5e Acknowledge one’s limitations in skills, knowledge, and abilities.

5f Apply leadership practices that support collaborative practice and team effectiveness.

5 Collaboration, Partnering, and Communication

Competency 5a

Include representatives of diverse constituencies in community partnerships and foster interactive learning with these partners

1st & 2nd Editions: Kristen Jogerst (krj872@mail.harvard.edu), Julius Ho (julius.ho@mail.harvard.edu) and Kajal Mehta (kajal.mehta@mail.harvard.edu)

Teaching Strategies

This topic would ideally involve interactive sessions with partner institutions from the Global North and the Global South. Instruction on the importance of involving Community Boards in research and local projects can be delivered through a variety of teaching styles: lectures, case studies on failed projects, interdisciplinary exercises, etc. Trainees can utilize the Community Toolbox from University of Kansas or the University of Washington modules on Community-Based Participatory Research, listen to lectures on the different outcomes of when projects do vs. do not involve key community stakeholders, and simulation projects can be assigned between trainees from high, middle, and low-income countries, with the goal of completing the exercises through online video conferencing interfaces. To include diverse constituencies in community partnerships, networking with a variety of different community leaders would be a helpful exercise. Knowing different global health programs have different levels of funding and resources available for field experiments and travel, some ongoing partnerships between diverse communities and involvement of diverse constituencies will have to take place through online interfaces and global case studies. Online lectures from experts in community-based projects can also take the place of more expensive field visits to highlight the importance of successful projects that included diverse community-involvement and failed projects that did not leverage diverse community support.



Competency 5b

Demonstrate diplomacy and build trust with community partners.

1st & 2nd Edition: Kevin Dieckhaus (diechaus@uchc.edu),
Janis Tupesis (jtupesis@medicine.wisc.edu) and
Tiffany Frazer (tfrazer@mcw.edu).

Teaching Strategies

Educators may consider providing a brief overview of why the practice of community engagement is the cornerstone of successful research and programming. The main principles of community engagement should be presented and expand on the importance of placing priority on equitable partnerships. Educators may consider providing one domestic and one international successful effort in community engagement. The presenter may wish to discuss different models for building trust. Concepts may be reinforced through a tabletop exercise of simulation/role playing whereby a hypothetical project is being vetted. Learners are divided into small groups and asked to represent differing stakeholders including NGOs, government, health care providers, community groups, and academics. After a period of group discussion, groups are asked to identify their specific interests or priorities in the project and negotiate with other stakeholders to meet their needs.

Resources

Websites

Articles &
Reports

Books

Study
Questions

Competency 5c

Communicate joint lessons learned to community partners and global constituencies.
(Basic Operations Level Only)

1st & 2nd Edition: Kevin Dieckhaus (diechaus@uchc.edu),
Janis Tupesis (jtupesis@medicine.wisc.edu) and
Tiffany Frazer (tfrazer@mcw.edu).

Teaching Strategies

Educators may consider reviewing the definition of global health as an emerging science that engages multiple stakeholders from a variety of disciplines. A set of guiding global health principles must be decided upon by community partners and global constituencies to jointly communicate their lessons learned. Educators may bring up that a joint dissemination strategy should include principles of collaboration, reciprocity, multidisciplinary engagement, and sustainability. The presenter may wish to discuss different models for communicating findings. Concepts may be reinforced through a tabletop exercise of simulation/role playing whereby a hypothetical project is being vetted. Learners are divided into small groups and asked to represent differing stakeholders including NGOs, government, health care providers, community groups, and academics. After a period of group discussion, groups are asked to identify their specific interests or priorities in the project and negotiate strategies for reporting.



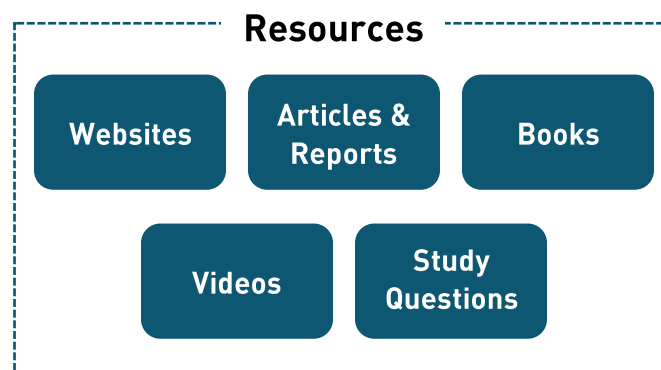
Competency 5d

Exhibit interprofessional values and communication skills that demonstrate respect for, and awareness of, the unique cultures, values, roles/responsibilities and expertise represented by other professionals and groups that work in global health.
(Global Citizen & Basic Operations Level)

2nd Edition: Kristen Jogerst (krj872@mail.harvard.edu),
Julius Ho (julius.ho@mail.harvard.edu),
Kajal Mehta (kajal.mehta@mail.harvard.edu)
1st Edition: Kristen Jogerst (krj872@mail.harvard.edu)
1st Edition: Edited by (holm.michelle@mayo.edu)

Teaching Strategies

Initial background on this topic could include a combination of key articles from various professional fields involved in global health: economics, dentistry, medicine, public health, business, statistics, nursing, pharmacy, information technology, engineering, psychology, anthropology, and others. Supplemental assignment of videos, blogs, exploring websites, lecture or in-class activities can help contrast various professional approaches to global health problems. Online interviews with leaders from the various fields of study applicable to global health would be helpful for students to understand the various approaches different professions can take to contribute to the global health arena. Guest lecturers could then build on these online modules, allowing students to probe deeper into the methodology various fields take to solve global health problems and begin to build global health partnerships. Interactive simulation would be very beneficial for this competency, where students apply this competency via team-based interprofessional learning activities including having students prepare group presentations on global health case simulations. If possible, interprofessional field experiences can be arranged to further develop and apply this skill.



Competency 5e

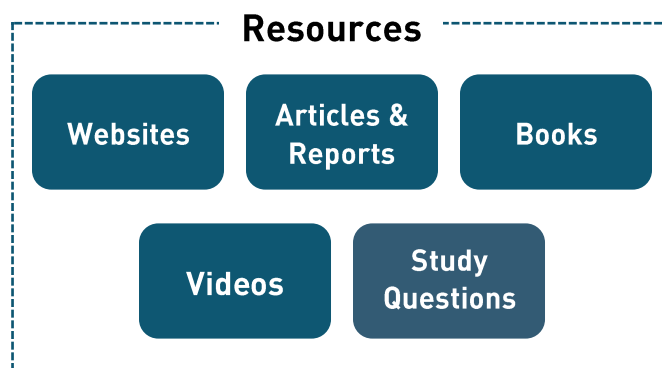
Acknowledge one's limitations in skills, knowledge, and abilities
(Global Citizen & Basic Operations Level)

2nd Edition: Kristen Jogerst (krj872@mail.harvard.edu);
Julius Ho (julius.ho@mail.harvard.edu),
Kajal Mehta (kajal.mehta@mail.harvard.edu)

1st Edition: Kristen Jogerst (krj872@mail.harvard.edu);
Edited by: Michelle Holm (holm.michelle@mayo.edu)

Teaching Strategies

This topic will likely require a combination of time devoted to reading global health ethics articles or a global health ethics textbook assigned as required reading, with supplemental assignments of videos, blogs, exploring websites, lecture or in-class activities - various methods to stimulate self-reflection within global health practice. It will be very important that the assigned readings, videos, and lectures on this ethics component within global health are balanced with time for the trainee to spend writing or discussing with their peers about what they learned from positive and negative past global health experiences. Written reflections on the readings as well as time for personal reflection will be important. Trainees should be encouraged to ponder “difficult cases” in global health – cases in which global healthcare delivery was done unethically due to individuals not recognizing their limitations. In addition, trainees should be encouraged to develop their own case studies with group members to hypothesize boundaries beyond which they would be passing their own knowledge or skills when working on global health problems. These interactive sessions could build off themes learned from the readings and videos. If possible, particularly for the Basic Operational Level, clinical experiences can be arranged to observe how the trainees appropriately apply this skill and attitude in the field. For further literature on ethical interaction in global health clinical work refer to Competency 6a.



Competency 5f

Apply leadership practices that support collaborative practice and team effectiveness

1st & 2nd Edition: LaHoma Smith Romocki (lromocki@nccu.edu) and Mary T. White (mary.t.white@wright.edu)

Teaching Strategies

Educators should create learning opportunities that focus on the importance of collaborating and partnering with a diverse group of stakeholders to advance global health goals and objectives. In addition to discussing major reasons why and how collaboration serves the needs of all, specific examples can be offered of successful partnerships which have led to positive health outcomes. Educators should also highlight examples when collaboration did not occur and the negative consequences that ensued to the health of the population or community of interest. Highlight the importance of understanding the differences in leadership and management styles as well as developing strong cross-cultural, conflict resolution and effective communication skills. Students can be introduced to the challenges of collaboration when various stakeholders have different agendas. Educators should include problem-based and team-based learning, case discussion, perhaps role-plays of various stakeholders.



Websites Competency 5a

University of Kansas. (.d.) Community Tool Box- 1. Creating and Maintaining Partnerships and Assessing Community Needs and Resources. (n.d.). Retrieved from <https://ctb.ku.edu/en/toolkits>

Two selections from a very thorough toolkit created by the Center for Community Health and Development at University of Kansas. Each guide contains an outline of steps, links to a multimedia e-textbook delving into concepts, and brief real-world examples

University of Washington. (n.d.). Curriculum on community based participatory research (CBPR). Retrieved from <https://depts.washington.edu/ccph/cbpr/index.php>

Online curriculum focused specifically on the principles and application of CBPR. Each unit is primarily text-based, but contains learning objectives, real-world examples, ideas for exercises/activities, and suggested additional readings.

Articles and Reports Competency 5a

Binagwaho, A., Nutt, C. T., Mutabazi, V., Karema, C., Nsanzimana, S., Gasana, M.,...Farmer, P. E. (2013). Shared learning in an interconnected world: Innovations to advance global health equity. *Globalization and Health*, 9(37). Retrieved from <http://doi.org/10.1186/1744-8603-9-37>

Fallon, G., & Brown, R. (2002). Focusing on focus groups: Lessons from a research project involving a Bangladeshi community. *Qualitative Research*, 2(2), 195–208. Retrieved from <http://journals.sagepub.com/doi/abs/10.1177/146879410200200204>

Fawcett, S. B., Paine-Andrews, A., Francisco, V. T., Schultz, J. A., Richter, K. P., Lewis, R. K.,...Fisher, J. L. (1995). Using empowerment theory in collaborative partnerships for community health and development. *American Journal of Community Psychology*, 23(5), 677–697. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/8851345>

Giachello AL, author; Ashton D, Kyler P, Rodriguez ES, Shanker R, Umemoto A, eds.(2007). Making Community Partnerships Work: A Toolkit. White Plains, NY: March of Dimes Foundation. Retrieved from Retrieved from <http://www.aapcho.org/wp/wp-content/uploads/2012/02/Giachello-MakingCommunityPartnershipsWorkToolkit.pdf>

Israel, B. A., Schulz, A. J., Parker, E. A., Becker, A. B., & Community-Campus Partnerships for Health. (2001). Community-based participatory research: Policy recommendations for promoting a partnership approach in health research. *Education for Health*, 14(2), 182-197. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/14742017>

Katz, S. L. (2011). Chasing polio in Pakistan: Why the world's largest public health initiative may fail. *The Journal of Clinical Investigation*, 121(2), 466. Retrieved from <http://doi.org/10.1172/JCI45789>

This is an overview of the important full length text book of the same title written by Syea Closser, in 2010. The full-length book is also referenced below in 'Books'.

Larkin, F., Uduma, O. Lawal, S. A., & van Bavel, B. (2016). Developing a framework for successful research partnerships in global health. *Global Health*, 12(1), 17. Doi: 10.1186/s12992-016-0152-1.

Lasker, R. D., Weiss, E. S., & Miller, R. (2001). Partnership synergy: A practical framework for studying and strengthening the collaborative advantage. *Milbank Quarterly*, 79(2), 179–205. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/11439464>

Loewenberg, S. (2013, February 1). Learning from failure. *New York Times*. Retrieved from <http://www.nytimes.com/2013/02/03/opinion/sunday/learning-from-research-failure.html>

Mack, N., Woodsong, C., MacQueen, K. M., Guest, G., & Namely, E. (2005). *Qualitative research methods: A data collector's field guide*. Research Triangle Park, NC: Family Health International. Retrieved from <https://www.fhi360.org/sites/default/files/media/documents/Qualitative%20Research%20Methods%20-%20A%20Data%20Collector%27s%20Field%20Guide.pdf>

May, M., Rhatigan, J., & Cash, R. (2011). BRAC's Tuberculosis program: Pioneering DOTS treatment for TB in rural Bangladesh. *Cases in Global Health Delivery*, 010, 1–22. Retrieved from http://www.globalhealthdelivery.org/files/ghd/files/ghd-010_bracs_tb_program_lapkvc.pdf

Park, P., Bhatt, A., Rhatigan, J., Rosenberg Talbot, J., & May, M. (2011). The academic model for the prevention and treatment of HIV/ AIDS. *Cases in Global Health Delivery*, 013, 1–29. Retrieved from http://www.globalhealthdelivery.org/files/ghd/files/ghd-013_ampath_april_2011.pdf

Riviello, R., Ozgediz, D., Hsia, R. Y., Azzie, G., Newton, M., & Tarpley, J. (2010). Role of collaborative academic partnerships in surgical training, education, and provision. *World Journal of Surgery*, 34(3), 459–465. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2816823/>

Wallerstein, N. B. & Duran, B. (2006). Using community-based participatory research to address health disparities. *Health Promotion Practice*, 7(3), 312–323. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/16760238>

Books Competency 5a

Closser, S. (2010) *Chasing Polio in Pakistan: Why the world's largest public health initiative may fail*. Nashville, TN: Vanderbilt University Press.

- Dewalt, K., Dewalt, B., & Wayland, C. (1998). Participant observation. In R. Bernard (Ed), Handbook of methods in cultural anthropology (pp. 259-292). Lanham, MD: AltaMira Press
- Fadiman, A. (1998) The Spirit catches you and you fall down. A Hmong child, her American doctors, and the collisions of two cultures. New York, NY: Farrar, Straus and Giroux.
- Maxwell, J. A. (2013) Negotiating research relations. Inqualitative research design: An interactive approach (3rd ed.)(pp. 90-96). Thousand Oaks, CA: Sage Publications.
- Minkler, M (2012). Introduction to community organizing and community building. In M. Minkler (Ed.), Community organizing and community building for health and welfare (pp. 269-287).New Brunswick, NJ: Rutgers University Press.
- Weiss, R. S. (1994). Learning from strangers: The art and method of qualitative interview studies. New York, NY: The Free Press.

Videos Competency 5a

Damberger, D. (2011, April 21). What happens when an NGO admits failures [TEDxYYC]. Retrieved from <https://www.youtube.com/watch?v=HGjHU-agsGY>

David Damberger speaks regarding his experience with admitting mistakes and failures on a public forum and the positive impact of doing so.

Jackley, J. (2010, July). Poverty, money, and love [TEDTalks]. Retrieved from https://www.ted.com/talks/jessica_jackley_poverty_money_and_love?language=en

Jessica Jackley, founder of Kiva.org, speaks about her experience collaborating with impoverished individuals via microloans and the lessons learned from this collaborative effort.

Rheingold, H. (2005, February). The new power of collaboration [TEDTalks]. Retrieved from https://www.ted.com/talks/howard_rheingold_on_collaboration

Howard Rheingold speaks regarding the human instinct of collaboration and how it unfolds in the contemporary setting.

Sheeran, J. (2011, July 28). Ending hunger now [TED Talks]. Retrieved from https://www.youtube.com/watch?v=CdxVbUja_pY

Josette Sheeran, leader of the UN's World Food Programme addressing the reasons that hunger and starvation remain an issue, and how these areas can be addressed.

Study Questions for Basic Operational Level Competency 5a

(Essay Format)

1. Name one community-based project you read about that was successful and describe why you think it succeeded at the local level? What aspects made it different from community-based projects that you've read about or seen fail?
2. Describe a community-based pilot project or large-scale (national or international) health initiative that failed? What about the content or the delivery of the project, in your opinion, led to its failure?
3. What components are necessary to building a successful community based partnership?

Websites Competency 5b

The Global Health Network. (n.d.). Retrieved from <https://tghn.org>

The Global Health Network (GHN) is an online tool that addresses the need for more locally led research in low and middle-income countries. This platform allows researchers to collaborate and share resources with one another without geographical, institutional, or financial barriers. Researchers who collaborate on the GHN can access their peers, create research documents, and develop technical expertise and new project protocols to improve their research outputs. As of March 2017, there are over 37 research groups who utilize this platform working in disciplines ranging from maternal health, oncology, microbiology, and bioethics.

Article and Reports Competency 5b

Afsana, K., Habte, D., Hartfield, J., Murphy, J., & Neufeld, V. (2009). *Partnership assessment toolkit*. Ottawa, Ontario: Canadian Coalition for Global Health Research. Retrieved from http://www.elrha.org/wp-content/uploads/2014/08/PAT_Interactive_e-1.pdf

Partnerships help institutions develop sustainable health research systems to address health and development disparities that exist globally. Partnerships are generally between the global South (low and middle-income countries) and the global North (high-income countries). Partnerships that exist outside of the global “North-South” relationship are sometimes overlooked due to a lack of funding and infrastructure within their own countries. Disparities often exist between partners, affecting who benefits the most from their research initiatives. To address issues related to sustainability and inequity associated with global partnerships, the Canadian Coalition for Global Health Research (CCGHR) developed a Partnership Assessment Tool (PAT), which seeks to benefit parties who enter an agreement. The PAT assesses partnerships by asking questions during four stages: Inception, Implementation, Dissemination and “Good endings and new beginnings”.

Brown, M. D., Kolker, J., Mackey, T. K., Novotny, T. E., & Shapiro, C. N. (2014). Bridging public health and foreign affairs: The tradecraft of global health diplomacy and the role of health attachés. *Science & Diplomacy*, 3(3). Retrieved from <http://www.sciencediplomacy.org/article/2014/bridging-public-health-and-foreign-affairs>

The authors define and highlight the role of a growing role of diplomats identified as “health attachés” as practitioners of global health diplomacy. The concept of global health diplomacy is defined and explored. Healthattachés employ the tools of diplomacy and statecraft to bridge governments’ public health and foreign policy objectives. The authors propose a model to characterize the qualifications and training necessary for these professionals. Roles and functions within the US government and with other stakeholders are reviewed. The authors discuss the importance of identifying specific health-focused diplomats as part of their diplomatic corps to further global health diplomacy.

Busse, H., Aboneh, E. A., & Tefera, G. (2014). Learning from developing countries in strengthening health systems: An evaluation of personal and professional impact among global health volunteers at Addis Ababa University’s Tikur Anbessa specialized hospital (Ethiopia). *Globalization and Health*, 10(64), 1–7. Retrieved from <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-014-0064-x>

The authors of this study sought to improve people’s understanding of the two-way learning and benefits that occur because of a global partnership between a high, middle, and low-income countries. Using the partnership between Addis Ababa University and the University of Wisconsin-Madison as a model, the authors determined that both partners experience professional, personal, and clinical benefits. These findings go against the implicit assumption that change is one-directional for the middle/low income partner. To develop a global health alliance that values interdependence, transparency, and accountability between partners, there needs to be an emphasis on the mutuality of benefits (co-development) for those involved.

Caines, K., Buse, K., Carlson, C., de Looor, R-M., Druce, N., Grace, C.,...Sadanandan, R. (2004). Assessing the impact of global health partnerships. London, England: DFID Health Resource Centre. Retrieved from http://www2.ohchr.org/english/issues/development/docs/WHO_synthesis.pdf

This paper is a comprehensive report by the British Government’s Department for International Development. It is an evidence based assessment of the impact of global health partnerships that were used to outline and guide current and future engagement for the organization. Recommendations are outlined for: the effectiveness of global health partnership and the effects of these partnerships on local health systems, the economic and financial aspects of global health partnerships and the governance of the partnerships outlined above.

Christopher, S., Watts, V., McCormick, A. K., & Young, S. (2008). Building and maintaining trust in a community-based participatory research partnership. *American Journal of Public Health*, 98(8), 1398–13406. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2446462/>

Although intervention research is vital to eliminating health disparities, many groups with health disparities have had negative research experiences, leading to an understandable distrust of researchers and the research process. Community-based participatory research (CBPR) approaches seek to reverse this pattern by building trust between community members and researchers. The authors highlight strategies for building and maintaining trust from an American Indian CBPR project and focus on 2 levels of trust building and maintaining: (1) between university and community partners and (2) between the initial project team and the larger community. This article was cowritten by community and academic partners; by offering

the voices of community partners, it provides a novel and distinctive contribution to the CBPR literature.

Feldbaum, H., & Michaud, J. (2010). Health diplomacy and the enduring relevance of foreign policy interests. *PLoS Medicine*, 7(4), 1–6. Retrieved from <http://journals.plos.org/plosmedicine/article?id=10.1371%2Fjournal.pmed.1000226>

Due to the growing prevalence of global health issues, countries are increasingly addressing health challenges to advance their international image, improve their national security, and support foreign policies. This concept of both state and non-state actors utilizing health interventions to achieve strategic foreign policy goals is known as health diplomacy. However, not all global health challenges can be used to drive foreign policy. Only health issues that receive large amounts of funding and political attention have any impact. Often, these issues are health challenges that pose a serious threat to national security and a country's economic or foreign interests.

Gormley, G., Guyer-Miller, L., & Training Resources Group. (2007). Partnership building: Practical tools to help you create, strengthen, assess, and manage your partnership or alliance more productivity. Chapel Hill, NC: The Capacity Project. Retrieved from <http://www.who.int/workforcealliance/knowledge/toolkit/35.pdf>

The Capacity Project Toolkit offers accessible tools to support potential partnerships. The tools in this kit are relevant for both formal/informal alliances. The individual tools can be used during any life stage of a partnership: exploration, formation, and operation and strengthening. Tools used in the exploration stage help assess the readiness of a partnership and help identify if a partnership will be effective. Once an agreement has been made to form an alliance, the tools in the formation kit should be utilized. These tools will help partners engage in a meaningful first meeting. The tools in the operation and strengthening section are intended for existing partnerships and can be used to facilitate and assess meetings between partners.

Katz, R., Kornblet, S., Arnold, G., Lief, E., & Fischer, J. E. (2011). Defining health diplomacy: Changing demands in the era of globalization. *The Milbank Quarterly*, 89(3), 503–523. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3214719/>

Globalization has produced changes in diplomatic purposes and practices. Health issues have become increasingly preeminent in the evolving global diplomacy agenda. More leaders in academia and policy are thinking about how to structure and utilize diplomacy in pursuit of global health goals. In this article, the authors describe the context, practice, and components of global health diplomacy, as applied operationally. The foundations of various approaches to global health diplomacy are examined, along with their implications for the policies shaping the international public health and foreign policy environments. Based on these observations, the authors propose a taxonomy for the subdiscipline. Expanding demands on global health diplomacy require a delicate combination of technical expertise, legal knowledge, and diplomatic skills that have not been systematically cultivated among either foreign service or global health professionals. Nonetheless, high expectations that global health initiatives will achieve development and diplomatic goals beyond the immediate technical objectives may be thwarted by this gap. The authors highlight that the deepening links between health and

foreign policy require both the diplomatic and global health communities to reexamine the skills, comprehension, and resources necessary to achieve their mutual objectives.

MacQueen, K. M., Bhan, A., Frohlich, J., Holzer, J., Sugarman, J., & Ethics Working Group of the HIV Prevention Trails Network. (2015). Evaluating community engagement in global health research: The need for metrics. *BMC Medical Ethics*, 16(44), 1–9. Retrieved from <http://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-015-0033-9>

When conducting research with communities, it is necessary to implement community engagement efforts. Community engagement efforts ensure a community's ethical concerns are taken into consideration. However, there are no guidelines for determining what ethical concerns should be addressed when studying vulnerable communities. This makes implementing and evaluating community engagement research challenging. Thus, there is a critical need to enhance the methodologies used to evaluate community engagement efforts. It is recommended that research groups incorporate evaluations into their research to identify what aspects of community engagement is effective and where further work is needed.

Muir, J. A., Farley, J., Osterman, A., Hawes, S., Martin, K., Morrison, J. S., & Holmes, K. K. (2016). *Global health programs and partnerships: Evidence of Mutual Benefit and Equity (Report)*. Lanham, MD: Rowman & Littlefield. Retrieved from https://csis-prod.s3.amazonaws.com/s3fs-public/publication/160315_Muir_GlobalHealthPrograms_Web.pdf

This document reports on the results of the Center for Strategic and International Studies on a survey-based study of 82 North American academic institutions with Global Health programs and 44 international partnering institutions. The study highlights mutual benefits in global health partnerships. Positive impacts in educational and research collaboration, health impact, leadership development, training and mentoring, and health infrastructure development was demonstrated. Inequities including funding, student exchanges, and publication authorship are explored. Mechanisms to improve the impact of student preparation for global health experiences discussed. Institutional motivations for developing global health collaborations and programs are discussed. Finally, the role of funding in developing collaborations is noted as critical, but not the only factor in success of a program. Rather, institutional and faculty leadership, personal relationships, global health champions, student enthusiasm, effective communication, and time for partnerships to mature are all highlighted as important factors.

U.S. Department of Health and Human Services, National Institute of Health, Centers for Disease Control and Prevention, ATSDR, and Clinical & Transitional Science Awards. (2011). *Principles of community engagement: Second edition (NIH Publication No.11-7782)*. Retrieved from https://www.atsdr.cdc.gov/communityengagement/pdf/PCE_Report_508_FINAL.pdf

This report provides community members, health professionals, and researchers with clear principles to guide and assess their collaborative efforts. This comprehensive 193-page document provides a review that introduces the principles of community engagement and highlights organizing concepts, models, and frameworks for community engagement from the literature to guide and inspire collaboration in health promotion, policy making, and research with community-based initiatives. Five conceptual models and frameworks for community engagement are discussed: The Social Ecological Model of Health, The Active Community

Engagement Continuum, Diffusion of Innovation, Community-Based Participatory Research, and Translational Research. The article focuses on general principles of community engagement with successful examples from the field. The report describes how to manage organizational support for community engagement and reflects on the growing awareness of the challenges of putting community engagement into practice. The report addresses the increased interest in community-engaged research and the rapidly changing world of social networking. Methods for evaluation program outcomes and community engagement are discussed.

Books Competency 5b

Novonty, T. E., Kickbusch, I., & Told, M. (Eds.). (2013). *21st Century Global Health Diplomacy*. Toh Tuck Link, Singapore: World Scientific Publishing Co. Pte. Ltd.

Global health diplomacy begins with a recognition that the most effective international health interventions are carried out with sensitivity to historical, political, social, economic, and cultural differences. It focuses on the interplay of globalization, economic interdependence, social justice, and the enlightened self-interests of nations. Global health diplomacy can help sustain peace and economic stability in a globalized world, but the skills necessary for this endeavor are not taught in standard health sciences curricula or in Foreign Service academies. However, they bear directly on the success of international health cooperation, be it from the global north to the global south or south-to-south cooperation. Global health diplomacy can be a critical pathway to assure good global governance and improved international relations among the great powers and between these powers and the developing world. It can be a mechanism to avert conflict and to augment health, peace, solidarity, economic progress, and multinational cooperation.

Study Questions for Basic Operational Level Competency 5b

1. What is a negative outcome if principles of community engagement are not applied?
2. Articulate the purpose of a community engagement framework.
3. Discuss the merits of formal agreements between partners (e.g. MOUs, Terms of Reference, Contracts).
4. Describe the plan for ongoing communication with partners.
5. Discuss how the project will prospectively evaluate the delivery of promised actions and commitments.

Websites Competency 5c

Centers for Disease Control and Prevention (CDC). (2006). CDC unified process practices guide. Retrieved from http://www2a.cdc.gov/cdcup/library/practices_guides/cdc_up_lessons_learned_practices_guide.pdf

The website provides background and guidance on the practice called “lessons learned”. Specifically, the website guides the reader on practice overview (promoting desirable outcomes, precluding undesirable outcomes), provides best practices (act quickly, document well, share data, archive and disseminate lessons, etc), practice activities and practice attributes.

CDC. (n.d.). Templates: Socialize the CDC unified process. Retrieved from <http://www2a.cdc.gov/cdcup/library/templates/default.htm>

CDC Unified Process Templates are standardized project management documents that project teams can use as a starting point for their project management documents, customizing them to meet the unique needs of each project. Each template includes content commonly used in such a document, boilerplate text, and instructions to the author to assist them in completing and adapting the template for use on their project. CDC Unified Process templates are provided as guidance to be used in the absence of something more sophisticated already available to the project team.

Article and Reports Competency 5c

Afsana, K., Habte, D., Hartfield, J., Murphy, J., & Neufeld, V. (2009). *Partnership assessment toolkit*. Ottawa, Ontario: Canadian Coalition for Global Health Research. Retrieved from http://www.elrha.org/wp-content/uploads/2014/08/PAT_Interactive_e-1.pdf

Partnerships help institutions develop sustainable health research systems to address health and development disparities that exist globally. Partnerships are generally between the global South (low and middle-income countries) and the global North (high-income countries). Partnerships that exist outside of the global “North-South” relationship are sometimes overlooked due to a lack of funding and infrastructure within their own countries. Disparities often exist between partners, affecting who benefits the most from their research initiatives. To address issues related to sustainability and inequity associated with global partnerships, the Canadian Coalition for Global Health Research (CCGHR) developed a Partnership Assessment Tool (PAT), which seeks to benefit parties who enter an agreement. The PAT assesses partnerships by asking questions during four stages: Inception, Implementation, Dissemination and “Good endings and new beginnings”.

Ahmed, S. M., & Palermo, A. S. (2010). Community engagement in research: Frameworks for education and peer Review. *American Journal of Public Health*, 100(8), 1380–1387. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2901283/>

The aforementioned article outlines frameworks for education and peer review and community engagement in research. The National Institutes of Health Director's Council of Public Representatives developed a community engagement framework that includes values, strategies to operationalize each value, and potential outcomes of their use, as well as a peer-review framework for evaluating research that engages communities. The work group explored the value of public participation in research in 2006 through 2008. The council's research results highlight the importance of educating investigators and communities on how to engage communities in research and ensuring that reviewers are familiar with the principles of community engagement in research and understand the value of this approach

Christopher, S., Watts, V., McCormick, A. K., & Young, S. (2008). Building and maintaining trust in a community-based participatory research partnership. *American Journal of Public Health*, 98(8), 1398–13406. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2446462/>

Although intervention research is vital to eliminating health disparities, many groups with health disparities have had negative research experiences, leading to an understandable distrust of researchers and the research process. Community-based participatory research (CBPR) approaches seek to reverse this pattern by building trust between community members and researchers. The authors highlight strategies for building and maintaining trust from an American Indian CBPR project and focus on 2 levels of trust building and maintaining: (1) between university and community partners and (2) between the initial project team and the larger community. This article was cowritten by community and academic partners; by offering the voices of community partners, it provides a novel and distinctive contribution to the CBPR literature.

Gormley, W., Guyer-Miller, L., & Training Resources Group. (2007). Partnership building: Practical tools to help you create, strengthen, assess, and manage your partnership or alliance more productivity. Chapel Hill, NC: The Capacity Project. Retrieved from <http://www.who.int/workforcealliance/knowledge/toolkit/35.pdf>

The Capacity Project Toolkit offers accessible tools to support potential partnerships. The tools in this kit are relevant for both formal/informal alliances. The individual tools can be used during any life stage of a partnership: exploration, formation, and operation and strengthening. Tools used in the exploration stage help assess the readiness of a partnership and help identify if a partnership will be effective. Once an agreement has been made to form an alliance, the tools in the formation kit should be utilized. These tools will help partners engage in a meaningful first meeting. The tools in the operation and strengthening section are intended for existing partnerships and can be used to facilitate and assess meetings between partners.

Study Questions for Basic Operational Level Competency 5c

1. What can result if communications about lessons learned are not jointly prepared?
2. What is a first step in communicating joint lessons learned to community partners and global constituencies?
3. How will all appropriate constituencies who may benefit from the project be identified and included in the plan for dissemination of findings - constituencies, funders, partners?
4. Describe the plan for providing regular updates to all partners and constituencies.
5. Describe the plan for reporting back final reports or findings to all partners.
6. Define who is responsible for dissemination of findings.
7. Define the plan for intellectual property rights of project findings and plans for academic authorship.

Websites Competency 5d

Exploring Cross-Cultural Communications. (n.d.). Retrieved from <http://www.phct-online.org/learning/pages/catalog/cc/>

Defines cross-cultural communication.

Harvard University. (n.d.). Global Health Delivery project. Retrieved from <https://www.globalhealthdelivery.org/case-collection>

A collection of business-school style cases featuring public and private organizations confronting global health challenges in a variety of settings. The background context and pertinent facts of each case are given, followed by what the organization did. These could lend themselves to be scenarios for a simulation activity, or else a springboard for discussion.

Medicins Sans Frontieres. (n.d.) Who We Need. Retrieved from <https://www.doctorswithoutborders.org/who-we-need>

Page containing examples of different professional roles required by a major global health organization. Many of the professions have staff profiles and narrative accounts.

Mind Tools. (n.d.). Cross-culture communication: Good collaboration is a must. Retrieved from <https://www.mindtools.com/CommSkill/Cross-Cultural-communication.htm>

Explores the concept of cross-culture communication.

University of Washington. (n.d.) IPE Teaching Resources. Retrieved from <https://collaborate.uw.edu/ipe-teaching-resources/ipe-activities-students-educators/>

Collection of activities, cases, debriefing and evaluation tools ready for educators to use when conducting interprofessional education sessions for health trainees. Includes a guide for

creating one's own activities, since the scenarios included are all based within the US health system.

Engineers Without Borders. (n.d.). International Community Program. Retrieved from <https://www.ewb-usa.org/programs/international-community-program/>

International organization conducting projects in underresourced communities, with utilization of the engineering design cycle to find sustainable solutions. Student chapters exist at many academic institutions with departments of engineering, and could be contacted for collaborative events.

Article and Reports Competency 5d

Chavez, F., & Nkowane, A. M. (2013). Interprofessional collaborative practice in primary health care: Nursing and midwifery perspectives: Six case studies. Geneva, Switzerland: World Health Organization. Retrieved from http://www.who.int/hrh/resources/IPE_SixCaseStudies.pdf

Mickan, S., Hoffman, S., Nasmith, L., & WHO Study Group on Interprofessional Education and Collaborative Practice. (2010). Collaborative practice in a global health context: Common themes from developed and developing countries. *Journal of Interprofessional Care*, 24(5), 492–502. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20718595>

Books Competency 5d

Meads, G., & Ashcroft, J. (2005). *The case for interprofessional collaboration: In health and social care*. Oxford, UK: Blackwell.

Videos Competency 5d

CUGH. (2016). 2016 Annual CUGH global health conference [Video file]. Retrieved from <https://www.cugh.org/events/2016-annual-cugh-global-health-conference>. Podium presentations by the 2016 NIH Fogarty Global Health Scholars regarding a variety of topics.

Study Questions Competency 5d

1. What did you learn, if anything, from the lecture series about what the other global health professions can bring to global health?
2. How, if at all, will the knowledge gained from these lectures series and interprofessional collaborative in-class discussions help you to collaborate on future projects in the global health arena with colleagues from other professions?

3. How would a field different than yours approach the global healthcare delivery problems addressed in the GHD case series? In what ways would their approach be different than your professions' approach to the global health problem at hand? In what ways would the other professions' approach be similar to yours? How, if at all, could you use your professions' approach similarities and differences to work together to better address the global health problem in the simulation?
4. (Basic Operational Level Only). What did you learn, if anything, about interprofessional collaboration capacity to address global health challenges from your final interprofessional global health group project? (The final project can either be a simulation of a real-world global health problem as part of a course's final assessment, or the trainee can attain this skill through a final field project for their degree program. This interprofessional field project could range from solving a local health problem to an on-site field project in a region or country new to the group of interprofessional students completing the project.)

Websites Competency 5e

Simulation Use for Global Away Rotations, SUGAR. (n.d.). Retrieved from <http://www.sugarprep.org/>

Clinically-focused cases in pediatrics, ob-gyn, and surgery created for graduate medical trainees in the Global North who are preparing to work in resource-limited settings. Included are facilitator guides/videos, as well as a section focused on procedural training.

Stanford University Center for Global Health and the Johns Hopkins University Berman Institute of Bioethics. (n.d.) Ethical Challenges in Short-Term Global Health Training. Retrieved from <http://ethicsandglobalhealth.org/>

Excellent vignette-based curriculum featuring ten ethical situations common to global health trainee experiences, also includes additional curated readings.

Unite For Sight. (n.d.). Cultural Competency Online Course. Retrieved from <http://www.uniteforsight.org/cultural-competency/>

An eleven-part series of online readings with fairly basic introductions to various elements of cultural competency for global health practitioners. Modules are short and feature additional cited readings that could be assigned for more in-depth views.

Articles and Reports Competency 5e

Adams, V., Burke, N. J., & Whitmarsh, I. (2014). Slow research: Thoughts for a movement in global health. *Medical Anthropology*, 33(3), 179–197. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/01459740.2013.858335?journalCode=gmea20>

Cole, D. (2016, February 11). The risks (and unexpected benefits) of sending health students abroad. NPR: Goats and Soda. Retrieved from

<http://www.npr.org/sections/goatsandsoda/2016/02/11/465428990/the-risks-and-unexpected-benefits-of-sending-health-students-abroad>

Crump, J. A., Sugarman, J., & Working Group on Ethics Guidelines for Global Health Training (WEIGHT). (2010). Ethics and best practice guidelines for training experiences in global health. *The American Journal of Tropical Medicine and Hygiene*, 83(6), 1178-1182.

Cushman, L. F., Delva, M., Franks, C. L., Jimenez-Bautista, A., Moon-Howard, J., Glover, J., & Begg, M. D. (2015). Cultural competency training for public health students: Integrating self, social, and global awareness into a Master of Public Health Curriculum. *American Journal of Public Health*, 105(S1), S132–S140. Retrieved from <http://doi.org/10.2105/AJPH.2014.302506>

Kleinman A, Benson P (2006) Anthropology in the Clinic: The Problem of Cultural Competency and How to Fix It. *PLoS Med* 3(10): e294. <https://doi.org/10.1371/journal.pmed.0030294>

Shah S, Wu T, , 2008. The medical student global health experience: professionalism and ethical implications. *J Med Ethics* 34: 375–378.

Books Competency 5e

Airhihenbuwa, C.O. (2007). *Healing our differences: The crisis of global health and the politics of identity*. Lanham, MD: Rowman & Littlefield.

Haugen, G.A., & Boutros, V. (2015). *The locust effect: Why the end of poverty requires the end of violence*. Oxford University Press.

Lupton, R.D. (2012) *Toxic charity: How churches and charities hurt those they help, and how to reverse it*. New York, NY: HarperCollins Publishers.

Pinto, A.D., & Upshur, R.E. (Eds.). (2013). *An introduction to global health ethics*. New York, NY: Routledge.

Videos Competency 5e

Miller, M. M. (2014). *Poverty inc. Fighting poverty is big business, but who profits the most?* [Historical documentary]. Retrieved from <http://www.povertyinc.org/>

Documentary by the Acton Institute exploring global foreign aid and charity organizations from the viewpoint of an aid industry, and questioning the most effective way to fight poverty.

Rosling, H., & Rosling, O. (2014, June). *How not to be ignorant about the world* [Video file]. TEDsalon Berlin. Retrieved from https://www.ted.com/talks/hans_and_ola_rosling_how_not_to_be_ignorant_about_the_world?language=en

Global health expert and GapMinder Foundation founders speaking regarding common disparities in perception of worldwide trends and statistics.

Study Questions for Global Citizen Level Competency 5e

1. Have trainee complete a self-reflection piece to show that he or she has spent time reflecting on what it means to “acknowledge one’s limitations in skills, knowledge, and abilities” in global health

Study Questions Basic Operational Level Competency 5e

1. Have trainee complete a self-reflection piece to show that he or she has spent time reflecting on what it means to “acknowledge one’s limitations in skills, knowledge, and abilities” in global health
2. As Basic Operational Level will spend a substantial part of their career influencing global health, additional assessment should include continuing educational activities (similar to Continuing Medical Education credits) which build in avenues for self-reflection on “acknowledging one’s limitations in skills, knowledge, and abilities” in global health
3. Group project presentations in which interdisciplinary trainees discuss their limitations in the field of global health with their colleagues and share this presentation and discussion with the larger group
4. Potentially interviewing another health profession from a different specialty to learn about their discipline as it relates to global health

Websites Competency 5f

Centers for Disease Control and Prevention. (n.d.). Global health protection and security. Retrieved from <http://www.cdc.gov/globalhealth/SMDP/>

This website describes the many factors affecting our health security, like infectious diseases, humanitarian crises, and the growing burden of noncommunicable diseases and the work of the Division of Global Health Protection and its partners across Centers for Disease Control and Prevention and the globe to protect health and save lives.

Collaboration for Impact (n.d.). Collaboration for Impact Framework. Retrieved from <https://www.collaborationforimpact.com/collective-impact/>

This website describes and provides a variety of tools to apply the collaboration for Impact Framework which “is a framework to tackle deeply entrenched and complex social problems. It is an innovative and structured approach to making collaboration work across government, business, philanthropy, non-profit organisations and citizens to achieve significant and lasting social change.”

Global Health Corps. (n.d.). Program overview. Retrieved from <http://ghcorps.org/program/overview/>

This website provides an overview of the leadership development organization focused on health equity. They have created a global community of diverse young leaders changing the face of global health. Information of current activities and fellowship available.

Johns Hopkins University. (n.d.). Global leadership program: Mission, objectives, and curriculum overview. Retrieved from http://www.hopkinsmedicine.org/som/curriculum/genes_to_society/_documents/ghlp_curriculum.pdf

This website provides an example of the types of global leadership programs offered by US medical institutions. The Johns Hopkins Global Health Leadership Program (GHLP) mission is to train future global healthcare leaders through an exchange of cultural, clinical, and educational knowledge and skills. The GHLP, which is open to students from the Johns Hopkins University schools of medicine, nursing and public health, provides transformational, interprofessional learning experiences for participants and tangible benefits to host institutions and organizations. Program participants will be prepared to leverage their skills as leaders in global health in clinical practice and in programmatic and research activities.

Roll Back Malaria Partnership. (n.d.). Retrieved from <http://www.rollbackmalaria.org>

This website describes the Roll Back Malaria Partnership as the global platform for coordinated action against malaria. It mobilizes for action and resources and forges consensus among partners. The Partnership is comprised of more than 500 partners, including malaria endemic countries, their bilateral and multilateral development partners, the private sector, nongovernmental and community-based organizations, foundations, and research and academic institutions.

Simulation Use for Global Away Rotations, SUGAR (n.d.). Retrieved from <http://www.sugarprep.org/-i>

SUGARPREP is a suite of free educational products used to prepare medical providers to work in resource-limited settings. It consists of the SUGAR Trio, a comprehensive set of curricular resources for use by global health educators. The Trio consists of simulation-based case studies, a series of downloadable or streaming videos, and pre-departure curricula.

The Global Fund to Fight AIDS, Tuberculosis, and Malaria. (n.d.). Funding model. Retrieved from <http://www.theglobalfund.org/en/fundingmodel/>

The Global Fund is a 21st-century partnership organization designed to accelerate the end of AIDS, tuberculosis and malaria as epidemics. It is comprised of partnerships between governments, civil society, the private sector and people affected by the diseases. The Global Fund is a financing institution, providing support to countries in response to the three diseases.

University of Virginia, Department of Medicine. (n.d.). Global health leadership track. Retrieved from <https://med.virginia.edu/internal-medicine-residency/training-tracks/global-health/>

This website provides another example of a program: Global Health Leadership Track (GHLT) available to residents in the Internal Medicine, Family Medicine, Pediatrics, Surgery, Anesthesiology, Radiology and Emergency Medicine Residency Programs. The GHLT prepares physicians to become leaders in global health practice, research, policy and education.

USAID. (2012). Global health strategic framework: Better health for development (2012). Retrieved from https://www.usaid.gov/sites/default/files/documents/1864/gh_framework2012.pdf

This website describes the work and results of USAID to advance U.S. national security and help partner countries on their own development journey to self-reliance – looking at ways to help lift lives, build communities, and establish self-sufficiency.

WHO. (n.d.). Bulletin of the world health organization. Retrieved from <http://www.who.int/bulletin/en/>

The *Bulletin* is one of the world's leading public health journals. It is a peer-reviewed monthly journal with a special focus on developing countries, giving it unrivaled global scope and authority. The *Bulletin* is a fully open-access journal with no article-processing charges.

Articles and Reports Competency 5f

Baytor, T., & Cabrera, O. (2014). Using experiential learning to develop interprofessional skills in global health: Perspectives from the O'Neill Institute for National and Global Health Law. *Journal of Law, Medicine & Ethics*, 42(2), 65–68. Retrieved from http://lme.sagepub.com/content/42/2_suppl/65.extract

This paper discusses will discuss the O'Neill Institute at Georgetown University's experience developing global health skills through an interprofessional and collaborative global health law practicum course. Students' project work with external partners strengthened three different interprofessional competency domains: (1) the ability to define specific professional roles and responsibilities; (2) communication; and (3) teamwork.

Crump, J. A., Sugarman, J., & Working Group on Ethics Guidelines for Global Health Training (WEIGHT). (2010). Ethics and best practice guidelines for training experiences in global health. *American Journal of Tropical Medicine and Hygiene*, 83(6), 1178–1182. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/21118918>

This Working Group on Ethics Guidelines for Global Health Training (WEIGHT) developed a set of guidelines for field-based global health training on ethics and best practices in this setting that provides invaluable benchmarks for trainees, sending institutions, and host preceptors.

Gilbert, J. H., Yan, J., & Hoffman, S. J. (2010). A WHO report: Framework for action on interprofessional education and collaborative practice. *Journal of Allied Health*, 39(2), 196–197. Retrieved from http://scholar.harvard.edu/hoffman/files/18_-_jah_-_overview_of_who_framework_for_action_on_ipe_and_cp_2010_gilbert-yan-hoffman.pdf

This article summarizes the key features of the World Health Organization's Framework for Action on Interprofessional Education and Collaborative Practice. The Framework is a call for action to policy-makers, decision-makers, educators, health workers, community leaders, and global health advocates to move toward embedding interprofessional education and collaborative practice in all of the services they deliver.

Guerin, T. T. (2014). Relationships Matter: The role for social-emotional learning in an interprofessional global health education. *Journal of Law, Medicine & Ethics* 42(Suppl 2), 38–44. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25564709>

This paper explores the integration of social-emotional instruction into global health education specifically highlighting its role in interprofessional learning environments. One method to teach these core competencies is through restorative practices. The restorative philosophy incorporates the core competencies of socio-emotional learning and views conflict as an opportunity for learning. The first part discusses the foundations of social-emotional learning (SEL). It then explores the applicability of SEL in interprofessional and global health education.

Holm, M. R., &Burkhartzmeyer, H. L. (2015). Implementation of a phased medical educational approach in a developing country. *Global Health Action*, 8. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4643178/>

Working with providers at St Luke Hospital in Haiti, we developed a phased educational approach through partnership development, face-to-face teaching, and virtual educational tools. Our novel approach included three phases: direct patient care, targeted education, and utilization of the train-the-trainer model. Our end goal was an educational system that could be utilized by the local medical staff to continually improve their medical knowledge, even after our educational project was completed.

John, C. C., Ayodo, G., &Musoke, P. (2016). Successful global health research partnerships: What makes them work? *The American Journal of Tropical Medicine and Hygiene*, 94(1), 5–7. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26483123>

This article examines what makes global health research partnerships successful. We asked 14 colleagues from Uganda, Kenya, and the United States who have extensive global health research experience about what they considered the top three factors that led to or impeded successful international research collaborations. Four key factors were identified: 1) mutual respect and benefit, 2) trust, 3) good communication, and 4) clear partner roles and expectations. Initial and ongoing assessment of these factors in global health research partnerships may prevent misunderstandings and foster a collaborative environment that leads to successful research.

Kevany, S. (2016). New roles for global health: diplomatic, security, and foreign policy responsiveness. *The Lancet Global Health*, 4(2), e83–e84. Retrieved from <http://www.thelancet.com/journals/langlo/article/PIIS2214-109X%2815%2900245-4/fulltext?rss=yes>

Observing the overlap between health care, economic and political security, this commentary calls for more interdisciplinary partnerships to promote global health and security.

Leffers, J. M. (2014). Resources for global health partnerships. In Upvall, M. J., & Leffers, J. M. (Eds), *Global health nursing: Building and sustaining partnerships* (pp. 123-132). New York, NY: Springer Publishing Co.

Human resources are essential to the development and maintenance of partnerships as well as the sustainability of global health programs. This piece focuses on the dearth of nurses in LIMCs, and how this absence impacts global health activities and partnerships.

McIntosh, N., Grabowski, A., Jack, B., Nkabane-Nkholongo, E. L., & Vian, T. (2015). A public-private partnership improves clinical performance in a hospital network in Lesotho. *Health Affairs*, 34(6), 952–962. Retrieved from <http://www.springerpub.com/global-health-nursing.html>

Using quantitative measures that reflected capacity, utilization, clinical quality, and patient outcomes, we compared a government-managed hospital network in Lesotho, Africa, and the new PPP-managed hospital network that replaced it. We found that the PPP-managed network delivered more and higher-quality services and achieved significant gains in clinical outcomes, compared to the government-managed network. We conclude that health care public-private partnerships may improve hospital performance in developing countries and that changes in management and leadership practices might account for differences in clinical outcomes.

Mickan, S., Hoffman, S. J., Nasmith, L., & World Health Organization Study Group on Interprofessional Education and Collaborative Practice. (2010). Collaborative practice in a global health context: Common themes from developed and developing countries. *Journal of Interprofessional Care*, 24(5), 492–502. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20718595>

A multiple case study design was used to examine collaborative practice in primary healthcare and commonalities across countries. Ten case studies were received from ten different countries, representing all six WHO regions. The results are described according to the study's three areas of focus: describing collaborative practice globally, the shared importance of collaborative practice, and systematizing collaborative practice.

Mitchell, P. H. (2014). Global education for collaborative practice. *International Nursing Review*, 61(2), 157–158. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/inr.12108/full>

An appeal for increased and deliberate collaborative practice between physicians, nurses and others, both locally and globally.

Musulino, N., Lazdins, J., Toohey, J., & Jsselmuiden, C. (2015). COHRED fairness index for international collaborative partnerships. *The Lancet*, 385(9975), 1293–1294. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0140673615606808>

Describes, the Council on Health Research for Development (COHRED) research standard: the COHRED Fairness Index that may serve as basis for a certification mechanism by

providing guidelines for best practices in international collaborative partnerships in research for health.

Peterson, E. A., Dwyer, J., Howze-Shiple, M., Davsion, C. Y., Wilson, K., & Noykhovich, E. (2011). Presence of leadership and management in global health programs: Compendium of case studies. Washington, DC: The Center for Global Health, The George Washington University.

This project reviews the current evidence of the impact of leadership and management on health through a case study series. The goal was to identify and operationalize leadership and management practices as they contribute to improved health. Drawing on over 300 documents a conceptual framework was developed that linked the leadership and management principles to program cycle and health effects. Researchers also consolidated identified leadership and management principles into 81 characteristics, grouped into twelve domains, and applied them to the systematic analysis of the case studies.

Pratt, B., & Loff, B. (2013). Linking research to global health equity: The contribution of product development partnerships to access to medicines and research capacity building. *American Journal of Public Health*, 103(11), 1968–1978. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3828705/>

Some product development partnerships (PDPs) recognize that the reduction of global health disparities requires access to their products and strengthened research capacity in developing countries. We evaluated three PDPs according to Frost and Reich's access framework and related capacity building in low- and middle-income countries. We found that these PDPs advance public health by ensuring their products' registration, distribution, and adoption into national treatment. Nonetheless, ensuring broad access for these populations, particularly for the poor; and adoption at provider and end-user levels remains a challenge.

Rowthorn, V., & Olsen, J. (2014). All together now: Developing a team skills competency domain for global health education. *Journal of Law, Medicine & Ethics*, 42(4), 550–563. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25565620>

This paper documents the results of a roundtable that was convened to study the need for an interprofessional team skills competency domain for global health students. The paper sets forth a preliminary set of team competencies based on existing scholarship and the results of the roundtable. The competencies offered in this paper represent a good first step toward ensuring that global health professionals are able to collaborate effectively to make the field as cohesive and collaborative as the mighty task of global health demands.

Study Questions for Basic Operational Level Competency 5f

1. Identify factors important for effective collaboration and partnership at the community, district/regional and national levels which can impact health outcomes.
2. Identify factors that impede effective collaboration and partnership in these same areas.
3. What are some of the challenges to stronger collaborative efforts?
4. Who are the various stakeholders in global health and what roles do they play?
5. What are key knowledge and skills needed by the global health workforce to improve the likelihood of successful partnerships? Where and how can they enhance their knowledge and skill sets?

Encompasses the application of basic principles of ethics to global health issues and settings.

Global Citizen Level and Basic Operational Program-Oriented Level

Competencies

6a Demonstrate an understanding of and an ability to resolve common ethical issues and challenges that arise in working within diverse economic, political and cultural contexts as well as working with vulnerable populations at low resource settings to address global health issues.

6b Demonstrate an awareness of local and national codes of ethics relevant to one's working environment.

6c Apply the fundamental principles of international standards for the protection of human subjects in diverse cultural settings..

DOMAIN 6

Ethics

6 Ethics

Background Notes on Global Health Research and Practice Ethics

Prepared by Michelle V. Sare (contact@michelesare.com)

The literature reveals that global health ethics is relatively new and not yet normalized (Stapleton et. al, 2014). It is critical that the trainer understand that Western philosophical paradigms of ethics are limited; the discipline of global health ethics is emerging to be inclusive of traditional philosophies and worldviews (Benatar et. al, 2016). However, regardless of focus or audience, learners across cultures, educational levels, disciplines, and borders, can begin this course work with a common understanding of ethics. The provided resources consistently identify three universal core ethical principles: beneficence, respect for persons, and distributive justice (Jacobsen, 2014). Ethics is a complex field with many theories and models, but its fundamental principles of beneficence, respect for persons, and distributive justice cross disciplines, cultures, and geo-political borders, are at the heart of being aware-of local and national codes of ethics relevant to one's working environment.

Codes of ethics for healthcare globally have historically been discipline specific. Codes of ethics exist for public health, healthcare administration, medicine, nursing, interpreters, community health workers, pharmacists, researchers, faculty, governments, non-profits, counselors; the list is as exhaustive as there are disciplines working in global health. Added are perspectives defined by cultures and political and geographic borders. The goal of CUGH is to provide a set of educational plans that provides a framework for ethical conduct that not only applies across disciplines but can be shared to create a common ground for a more collaborative approach to global health (Jogerst et. al, 2015) It will always be true that individual disciplines need to define and honor unique codes – such as United Nation's Development

Fund's codes for protecting fiscal and durable assets – but the intent of any code of ethics is based-on universal principles of respect, dignity, autonomy: beneficence, respect for persons, and distributive justice.

The over-arching purpose of the codes of ethics included in this lesson plan is to operate in all areas, in all situations, with absolute integrity. Whichever set of ethics referenced that is accessed by the trainer or trainee, they will find universal principles to guide decision-making, assessments/surveillance/research, planning, action, and evaluation of their processes, their work, and their products. It falls on the shoulders of the global health worker to identify, understand, and respect local codes, mores, and cultural and linguistic imperatives of their host country with 'absolute integrity'.

Terms and concepts that are central to the practice of the emerging field of ethics in global health are 'inclusion', 'collaboration', 'health equity and social justice', and 'human rights'. In this emerging maturity and evolution of global health, transitioning from a model of siloed international health, collaborative partnerships that are skilled and knowledgeable in multiple determinates of health and their best practices (Competency 3b), will be most able and effective to meet the underlying ethical challenge of today: equitable allocation of resources for health equity and social justice for all - while simultaneously respecting local and national codes of ethics. Awareness of paradigms and their effects on practice is a necessary skill; for example, paradigms of 'good enough' or 'better than what they had' do not meet the fundamental requirement of absolute integrity in today's global health.

Of note on the discussion of global health ethics across localities and national borders are those

personal standards and values carried inside each person. While many standards and codes of ethics exist for disciplines and localities, it is the code of ethics, standards, and beliefs carried inside-of the individual that will most likely determine conduct. There is an abundance of information available on standards, guidelines, and ethics to guide and evaluate professional practice, however, there is a paucity of research

on the topic of personal ethics research as it determines quality and outcomes. It is reasonable to conclude that external actions are/will be aligned with internal beliefs. To this end, the learner is best prepared to participate with ethical integrity – in any setting – when reflection and self-assessment of values and beliefs are systematically conducted

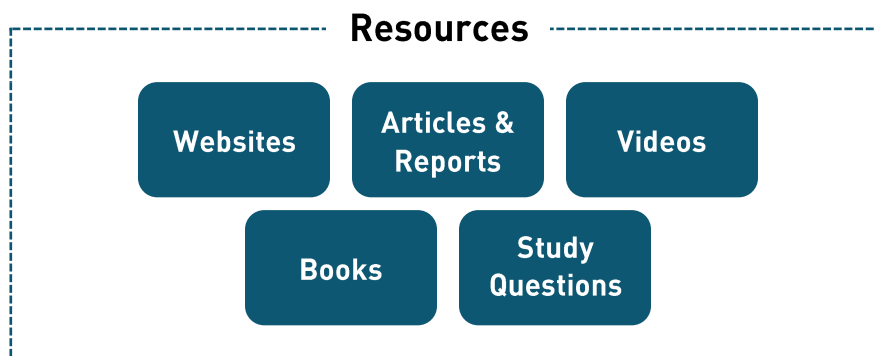
Competency 6a

Demonstrate an understanding of and an ability to resolve common ethical issues and challenges that arise in working within diverse economic, political and cultural contexts as well as working with vulnerable populations and in low resource settings to address global health issues.

1st & 2nd Editions: Mary T. White (mary.t.white@wright.edu)

Teaching Strategies

Competence in global health ethics begins with awareness of the diverse ethical concerns that accompany any engagement in a foreign environment due to resource disparities, cultural differences and different understandings of role expectations. For health trainees pursuing short-term elective experiences, pre-trip preparation is essential. This includes mastery of the core principles of global health (see the ‘Global Citizen’ level in Jogerst, et al.), gaining a working knowledge of the host setting, including the historical background, cultural norms, social, behavioral and environmental determinants of health, and health care infrastructure. Opportunities to meet with people from the setting or those who have previously worked in the setting can be invaluable. Films, case discussions, reflective exercises, and developing a global health code of ethics can be very helpful in developing ethical awareness. Global health research involving human participants or identifiable human data is required by US law to be approved by an Institutional Review Board at the sending institution; ethics review may also be required at host settings. Complimentary teaching strategies can be found in Competencies 6b and 6c.



Competency 6b

Demonstrate an awareness of local and national codes of ethics relevant to one's working environment.

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Teaching Strategies

This course content is best taught face-to-face with opportunities for group interaction. Adult learners will benefit from reflective exercises that allow for discovery of meaning and values clarification. Mixed teaching methods that include online/asynchronous didactic combined with clarifying questions (such as ethical dilemma case study or scenario exercises) is a viable strategy, but requires trainer facilitating and monitoring of any live or online forums or 'chat rooms. When available, learners should have access to internet searches in-order to discover national and local codes of ethics. The critical teaching strategy will be to apply the learning in a context that is relevant to the learner (e.g., work in Zambia would include culture and country specific examples of available codes and real-life applications). Exercises, case studies, and historical cases that have been resolved will help the basic learner move from abstract concepts to applied learned concepts and principles. The trainer's primary role, beyond content mastery and andragogy, is to create safe, respectful learning environments when considering potentially diverse topics. It is also important that the trainer be skilled in addressing the discussion of an ethic – such as distributive justice – when the local reality may be its antithesis.

An example of an exercise applicable to this competency could be exploring, comparing, contrasting, and discussing national health documents that address ethics from two or more countries. Discovering and understanding that other countries have similar guiding national documents is fundamental to this competency as well as identifying variances in values or approach. Within national documents especially through their designated ministry or department that is responsible for health, you can find national priorities, goals, strategies, and resource allocation priorities that foreign workers should ethically align their efforts in order to address principles of beneficence/avoiding nonmaleficence (i.e., not duplicating, undermining, disrespecting, or diminishing national efforts).

Suggested Learner Objectives

1. Each learner will possess an awareness of the foundational and historic documents that serve as the framework for contemporary global health ethics: UN Declaration for Human Rights, 1948, the UN Sustainable Development Goals 2016-2030), and the Declaration of Alma-Ata 1978 (as three examples).
2. Each learner will possess a foundational understanding of the broader discipline of philosophy and ethics across local and national borders (built-on Competency 6a). From this broad perspective, the

learner will understand the concepts of beneficence, respect for persons, and distributive justice across local and national borders.

3. The learner will be aware of cross-national, cross-cultural, and local norms, mores, and ethics and to be able to identify how to discover and inter-relate appropriately.

4. The learner will demonstrate understanding of how to apply these competencies pertaining to ethics in collaborative teams that include members from other cultures, disciplines, and/or socio-economic backgrounds (this competency might be demonstrated in Competencies 4 a, b, c, 5 a, b, c, d, e, or f.



Competency 6c

Apply the fundamental principles of international standards for the protection of human subjects in diverse cultural settings.

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Teaching Strategies

This competency relates to 6a and 6b and assumes that the trainee has gained a basic understanding of ethics and is now ready to apply that understanding to the research process. This competency is focused on research implementation. Refer to competency 7a, 6a and 6b for wider applications of ethical frameworks of practice.

In the absence of an Institutional Review Board (IRB) for global health work (such as a small college or a non-profit), the PAHO has criteria for accepting research to review under their Ethics Review Committee. The purpose of an IRB is to protect the rights and welfare of human subjects involved in research activities being conducted under its authority (for example; students from University XYZ working in the Democratic Republic of the Congo want to conduct qualitative research to determine the perceived lived experiences of women who have lost a child to violence. This example is obvious in

its potential for harm – both by placing the woman at risk and the mental anguish and risk potential [this is the opposite of beneficence – non-maleficence]).

An IRB Committee is operated and governed by standards. In the US, the composition and function of an IRB for health is specified by the US Department of Health and Human Services (HHS) (please see Website HHS). There is a minimum requirement of five members from various professional backgrounds. Each country will have their own criteria for the IRB to approve a research study. This is a US perspective only. Drug companies, universities, and national and multi-national for-profit and non-profit agencies are all held to IRB standards. Most grant and research funding programs require IRB approval. The major core ethical principle applied in 6c is ‘respect for persons’. However, the above example for University XYZ clearly demonstrates the application of beneficence and distributive justice.

The content for this competency will best be taught through mixed methods: face-to-face in a group or classroom setting, and with some assignments online or self-directed. This topic will be facilitated through safe and respectful dialogue and scenarios or case studies. The trainer will best serve the adult learners need to understand why this somewhat difficult, time consuming, Western dominated, and seemingly rule-based system is relevant to their practice, in their work setting and cultural context (please see Harvard Catalyst, 2010). The trainer will want to specify the two types of IRB or Ethics Review Committee research proposals (expedited and full approval). The trainer will not want to discourage full approvals because there exists a great need for evidenced-based practice in Low and Middle-Income Countries. A planning calendar and template or checklist will help learners more effectively plan research projects and potentially be more willing to engage in the process. While this is usually not an issue in university-based studies, there are a great many other entities and institutions conducting surveys, interviews, and collecting data – either electronically or via paper -and-pencil.

Global health workers needing this education will come from all walks of life, countries, and affiliations. The more the trainer can connect the trainee to the value of the review process, it is hoped that more rigorous studies, in areas of greatest need, will aid to advance health equity and social justice: whether IRB or its in-country corollary, the research review process is founded on the protection of human subjects. The Belmont Report and Helsinki Declaration are just two examples of why global health workers must remain vigilant.

The annotated bibliography from Harvard Catalyst provided laws, standards, and rules from 130 countries. The trainer can develop a lesson plan around one of these sources to demonstrate real-world application. Examples of an approved IRB or ERB document will help to demystify this process.

A linking exercise that will best be done in a workshop format in a 2-hour time period: In groups of 2 – 4, have the learners identify a type of research they might conduct. Next, have the learners identify a potential human subject encounter (a subject will be surveyed, interviewed, blood drawn, etc.). Next, have the learner identify the IRB or Ethics Review Committee (ERC) that they might work with. Lastly, ask the learners to identify potential risks or harms to the subject. The team will then draft a one-page research proposal to present to the group or online.

Courses with a historical focus may consider the origin of the Declaration of Helsinki and previous ethical violations in human subjects research when cultivating this competency. This also presents the opportunity to discuss historical, ethical violations in community/domestic research and its role in health disparities and community distrust (the ramifications of the Tuskegee experiment in the United States, for example). Given the emphasis on application in this competency, educators could consider

building cases that emulate research issues that learners may face in their own health outreach experiences.

Suggested Learner Objectives

1. The learner will understand the basis of research and the basic steps to the research process (see report NSF).
2. The learner will understand the purpose of human subject protection while conducting any type of research.
3. The learner will express understanding of cultural competence relevant to their work setting and practice locale/country and population served when conducting research.



Websites Competency 6a

- CIOMS (2002) International Ethical Guidelines for Biomedical Research Involving Human Subjects http://www.cioms.ch/publications/guidelines/guidelines_nov_2002_blurb.htm
- Global Health Bioethics, Research Ethics and Review. (n.d.). Retrieved from <https://bioethicsresearchreview.tghn.org/>
- Global Health Ethics. (n.d.). Retrieved from <http://www.globalhealthethics.org/>
- International Compilation of Human Research Standards <http://www.hhs.gov/ohrp/international/>
- WMA (2013) Declaration of Helsinki - Ethical Principles for Medical Research Involving Human Subjects <http://www.wma.net/en/30publications/10policies/b3/>

Articles and Reports Competency 6a

- Benatar, S. R. (2013). Global health and justice: Re-examining our values. *Bioethics*, 27(6), 297–304. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23718801>
- Benatar, S., & Upshur, R. (2014). Virtues and values in medicine revisited: Individual and global health. *Clinical Medicine Journal (London)*, 14(5), 495–499. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25301909>
- Council for International Organizations of Medical Sciences, CIOMS. (2002) International ethical guidelines for biomedical research involving human subjects. Geneva, Switzerland: CIOMS. Retrieved from http://www.cioms.ch/publications/guidelines/guidelines_nov_2002_blurb.htm
- Crump, J. A., Sugarman, J. & WEIGHT. (2010). Ethics and best practice guidelines for training experiences in global health. *The American Journal of Tropical Medicine and Hygiene*, 83(6), 1178–1182. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2990028/>
- DeCamp, M., Rodriguez, J., Hecht, S., Barry, M., & Sugarman, J. (2013). An ethics curriculum for short-term global health trainees. *Globalization & Health*, 9(5), 1–10. Retrieved from <https://globalizationandhealth.biomedcentral.com/articles/10.1186/1744-8603-9-5>
- Emanuel, E. J., Wendler, D., Killen, J., & Grady, C. (2004). What makes clinical research in developing countries ethical? The benchmarks of ethical research. *Journal of Infectious Disease*, 189(5), 930–937. Retrieved from <http://jid.oxfordjournals.org/content/189/5/930.full>
- Hunt, M. R., & Godard, B. (2013). Beyond procedural ethics: Foregrounding questions of justice in global health research ethics training for students. *Global Public Health*, 8(6), 713–724. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23706108>

- King, K. F., Kolopack, P., Merritt, M. W., & Lavery, J. V. (2014). Community engagement and the human infrastructure of global health research. *BMC Medical Ethics*, 15(84), 1–6. Retrieved from <http://bmcomedethics.biomedcentral.com/articles/10.1186/1472-6939-15-84>
- Loh, C. L., Chae, S. R., Heckman, J. E., & Rhee, D. S. (2015). Ethical considerations of physician career involvement in global health work: A framework. *Journal of Bioethical*, 12(1), 129–136. Retrieved from <http://link.springer.com/article/10.1007/s11673-014-9591-7>
- Murphy, J., Hatfield, J., Afsana, K., & Neufeld, V. (2015). Making a commitment to ethics in global health research partnerships: A practical tool to support ethical practice. *Journal of Bioethical Inquiry*, 12(1), 137–146. Retrieved from <http://link.springer.com/article/10.1007/s11673-014-9604-6>
- Myser, C. (2015). Defining 'Global Health Ethics'. *Journal of Bioethical Inquiry*, 12(1), 1–5. Retrieved from <http://link.springer.com/article/10.1007/s11673-015-9626-8>
- Pinto, A. D., & Upshur, R. E. (2009). Global health ethics for students. *Developing World Bioethics*, 9(1), 1–10. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19302567>
- Pratt, B., & Hyder, A. A. (2015). Global justice and health systems research in low- and middle-income countries. *Journal of Law, Medicine & Ethics*, 43(1), 143–161. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/jlme.12202/abstract>
- Pratt, B., & Loff, B. (2014). A framework to link international clinical research to the promotion of justice in global health. *Bioethics*, 28(8), 387–396. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23278523>
- Provenzano, A. M., Graber, L. K., Elansary, M., Khoshnood, K., Rastegar, A., & Barry, M. (2010). Short-term global health research projects by US medical students: Ethical challenges for partnerships. *The American Journal Of Tropical Medicine And Hygiene*, 83(2), 211–214. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20682858>
- Romo, M.L. & DeCamp, M. (2015). Ethics in global health outreach: Three key considerations for pharmacists. *International Journal of Pharmacy Practice*, 23(1), 86–89.
- Ruiz-Casares, M. (2014). Research ethics in global mental health: Advancing culturally responsive mental health research. *Transcultural Psychiatry*, 51(6), 790 – 805. Retrieved from <http://journals.sagepub.com/doi/pdf/10.1177/1363461514527491>
- Smith, E., Hunt, M., & Master, Z. (2014). Authorship ethics in global health research partnerships between researchers from low or middle income countries and high income countries. *BMC Medical Ethics*, 15(42), 1–8. Retrieved from <http://bmcomedethics.biomedcentral.com/articles/10.1186/1472-6939-15-42>
- Stapleton, G., Schröder-Bäck, P., Laaser, U., Meershoek, A., & Popa, D. (2014). Global health ethics: An introduction to prominent theories and relevant topics. *Global Health Action*, 7. Retrieved from <http://www.globalhealthaction.net/index.php/gha/article/view/23569>
- White, M., & Evert, J. (2014). Developing ethical awareness in global health: Four cases for medical educators. *Developing World Bioethics*, 14(3), 111–116. Retrieved from <http://europepmc.org/abstract/MED/23025791>

Videos Competency 6a

Holland, T. (2011, April 5). First, do no harm: A qualitative research documentary [Video file]. Retrieved from <http://vimeo.com/22008886>

Pasricha, T. (2013). A doctor of my own: The first medical students of Namibia–VUSM medical student. Retrieved from <http://globalhealth.vanderbilt.edu/2013/03/a-doctor-of-my-own-the-first-medical-students-of-namibia-a-film-by-trisha-pasricha-vusm-medical-student/>

Books Competency 6a

Pinto, A. D., & Upshur, R. E. G., (Eds.). (2013). An introduction to global health ethics. New York, NY: Routledge.

World Health Organization. (2015). Global health ethics: Key issues. Geneva, Switzerland: World Health Organization.

Study Questions for Global Citizen Level Competency 6a

1. What are your motivations for pursuing a short-term global health elective?
2. How can you best prepare for this elective?
3. What are your primary ethical concerns when working with healthcare professionals in an unfamiliar environment?
4. How might the educational and professional expectations at your home institution differ from what is expected of you on your global health elective? How will you manage such conflicts?
5. How might your expectations and behaviors need to adapt in a low-resource setting?

Study Questions for Basic Operational Level Competency 6a

1. How ought partnership activities to be negotiated and structured between home institutions and health care organizations in low-income countries?
2. What kinds of considerations may impact how these negotiations proceed?
3. How can you ensure that partnerships are mutually and fairly beneficial to both parties in the partnership?
4. What knowledge, attitudes, opportunities, and infrastructure are necessary for institutional partnerships to be both effective and sustainable?
5. What ethical considerations accompany global health research partnerships? What knowledge, attitudes, and skills may be necessary to ensure that research is mutually beneficial and ethically responsive to both home and host requirements?
6. Define cultural relativism and cultural humility.

7. Analyze the ethical challenges inherent between the concept of cultural relativism and human rights for workers in global health

Websites Competency 6b

Council for International Organizations of Medical Sciences. (2017) Publications. Retrieved from <https://cioms.ch/shop/?filterby=ethics>

Council for International Organizations of Medical Sciences is an associate partner of United Nations Educational, Scientific and Cultural Organization and provides multiple publications on the topic of global health ethics that are applicable across disciplines. These resources may benefit trainers and trainees as they develop a collaborative approach to their research and intervention practices

Ethical Challenges in Short-Term Global Health Training. (n.d.). Retrieved from <http://ethicsandglobalhealth.org/>

GASP Working Group. (n.d.). Resources. Retrieved from <http://www.gaspworkinggroup.org/resources/>

Institute of Medical Ethics (n.d.). Education Committee Teaching and Learning; Retrieved from http://www.instituteofmedicalethics.org/website/index.php?option=com_content&view=section&id=2&Itemid=3

This site offers some open-source online courses on various topics on ethics.

Pan American Health Organization(2017) Regional Program on Bioethics. Retrieved from https://www.paho.org/hq/index.php?option=com_content&view=article&id=5582&Itemid=4124&lang=fr

Pan American Health Organization provides resources for bioethics in research. Pan American Health Organization's own research ethics are overseen by their PAHO Ethics Review Committee. This site provides for easy access to the review board's site and five seminal reports that guide and inform the field of contemporary ethics related to research and human subjects (relevant for Competency 6c as well); The Belmont Report, The Declaration of Helsinki, Council for International Organizations of Medical Sciences Guidelines What Makes Clinical Research Ethical?, and The Ethics of Clinical Research.

Simulation Use for Global Away Rotations, SUGAR. (n.d.). What is SUGAR? Retrieved from <http://www.sugarprep.org/>

United Nations Development Fund (2017) Code of Ethics: Operating with unwavering integrity. Retrieved from <http://www.undp.org/content/dam/undp/library/corporate/ethics/UNDP%20CODE%20OF%20ETHICS%20-%202017%20version.pdf>

This is an example of the ethical standards established by a United Nations organization.

United Nation's Ethics Office (<http://www.un.org/en/ethics/>)

United Nation's Ethics Office sets the ethical standards for their organizations, but even individual UN organizations have individual codes – such as the United Nations Development Fund referenced above.

United Nations Universal Declaration of Human Rights (1948). Retrieved from <http://www.un.org/en/universal-declaration-human-rights/>

Of special interest to the discussion of cross-local/cross-national ethics is Article 25.

University of Washington School of Medicine (n.d.). Ethics Committee, Programs, and Consultation; Retrieved from <https://depts.washington.edu/bioethx/topics/ethics.html>

This is a short article that briefly explains the roles and functions of ethics committees and member's responsibilities.

World Health Organization (2018). Global Health Ethics Ethical Issues in Global Health; Retrieved from <http://www.who.int/ethics/topics/en/>

This site provides several topic specific areas with reports/positions statements on how to address ethics (e.g.ethical guidelines for treatment of TB)

World Health Organization (2018). Ethical standards and procedures for research with human beings. Retrieved from <http://www.who.int/ethics/research/en/>

WHO Research Ethics Review Committee (ERC) and other ethical guidelines for health-related Research involving human subjects can be accessed at this site.

Articles and Reports Competency 6b

Al-Samarrai, T. (2011). Adrift in Africa: A US medical resident on an elective abroad. *Health Affairs*, 30(3), 525–528. Retrieved from <http://content.healthaffairs.org/content/30/3/525.full>

Benatar, S., Daibes, I., and Tomsons, S. (2016). Inter-Philosophies Dialogue: Creating a Paradigm for Global Health Ethics; *Kennedy Institute of Ethics Journal*; Vol. 26, No. 3, 323-346; The Johns Hopkins University Press; Baltimore, MD

This article discusses the normative framework of ethics in Western philosophy and the need to more intentionally develop ethical frameworks that combine dominant Western paradigms with alternative and traditional philosophies and worldviews. This article helps the trainer and trainee to see beyond basic beneficence, respect for persons, and distributive justice as the 'main' or 'only' core ethical principles. This perspective is critical as trainers and trainees see the study of ethics as a life-long development and not a static limitation.

Crump, J. A., Sugarman, J., & Working Group on Ethics of Guidelines for Global Health Training. (2010). Ethics and best practice guidelines for training experiences in global health. *The American Journal of Tropical Medicine and Hygiene*, 83(6), 1178–1182. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2990028/>

Dainton, C., Chu, C. H., Lin, H., & Loh, L. (2016). Clinical guidelines for Western clinicians engaged in primary care medical service trips in Latin America and the Caribbean: An integrative literature review. *Tropical Medicine & International Health*, 21(4), 470–478. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26919697>

Fairchild, A. L., Dawson, a., Bayer, R., Selgelid, M. J. (2017). The World Health Organization, Public Health Ethics, and Surveillance: Essential Architecture for Social Well-Being; *American Journal of Public Health*; Vol. 107, No. 10; doi: 10.2015/AJPH.2017.304019

This article helps the trainee understand the ethic process within a specific scenario (public health and surveillance) and the view of how global health ethics has and is evolving. This brief article is an excellent choice on the topic of why/why not ethics has remained predominately based-on a Western philosophical paradigm. This serves as an opportunity to discuss how to include local and national ethics in this situation.

Globalization and Health, 11(50). Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/26684302>

Jogerst, K., Callender, B., Adams, Evert, J., Fields, E., Hall, T., Olsen, J... Wilson, L. (2015). Identifying Interprofessional Global Health Competencies for the 21st Century Health Professionals; *Annals of Global Health*; Vol. 81, No. 2; <http://dx.doi/10.1016/j.aogh.2015.03.006>

This article is the background for these competencies and provides the framework for the trainer and trainee.

Loh, L. C., Cherniak, W., Dreifuss, B. A., Dacso, N. M., Lin, H. C., & Every, J. (2015). Short-term global health experiences and local partnership models: A framework.

Melby, M. K., Loh, L. C., Evert, J., Prater, C., Lin, H., & Khan, O. A. (2016). Beyond medical "missions" to impact-driven short-term experiences in global health (STEGHs): Ethical principles to optimize community benefit and learner experience. *Academic Medicine*, 91(5), 633–638. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/26630608>

Stapleton, G., Schroder-Back, P., Lasser, U., Meershoek, A., and Popa, D. (2014). Global Health Ethics: an introduction to prominent theories and relevant topics; Special Issue Facets of Global health: Globalization, Equity, Impact, and Action; Global Health Action Coalition: <http://dx.doi.org/10/3402/gha.v7.23569>

The authors explain the evolution of the term ‘global health ethics’ and discuss how this field of concern has been predominately large-scale or macro in scope (they cite the example of ethics during disaster or pandemics). But as a relatively new topic, global health ethics is not a mature field, not yet ‘normalized’. Their article reviews theories of global health ethics, moral significance of health, equity, and social justice, moral significance of boundaries, approaches to justice, ethical conflicts, the 10/90 gap, research in low-income countries, and teaching ethics.

Stone, G. S., & Olson, K. R. (2016). The ethics of medical volunteerism. *Medical Clinics of North America*, 100(2), 237–246. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26900110>

Books Competency 6b

Farmer, P., Kim, J. Y., Kleinman, A., Basilicom. (2013). *Reimagining Global Health An Introduction*; University of California Press; Berkeley, CA:

The main theme of this text is the calling-out of health as a human right and human rights as a global health ethic. Farmer describes global health as a series of problems rather than a specific discipline. The core ethic discussed in this is distributive justice; “...the just and equitable distribution of risk of suffering and the tools to lessen or prevent it...”

Gunn, S., W., A., Mansourian, P. B., Davies, A. M., and Sayes, B. McA. (2010). *Understanding Global Dimensions of Health*; Springer Publishing; NY, NY:

This text – especially in Chapter 4 – provides an excellent discussion on values systems and healthcare ethics. The author explains three levels of ethics: micro, societal and group (macro ethics), and transcending or mega ethics. This discussion provides context for considering why ethical standards will differ between pandemics and conditions for ethical considerations while conducting a research study of individuals.

Jacobsen, K., H. (2014). *Introduction to Global Health*; Jones & Bartlett; Burlington, MA

The author provides a sound over-view of ethics in global health. Her explanations are clear and readily applicable in a Western culture. With the author’s clarity, the trainer will be able to use the book’s language to apply the core ethical principles, for the Basic Level, across localities and national borders.

Lasker, J. (2016). *Hoping to help: The promises and pitfalls of global health volunteering*. Ithaca: ILR Press, an imprint of Cornell University Press.

Packard, R., M. (2016). *A History of Global Health Interventions Into the Lives of Other People*; Johns Hopkins University Press: Baltimore, MD

This text offers context for the evolution of global health and the ethical challenges that parallel this evolution. The author discusses colonial, international, and emerging global health and the inherent challenges of moving from a dominant Western paradigm to a truly global paradigm.

Renzaho, A. N. (2016). *Globalization, Migration, and Health Challenges and Opportunities*; Imperial College Press; London, UK

The author adds the dimension of ethical codes applied to practice and identifies ethical principles. This text can be used by the trainer to address the issue of out-migration/’brain drains’ as it related to local and national values and mores.

Websites Competency 6c

Council for International Organizations of Medical Sciences. (2017) Publications. Retrieved from <https://cioms.ch/shop/?filterby=ethics>

Council for International Organizations of Medical Sciences is an associate partner of United Nations Educational, Scientific and Cultural Organization and provides multiple publications on the topic of global health ethics that are applicable across disciplines. These resources may benefit trainers and trainees as they develop a collaborative approach to their research and intervention practices.

Collaborative Institutional Training Initiative, CITI Program. (n.d.). Healthcare ethics committee (HEC). Retrieved from <https://www.citiprogram.org/index.cfm?pageID=863>

Duke Global Health Institute. (2015). Research toolkit. Retrieved from <http://globalhealth.duke.edu/research-toolkit>

Pan American Health Organization. (2017) Regional Program on Bioethics. Retrieved from https://www.paho.org/hq/index.php?option=com_content&view=article&id=5582:regional-program-on-bioethics&Itemid=4124&lang=fr

Pan American Health Organization provides resources for bioethics in research. Pan American Health Organization's own research ethics are overseen by their PAHO Ethics Review Committee (PAHOERC). This site provides for easy access to the review board's site and five seminal reports that guide and inform the field of contemporary ethics related to research and human subjects (relevant for Competency 6c as well); The Belmont Report, The Declaration of Helsinki, Council for International Organizations of Medical Sciences Guidelines, What Makes Clinical Research Ethical?, and The Ethics of Clinical Research.

University of Washington School of Medicine (n.d.). Ethics Committee, Programs, and Consultation; Retrieved from <https://depts.washington.edu/bioethx/topics/ethics.html>:

This is a short article that briefly explains the roles and functions of ethics committees and member's responsibilities.

U.S. Department of Health and Human Services: Office for Human Research Protections. (2017). Membership Requirements for Institutional Review Boards [Webinar]. Retrieved from <https://www.hhs.gov/ohrp/education-and-outreach/online-education/videos/membership-requirements-institutional-review-boards-irb/index.html>

This US Department of Health and Human Services site provides a webinar from the Office for Human Research Protections (OHRP) that discusses the HHS regulations and policies related to IRB membership requirements. It explains the requirements and provides examples to help viewers think through applying the regulations for US-based researchers and their institutions.

U.S. Department of Health and Human Services: Office for Human Research Protections. (2018) International Compilation of Human Research Standards 2018 Edition:

<https://www.hhs.gov/ohrp/sites/default/files/2018-International-Compilation-of-Human-Research-Standards.pdf>

“The International Compilation of Human Research Standards enumerates over 1,000 laws, regulations, and guidelines (collectively referred to as standards) that govern human subjects research in 130 countries, as well as standards from a number of international and regional organizations. This Compilation was developed for use by researchers, IRBs/Research Ethics Committees, sponsors, and others who are involved in human subjects research around the world”.

World Health Organization (2018). Global Health Ethics Ethical Issues in Global Health; Retrieved from <http://www.who.int/ethics/topics/en/>

This site provides several topic specific areas with reports/positions statements on how to address ethics (e.g., ethical guidelines for treatment of TB)

Articles and Reports Competency 6c

Harvard Catalyst (2010). Cultural Competence in Research: Annotated Bibliography; The Harvard Translational and Science Center; Retrieved from <https://catalyst.harvard.edu/pdf/diversity/CCR-annotated-bibliography-10-12-10ver2-FINAL.pdf>

The annotated bibliography from Harvard Catalyst provided laws, standards, and rules from 130 countries.

National Science Foundation (2013). Common Guidelines for Education Research and Development; Retrieved from <https://www.nsf.gov/pubs/2013/nsf13126/nsf13126.pdf>

This straight-forward 53 page guide walks readers through types of studies and important considerations for each.

U.S. Department of Health and Human Services. (1979). The Belmont Report: Ethical principles and guidelines for the protection of human subjects of research. Retrieved from <http://www.hhs.gov/ohrp/humansubjects/guidance/belmont.html>

U.S. Department of Health and Human Services. (2009). Basic HHS policy for protection of human research subjects. Retrieved from <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.html>

World Medical Association, WMA. (1964). Declaration of Helsinki - Ethical principles for medical research involving human subjects. Retrieved from <http://www.wma.net/en/30publications/10policies/b3/>

Books Competency 6c

Skloot, R. (2011). *The Immortal life of Henrietta Lacks*. New York, NY: Broadway Books.

Study Questions for Basic Operational Level Competency 6c

1. Describe the concept of “informed consent.”
2. What are pre-requisites to ensure that a potential research subject is able to consent to participation?
3. Name examples of populations who may not be able to consent or where risk of coercion is high.

DOMAIN 7

Professional Practice

Refers to activities related to the specific profession or discipline of the global health practitioner.

Global Citizen Level and Basic Operational Program-Oriented Level

Competencies

7a Demonstrate integrity, regard and respect for others in all aspects of professional practice.

7b Articulate barriers to health and healthcare in low-resource settings locally and internationally.

7c Demonstrate the ability to adapt clinical or discipline-specific skills and practice in a resource-constrained setting.

7 Professional Practice

Competency 7a

Demonstrate integrity, regard and respect for others in all aspects of professional practice.

1st and 2nd Edition: Gabrielle A. Jacquet (gjacquet@bu.edu) and Lisa V. Adams (lisa.v.adams@dartmouth.edu)

Teaching Strategies

This competency is focuses on professionalism and interprofessional professionalism as multidisciplinary teamwork in healthcare is the norm. Most resources listed here are from high-income countries where these concepts are often included in health professions training. They are newer concepts and, in some cases, just beginning to be introduced, promoted and supported in low- and middle-income settings.

Students could acquire basic background on this topic from reading a combination of published articles or textbook chapters on this subject. Supplemental assignments might include viewing online videos, blogs, and websites, and using in-class lecture, case studies or facilitated discussion to provide examples of how to maintain integrity and show respect for others in all contexts of one's professional practice. Running cases in a simulation lab would be ideal for learning interprofessionalism, especially for the cases listed below. Outside of the classroom, possible strategies might include individual or group engagement in a community-based project or service learning experience during which students could reflect on challenges they encountered and adaptive responses they developed to ensure integrity, regard and respect for others were prioritized. This approach could also be applied to clinical experiences as well.

Resources

Websites

Articles & Reports

Books

Videos

Competency 7b

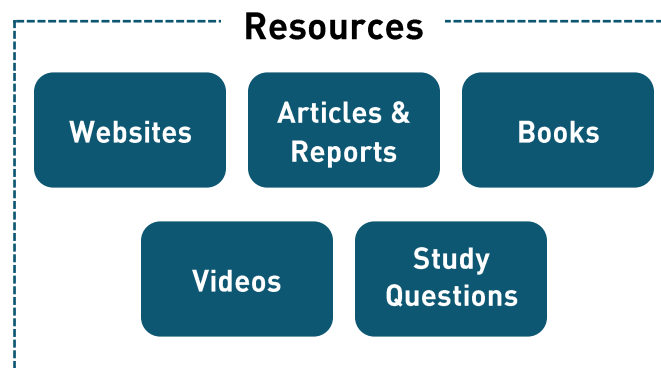
Articulate barriers to health and healthcare in low-resource settings locally and internationally

2nd Edition: Lisa V. Adams (lisa.v.adams@dartmouth.edu) and Sydney Kamen (sydney.t.kamen.19@dartmouth.edu)

1st Edition: Lisa V. Adams (lisa.v.adams@dartmouth.edu)

Teaching Strategies

Students could acquire basic background on this topic from reading a combination of published articles or textbook chapters on this subject. Supplemental assignments might include viewing online videos, blogs, and websites, and using in-class lecture, case studies or facilitated discussion to provide examples of how to maintain integrity and show respect for others in all contexts of one's professional practice. Outside of the classroom, possible strategies might include individual or group engagement in a supervised community-based project or service learning experience during and after which students could reflect on challenges they encountered and adaptive responses they developed to ensure integrity, regard and respect for others were prioritized. Care should be taken to ensure students are well prepared and supervised, and are not putting community partnerships or community members at risk during such experiences. This approach could also be applied to clinical experiences as well through observations and concomitant reviews or studies of health systems.



Competency 7c

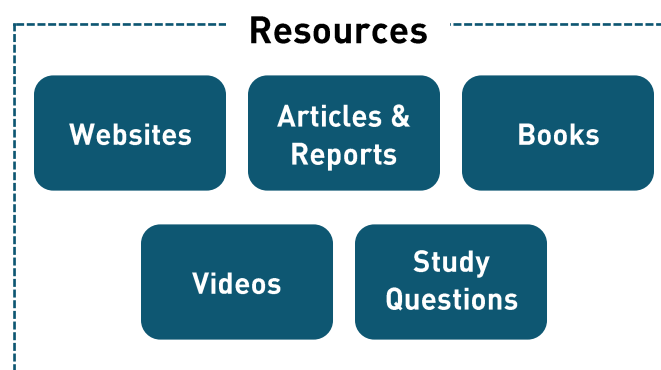
Demonstrate the ability to adapt clinical or discipline-specific skills and practice in a resource-constrained setting.

2nd Edition: Anne Kellett (anne.kellett@yale.edu)
1st Edition: Anne Kellett (anne.kellett@yale.edu) and
Lynda Wilson (lyndawilson@uab.edu)

Teaching Strategies

Initial background on this topic will likely require a combination of landmark articles or a textbook assigned as required reading, with supplemental assignments of videos, blogs, small group discussions, exploring websites, lecture or in-class activities to illustrate the utility of various strategies (e.g. telehealth, point-of-care testing, task-shifting/task-sharing, primary care approaches, algorithm guided care, etc.). Interactive possibilities for simulation, “flipped classroom,” or team-based learning activities include having students hypothesize their own strategies for working in interprofessional and multi-sectoral teams to address priority health needs in resource-constrained settings. If possible, clinical experiences can be arranged in low-resource settings in the local setting or in other settings (e.g. study-abroad experiences in other countries or other locales). Understanding of local culture and practices (impact local customs have on delivery of health care); would also apply to access to food, medications, healthcare.

Other strategies include the use of role play, case-based learning, audio and visual documentation of encounters with faculty feedback.



Websites Competency 7a

American Interprofessional Health Collaborative. (n.d.). Retrieved from <https://aihc-us.org/>

“The American Interprofessional Health Collaborative transcends boundaries to transform learning, policies, practices, and scholarship toward an improved system of health and wellness for individual patients, communities, and populations. It believes educating those entrusted with the health of individuals, communities, and populations to value and respect each other’s unique expertise and skills and to work together is fundamental to care that is effective, safe, of high quality, and efficient in terms of cost, resources, and time.”

Interprofessional Professionalism Collaborative. (n.d.). Interprofessional Professionalism Assessment (IPA) Instrument. Retrieved from <http://www.interprofessionalprofessionalism.org/assessment.html>

“The purpose of the Interprofessional Professionalism Assessment instrument is to evaluate an entry-level health professional’s demonstration of professionalism when interacting with members of other health professions.”

Interprofessional Professionalism Collaborative. (n.d.). Resources related to interprofessional professionalism. Retrieved from http://www.interprofessionalprofessionalism.org/uploads/1/8/8/6/1886419/ipc_resources_list.pdf

This is a comprehensive list of resources related to interprofessional professionalism.

Articles and Reports Competency 7a

American Academy of Family Practice. (2014). Recommended curriculum guidelines for family medicine residents: Global health (AAFP Reprint No. 287). Retrieved from http://www.aafp.org/dam/AAFP/documents/medical_education_residency/program_directors/Reprint287_Global.pdf

“This curriculum guideline defines a recommended training strategy for family medicine residents.”

Association of Schools & Programs of Public Health. (2018). NEW Global health concentration competencies for the master of public health (MPH) degree. Retrieved from <https://www.aspph.org/teach-research/models/masters-global-health/>

These competencies are targeted upon the Master of Public Health (MPH) students concentrating from a Council on Education for Public Health (CEPH) accredited program or school of public health.

Association of Schools of Public Health. (2011). Global health competency model final version 1.1. Retrieved from <https://www.publichealth.pitt.edu/Portals/0/Main/ASPH%20GH%20Competencies.pdf>

“The Association of Schools of Public Health global health competency model is designed to provide a professional framework for the abilities expected of master’s-level students in global health programs that will prepare them for successful performance in the global public health workforce. Responsive to calls from the Institute of Medicine, the Health Professionals for a New Century Commission, and other key bodies, this Final Model Version 1.1 includes seven domains and 38 competencies, and is recommended for use by graduate-level educators and their students in meeting the needs for expertise in working with partners to solve the pressing public health problems facing our world.”

Bridges, D. R., Davidson, R. A., Odegard, P. S., Maki, I.V., & Tomkowiak, J. (2011). Interprofessional collaboration: three best practice models of interprofessional education. *Med Educ Online*, 16. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3081249/pdf/MEO-16-6035.pdf>

“In this paper, three universities, the Rosalind Franklin University of Medicine and Science, the University of Florida, and the University of Washington describe their training curricula models of collaborative and interprofessional education.”

Cleary, M., Walter, G., Horsfall, J., & Jackson, D. (2013). Promoting integrity in the workplace: A priority for all academic health professionals. *Contemp Nurse*, 45(2), 264–268. Retrieved from <http://www.tandfonline.com/doi/abs/10.5172/conu.2013.45.2.264>

“The aim of this paper, therefore, is to present an overview of the concept of integrity in the academic workforce and discusses some of the issues and dimensions, in the hope of creating greater awareness.”

Edgar, A., & Pattison, S. (2011). Integrity and the moral complexity of professional practice. *Nurs Philos*, 12(2), 94–106. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1466-769X.2010.00481.x/abstract>

“The paper offers an account of integrity as the capacity to deliberate and reflect usefully in the light of context, knowledge, experience, and information (that of self and others) on complex and conflicting factors bearing on action or potential action.”

Egener, B., McDonald, W., Rosof, B., & Gullen, D. (2012). Perspective: Organizational professionalism: Relevant competencies and behaviors. *Acad Med*, 87(5), 668–74. Retrieved from http://journals.lww.com/academicmedicine/Fulltext/2012/05000/Perspective___Organizational_Professionalism_.31.aspx

“In this article, the authors discuss the following competencies of organizational professionalism, derived from ethical values: service, respect, fairness, integrity, accountability, mindfulness, and self-motivation. How nonprofit health care organizations can translate these competencies into behaviors is described. The unique responsibilities of leadership to model these competencies, promote them in the community, and develop relevant organizational

strategies are clarified. The authors also consider how medical organizations are currently addressing professionalism challenges.”

Hammer, D., Anderson, M. B., Brunson, W. D., Grus, C., Heun, L., Holtman, M.,...Forest, J. G. (2012). Defining and measuring construct of interprofessional professionalism. *Journal of Allied Health*,41(2), 49E–53E. Retrieved from <http://www.ingentaconnect.com/content/asahp/jah/2012/00000041/00000002/art00011>

The Interprofessional Professionalism Collaborative (IPC) “currently consists of 11 national organizations representing health professions programs at the doctoral entry level, and is developing a framework of “interprofessional professionalism”(IPP) around observable behaviors that illustrate what professionalism looks like in the context of interprofessional collaborations focused on patient-, client-, and family-centered care. IPC’s goal is to create tools to foster and measure these behaviors in health professionals and students. This paper describes the work of IPC to date and its future plans.”

Holtman, M. S., Frost, J. S., Hammer, D. P., McGuinn, K., & Nunez, L.M. (2011). Interprofessional professionalism: Linking professionalism and interprofessional care. *Journal of Interprofessional Care*, 25, 383–385. Retrieved from <http://www.tandfonline.com/doi/abs/10.3109/13561820.2011.588350?journalCode=ijic20>

This is a description of the IUPC (The Interprofessional Professionalism Collaborative).

Imafuku R., Kataoka R., Ogura H., Suzuki H., Enokida M., Osakabe K. (2018)What did first-year students experience during their interprofessional education? A qualitative analysis of e-portfolios. *Journal Interprofessional Care*. 32(3):358-366. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/29364744>

“This study explored first-year students' learning processes and the longitudinal changes in their perceptions of learning in a year-long IPE program at a Japanese medical university.”

Interprofessional Education Collaborative Expert Panel. (2011). Core competencies for interprofessional collaborative practice: Report of an expert panel. Washington, DC: Interprofessional Education Collaborative. Retrieved from <https://nebula.wsimg.com/3ee8a4b5b5f7ab794c742b14601d5f23?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>

“This report provides key definitions and principles that guided identification of core interprofessional competencies. The authors describe the timeliness of interprofessional learning, along with separate efforts by the six professional education organizations to move in this direction. They identify 8 reasons why it is important to agree on a core set of competencies across the professions. The concept of interprofessionalism is introduced as the foundational idea to the identification of core interprofessional competency domains and the associated specific competencies. In the concluding background section, the authors describe 3 recently developed frameworks that identify interprofessional education as fundamental to practice improvement. The competency approach to learning is discussed, followed by what distinguishes interprofessional competencies.”

Interprofessional Education Collaborative. (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington, DC: Interprofessional Education Collaborative. Retrieved from <https://nebula.wsimg.com/2f68a39520b03336b41038c370497473?AccessKeyId=DC06780E69ED19E2B3A5&disposition=0&alloworigin=1>

In this 2016 release, the IPEC Board updates the document “to reaffirm the value and impact of the core competencies and sub-competencies”; “organize the competencies within a singular domain of Interprofessional Collaboration encompassing the topics of values and ethics, roles and responsibilities, interprofessional communication, and teams and teamwork”; and “broaden the interprofessional competencies to better achieve the Triple Aim.”

Lockeman KS., Lanning SK., Dow AW., Zorek JA., DiazGranados D., Ivey CK., Soper S. (2017). Outcomes of Introducing Early Learners to Interprofessional Competencies in a Classroom Setting. *Teaching and Learning in Medicine.* ;29(4):433-443. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28281832>

This study was “a rigorous evaluation of early Interprofessional Education to determine its impact on teaching interprofessional collaborative practice and providing a solid foundation for applying collaborative skills in the clinical environment.”

Lesser, CS., Lucey, CR., Egener, B., Braddock, CH., Linas, SL., & Levinson, W. (2010). A behavioral and systems view of professionalism. *Journal of the American Medical Association,* 304(24), 2732–2737. Retrieved from <http://jama.jamanetwork.com/article.aspx?articleid=187119>

This “article proposes a behavioral and systems view of professionalism that provides a practical approach for physicians and the organizations in which they work.”

Morgan C.J. (2017). Graduates’ development of interprofessional practice capability during their early socialisation into professional roles. *Journal of Interprofessional Care,* 31(4), 438-445. Retrieved from <http://www.tandfonline.com/doi/full/10.1080/13561820.2017.1295029>

“This article presents the findings from a year-long hermeneutic phenomenological study of graduates’ temporal experiences of practice roles in their respective fields of healthcare and in collaboration with other professions.”

Silver, IL., Leslie, K. (2017) Faculty Development for Continuing Interprofessional Education and Collaborative Practice. *Journal of Continuing Education in the Health Professions,* 37(4), 262–267. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19728382>

This “article proposes a framework for faculty development in continuing interprofessional education and collaborative practice.”

Steven, K., Howden, S., Mires, G., Rowe, I., Lafferty, N., Arnold, A., Strath, A. (2017) Toward interprofessional learning and education: Mapping common outcomes for prequalifying healthcare professional programs in the United Kingdom. *Medical Teacher,* 39(7), 720-744. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28462598>

“A mapping of the outcomes/standards required by five UK health profession regulatory bodies was undertaken. Seven themes were identified: knowledge for practice, skills for practice, ethical approach, professionalism, continuing professional development, patient-centered approach and teamworking skills, representing 22 subthemes.”

United Nations. (n.d.). United Nations competencies for the future. Retrieved from https://careers.un.org/lbw/attachments/competencies_booklet_en.pdf

“This document describes the skills, attributes, and behaviors that are considered important for all staff of the United Nations, regardless of function or level.”

Books Competency 7a

Freshman, B., Rubino, LG., Chassiakos, YR. (2010). *Collaboration Across the Disciplines in Health Care*. Sudbury, MA: Jones and Bartlett Publishers.

This book was written for practicing healthcare professionals, students, and educators to be a user-friendly resource

Mead, G., & Ashcroft, J. (2005). *The case for interprofessional collaboration: In health and social care*. Oxford, UK: Blackwell Publishing, Ltd.

“The Case for Interprofessional Collaboration recognizes and explores the premium that modern health systems place on closer working relationships. Each chapter adopts a consistent format and a clear framework for professional relationships, considering those with the same profession, other professions, new partners, policy actors, the public and with patients. This book is designed for those in the early stages of their careers as health and social care professionals. It is also aimed at managers and educators, to guide them in commissioning and providing programs to promote collaboration.”

Stern, D. T. (2006). *Measuring medical professionalism (Vol. 19)*. New York, NY: Oxford University Press.

This “book is a theory-to-practice text focused on ways to evaluate professional behavior written by leaders in the field of medical education and assessment.”

Weiss, D., Tilin, F., & Morgan, M. J. (2013). *The interprofessional health care team: leadership and development*. Burlington, MA: Jones & Bartlett Learning.

“The Interprofessional Health Care Team: Leadership and Development explores theoretical concepts of leadership in an interdisciplinary health care environment and provides practical examples of these concepts from the perspective of health care scholars, scientists, faculty, and health administration professionals. This comprehensive text introduces multidisciplinary collaboration in three modules: Teamwork and Group Development, Leadership in Interdisciplinary Groups and Building Sustainable, Collaborative Cultures. Each module is

divided into units, which introduce key concepts and provide active teaching/learning experiences.”

Videos Competency 7a

The Task Force for Global Health. (2011, December 5). Compassion in global health [Video file]. Retrieved from <https://www.youtube.com/watch?v=ydn0H60K3Nk>

This video highlights the importance of having compassion in global health, and of being grounded and forced to see human faces when you are doing bench research and are removed from real people.

University of Arizona Interprofessional Education & Practice. (2013, June 27). Interprofessional education: What is it and why do we do it? [Video file]. Retrieved from <https://www.youtube.com/watch?v=Q-83eDYIFP4>

This video defines the phrases interprofessional education, interprofessional practice, and interprofessional collaboration and explores why these concepts are important to effective healthcare delivery.

Interprofessional Collaborative. (2018) Interprofessional Professionalism Assessment Toolkit. Retrieved from <http://www.interprofessionalprofessionalism.org/toolkit.html>

The toolkit includes case study videos and other resources.

Websites Competency 7b

Unite For Sight. (n.d.). Global health course - Module 5: How to eliminate patient barriers to care. Retrieved from <http://www.uniteforsight.org/global-health-course/module5>

This module provides intervention recommendations for the elimination of patient barriers (transportation, financial and educational) to accessing healthcare.

WHO. (n.d.). Zero discrimination in health care. Retrieved from http://www.who.int/workforcealliance/media/news/2016/zero_discrimination/en/

This website outlines the Zero Discrimination Day agenda (organized by UNAIDS and the Global Health Workforce Alliance, and celebrated annually on March 1st), calling for the elimination of discrimination in healthcare settings which prevents many from accessing essential healthcare services.

Articles and Reports Competency 7b

Atuoye, K. N., Dixon, J., Rishworth, A., Galaa, S. Z., Boamah, S. A., & Luginaah, I. (2015). Can she make it? Transportation barriers to accessing maternal and child health care services in rural Ghana. *BMC Health Services Research*, 15. Retrieved from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4545969/pdf/12913_2015_Article_1005.pdf

This study uses the Political Ecology of Health theoretical framework to examine interactions of socio-cultural, political, ecological and economic forces and how their interactions influence access to maternal healthcare in rural Ghana. The paper concludes that geographic/physical barriers to health access remain problematic in the context of Ghana's Upper West Region, where road networks are mostly non-existent. Moreover, the significance of poor economic conditions as a barrier to accessing transport in this study confirms that the parameters of transport for health go beyond the availability of transport and drivable roads.

Beck, A. F., Tschudy, M. M., Coker, T. R., Mistry, K. B., Cox, J. E., Gitterman, B. A, Fierman, H. (2016). Determinants of health and pediatric primary care practices. *Pediatrics*, 137(3), 1–11. Retrieved from <http://pediatrics.aappublications.org/content/early/2016/02/21/peds.2015-3673>

This paper describes how care structures and processes can be altered in ways that align with the needs of families living in poverty. Attention is paid to both facilitators of and barriers to successful redesign strategies. It illustrates how such a roadmap can be adapted by practices depending on the degree of patient need and the availability of practice resources devoted to intervening on the social determinants of health, and ways in which practices can advocate for families in their communities and nationally. This paper concludes that pediatric practices must consider how to help families mitigate the impact of poverty-related risks in ways that promote long-term health and well-being.

Donkin A, Goldblatt P, Allen J, Nathanson V, Marmot M. Global action on the social determinants of health. *BMJ Glob Health*. 2017 Dec 1;3(Suppl 1):e000603. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5759713/>

This article summarizes global progress, largely concerning commitments and strategies, demonstrating widespread support for a social determinants of health approach across the world, from global political commitment to within-country action. Moreover, this paper demonstrates, with examples from regions, that across the world, there is commitment and action at the national and local levels to improve the social determinants of health.

Eide, A. H., Mannan, H., Khogali, M., van Rooy, G., Swartz, L., Munthali, A., Dyrstad, K. (2015). Perceived barriers for accessing health services among individuals with disability in four African countries. *PLoS One*, 10(5), 1–13. Retrieved at <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4489521/pdf/pone.0125915.pdf>

This study reveals that a lack of transport, availability of services, inadequate drugs and equipment, and costs, are the four principal barriers to accessing health services. The study states urbanity, socio-economic status, and severity of activity limitations as important predictors for barriers. This paper suggests that the provision of equitable health services can

be supported by ensuring that evidence from research and practice contributes to policy development and incorporates human rights and social inclusion as central features at international, regional, and country levels.

Grimes, C. E., Bowman, K. G., Dodgion, C. M., & Lavy, C. B. (2011). Systematic review of barriers to surgical care in low-income and middle-income countries. *World Journal of Surgery*, 35(5), 941–50. Retrieved from <http://link.springer.com/content/pdf/10.1007%2Fs00268-011-1010-1.pdf>

This paper discusses the significance of cultural, financial, and structural barriers pertinent to surgery and their role in broader healthcare issues. The authors offer immediate action to improve economic and geographic accessibility, which along with investment in district hospitals, is likely to make a significant impact in overcoming access and barrier issues.

Jacobs, B., Ir, P., Bigdeli, M., Annear, P. L., & Van Damme, W. (2012). Addressing access barriers to health services: An analytical framework for selecting appropriate interventions in low-income Asian countries. *Health Policy Plan*, 27(4), 288–300. Retrieved from <http://heapol.oxfordjournals.org/content/27/4/288.full.pdf+html>

This paper discusses the many supply- and demand-side barriers that affect access to health services, especially for the poor. Interventions are suggested to address these barriers, as well as how their effectiveness may be optimized when applied in conjunction with others since no single intervention concurrently addresses all dimensions or aspects of access barriers.

Koster, W., Ondo, P., Sarr, AM., Sow, AI., Schultsz, C., Sakande, J., Diallo, S., Pool, R. Barriers to uptake of antenatal maternal screening tests in Senegal. *SSM Popul Health*. 2016 Oct 13;2:784-792. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5757953/pdf/main.pdf>

This study identifies barriers to uptake of selective antenatal maternal screening tests recommended by the Ministry of Health in Senegal. Efforts to increase test uptake are presented, including accessible testing guidelines, reducing the expense of tests, raising awareness about the reasons for tests, and making the complete test set in point-of-care format accessible in peripheral health posts.

Marmot M. The health gap: Doctors and the social determinants of health. *Scand J Public Health*. 2017 Nov;45(7):686-693. Retrieved from http://journals.sagepub.com/doi/abs/10.1177/1403494817717448?url_ver=Z39.88-2003&rft_id=ori%3Arid%3Acrossref.org&rft_dat=cr_pub%3Dpubmed&

This review presents recommendations in six domains: give every child the best start in life; education and life-long learning; employment and working conditions; ensure that everyone has at least the minimum income necessary to lead a healthy life; healthy and sustainable places; and taking a social determinants approach to prevention. The encouraging evidence offered in this paper suggests that health professionals can make a big difference in advancing the cause of health equity.

Monteiro de Andrade, L. O., Pellegrini Filho, A., Solar, O., Rígoli, F., Malagon de Salazar, L. M., Serrate, P. C., Atun, R. (2015). Social determinants of health, universal health coverage, and sustainable development: case studies from Latin American countries. *The Lancet*, 385(9975), 1343-1351. Retrieved from [http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(14\)61494-X.pdf](http://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(14)61494-X.pdf)

This paper presents case studies from four Latin American countries to illustrate the design and implementation of health programs underpinned by inter-sectoral action and social participation that have reached national scale to effectively address social determinants of health, improve health outcomes, and reduce health inequities. This paper explains how investment in managerial and political capacity, strong managerial and political commitment and state programs (not just time-limited government actions) have been and are crucial in underpinning the success of these policies.

National Association of Community Health Centers, Inc. (2013). Removing barriers to care: Community health centers in rural areas (Fact Sheet #1013). Bethesda, MD: National Association of Community Health Centers. Retrieved from http://nachc.org/wp-content/uploads/2015/06/Rural_FS_1013.pdf

This fact sheet discusses the barriers to healthcare faced by rural and frontier areas (i.e., geographic isolation and lack of healthcare resources) and offers evidence-based recommendations for removing these barriers (i.e., rural health centers).

Puchalski Ritchie, LM., Khan, S., Moore, JE., Timmings, C., van Lettow, M., Vogel, JP., Khan, DN...Straus, SE. (2016). Low- and middle-income countries face many common barriers to implementation of maternal health evidence products. *J Clin Epidemiol*. 76:229-37. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4977618/https://www.sciencedirect.com/science/article/pii/S0895435616001542?via%3Dihub>

This paper explores the similarities and differences in challenges to maternal health and evidence implementation across several low- and middle-income countries and identifies common and unique themes representing barriers to and facilitators of evidence implementation in healthcare settings. By identifying common barriers and areas requiring additional attention, this paper provides a starting point for developing a framework to guide the assessment of barriers to and facilitators of maternal health and potentially to inform implementation in low- and middle-income countries.

Rachlis B, Naanyu V, Wachira J, Genberg B, Koech B, Kamene R, Akinyi J, Braitstein P. Identifying common barriers and facilitators to linkage and retention in chronic disease care in western Kenya. *BMC Public Health*. 2016 Aug 8;16:741. Retrieved from <https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-016-3462-6>

The findings of this paper provide insight into the individual and broader structural factors that can deter or encourage linkage and retention that are relevant across communicable and non-communicable chronic diseases. Moreover, these findings suggest that interventions should consider the logistical aspects of accessing care in addition to predisposing and need factors that may affect an individual's decision to seek and remain in appropriate care.

Stanford eCampus Rural Health. (2010). Healthcare disparities & barriers to healthcare fact sheet. Retrieved from http://ruralhealth.stanford.edu/health-pros/factsheets/downloads/rural_fact_sheet_5.pdf

This fact sheet explores numerous categories of barriers to accessing healthcare services for rural communities. Diverse strategies for addressing some of these barriers are posed to reduce and mitigate some of the subsequent health consequences.

Thomson, M., Kentikelenis, A., Stubbs, T. Structural adjustment programmes adversely affect vulnerable populations: a systematic-narrative review of their effect on child and maternal health. *Public Health Rev.* 2017 Jul 10;38:13. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5810102/>

This article systematically reviews empirical literature on the aggregate effects of structural adjustment programs administered by the International Monetary Fund, World Bank, and African Development Bank on child and maternal health in low- and middle-income countries, and finds that structural adjustment programs have a detrimental impact on child and maternal health. Specifically, these programs undermine access to quality and affordable healthcare and adversely impact upon social determinants of health, such as income and food availability. The evidence presented in this article suggests that a fundamental rethinking is required by international financial institutions if these countries are to achieve the Sustainable Development Goals on child and maternal health.

Vergunst, R., Swartz, L., Mji, G., MacLachlan, M., Mannan, H. (2015). 'You must carry your wheelchair'--barriers to accessing healthcare in a South African rural area. *Global Health Action*,8. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4592846/pdf/GHA-8-29003.pdf>

This study explores the challenges faced by people with disabilities in accessing healthcare in Madwaleni, a poor rural Xhosa community in South Africa. The findings show a number of barriers to healthcare for people with disabilities, including practical, geographical, staffing, and attitudinal barriers. This paper suggests that although there are practical barriers that need to be addressed, attitudinal barriers could potentially be addressed more easily and cost-effectively. The issue of access to healthcare for rural South African people with disabilities is more than a disability issue, but a broader human rights issue, for all.

Vogel, JP., Moore, JE., Timmings, C., Khan, S., Khan, DN., Defar, A., Hadush, A...Gülmezoglu, AM. (2016) Barriers, Facilitators and Priorities for Implementation of WHO Maternal and Perinatal Health Guidelines in Four Lower-Income Countries: A GREAT Network Research Activity. *PLoS One*.;11(11):e0160020. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5091885/>

This paper uses a systematic approach incorporating evidence and theory to identify barriers and facilitators to the WHO implementation of maternal and perinatal health guidelines at the health system, provider, and community levels in Ethiopia, Tanzania, Uganda, and Myanmar. This study finds that despite differences in guideline priorities and contexts, barriers identified across the countries of study were often similar, and recommends that further evaluation of the impacts of implementing these strategies is needed.

Books Competency 7b

Collier, P. (2008). *The bottom billion: Why the poorest countries are failing and what can be done about it*. New York, NY: Oxford University Press.

The Bottom Billion explores the reasons why impoverished countries fail to progress despite international aid and support. In this book, Collier argues that there are many countries whose residents have experienced little if any income growth over the 1980s and 1990s (the majority on the African continent). To Collier, aid alone will never be enough; the world's poorest people, are to spring the traps that have kept their economies stagnant for decades, Western governments will have to offer much more than money. Moreover, the presented findings in this book challenge and overturn some of the most persistent myths about Africa's decades of failure.

Conrad, P., & Gallagher, E. (1993). *Health and health care in developing countries: sociological perspectives*. Philadelphia, PA: Temple University Press.

In this seminal collection of articles on healthcare in low- and middle-income countries, sociological perspectives are applied to medical issues in revealing ways. Fourteen essays examine the social production of health, disease, and systems of care throughout the developing world. The volume covers a range of countries including Nigeria, Singapore, Taiwan, Indonesia, Nepal, China, United Arab Emirates, Oman, and Mexico, and a broad scope of topics, from emergency care, the HIV/AIDS epidemic, and women's healthcare, to public health programs and national healthcare policies.

Kidder, T. (2004). *Mountains beyond mountains: the quest of Dr. Paul Farmer, a man who would cure the world*. New York, NY: Random House.

Mountains Beyond Mountains is about one physician's quest to relieve suffering in just the kind of places we do not like to think about. In this book, Pulitzer Prize-winning author Tracy Kidder tells the true story of Dr. Paul Farmer, a gifted man who loves the world and has set out to do all he can to cure it.

Videos Competency 7b

Allen-Davis, J. (2013). The River of Health [TEDxMileHigh]. Retrieved from <https://www.youtube.com/watch?v=oYpS4qQNmSs>

In this TED Talk, Jandel Allen-Davis makes a case for creating more connected communities to better our health and lower the cost of staying well.

Barriers to Healthcare for Latino/ Hispanic Patients. (2013). Training at San Diego county [Video file]. Retrieved from <https://www.youtube.com/watch?v=dP4CHL6yENQ>

In this workshop for healthcare professionals, Sahar Andrade analyzes the characteristics of the Latino Culture and their effects on Latino/ Hispanic patients. The video discusses the barriers and solutions to accessing healthcare in Latino culture.

Manchanda, R. (2014). What makes us get sick? Look upstream [TED.com]. Retrieved from <https://www.youtube.com/watch?v=dJEwC4wCM70>

In this TED Talk, Dr. Rishi reflects on coming to the realization that his job isn't just about treating a patient's symptoms, but about getting to the root cause of what is making them ill—the "upstream" factors (i.e., a poor diet, stressful job, lack of fresh air, etc.). This video serves as a powerful call for doctors to pay attention to a patient's life outside the exam room.

Nandi, P. (2013). Removing barriers to healthcare [TEDxDetroit]. Retrieved from <https://www.youtube.com/watch?v=OeBWCnAU4W8>

In this TED Talk, Dr. Partha Nandi (a practicing gastroenterologist) shares his expertise in medicine to help people live happier, healthier lives.

Study Questions for Basic Operational Level Competency 7b

1. What are key barriers to health and healthcare in low-income settings?
2. What are the social determinants of health? How do these affect access to health and/or healthcare?
3. What are some structural barriers to healthcare?
4. How do barriers to care differ in a low-income country versus a low-income community in the US?
5. How do barriers to care differ by specialty or service (for example, access to primary care versus to mental healthcare versus to sub specialty care)?
6. How are these barriers overcome? Can you provide specific examples?

Websites Competency 7c

Association of Professors of Gynecology and Obstetrics. (2016). Clinical care in low resource settings: Preparing providers and fostering leaders. Retrieved from <https://www.apgo.org/grants-awards/apgo-medical-education-endowment-fund-grant-program/clinical-care-in-low-resource-settings-preparing-providers-and-fostering-leaders/>

Doctors Without Borders (Medicis Sans Frontieres, MSF). (n.d.). Videos. Retrieved from <http://www.doctorswithoutborders.org/news-stories/videos>

Healthcare in Low-Resource Settings. (n.d.). Retrieved from <http://www.pagepressjournals.org/index.php/hls>

ITECH, International Training and Education Center for Health. (n.d.). Retrieved from <http://www.go2itech.org/resources>

JHPIEGO, Reproline Plus. (n.d.). Trainer and educator resources. Retrieved from <http://reprolineplus.org/resources/trainer-educator>

Knowledge for Health Project, K4Health. (n.d.). WHO Integrated management of adult and adolescent illness modules. Retrieved from <https://www.k4health.org/toolkits/ahiv/who-integrated-management-adolescent-and-adult-illness-imai-modules>

THET Partnerships for Global Health. (n.d.). Case studies and stories. Retrieved from <http://www.thet.org/health-partnership-scheme/resources/case-studies-stories>

Great resources with videos and case studies related to many of the THET projects.

World Health Organization (WHO). (2010). Mental health care in low resource settings: Video showing that millions can be treated at low cost. Retrieved from http://www.who.int/mental_health/mhgap/mh_care_low_resource_settings/en/

WHO. (n.d.). Integrated management of childhood illness (IMCI). Retrieved from http://www.who.int/maternal_child_adolescent/topics/child/imci/en/

IMCI aims to reduce death, illness and disability, and to promote improved growth and development among children under five years of age and has been widely used in low-resource settings to address the major causes of childhood morbidity and mortality.

Articles and Reports Competency 7c

Alim, M., Lindley, R., Felix, C., Gandhi, D. B., Verma, S. J., Tugnawat, D. K., Pandian, J. D. (2016). Family-led rehabilitation after stroke in India: The ATTEND trial, study protocol for a randomized controlled trial. *Trials*, 17(13), 1–8. Retrieved from <https://trialsjournal.biomedcentral.com/articles/10.1186/s13063-015-1129-8>

The authors outline the ATTEND trial which was a study designed to determine whether a family-led caregiver delivered home-based rehabilitation of stroke victims in India, would provide patients with better outcomes. The trial was a prospectively randomized open trial that ran from 2014-2016. The results of the trial were published in August 2017 in the *Lancet* retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/28666682> Family-led rehabilitation after stroke in India (ATTEND): a randomized controlled trial.

Blumenthal, P. D., Lauterbach, M., Sellors, J. W., & Sankaranarayanan, R. (2005). Training for cervical cancer prevention programs in low-resource settings: Focus on visual inspection with acetic acid and cryotherapy. *International Journal of Gynecology and Obstetrics*, 89 (Suppl 2), S30–S37. Retrieved from <https://obgyn.onlinelibrary.wiley.com/doi/10.1016/j.ijgo.2005.01.012>

The authors review training experiences from cervical cancer prevention programs undertaken by members of the Alliance for Cervical Cancer Prevention (ACCP). The article is intended for those who wish to learn more about cervical cancer prevention training programs in low-resource settings in general and about ACCP experiences in particular.

Defaye, F. B., Desalegn, D., Danis, M., Hurst, S., Berhane, Y., Norheim, O. F., & Miljeteig, I. (2015). A survey of Ethiopian physicians' experiences of bedside rationing: extensive resource scarcity, tough decisions and adverse consequences. *BMC Health Services Research*, 15(467), 1–8. Retrieved from <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-1131-6>

This study provides new information on the highly relevant and yet sensitive issue of allocation of scarce resources at the clinical level. The authors used a national survey of physicians from 49 public hospitals in Ethiopia using stratified, multi-stage sampling in six regions of the country (out of 11). The data showed that physicians (approximately 38% of all physicians in Ethiopia) working at all levels of the 49 hospitals, encounter numerous dilemmas due to resource scarcity, and they reported that they lack adequate guidance for how to handle them. Despite any limitation in the study, the authors believe the findings could provide lessons for other countries and health systems in similar settings.

Federspiel, F., Mukhopadhyay, S., Milsom, P., Scott, J. W., Riesel, J. N., & Meara, J. G. (2015). Global surgical and anaesthetic task shifting: a systematic literature review and survey. *The Lancet*, 385(S46). Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60841-8/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60841-8/abstract)

The authors conducted an in-depth review of the literature to begin to document the global distribution and use of surgical and anesthetic task shifting. Their literature search was conducted according to PRISMA guidelines and was followed by an unvalidated survey to investigate the use of task shifting at the country level, which was sent to surgeons and anesthesiologists in 19 countries across all major regions of the world. The review and survey showed that Task shifting is used to augment the global surgical workforce across all geographical regions and income groups. Associate clinicians are abundant among the global surgical workforce and should be considered in plans to scale up the surgical workforce in countries with workforce shortages. The review does not look at the outcomes of the task shifting.

Garcia, P. J., You, P., Fridley, G., Mabey, D., & Peeling, R. (2015). Point-of-care diagnostic tests for low-resource settings. *The Lancet Global Health*, 3(5), 257–258. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25889467>

Garcia et al, uses the Brighter Futures project to examine the accessibility of point-of-care diagnostic tests (POCTs) for use by healthcare workers in low- and middle-income countries to provide more rapid and effective care. They point out that while POCTs should be affordable, specific, user-friendly, rapid, equipment-free, and deliverable, this is not always possible because of the fact that the individuals designing the tests are typically based in high-income countries and are too often unaware of real settings and real needs of the local healthcare workers. The team of investigators invited a group of such developers to Peru (1) to expose the test-developers to the challenges of providing health care in low-resource settings; (2) to assess the appropriateness of tests currently in development; and (3) to promote new collaborations between participants and local health-care professionals in low-resource settings. The interactions the developers had locally, provided the needed opportunity for real problem-solving discussions about necessary trade-offs in device design, instead of impossible hypothetical scenarios.

Halton, J., Kosack, C., Spijker, S., Joekes, E., Andronikou, S., Chetcuti, K., Wootton, R. (2014). Teleradiology usage and user satisfaction with the telemedicine system operated by medecins sans frontieres. *Frontiers in Public Health*, 2. Retrieved from <http://journal.frontiersin.org/article/10.3389/fpubh.2014.00202/full>

The authors assess the usage of the MSF multilingual telemedicine platform for teleradiology at active MSF field sites globally. They found the system relied heavily on four radiologists who were consulted in the majority of cases (90%). This was found to have been beneficial for continuity and familiarity between the field site staff and the radiologist, and the radiologist's understanding of available resources and typical disease burdens at that site. However, they found this to also be a potential disadvantage in the future, especially if the volume of cases increases, as it may create an over-reliance on a small number of radiologists and loss of interest from other less active radiologists. The authors also found that recruitment of additional radiologists to be hampered by the requirement to understand local disease epidemiology and health care setting. Radiologists working in low resource settings are scarce and less likely to be available for teleradiology support, in addition to their daily workload.

Harris, R. D., & Marks, W. M. (2009). Compact ultrasound for improving maternal and perinatal care in low-resource settings: Review of the potential benefits, implementation challenges, and public health issues. *Journal of Ultrasound in Medicine*, 28(8), 1067–1076. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19643790>

The authors conducted a literature review in order to assess the potential benefits and challenges of deploying compact ultrasound in developing countries for improving obstetric health. They looked, in particular, at the technical, cultural, and economic problems commonly found with the introduction of new medical technology in such settings. Using their own direct experience in Nicaragua with compact ultrasound, the authors, drew a template for possible wider deployment and discussion for future examination. The literature review should there to be few published studies directly concerned with compact ultrasound in low-resource settings. These, however, in combination with available anecdotal data, supported the view that

compact ultrasound in less-developed regions is feasible and would result in a relatively low-cost improvement in perinatal care.

Hill, Z., Dumbaugh, M., Benton, L., Källander, K., Strachan, D., ten Asbroek, A., Meek, S. (2014). Supervising community health workers in low-income countries—a review of impact and implementation issues. *Glob Health Action*, 7. Retrieved from <https://www.tandfonline.com/doi/full/10.3402/gha.v7.24085>

Hill, et al conducted a peer-reviewed literature search to determine the impact of supervision strategies used in low- and middle-income countries and to discuss implementation and feasibility issues with a focus on Community Health Workers (CHWs). The 22 impact papers that were identified, ranged from low- and middle-income countries, addressing the supervision of a variety of health care providers. The authors classified interventions as testing supervision frequency, the supportive/facilitative supervision package, supervision mode (peer, group, and community), tools (self-assessment and checklists), focus (quality assurance/problem solving), and training. Their findings showed that few supervision strategies have been rigorously tested and data on CHW supervision is particularly sparse. Their review highlights the diversity of supervision approaches that policy makers have to choose from and, while choices should be context specific, their findings suggest that high-quality supervision that focuses on supportive approaches, community monitoring, and/or quality assurance/problem solving may be most effective.

Hofmeyr, G. J., Haws, R. A., Bergstrom, S., Lee, A. C., Okong, P., Darmstadt, G. L., Lawn, J. E. (2009). Obstetric care in low-resource settings: What, who, and how to overcome challenges to scale up? *International Journal of Gynecology and Obstetrics*, 107, S21–S45. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19815204>

Hoyler, M., Hagander, L., Gillies, R., Riviello, R., Chu, K., Bergstrom, S., & Meara, J. G. (2015). Surgical care by non-surgeons in low-income and middle-income countries: A systematic review. *The Lancet*, 385(S42). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26313091>

This abstract appeared as part of the Lancet Commission on Global Surgery Abstracts special issue. The authors conducted a systematic review of the medical literature in four major languages to look at whether task-shifting from surgeons to clinicians with fewer qualifications could become a significant component of surgical care delivery in low- and middle-income countries. The results suggest that non-surgeon physicians and non-physician clinicians provide surgical care many in low-resource settings. However, limitations of their study showed that it was not possible to determine the total number of task-shifting providers. In view of the shortage of fully-trained surgeons in many LMICs, it seems likely that task-shifting is far more widespread than is indicated by the medical literature. More research is needed to accurately determine the full extent and implications of surgical task-shifting in LMICs worldwide.

Mendis, S., Lindholm, L. H., Mancia, G., Whitworth, J., Alderman, M., Lim, S., & Heagerty, T. (2007). World Health Organization (WHO) and International Society of Hypertension (ISH) risk prediction charts: Assessment of cardiovascular risk for prevention and control of cardiovascular disease in low and middle-income countries. *Journal of Hypertension*, 25(8), 1578–1582. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/17620952>

Mendis et al use the World Health Organization (WHO) and International Society of Hypertension (ISH) risk prediction charts to provide risk protection in low- and middle-income countries where basic infrastructure may not be available to support resource-intensive risk prediction tools. The WHO/ISH charts presented in the study conducted by the authors, were found to enable the prediction of future risk of heart attacks and strokes in patients living low- and middle-income countries for the first time.

Odaga, J., Sinclair, D., Lokong, J. A., Donegan, S., Hopkins, H., & Garner, P. (2014). Rapid diagnostic tests versus clinical diagnosis for managing people with fever in malaria endemic settings. *Cochrane Database of Systematic Reviews*, (4). Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008998.pub2/abstract>

The research team identified seven trials conducted in rural African settings to evaluate whether introducing Rapid diagnostic tests (RDTs) into algorithms for diagnosing and treating people with fever improves health outcomes, reduces anti-malarial prescribing, and is safe, compared to algorithms using clinical diagnosis. The researchers found that algorithms incorporating RDTs can substantially reduce anti-malarial prescribing if health workers adhere to the test results. While the trials showed that introducing RDTs did not improve health outcomes for patients, it did show that adherence to the test result did not seem to result in worse clinical outcomes than presumptive treatment.

Rowe, A. K., de Savigny, D., Lanata, C. F., & Victora, C. G. (2005). How can we achieve and maintain high-quality performance of health workers in low-resource settings? *The Lancet*, 366(9490), 1026–035. Retrieved from [https://doi.org/10.1016/S0140-6736\(05\)67028-6](https://doi.org/10.1016/S0140-6736(05)67028-6)

Rowe et al examine the performance quality of health workers in resource-limited settings. Using studies from low-and middle-income countries, they present an overview of the issues and evidence about the determinants of performance and strategies for improving it. Their findings indicate that an international collaborative research agenda is needed to generate knowledge about the true determinants of performance and about the effectiveness of strategies to improve performance. They further, recommend that ministries of health and international organizations should actively help translate research findings into action to improve health-worker performance, and thereby improve health.

Soti, D. O., Kinoti, S. N., Omar, A. H., Logedi, J., Mwendwa, T. K., Hirji, Z., & Ferro, S. (2015). Feasibility of an innovative electronic mobile system to assist health workers to collect accurate, complete and timely data in a malaria control programme in a remote setting in Kenya. *Malaria Journal*, 14(430), 1–8. Retrieved from <https://malariajournal.biomedcentral.com/articles/10.1186/s12936-015-0965-z>

The paper discusses the findings of a pilot feasibility study of Fionet™ portal (web portal to cloudbased data collection site.) The pilot included eleven sites in rural Kenya, comprising a combination of district hospitals, health centers and dispensaries using local health workers at each site to collect the data. Supervisors for these sites were trained in the use of Fionet™, while the health workers received training on the Deki Reader, a device used to take rapid diagnostic testing (RDT) for malaria. The study found that the Deki Reader enhanced the performance of the health workers ability to accurately process the malaria RDT test, but also automating the analysis of the RDT, capturing images, determining whether the RDT was processed according to guidelines, and capturing full patient data. The ability of health workers

to capture complete and timely data collection in remote settings, brought unprecedented quality control and quality assurance in diagnosis, care and data capture in an integrated way.

Vedanathan, R., Kamano, J. H., Bloomfield, G. S., Manji, I., Pastakia, S., & Kimaiyo, S. N. (2015). Engaging the entire care cascade in Western Kenya: A model to achieve the cardiovascular disease secondary prevention roadmap goals. *Global Heart*, 10(4), 313 – 317. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26704963>

The team of investigators discusses their experience from western Kenya, where they engaged all levels of care across the health system, in order to improve access to high-quality, comprehensive, coordinated, and sustainable care for cardiovascular disease (CVD) and CVD risk factors. Their findings highlight several initiatives: 1) population-wide screening for hypertension and diabetes; 2) engagement of community resources and governance structures; 3) geographic decentralization of care services; 4) task redistribution to more efficiently use of available human resources for health; 5) ensuring a consistent supply of essential medicines; 6) improving physical infrastructure of rural health facilities; 7) developing an integrated health record; and 8) mobile health (mHealth) initiatives to provide clinical decision support and record-keeping functions. The team acknowledged that although several challenges remain, there currently exists a critical window of opportunity to establish systems of care and prevention that can alter the trajectory of CVD in low-resource settings.

Wootton, R., & Bonnardot, L. (2015). Telemedicine in low-resource settings. *Frontiers in Public Health*, 3. Retrieved from <http://journal.frontiersin.org/article/10.3389/fpubh.2015.00003/full>

The authors look at the use of telemedicine in low-resource settings globally with an aim to document real, practical experience with the use of telemedicine in low-resource settings and to identify research problems of current interest. They have compiled a list of resources to highlight the various uses of technology in telemedicine.

World Health Organization. (2012). Prevention and control of noncommunicable diseases in low-resource settings. Geneva, Switzerland: World Health Organization. Retrieved from <http://www.who.int/nmh/publications/phc2012/en/>

WHO's guidelines for cancer, heart disease & stroke, diabetes, and chronic respiratory disease.

Yip, C. H., & Taib, N. A. (2012). Challenges in the management of breast cancer in low- and middle-income countries. *Future Oncology*, 8(12), 1575–1583. Retrieved from <http://www.futuremedicine.com/doi/abs/10.2217/fon.12.141>

Books Competency 7c

Brauchli, K. (2009). Telemedicine for improving access to health care in low resource areas. Germany: Suedwestdeutscher Verlag fuer Hochschulschriften.

- Dickson, M. (2015). *Where there is no dentist* (Revised ed.). Berkeley, California: Hesperian Foundation. Available online at <http://hesperian.org/books-and-resources/>
- Werner, D., Thuman, C., & Maxwell, J. (2015) *Where there is no doctor* (Revised ed.). Berkeley, California: Hesperian Foundation. (Available online at <http://hesperian.org/books-and-resources/>)
- Wootton, D., Patil, N. G., Scott, R. E., & Ho, K. (2009). *Telemedicine in the developing world*. London: Royal Society of Medicine Press.

Videos Competency 7c

The Partnerships. (2013). *Managing health equipment in low resource settings* [Video file]. Retrieved from <https://www.youtube.com/watch?v=kpPdhYZlbsA>

Study Questions for Basic Operational Level Competency 7c

1. Define the terms “task-shifting” and “task-sharing,” and discuss how these approaches might influence provision of care in a low-resource setting. Discuss the pros and cons of these strategies.
2. Discuss results of research demonstrating the impact of the Integrated Management of Childhood Illness (IMCI) and the Integrated Management of Adult and Adolescent Illness (IMAI) on health outcomes in low-resource settings. Discuss how you, as a health professional, could use IMCI and IMAI in your practice.
3. Discuss factors that you would consider in setting priorities for management of human and material resources in a low-resource setting.
4. Analyze the impact of telehealth as a strategy to provide health care in low-resource settings.
5. Analyze the benefits and the potential disadvantages of point-of-care diagnostic assessments in low-resource settings.
6. Create scenarios based on actual patients from resource-constrained settings. In small groups have one student read the first scenario and have another student/facilitator lead the group in discussing how they might handle the case with the limited resources available to them (you might offer a list of what’s available). What would be some likely risks in working in this environment? What might be some expected benefits of working with more limited resources?
7. Have students think of 2-3 preventative measures for men and women to take against genital cancers. How might they teach these preventative measures in a resource-constrained setting? What might be some obstacles in a specific country or community, for the men, for the women?

DOMAIN 8

Health Equity and Social Justice

Health equity and social justice is the framework for analyzing strategies to address health disparities across socially, demographically, or geographically defined populations.

Global Citizen Level and Basic Operational Program-Oriented Level

Competencies

8a Apply social justice and human rights principles in addressing global health problems.

8b Implement strategies to engage marginalized and vulnerable populations in making decisions that affect their health and well-being.

8c Demonstrate a basic understanding of the relationship between health, human rights, and global inequities.

8d Describe role of WHO in linking health and human rights, the Universal Declaration of Human Rights, International Ethical Guidelines for Biomedical Research involving Human Subjects.

8e Demonstrate a commitment to social responsibility.

8f Develop understanding and awareness of the health care workforce crisis in the developing world, the factors that contribute to this, and strategies to address this problem.

8

Health Equity and Social Justice

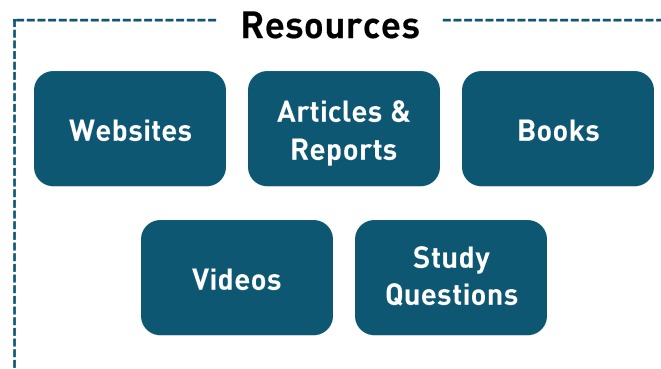
Competency 8a

Apply social justice and human rights principles in addressing global health problems.

2nd Edition: Anne Kellett (anne.kellett@yale.edu)
1st Edition: Anne Kellett (anne.kellett@yale.edu),
Leonel Valdivia (lvaldivia@med.uchile.cl) and
Lynda Wilson (lyndawilson@uab.edu)

Teaching Strategies

Initial background on this topic will likely require a combination of landmark articles or a textbook assigned as required reading, with supplemental assignments of videos, blogs, exploring websites, lecture or in-class activities to illustrate the utility of various social justice and human rights challenges and principles, group discussion and participation in community projects. Interactive possibilities for simulation, “flipped classroom,” or team-based learning activities include having students debate strategies to address human rights and social justice challenges, writing overview papers exploring these challenges including their historical and geo-political/cultural contexts, and working in small groups to develop action plans or campaigns or address a particular issue.



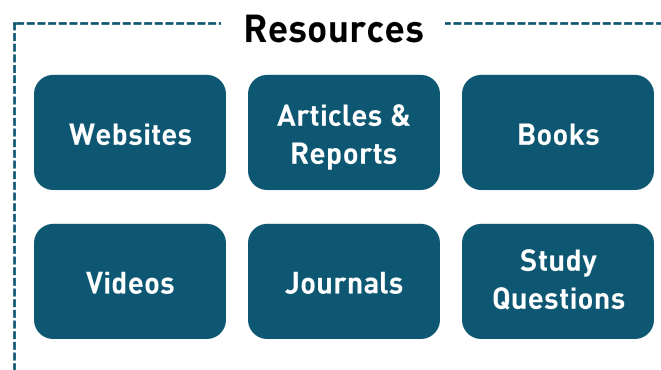
Competency 8b

Implement strategies to engage marginalized and vulnerable populations in making decisions that affect their health and well-being
(Basic Operations Level Only)

2nd Edition: Quentin Eichbaum (quentin.eichbaum@vanderbilt.edu),
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Teaching Strategies

Background on this topic will include articles and readings that elaborate on the different types of vulnerable and marginalized populations (low-income, women and children, LGBT, mental health, trafficked people, etc.). Resources are aimed at allowing students to dissect through the social-economic-political restraints that impact these populations ability to make decisions. Research articles and policy documents are included to show efforts being made to address the concerns of these populations. Students would be challenged to critically evaluate the shortcomings of current interventions and to create new solution models. Documentaries and videos can be used to give students contexts within marginalized groups live and work in and for them to develop some degree of cultural difference awareness and influence their thinking on how to tackle the socio-cultural nuances involved with these groups.



Competency 8c

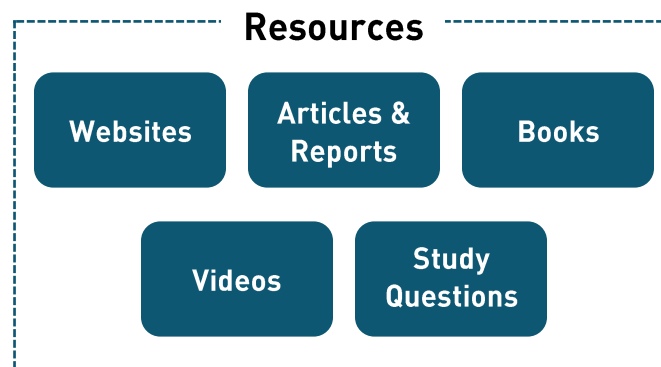
Demonstrate a basic understanding of the relationship between health, human rights, and global inequities.

2nd Edition: Quentin Eichbaum (qeichbaum@vanderbilt.edu)
and Nneka Molokwu (dmolokwu@wustl.edu)

1st Edition: Quentin Eichbaum (qeichbaum@vanderbilt.edu)

Teaching Strategies

Essential background on this topic will include familiarization with the issues at stake through a reading course consisting of a combination of seminal articles to provide context to the debate, as well as research reports, government reports, topical commentaries and current news articles. Supplemental materials such as videos, blogs, newspaper articles and quality websites may also be useful. A core component to elicit the relevant components of the debate and to disseminate information will also be interactive class discussions and, where feasible, invited speakers dealing with human rights issues. Trainees should also be actively engaged in class participation through group and panel discussions, preparation of assigned presentation, as well as self-directed learning activities.



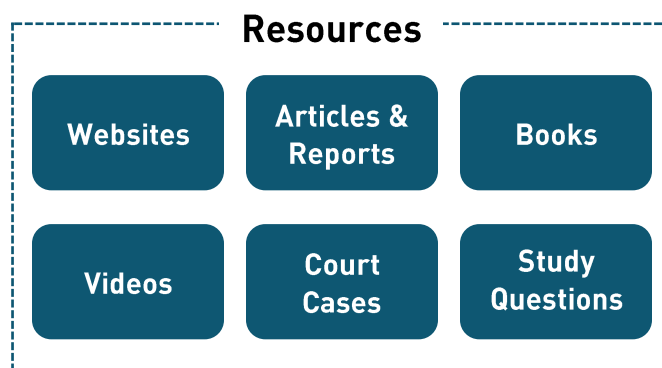
Competency 8d

Describe role of WHO in linking health and human rights, the Universal Declaration of Human Rights, International Ethical Guidelines for Biomedical Research involving Human Subjects.

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Kristen Jogerst (krj872@mail.harvard.edu),
Kajal Mehta (kajal.mehta@mail.harvard.edu),
Alicia Yamin (aey7@georgetown.edu).

Teaching Strategies

This topic would best be taught with a foundation rooted in the historical lens of the development of the Universal Declaration of Human Rights. This interdisciplinary competency should have strong leadership from the legal profession, with an emphasis on how litigating health as a human right varies from one country to another. The role of the WHO and the UN in linking health and human rights can be taught through a series of articles and legal case studies, followed by interdisciplinary discussion about the legal cases that led to strong case law in certain countries: such as South Africa and Colombia. Introduction to the development of IRBs for the ethical conduction of research on human subjects, with a particular emphasis about the ethical concerns of collaborative research projects and IRB approval for projects conducted in low-resource countries and areas. IRB training lends itself to watching videos on how to complete the IRB process, along with small group discussion on the need for, benefits, and limitations of IRB approvals for global research projects involving human subjects. The opportunity to complete hypothetical IRB documents would be a useful exercise for trainees at the Basic Operational Level.



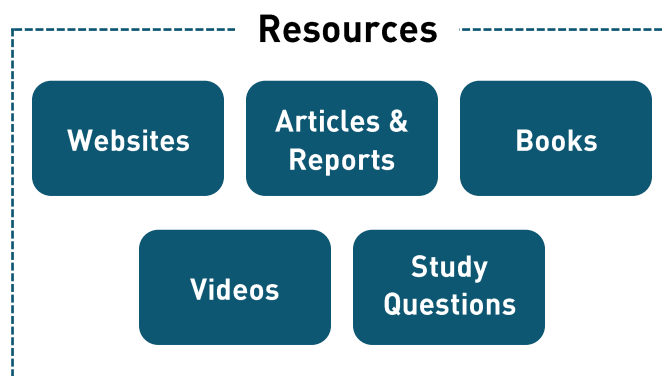
Competency 8e

Demonstrate a commitment to social responsibility.

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Teaching Strategies

This topic will likely require a lot of case-based lecture and discussion, highlighting the impact of various discipline-specific and interdisciplinary advocacy groups. This competency could be as broad reaching as to include topics of climate change and the importance of political involvement. Guest lecturers from grass-roots advocacy groups and social advocacy lobbying groups could form a foundation of lecture-based learning for trainees. The ability to try out the beginning stages of committing one's career to discipline-specific social responsibility could take the form of experiential learning through participation in a local, national, or international march, lobby, or political event, aimed at increasing political awareness about various social determinants of health. Trainees are encouraged to increase their exposure to such activities by signing up for communication from organizations involved in advocacy, for exposure to opportunities for involvement. Apart from experiential learning, in which trainees can show their mentors their commitment to social responsibility, assessment will primarily need to be based on self-reflection, in an effort to encourage trainees to dedicate their lives to being socially responsible.



Competency 8f

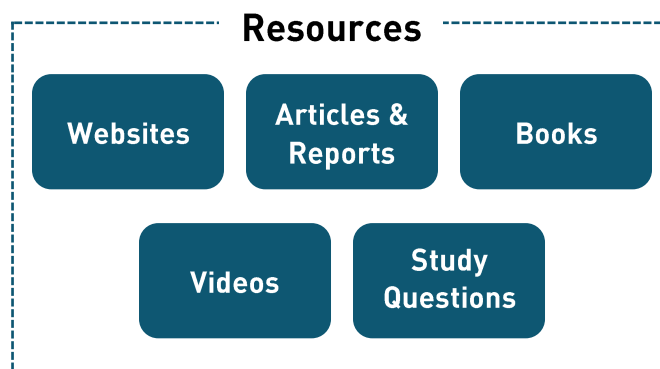
Develop understanding and awareness of the health care workforce crisis in the developing world, the factors that contribute to this, and strategies to address this problem

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Teaching Strategies

Initial background on this topic will likely require a combination of landmark articles or a textbook assigned as required reading, with supplemental assignments of videos, blogs, exploring websites, lecture or in-class activities to contrast various national health system models.) Interactive possibilities for simulation, “flipped classroom,” or team-based learning activities include having students prepare presentations factors influencing internal and external migration of health care workers, and working in teams with students from low- and middle-income countries to identify potential strategies to address the shortage of health care workers in a specific location. If possible, clinical experiences can be arranged to observe first-hand the challenges of health workforce shortages in low resource settings.



Websites Competency 8a

- Carnegie Council for Ethics in International Affairs. (n.d.). Retrieved from <http://www.carnegiecouncil.org/themes/global/index.html>
- Case Studies for Global Health. (n.d.). Retrieved from <http://www.casestudiesforglobalhealth.org>
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- World Health Organization. (n.d.). Global health ethics. Retrieved from <http://www.who.int/ethics/en/>
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Articles and Reports Competency 8a

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- Backman, G., Hunt, P., Khosla, R., Jaramillo-Strouss, C., Fikre, B. M., Rumble, C., Vladescu, C. (2008). Health systems and the right to health: An assessment of 194 countries. *The Lancet*, 372(9655), 2047–2085. Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(08\)61781-X/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(08)61781-X/abstract)
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- Farrer, L., Marinetti, C., Cavaco, Y. K., & Costongs, C. (2015). Advocacy for health equity: a synthesis review. *The Milbank Quarterly*, 93(2), 392–437. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/1468-0009.12112/abstract>
- Friedman, E. A., & Gostin, L. O. (2015). Imagining global health with justice: In defense of the right to health. *Health Care Analysis*, 23(4), 308–329. Retrieved from <http://link.springer.com/article/10.1007/s10728-015-0307-x>
- Global Network of WHO Collaborating Centres for Bioethics. (2015). *Global health ethics: Key issues*. Luxembourg: World Health Organization. Retrieved from http://apps.who.int/iris/bitstream/10665/164576/1/9789240694033_eng.pdf
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- Hunt, P., Yamin, A. E., & Bustreo, F. (2015). Making the case: What is the evidence of impact of applying human rights-based approaches to health? *Health and Human Rights Journal*, 17(2), 1–9. Retrieved from https://cdn2.sph.harvard.edu/wp-content/uploads/sites/13/2015/12/Editorial_Dec8.pdf
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- Rodney, A. M., & Hill, P. S. (2014). Achieving equity within universal health coverage: A narrative review of progress and resources for measuring success. *International Journal of Equity in Health*, 13(72), 1–8. Retrieved from <https://equityhealth.biomedcentral.com/articles/10.1186/s12939-014-0072-8>
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World Health Organization. (2006). Constitution of the World Health Organization. Retrieved from
http://www.who.int/governance/eb/who_constitution_en.pdf

Books Competency 8a

Farmer, P. (2004). Pathologies of power: Health, human rights, and the new war on the poor. Oakland, California: University of California Press.

Jacobsen, K. H. (2014). Chapter 14: Health, human rights, and humanitarian aid. In Introduction to global health, (2nd ed.). Burlington, MA: Jones and Bartlett.

This text also has interactive exercises at an online website and the book as the access code: <http://go.jblearning.com/jacobsen2e>.)

Ruger, J. P. (2010). Health and social justice. London: Oxford University Press.

Skolnik, R. (2016). Global health 101, (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

Includes online course materials, and Chapter 4 “Ethical and human rights concerns in global health.” All chapters include study questions.

Videos Competency 8a

Health and Human Rights. (2009, February 4). Creating an open forum to advance global health and social justice [Video file]. Retrieved from
<http://www.bing.com/videos/search?q=social+justice+and+global+health&&view=detail&mid=5690FDD5FDC40799DB0D5690FDD5FDC40799DB0D&rvsmid=BF3F2F889F8691522BE2BF3F2F889F8691522BE2&fsscr=0>

TED Talks on Social Justice. (n.d.). [TED series]. Retrieved from
<http://www.bing.com/videos/search?q=Social+Justice+TED+Talks&Form=VQFRVP>

Study Questions for Basic Operational Level Competency 8a

1. Summarize basic ethical principles that can be applied to global health challenges.

2. Identify a social justice issue that faces your community and propose a strategy to enhance social justice and address this issue.
3. Interview a recruiter from a healthcare organization in your community and ask about policies of the organization related to recruitment of health professionals from other countries. Discuss the response in relation to the World Health Organization Code on Ethical Recruitment of health workers.
4. Examine your personal beliefs and practices, comparing them with beliefs and practices of other cultures. Sample questions provided in *Ann Intern Med.* 2007;147:654-665 Teaching about Racial and Ethnic Disparities in Health Care. W.Smith, et al.)
5. Identify an ethnic group in your community. What health disparities exist in this group? Reflect on what you learn with regard to their access to health services, including mental health services, what language barriers exist, what biases did you observe from others or your own? Think about what you learned and how you would apply this in a global health setting.

Additional Study Questions Adapted from Jacobsen (2014)

1. Read the Universal Declaration of Human Rights and write a paper discussing whether you agree that all of these are human rights, and strategies to ensure that all of these rights are protected in all countries.
2. Apply an ethical principle to answer the question of “Who should pay for basic health care for those who cannot afford these services?”

Websites Competency 8b

Community Organizing Website. (n.d.). Retrieved from <http://comm-org.wisc.edu/papers.htm>

The website features papers written by authors from the year 1995 to 2014. The collection of papers is written by students, organizers, funders, academics and scholars in html code that is accessible from every kind of browser and include those that address topics in community organizing, planning, and development, community health partnerships, and education.

European Union Agency for Fundamental Rights. (n.d.). Retrieved from <http://fra.europa.eu/en>

The European Union agency for Fundamental Rights was established in 2007 as an EU agency with the specific task of providing independent, evidence-based advice on fundamental rights. The goal of this agency is to contribute towards ensuring respect for fundamental rights across the EU. The agency tackles a wide range of issues including access to justice, victims of crime, respect for private life and protection of personal data, Roma integration, judicial cooperation, Rights of the child, discrimination based on sex, race, color, ethnic or social origin, genetic features, language, religion or belief, political or any other opinion, membership of a national minority, property, birth, disability, age or sexual orientation, immigration and integration of migrants, racism, xenophobia and related intolerance.

For the Sake of All. (n.d.). Retrieved from <https://forthesakeofall.org>

The mission of this organization is to eliminate racial inequalities and improve health of all people. For the sake of all uses local data as well as new and existing research to offer evidence-based solutions to addressing health gaps that exist among the residents of the city of St. Louis and St. Louis County. The organization regularly engages policy makers, business leaders, faith organizations, community members and the media.

Global Health Learning Center. (n.d.). Retrieved from <https://www.globalhealthlearning.org/>

The Global Health eLearning (GHeL) Center was developed to provide its health staff with access to innovative technical global health information. The Center offers courses and certificate programs that provide useful and timely continuing education for global health professionals, present state of the art technical content on important public health topics, serve as a practical resource for increasing public health knowledge.

Hopkins Center for Health Disparities Solutions. (n.d.). Retrieved from <http://www.jhsph.edu/research/centers-and-institutes/johns-hopkins-center-for-health-disparities-solutions/index.html>

Guided by the values of collaboration, innovation and solutions, the Hopkins Center for Health Disparities Solutions brings together experts in public health, social science and medicine to generate and disseminate knowledge to reduce racial/ethnic, social and economic disparities in health status through research, training, community partnerships and advocacy.

Management Sciences for Health. (n.d.). Retrieved from [http://www.msh.org/resources/increasing-community-participation-in-family-planning-programs?keywords=&field_resource_type\[0\]=Publication&page=1](http://www.msh.org/resources/increasing-community-participation-in-family-planning-programs?keywords=&field_resource_type[0]=Publication&page=1)

Several countries have created ways for communities to participate in their family planning programs. They have found that individuals make better choices about contraception when they participate in the family planning program activities in their villages or urban neighborhoods.

Drawing on experience from Indonesia and Bangladesh, this issue explores ways that communities can participate in promoting and providing family planning services. It presents the conditions needed for effective community participation, and discusses approaches to planning, monitoring, and supporting community teams so that they can actively participate in local family planning program activities.

UNHCR, The United Nations High Commissioner for Refugees. (n.d.). Retrieved from <http://www.unhcr.org/cgi-bin/texis/vtx/home>

The United Nations High Commissioner for Refugees (UNHCR) works to protect and assist refugees around the world. The UNHR was founded in 1950 in response to the aftermath of the Second World War, and works in 120 countries around the world to safeguard the rights and well-being of people who have been forced to flee their homes.

UC Davis Center for Reducing Health disparities. (n.d.). Building partnerships: Key considerations when engaging underserved communities under the MHSA. Retrieved from http://www.dhcs.ca.gov/services/MH/Documents/BP_Key_Considerations.pdf

The purpose of this document is to introduce guiding principles of community engagement with underserved communities, outline some guiding questions to assist counties in their Mental Health Services Act (MHSA) community outreach and stakeholder processes, and suggest specific strategies for County Mental Health Departments to nurture sustained and equitable partnerships with communities

WHO Global Health Observatory (GHO) Data. (n.d.). Health equity monitor. Retrieved from www.who.int/gho/health_equity/en/

The health equity monitor provides health data on over 30 reproductive, maternal, newborn and child health indicators, disaggregated by education, economic status, place or residence, subnational region and child sex (where applicable). Data are based on more than 280 Demographic and Health surveys and Multiple Indicator Cluster Surveys conducted in 102 countries, 100 of which are low-or middle-income countries from the years 1993 to 2014. The Health Equity monitor also provides interactive visuals showing inequalities in select health interventions and outcomes.

Articles and Reports Competency 8b

Alberta Health Services Tri-Project Glossary Working Group. (2011). Towards an understanding of health equity: Annotated glossary. Alberta, Canada: Alberta Health Services. Retrieved from <http://www.albertahealthservices.ca/poph/hi-poph-surv-shsa-tpgwg-annotated-glossary.pdf>

Annotated glossary of terms used in health disparities, inequalities, and inequity discussions. Includes neutral definition of terms, context in which terms are used, sources/references as well as keywords, and related terminology. This document is a “living document” – it is constantly being revised and updated.

Allen, M. L., Culhane-Pera, K. A., Pergament, S. & Call, K. T. (2011). A capacity building program to promote CBPR partnerships between academic researchers and community members. *Clinical and Translational Science*, 4(6), 428–433. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1111/j.1752-8062.2011.00362.x/full>

Community-based participatory research (CBPR) adds community perspectives to research and aids translational research aims. There is a need for increased capacity in CBPR but few models exist for how to support the development of community/university partnerships. The goal of this study was to evaluate an approach to promote nascent CBPR partnerships. This study was a mixed–methods evaluation using interviews, process notes, and open- and close-ended survey questions. Four of seven partnerships were funded within 15 months; all self-reported their partnerships as successful. Themes were: (1) motivators contributed to partnership development and resiliency; (2) partners took on responsibilities that used individuals’ strengths; (3) partners grappled with communication, decision making, and power dynamics; and (4) community–university infrastructure was essential to partnership development. Based

on findings, it can be concluded that developing nascent partnerships between academicians and community members may guide others in increasing capacity for CBPR.

Decosas J, & McCoy D. (2012). The global fund and community systems strengthening: The wrong organisation for the right Job? Or the right organisation doing the job wrongly? [Report prepared for Aidspace]. Nairobi: Aidspace. Retrieved from <http://www.aidspace.org/publication/global-fund-and-community-systems-strengthening-wrong-organisation-right-job-or-right-or>

This 9-page document provides a critique of the Global Fund's approach to strengthening community systems.

De Groot, F. P., Robertson, N., Swinburn, B., & Silva-Sanigorski, A. (2010). Increasing community capacity to prevent childhood obesity: Challenges, lessons learned and results from the Romp & Chomp intervention. *BMC Public Health*, 10(522). Retrieved from <https://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-10-522>

This is a mixed methods evaluation of an intervention strategy focused on the use of community capacity building as a strategy for achieving sustainable positive health outcomes when tackling the issue of childhood obesity.

Dennis, S., Hetherington, S. A., Borodzicz, J. A., Hermiz, O., & Zwar, N. A. (2015). Challenges to establishing successful partnerships in community health promotion programs: Local experiences from the national implementation of healthy eating activity and lifestyle (HEAL™) program. *Health Promotion Journal of Australia*, 26(1), 45–51. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26149254>

This study explored the experiences and opinions of key stakeholders on the development and maintenance of partnerships during their implementation of the Healthy Eating Activity and Lifestyle (HEAL) program in Australia. The study showed that community partnerships were vital to the success of a community preventive health programs.

Dugas M., Trottier M., Chipenda Dansokho S.,..., Volk R.J., Witteman H.O. (2017). Involving members of vulnerable populations in the development of patient decision aids: a mixed methods sequential explanatory study. *BMC medical informatics and decision making* 17(1), 12

Patient decision aids aim to present evidence relevant to a health decision in understandable ways to support patients through the process of making evidence-informed, values-congruent health decisions. It is recommended that, when developing these tools, teams involve people who may ultimately use them. However, there is little empirical evidence about how best to undertake this involvement, particularly for specific populations of users such as vulnerable populations. This study aimed to describe and compare the development practices of research teams that did and did not specifically involve members of vulnerable populations in the development of patient decision aids.

Out of a total of 187 decision aid development projects, 30 (16%) specifically involved members of vulnerable populations. The specific involvement of members of vulnerable

populations in the development process was associated with conducting informal needs assessment activities and recruiting participants through community-based organizations. In interviews, all developers highlighted the importance, value and challenges of involving potential users. Interviews with developers whose projects had involved members of vulnerable populations suggested that informal needs assessment activities served to center the decision aid around users' needs, to better avoid stigma, and to ensure that the topic truly matters to the community. Partnering with community-based organizations may facilitate relationships of trust and may also provide a non-threatening and accessible location for research activities.

Flicker, S., Travers, R., Guta, A., McDonald, S., & Meagher, A. (2007). Ethical dilemmas in community-based participatory research: Recommendations for institutional review boards. *Journal of Urban Health*, 84(4), 478–493. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/17436114>

This study examines ethical CBPR practices. The authors conducted a content analysis of forms and guidelines commonly used by IRBs in the US and Research Ethics Boards (REBs) in Canada to see if the forms reflect common CBPR experiences. Results show that ethical review forms and guidelines overwhelmingly operate within a biomedical framework that rarely considers common CBPR experience. They are primarily focused on the principle of assessing risk to individuals and not to communities and continue to perpetuate the notion that the domain of “knowledge production” is the sole right of academic researchers. The authors concluded that IRB/REB procedures require a new framework more suitable for CBPR, and proposed alternative questions and procedures that could be utilized when assessing the ethical appropriateness of CBPR.

Foster-Fishman, P. G., Nowell, B., & Yang, H. (2007). Putting the system back into systems change: A framework for understanding and changing organizational and community systems. *American Journal of Community Psychology*, 39(3-4), 197–215. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/17510791>

This paper provides a framework that public health professionals can draw upon when trying to address problems in community systems and human services to achieve improvements in health outcome. This framework is grounded in systems thinking and change literatures and is useful for understanding and identifying the fundamental system parts and interdependencies that can help to explain system functioning and leverage systems change. The proposed framework highlights the importance of attending to both the deep and apparent structures within a system as well as the interactions and interdependencies among these system parts. This includes attending to the dominant normative, resource, regulative, and operational characteristics that dictate the behavior and lived experiences of system members. The value of engaging critical stakeholders in problem definition, boundary construction, and systems analysis are also discussed. The implications of this framework for systems change researchers and practitioners are discussed.

Global Fund to Fight AIDS, Tuberculosis and Malaria. (2014). Community systems strengthening framework (Revised ed.). Geneva, Switzerland: The Global Fund. Retrieved from https://www.theglobalfund.org/media/6428/core_css_framework_en.pdf?u=63640237912000000

The Global Fund to fight Aids, Tuberculosis and Malaria developed a community systems strengthening framework in collaboration with a range of stakeholders supported by a technical working group. The framework is primarily aimed at strengthening civil society engagement with the Global Fund, with a focus on HIV, TB, and Malaria. However, the framework is also useful for the broader development approach, working on other health challenges and supporting community engagement in improving health outcomes. The framework focuses on the core components of community systems – Enabling environments and advocacy, Community networks, linkages, partnerships & coordination, Resources and capacity building, Community activities and service delivery, Organizational & leadership strengthening, Monitoring & evaluation & planning. The framework is a major step toward enhancing community engagement and effectiveness in improving health outcomes and increasing their collaboration with and influence on, the public and private sectors in achieving this goal.

Hosseinpoor, A., Bergen, N., & Schlotheuber, A. (2015). Promoting health equity: WHO health inequality monitoring at global and national levels. *Global Health Action*, 8. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4576419/>

This paper provides an overview of several recent and current WHO initiatives related to health inequality monitoring at the global and/or national level and concludes by considering how the work of the WHO can be expanded upon to promote the establishment of sustainable and robust inequality monitoring systems across a variety of health topics among Member States and at the global level.

Jagosh, J., Bush, P. L., Salsberg, J., Macaulay, A. C., Greenhaigh, T., Wong, G., Pluye, P. (2015). A realist evaluation of community-based participatory research: partnership synergy, trust building and related ripple effects. *BMC Public Health*, 15. Retrieved from <http://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-015-1949-1>

Community-Based Participatory Research (CBPR) is an approach in which researchers and community stakeholders form equitable partnerships to tackle issues related to community health improvement and knowledge production. Building on our previous realist review of CBPR, the authors conducted another study to further explore the benefits of CBPR and capture the experiences of academic and community partners. The analysis supports the central importance of developing and strengthening partnership synergy through trust. The ripple effect concept in conjunction with CMOcs showed that a sense of trust amongst CBPR members was a prominent mechanism leading to partnership sustainability. This in turn resulted in population-level outcomes including: (a) sustaining collaborative efforts toward health improvement; (b) generating spin-off projects; and (c) achieving systemic transformations. These results add to other studies on improving the science of CBPR in partnerships with a high level of power-sharing and co-governance.

Jagosh, J., Macaulay, A. C., Pluye, P., Salsberg, J., Bush, P. L., Henderson, J., Greenhaigh, T. (2012). Uncovering the benefits of participatory research: Implications of a realist review for health research and practice. *Milbank Quarterly*, 90(2), 311–46. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22709390>

Participatory research (PR) is the co-construction of research through partnerships between researchers and people affected by and/or responsible for action on the issues under study.

The authors used a realist approach to embrace the heterogeneity and complexity of the PR literature. This theory-driven synthesis identified mechanisms by which PR may add value to the research process. Using the middle-range theory of partnership synergy, our review confirmed findings from previous PR reviews, documented and explained some negative outcomes, and generated new insights into the benefits of PR regarding conflicts and negotiation between stakeholders, program sustainability and advancement, unanticipated project activity, and the generation of systemic change.

Johnson, H. H., Bobbitt-Cooke, M., Schwarz, M., & White, D. (2006). Creative partnerships for community health improvement: A qualitative evaluation of the healthy carolinians community micro-grant project. *Health Promotion Practice*, 7(2), 162–169. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16585138>

This qualitative study evaluated a recent innovative strategy used to involve community-based organizations (CBOs) in implementing health-related projects through locally administered micro grants. The purpose of this study was to identify key elements that enabled the success of the CBO projects, barriers and challenges to project success, and ways to effectively engage CBOs as partners in local health initiatives. In addition, this study sought to identify aspects of this approach that can be replicated. Study findings revealed that microfinancing CBOs aided in building partnerships, developing local leadership and expertise, and providing resources that enabled progress toward CBO missions and goals. These positive outcomes far outweighed barriers and challenges faced by CBOs. Furthermore, the results of this study revealed ideas and information that provide useful guidelines for establishing and administering microgrant projects through local organizations that encourage community groups to design and implement community based health initiatives.

Kegler, M. C., Rigler, J. R., & Honeycutt S. (2010). How does community context influence coalitions in the formation stage? A multiple case study based on the community coalition action theory. *BMC Public Health*, 10(90). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20178633>

Community coalitions are rooted in complex and dynamic community systems. Despite recognition that environmental factors affect coalition behavior, few studies have examined how community context impacts coalition formation. Using the Community Coalition Action theory as an organizing framework, this study employed multiple case study methodology to examine how five domains of community context affect coalitions in the formation stage of coalition development. Domains are history of collaboration, geography, community demographics and economic conditions, community politics and history, and community norms and values.

History of collaboration influenced all four coalition factors examined, from lead agency selection to coalition structure. Geography influenced coalition formation largely through membership and staffing, whereas the demographic and economic makeup of the community had an impact on coalition membership, staffing, and infrastructure for coalition processes. The influence of community politics, history, norms and values was most noticeable on coalition membership.

Findings contribute to an ecologic and theory-based understanding of the range of ways community context influences coalitions in their formative stage.

Kegler, M. C., Rigler, J., & Honeycutt, S. (2011). The role of community context in planning and implementing community-based health promotion projects. *Evaluation and Program Planning*, 34(3), 246–253. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/21555048>

The current study examines how community context affected collaborative planning and implementation in eight sites participating in a healthy cities and communities initiative in California. Results showed that history of collaboration can influence resources and interpersonal and organizational connections available for planning and implementation, as well as priorities selected for action. Community politics and history can affect which segments of the community participate in a planning process and what issues are prioritized, as well as the pool of partners willing to aid in implementation. Some community norms and values bring people together and others appear to limit involvement from certain groups. Community demographics and economic conditions may shape outreach strategies for planning and implementation, and may also shape priorities. Geography can play a role in assessment methods, priority selection, partners available to aid in implementation, and participation in activities and events. Results suggest that community context plays a substantive role in shaping how community-based health promotion projects unfold.

Kilewo, E., & Frumence, G. (2015). Factors that hinder community participation in developing and implementing comprehensive council health plans in Manyoni District, Tanzania. *Global Health Action*, 8. Retrieved from <http://www.tandfonline.com/doi/full/10.3402/gha.v8.26461>

Decentralization of public health planning is proposed to facilitate public participation in health issues. Health Sector Reform in Tanzania places emphasis on the participation of lower level health facilities and community in health planning process. Despite availability of policies, guidelines, and community representative organs, actual implementation of decentralization strategies is poorly achieved. This study intended to find out factors that hinder community participation in developing and implementing Comprehensive Council Health Plan (CCHP).

Factors that hindered community participation included lack of awareness on the CCHP among HFGC members, poor communication and information sharing between CHMT and HFGC, unstipulated roles and responsibilities of HFGC, lack of management capacity among HFGC members, and lack of financial resources for implementing HFGC activities.

The identified challenges call for policy makers to revisit the decentralization by devolution policy by ensuring that local governance structures have adequate resources as well as autonomy to participate in planning and managing CCHP in general and health facility plans in particular.

Kvamme, E., & Ytrehus, S. (2015). Barriers to health care access among undocumented migrant women in Norway. *Society, Health & Vulnerability*, 6. Retrieved from <http://www.societyhealthvulnerability.net/index.php/shv/article/view/28668>

The aim of this study was to explore undocumented migrant women's subjective experiences of their health conditions and access to health care. The study is based on interviews with undocumented migrant women and health personnel at a health center for undocumented migrants in Oslo. Both the women and the health professionals related the women's health problems to their living conditions. The women with paid work had more structured daily lives than the others, with living situations that gave them some opportunities for rest and privacy. Domestic work in the black market for labor was associated with health problems due to the heavy and repetitive tasks performed while cleaning private homes. Limited rights to healthcare, fear of being reported, financial difficulties and poor language skills were mentioned as barriers to health care. These barriers lead to delay in seeking medical care and use of alternative health-seeking strategies. Factors that indirectly affected the health of the women included a lack of knowledge of both their rights and the available services in Norway.

Liman, A., & Ngah, I. (2015). Rural health care delivery in Nigeria: a case of local empowerment and environmental management project (LEEMP) in Adamawa State. *Int. Journal of Applied Sciences and Engineering Research*, Vol. 4, Issue 5, 2015. Retrieved from <http://www.davidpublisher.org/index.php/Home/Article/index?id=274.html>

This paper provided a reviewed case of implementation of rural development project in relation to poverty alleviation in Adamawa State of Nigeria. The study used both qualitative and quantitative research techniques to obtain data on the implementation of LEEMP (local empowerment and environmental management project). The result shows that the project has impacted positively to rural development of some rural communities in the state. However, there were challenges discovered, which include non-inclusion of some stake holders because of social class or due to political affiliations, while projects are not evenly distributed among communities of serious needs. This paper implies that effective incorporation of rural communities in the managements of rural development projects requires full community participation in the development process. This requires collective action, which ties the community on values, sustainable maintenance of infrastructures, and improvements, in cultures, of environmental conservation and economics benefits into rural development, with balancing the aim of sustaining social infrastructures, environmental management and poverty alleviation.

Lin, H., & Lee, H. (2015). Utilization of and adherence to oral contraceptive pills and associated disparities in the United States: A baseline assessment for the impact of the affordable care act of 2010. *Int J Health Serv*, 45. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26152220>

This study investigated sociological factors that may influence women's utilization of and adherence to oral contraceptive pills. This was a retrospective cross-sectional study using the 2010-2012 Medical Expenditure Panel Survey. Female adults aged 18-50 years were included. Among the study sample (weighted n = 207,007,531), 14.8% were oral contraceptive pill users. Factors positively related to oral contraceptive pill use included non-Hispanic white ethnicity, younger age, not currently married, having private insurance, residing in the Midwest, higher education level, and higher annual family income. Being non-Hispanic white and having a higher education level were positively related to oral contraceptive pill adherence. Our findings therefore demonstrate disparities in oral contraceptive pill utilization and adherence, especially according to women's race/ethnicity and educational level. This study serves as a baseline

assessment for the impact of the Affordable Care Act on oral contraceptive pill utilization and adherence for future studies.

Nelson, J. D., Moore, J. B., Blake, C., Morris, S. F., & Kolbe, M. B. (2013). Characteristics of successful community partnerships to promote physical activity among young people, North Carolina, 2010-2012. *Preventing Chronic Disease*, 10. Retrieved from https://www.cdc.gov/pcd/issues/2013/13_0110.htm

Success of community-based projects has been thought to hinge on the strength of partnerships between those involved in design and implementation. The authors sought to identify characteristics of successful partnerships from the perspective of project coordinators involved in a mini-grant program to promote physical activity among young people.

Three overarching themes characterized partnership relationships: continuity (history with partner and willingness to engage in a future partnership), community connectedness, and capacity (interest, enthusiasm, engagement, communication, and clarity of roles and responsibilities). Strong partnerships were those in which project coordinators indicated a positive working history with partners, experienced a high level of engagement from partners, had clearly defined roles and responsibilities of partners, and expressed a clear interest in working with their partners in the future.

In community partnerships aimed at increasing physical activity among young people, the perspectives of project coordinators are vital to identifying the characteristics of strong, moderate, and weak partnerships. These perspectives will be useful for future community program development and will influence potential health outcomes.

President's New Freedom Commission on Mental Health (2003). *Achieving the promise: Transforming mental health care in America* (DHHS Pub. No. SMA-03-3832). Rockville, MD: SAMSHA. Retrieved from <http://store.samhsa.gov/product/Achieving-the-Promise-Transforming-Mental-Health-Care-in-America-Executive-Summary/SMA03-3831>

This executive summary describes a strategy for mental health care transformation in America. Learn how transformation ensures services and supports that actively facilitate recovery and build resilience. Also review six goals of transformation and model programs to illustrate goals in practice.

Parkes, M. W., Spiegel, J., Breilh, J., Cabarcas, F., Huish, R., & Yassi, A. (2009). Promoting the health of marginalized populations in Ecuador through international collaboration and educational innovations. *Bulletin of the World Health Organization*, 87(4), 312-319. Retrieved from http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S0042-96862009000400017&lng=en&tlng=en.

This paper examines two innovative educational initiatives for the Ecuadorian public health workforce: a Canadian-funded Master's program in ecosystem approaches to health that focuses on building capacity to manage environmental health risks sustainably; and the training of Ecuadorians at the Latin American School of Medicine in Cuba (known as Escuela Latino Americana de Medicina in Spanish). The authors apply a typology for analyzing how training programs address the needs of marginalized populations and build capacity for addressing

health determinants. The authors highlight some ways we can learn from such training programs with particular regard to lessons, barriers and opportunities for their sustainability at the local, national and international levels and for pursuing similar initiatives in other countries and contexts. The authors conclude that educational efforts focused on the challenges of marginalization and the determinants of health require explicit attention not only to the knowledge, attitudes and skills of graduates but also on effectively engaging the health settings and systems that will reinforce the establishment and retention of capacity in low- and middle-income settings where this is most needed.

Politi, M. C., Sonfield, A., & Madden, T. (2016). Addressing challenges to implementation of the contraceptive coverage guarantee of the affordable care act. *JAMA*, 315(7), 653–654. Retrieved from <https://jamanetwork.com/journals/jama/fullarticle/2488044>

This article discusses the benefits of the ACA provision on contraceptive coverage to women and to public health. The article discusses challenges of implementing the provisions and outlines steps that the federal and state governments, insurance companies, and health professionals can take to address these challenges.

Reach Out Refugee Protection Training Project. (2005). The United High Commission on Refugees. Module 8: Vulnerable groups. Geneva, Switzerland: UNHCR. Retrieved from <http://www.unhcr.org/4371fa162.pdf>

This module emphasizes group work to raise awareness and pool the knowledge of the participants on special protection rights and needs related to gender, age, and, if time permits, on disability and health status (such as those refugees with HIV/AIDS who are discriminated against).

Through three different group exercises, the participants guide each other in learning about the rights and protection concerns of these refugees, with a focus on children and women.

This process of dialogue and discovery is supported by brief overview presentations and access to key learning materials that participants can consult during the training session and that they can use to support their work when they return home.

Rwabufigiri B.N., Mukamurigo J., Thomson D.R., Hedt-Gautier B.L., Semasaka J.P.S. (2016). Factors associated with postnatal care utilisation in Rwanda: A secondary analysis of 2010 Demographic and Health Survey data. *BMC Pregnancy and Childbirth*16(1) Article Number 122

Postnatal care (PNC) in the first seven days is important for preventing morbidity and mortality in mothers and newborns. Sub-Saharan African countries, which account for 62 % of maternal deaths globally, have made major efforts to increase PNC utilization, but utilization rates remain low even in countries like Rwanda where PNC services are universally available for free. This study identifies key socio-economic and demographic factors associated with PNC utilization in Rwanda to inform improved PNC policies and programs.

Three factors were positively associated with PNC use: delivering at a health facility, being married but not involved with one's own health care decision-making compared to being married and involved; and being in the second or richest wealth quintile compared to the

poorest. Mother's older age at delivery was negatively associated with PNC use. Low PNC utilization in Rwanda appears to be a universal problem though older age and poverty are further barriers to PNC utilization. A recent change in the provision of BCG vaccination to newborns might promote widespread PNC utilization. We further recommend targeted campaigns to older mothers and poorest mothers, focusing on perceptions of health system quality, cultural beliefs, and pregnancy risks.

Seo, J., Goodman, M.S., Politi, M., Blanchard, M., & Kaphingst, K.A., (2016). Effect of health literacy on decision-making preferences among medically underserved patients. *Medical Decision Making*, 36(4), 550–556. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26902737>

Participation in the decision-making process and health literacy may both affect health outcomes; data on how these factors are related among diverse groups are limited. This study examined the relationship between health literacy and decision-making preferences in a medically underserved population.

This study showed that adequate health literacy was significantly associated with preferring patient-involved decision making, controlling for age, race/ethnicity, and gender. Having a regular doctor did not modify this relationship. Males were significantly less likely to prefer patient-involved decision making.

Findings suggest health literacy affects decision-making preferences in medically underserved patients. More research is needed on how factors, such as patient knowledge or confidence, may influence decision-making preferences, particularly for those with limited health literacy.

Shirazi M, Engelman KK, Mbah O, Shirazi A, Robbins I, Bowie J, Popal R,...,Bloom J. (2015). Targeting and Tailoring Health Communications in Breast Screening Interventions. *Progress in Community Health Partnerships*, 9 (83-9), doi: 10.1353/cpr.2015.0030.

Members of underrepresented minority (URM) groups are at higher risk of disproportionately experiencing greater breast cancer-related morbidity and mortality and thus, require effective interventions that both appropriately target and tailor to their unique characteristics. We sought to describe the targeting and tailoring practices used in the development and dissemination of three breast cancer screening interventions among URM groups. Each CNP program targeted diverse URM women and, using participatory approaches, tailored a range of interventions to promote breast cancer screening. Although all projects shared the same goal outcome, each program tailored their varying interventions to match the target community needs, demonstrating the importance and value of these strategies in reducing breast cancer disparities.

Smylie, J., Kirst, M., McShane, K., Firestone, M., Wolfe S., Patricia, O. (2016). Understanding the role of Indigenous community participation in Indigenous prenatal and infant-toddler health promotion programs in Canada: A realist review. *Social Science & Medicine*, 150, 128–143. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0277953615302793>

The authors identify successful indigenous prenatal and infant-toddler health promotion programs in Canada that demonstrate positive impacts on prenatal or child health outcomes, apply realist methods to study how, why and in what contexts programs positively impact

Indigenous health and well-being, and demonstrate a new pathway linking indigenous ownership to program success. Findings demonstrate Indigenous community investment-ownership-activation as an important pathway for success in Indigenous prenatal and infant-toddler health programs.

Tamminen, K. A., Faulkner, G., Witcher, C. S., & Spence, J. C. (2014). A qualitative examination of the impact of microgrants to promote physical activity among adolescents. *BMC Public Health*, 14(1206). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25417002>

Microgrants are a mechanism for providing funding to community organizations or groups to support health initiatives. The purpose of this study was to explore the role of microgrants in enhancing physical activity (PA) opportunities for Canadian adolescents.

Analysis produced themes regarding participants' perceptions of the Funding, Running Programs and Events, the Impact of Program (for the Organization, Teen Participants, and the Community). Opportunities for PA programming would not have been possible without the microgrant funding. Microgrant funding was valuable in promoting PA for adolescents, and they afforded opportunities for adolescents to engage in new and/or nontraditional activities. In addition to promoting PA, the microgrants had benefits for participants and the community organizations including improved organizational capacity.

The authors conclude that microgrants appear to be an effective mechanism for enhancing community capacity to provide PA opportunities for Canadian adolescents by helping to reduce financial barriers and empowering adolescents to take an active role in identifying and hosting new and creative PA events within their communities.

Tan, N., Kaur-Gill, S., Dutta, M.J., Venkataraman, N. (2017). Food Insecurity in Singapore: The Communicative (Dis)Value of the Lived Experiences of the Poor. *Health Communication*, 32(8), pp. 954-962.

Food insecurity is a form of health disparity that results in adverse health outcomes, particularly among disenfranchised and vulnerable populations. Using the culture-centered approach, this article engages with issues of food insecurity, health, and poverty among the low-income community in Singapore. Through 30 in-depth interviews, the narratives of the food insecure are privileged in articulating their lived experiences of food insecurity and in co-constructing meanings of health informed by their sociocultural context, in a space that typically renders them invisible. Arguing that poverty is communicatively sustained through the erasure of subaltern voices from mainstream discourses and policy platforms, we ask the research question: What are the meanings of food insecurity in the everyday experiences of health among the poor in Singapore? Our findings demonstrate that the meanings of health among the food insecure are constituted in culture and materiality, structurally constrained, and ultimately complexify their negotiations of health and health decision making

Tindana, P. O., Singh, J. A., Tracy, C. S., Upshur, R. E. G., Daar, A. S., Singer, P. A., Frohlich, J., & Lavery, J. V. (2007). Grand challenges in global health: Community engagement in research in developing countries. *PloS Medicine*, 4(9), e273. Retrieved from <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0040273>

This is one of four articles on ethical, social, and cultural issues on the Grand Challenges program.

Abbreviations: CE, community engagement; ESC, ethical, social, and cultural; GCGH, Grand Challenges in Global Health

Various CE models exist in the fields of public health, community planning, governance, and community development. However, there have been few systematic attempts to determine the effectiveness of CE in research. As an advisory service on ethical, social, and cultural (ESC) issues for the Grand Challenges in Global Health (GCGH) initiative, discussed in the first article in this series, we are exploring a range of ESC issues identified by the GCGH investigators and developing world key informants, discussed in the second article in this series. The investigators and key informants placed particular emphasis upon the importance of community engagement, and therefore we prepared a conceptual paper on this topic, which we distributed as a working paper to GCGH investigators and program staff at the 2nd Annual GCGH Meeting. In this article, we summarize this conceptual paper. We first examine the concept of CE in research in developing countries, then we describe published models of CE, and finally we discuss two relevant examples of CE in research from Africa.

Van Ryn, M., & Fu, S. S. (2003). Paved with good intentions: Do public health and human service providers contribute to racial/ethnic disparities in health? *American Journal of Public Health*, 93(2), 248–255. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1447725/>

There is extensive evidence of racial/ethnic disparities in receipt of health care. The potential contribution of provider behavior to such disparities has remained largely unexplored. Do health and human service providers behave in ways that contribute to systematic inequities in care and outcomes? If so, why does this occur?

The authors build on existing evidence to provide an integrated, coherent, and sound approach to research on providers' contributions to racial/ethnic disparities. They review the evidence regarding provider contributions to disparities in outcomes and describe a causal model representing an integrated set of hypothesized mechanisms through which health care providers' behaviors may contribute to these disparities.

Relevant Journals Competency 8b

1. Society, Health & Vulnerability (Co-Action Publishing)
2. Journal of Immigrant and Minority Health
3. JAMA
4. Global Health Action
5. Archives of Public Health
6. American Journal of Community Psychology
7. Annual Review of Public Health
8. International Journal of Health Services
9. BMC Public Health
10. Health Policy and Planning (Oxford Journals)

11. American Journal of Public Health
12. Social Science & Medicine
13. Clinical and Translational Science
14. Health Promotion Journal of Australia
15. PLoS Medicine
16. Medical Decision Making
17. Progress in Community Health Partnerships
18. Health Communication
19. BMC Pregnancy and childbirth
20. BMC medical informatics and decision making

Books Competency 8b

Farmer, P. (2003). *Pathologies of power: Health, human rights, and the new war on the poor*. Oakland, CA: University of California Press.

Pathologies of Power uses harrowing stories of life—and death—in extreme situations to interrogate our understanding of human rights. Paul Farmer, argues that promoting the social and economic rights of the world’s poor is the most important human rights struggle of our times. With passionate eyewitness accounts from the prisons of Russia and the beleaguered villages of Haiti and Chiapas, this book links the lived experiences of individual victims to a broader analysis of structural violence. Farmer challenges conventional thinking within human rights circles and exposes the relationships between political and economic injustice, on one hand, and the suffering and illness of the powerless, on the other. (See more about the book on amazon.com)

Farmer, P., Kleinman, A., Kim, J., & Basilio, M. (2013). *Reimagining global health: An introduction*. Oakland, CA: University of California Press.

Bringing together the experience, perspective and expertise of Paul Farmer, Jim Yong Kim, and Arthur Kleinman, *Reimagining Global Health* provides an original, compelling introduction to the field of global health. Drawn from a Harvard course developed by their student Matthew Basilio, this work provides an accessible and engaging framework for the study of global health. Insisting on an approach that is historically deep and geographically broad, the authors underline the importance of a transdisciplinary approach, and offer a highly readable distillation of several historical and ethnographic perspectives of contemporary global health problems.

The case studies presented throughout *Reimagining Global Health* bring together ethnographic, theoretical, and historical perspectives into a wholly new and exciting investigation of global health. The interdisciplinary approach outlined in this text should prove useful not only in schools of public health, nursing, and medicine, but also in undergraduate and graduate classes in anthropology, sociology, political economy, and history, among others.

Kretzmann, J. P., & McKnight, J. L. (1993). *Building communities from the inside out*. Evanston, IL: Asset-Based Community Development Institute, Northwestern University.

This is a guide about rebuilding troubled communities. It is meant to be simple, basic and usable. Whatever wisdom it contains flows directly out of the experience of courageous and creative neighborhood leaders from across the country.

Most of this guide is devoted to spreading community-building success stories. These stories are organized into a step-by-step introduction to a coherent strategy that we have learned about from neighborhood leaders. We call this strategy "asset-based community development." Before beginning to outline the basic elements of this approach, it will be helpful to remember how so many of our communities came to be so devastated, and why traditional strategies for improvement have so often failed.

LaVeist, T. A. (2005). *Minority populations and health: An introduction to health disparities in the United States*. San Francisco, CA: Jossey-Bass.

This book provides a theoretical and methodological framework for examining the determinants of health and factors that contribute to health disparities among racial and ethnic groups in the United States. Following an excellent analysis of the magnitude of the health disparities problem, the author presents conceptual models for developing policies and interventions that can reduce disparities and improve health outcomes and services for all groups. (For more about the book, visit <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1435714/>)

Marin, G., & Marin, B. (1991). *Research with Hispanic populations*. Newbury Park, CA: Sage Publications.

This book offers the reader an insight into some of the issues and experiences Hispanic minority populations have in the U.S. It also provides a template on which to critically think about potential issues which other minority cultural groups may have. With a well written and accessible style, this book provides researchers and social care and health practitioners with insight of crossing cultures. (For more about the book, visit <https://us.sagepub.com/en-us/nam/research-with-hispanic-populations/book3412#description>)

Minkler, M., & Wallerstein, N. (2003). (Eds). *Community-based participatory research in health*. San Francisco, CA: Jossey-Bass Publishers.

Minkler and Wallerstein have pulled together a fantastic set of contributions from the leading researchers in the field. In addition to a fine collection of case studies, this book puts the key issues for researchers and practitioners in a historical, philosophical, and applied, practical context

Videos Competency 8b

For The Sake of All. (2014, June 23). *Two lives of jasmine* [Video file]. Retrieved from <https://forthesakeofall.org/2014/06/23/jasmine/>

The video describes how the life and health outcomes of a little girl we're calling "Jasmine" can be dramatically different based on the circumstances into which she is born. Although there are multiple opportunities for Jasmine to make choices about her life, these choices are shaped by her starting point in life and the resources available to her.

Health Quality Ontario. (2015, January 16). Session 11: Engaging the vulnerable in the quality Agenda [Video file]. Retrieved from https://www.youtube.com/watch?v=6jnc2EaqM_s

In Ontario, major health disparities persist among vulnerable populations, including Aboriginal peoples, immigrants, refugees, people living in poverty or in rural or remote communities, as well as those with mental illness or disabilities. Making a commitment to patient engagement in health care quality is particularly important to these marginalized populations, but also particularly challenging. We need to address the root causes of health problems and the social conditions in which people live. This session will highlight innovative engagement initiatives from a variety of perspectives that engage and empower vulnerable populations, and that are enhancing care delivery and health outcomes.

RCMI Program UPR Medical Sciences Campus. (2015, January 16). Addressing Health Disparities in Vulnerable Populations Part 3 [Video file]. Retrieved from <https://www.youtube.com/watch?v=HGNaQU5JF3o>

Leopoldo J Cabassa, PhD of Columbia University discusses the health disparities among people with serious mental illness, illustrate how photovoice – a participatory action research method that entrusts people with cameras to document their everyday lives to inform social action- can inform the development of health interventions.

University of Southern California Global Health. (n.d.). Global health films database [Video file]. Retrieved from <http://apruglobalhealth.org/ghfilms/>

The database is continually being expanded and aims to provide a general searchable/ sortable general directory of films highlighting global health topics. This database may be useful in finding films to screen in a public setting, as well as for research purposes. Screening information is found on many of the films' websites, which are linked in the titles

Study Questions for Basic Operational Level Competency 8b

1. Discuss the multi-dimensional factors that impede the ability for marginalized and vulnerable populations to access care and decide on health care interventions targeted towards them. Explore the historical contexts that created the marginalization/vulnerabilities currently observed and explore ways to engage the community in ways that build trust and cooperation.
2. How would you carry out a needs assessment for marginalized groups and how would you translate that information into a feasible intervention(s) to address the stated needs?
3. What socio-cultural factors and perceptions will affect proposed intervention strategies and how best do you accommodate the varied perceptions?

4. Critically evaluate an intervention aimed at addressing a public health problem in a particular community. Outline the positives and negatives of the program and suggest how to better refine the project to better meet the needs of the community.
5. How would you address problems with maintaining sustainability of interventions whilst ensuring the community takes ownership of the programs?

Websites Competency 8c

American Association for the Advancement of Science. (2015). Human rights in global health: Team-based learning education resource for medical students, residents, and fellows. Retrieved from <http://www.aaas.org/report/human-rights-global-health-team-based-learning-education-resource-medical-students-residents>

Team-Based Learning (TBL) is a learner-centered active learning strategy for small groups (5-7 students) that can be implemented in large and small classes. This type of activity promotes learning in groups/teams and fosters collaboration. Students are assigned readings and are expected to come to class prepared. This resource is intended for teaching medical students, residents and fellows. Ten iRAT/gRAT questions are provided with the correct answers and the appropriate rationale. Two application exercises, followed by discussion questions and MCQs, answers, and the rationale for them are also provided. The resource consists of a Session Plan, required and recommended readings, a Faculty Guide, a Student Guide, iRAT/tRAT questions with answers, and Application Exercises with answers.

Amnesty International. (n.d.). Retrieved from <http://www.amnestyusa.org>

Amnesty International works around the globe to tackle the most pressing human rights violations using research, mobilization and advocacy. Priority issues for this organization includes the defense of human rights, refugee and migrant rights, abolishing the death penalty, national security and human rights (torture and other human rights violations), deadly force and police accountability, gun violence, gender and sexual identity, and individuals at risk (people imprisoned or tortured by governments for what they believe in).

Human Rights Watch. (n.d.). Retrieved from <https://www.hrw.org/>

Human Rights Watch is a nonprofit, nongovernmental human rights organization known for its accurate fact-finding, impartial reporting, effective use of media, and targeted advocacy, often in partnership with local human rights groups. Human Rights Watch scrupulously investigates abuses, expose the facts widely, and pressure those with power to respect rights and secure justice. This organization also meets with governments, the United Nations, regional groups like the African Union and the European Union, financial institutions, and corporations to press for changes in policy and practice that promote human rights and justice around the world.

Physicians for Human Rights. (n.d.). Retrieved from <http://physiciansforhumanrights.org/?referrer=https://www.google.com/>

PHR has come to occupy an important position in the human rights movement. We focus on the critical role of forensic science, clinical medicine, and public health research in ensuring that human rights abuses are properly documented using the most rigorous scientific methodologies possible. PHR experts use epidemiology, medical and psychological evaluations, autopsies, forensic anthropology, and crime scene analysis to document serious abuses, including murder, torture, rape, starvation, forced displacement, and civilian attacks. PHR's human rights training and mentoring emphasize medicine and science as the foundation of every aspect of evidence collection, documentation, and implementation of international norms and standards. PHR provides credible evidence, data, and research to corroborate allegations of human rights violations not only to prevent future abuses, but also to ensure the prosecution of perpetrators by courts, tribunals, and truth commissions.

Physicians for Human Rights. (n.d.). Policy statements. Retrieved from <http://physiciansforhumanrights.org/>

A collection of PHR policy statements on different human rights issues.

United Nations. (1948). Universal declaration of human rights (UDHR). Retrieved from <http://www.un.org/en/universal-declaration-human-rights/>

The Universal Declaration of Human Rights (UDHR) is a milestone document in the history of human rights. Drafted by representatives with different legal and cultural backgrounds from all regions of the world, the Declaration was proclaimed by the United Nations General Assembly in Paris on 10 December 1948 (General Assembly resolution 217A) as a common standard of achievements for all peoples and all nations. It sets out, for the first time, fundamental human rights to be universally protected and it has been translated into over 500 languages.

Articles and Reports Competency 8c

Ahn, R., Alpert, E. J., Purcell, G., Konstantopoulos, W. M., McGahan, A., Cafferty, E. Burke, T. G. (2013). Human trafficking: Review of educational resources for health professionals. *American Journal of Preventive Medicine*, 44(3), 283–289. Retrieved from <https://healtrafficking.files.wordpress.com/2015/03/1-s2-0-s0749379712008811-main.pdf>

Human trafficking is an increasingly well-recognized human rights violation that is estimated to involve more than 2 million victims worldwide each year. The health consequences of this issue bring victims into contact with health systems and healthcare providers, thus providing the potential for identification and intervention. A robust healthcare response, however, requires a healthcare workforce that is aware of the health impact of this issue; educated about how to identify and treat affected individuals in a compassionate, culturally aware, and trauma-informed manner; and trained about how to collaborate efficiently with law enforcement, case management, and advocacy partners. This article describes existing educational offerings about human trafficking designed for a healthcare audience and makes recommendations for further curriculum development.

The authors' review of existing educational offerings show that there is a clear need to develop, implement, and evaluate high-quality education and training programs that focus on human trafficking for healthcare providers.

Annas, G. J. (1993). Detention of HIV-positive Haitians at Guantanamo. *Human rights and medical care. New England Journal of Medicine*, 329(8),589–592. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/8123086>

Many nations, including the United States, have constitutions that protect human rights and effective court systems that can act to correct human-rights abuses by their own governments. One striking example in which the courts ordered the executive branch of government to stop such violations involved the medical care of Haitians in U.S. custody who were positive for the human immunodeficiency virus (HIV). Just one week before the start of the World Conference on Human Rights, Judge Sterling Johnson, Jr., of the U.S. District Court issued an opinion that effectively ordered the United States to shut down its HIV detention center at Guantanamo Bay, Cuba, because of ongoing constitutional, statutory, and regulatory violations of the detainees' rights. Discrimination based solely on disease status has not yet received sufficient attention as a form of human-rights violation. When governments sponsor such discrimination, the courts can help by speaking clearly and strongly in support of fundamental human rights. When discrimination also adversely affects medical care, physicians and lawyers should work together to defend and promote the interests of the sick, both in their own countries and internationally.

Annas, G. J. (1998). Human rights and health -- The universal declaration of human rights at 50. *New England Journal of Medicine*, 339(24), 1178–1781. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/9867552>

War, famine, pestilence, and poverty have had obvious and devastating effects on health throughout human history. In recent times, human rights have come to be viewed as essential to freedom and individual development. But it is only since the end of World War II that the link between human rights and these causes of disease and death has been recognized.¹⁻³ The 50th anniversary of the Universal Declaration of Human Rights — signed on December 10, 1948 — provides an opportunity to review its genesis, to explore the contemporary link between health and human rights, and to develop effective human-rights strategies in order to promote health and prevent and treat disease.

Annas, G. J., & Grodin, M. A. (1996). Medicine and human rights: Reflections on the fiftieth anniversary of the doctors' trial. *Health and Human Rights*, 2(1), 6–21. Retrieved from <http://europepmc.org/abstract/med/10393627>

The year 1996 marks the fiftieth anniversary of the commencement of the trial of Nazi physicians at Nuremberg, a trial that has been variously designated as the "Doctors' Trial" and the "Medical Case." In addition to documenting atrocities committed by physicians and scientists during WWII, the most significant contribution of the trial has come to be known as the "Nuremberg Code," a judicial codification of 10 prerequisites for the moral and legal use of human beings in experiments. Anniversaries provide us with an opportunity to reflect upon the past, but they also enable us to renew our efforts to plan for the future. This article describes briefly the historical evolution of the Nuremberg Code, discusses its current relevance and

applicability by using a case study example, and proposes future steps to be taken by the international community.

Benatar, S. R. (2001). Commentary: Justice and medical research: A global perspective. *Bioethics*, 15(4), 333–340. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/11697389>

Economic globalization has profound implications for health. The scale of injustice at a global level, reflected in inexorably widening disparities in wealth and health, also has critical implications for health related research--in particular when the opportunities for exploiting research subjects are carefully considered. The challenge of developing universal guidelines for international clinical research is addressed against the background of a polarizing, yet interdependent, world in which all are ultimately threatened by lack of social justice. It is proposed that in such a world there is a need for new ways of thinking about research and its relevance to health at a global level. Responsibility to use knowledge and power wisely requires more radical changes to guidelines for research ethics than are currently under consideration.

Bozorgmehr, K., Szecsenyi, J., Stock, C., & Razum, O. (2016). Europe's response to the refugee crisis: Why relocation quotas will fail to achieve 'fairness' from a health perspective. *The European Journal of Public Health*, 26(1), 5–6. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26839338>

EU refugee law is deficient. This has become obvious as thousands of refugees cross the Mediterranean and EU borders to reach a safe destination. Germany's Chancellor Angela Merkel calls for a scheme of compulsory relocation of refugees to EU member states to achieve a 'fair' distribution 1 based on 'objective, quantifiable and verifiable criteria' such as GDP, population size and unemployment rates. 2 While we strongly believe that providing international protection to refugees is a collective duty of EU member states, we argue that the concept of their 'fair' (but factually enforced) relocation across the EU is flawed and may ultimately be detrimental from a public health perspective.

Brandt, A. M. (2013). How AIDS invented global health. *New England Journal of Medicine*, 368(23), 2149–2152. Retrieved from http://www3.med.unipmn.it/papers/2013/NEJM/2013-06-06_nejm/nejmp1305297.pdf

Over the past half-century, historians have used episodes of epidemic disease to investigate scientific, social, and cultural change. Underlying this approach is the recognition that disease, and especially responses to epidemics, offers fundamental insights into scientific and medical practices, as well as social and cultural values. This article delves into the history of the HIV pandemic and discusses how the pandemic has shaped science, research medicine, public health and policy.

Chen, L., Evans, T., Anand, S., Boufford, J. I., Brown, H., Chowdhury, M, Cueto,.,, Wibulpoprasert, (2004). Human resources for health: Overcoming the crisis. *The Lancet*, 364(9449), 1984–1990. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/15567015>

In this analysis of the global workforce, the Joint Learning Initiative-a consortium of more than 100 health leaders-proposes that mobilization and strengthening of human resources for health, neglected yet critical, is central to combating health crises in some of the world's

poorest countries and for building sustainable health systems in all countries. Nearly all countries are challenged by worker shortage, skill mix imbalance, maldistribution, negative work environment, and weak knowledge base. Especially in the poorest countries, the workforce is under assault by HIV/AIDS, out-migration, and inadequate investment. Effective country strategies should be backed by international reinforcement. Ultimately, the crisis in human resources is a shared problem requiring shared responsibility for cooperative action. Alliances for action are recommended to strengthen the performance of all existing actors while expanding space and energy for fresh actors.

Farmer, P. E., Nizeye, B., Stulac, S., & Keshavjee, S. (2006). Structural violence and clinical medicine. *PLoS Medicine*, 3(10), e449. Retrieved from <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.0030449>

This is one of a series of articles on social medicine in the October 2006 issue of this Journal. The term “structural violence” is one way of describing social arrangements that put individuals and populations in harm's way. The distribution and outcome of chronic infectious diseases, such as HIV/AIDS, are so tightly linked to social arrangements that it is difficult for clinicians treating these diseases to ignore social factors. What are the lessons that can be drawn from the examples of successful structural interventions in the diverse settings of Baltimore, rural Haiti, and rural Rwanda? First, we have seen that it is possible to decrease the extent to which social inequalities become embodied as health disparities. Second, we have learned that proximal interventions, seemingly quite remote from the practice of clinical medicine, can also lessen premature morbidity and mortality. Third, we have seen that structural interventions can have an enormous impact on outcomes, even in the face of cost-effectiveness analyses and the flawed policies of international bodies.

Friedman EA, Gostin LO. (2015). Imagining Global Health with Justice: In Defense of the Right to Health. *Health Care Anal*, 23(4), 308-29.

The singular message in Global Health Law is that we must strive to achieve global health with justice—improved population health, with a fairer distribution of benefits of good health. Global health entails ensuring the conditions of good health—public health, universal health coverage, and the social determinants of health—while justice requires closing today's vast domestic and global health inequities. These conditions for good health should be incorporated into public policy, supplemented by specific actions to overcome barriers to equity. A new global health treaty grounded in the right to health and aimed at health equity—a Framework Convention on Global Health (FCGH)—stands out for its possibilities in helping to achieve global health with justice. This far-reaching legal instrument would establish minimum standards for universal health coverage and public health measures, with an accompanying national and international financing framework, require a constant focus on health equity, promote Health in All Policies and global governance for health, and advance the principles of good governance, including accountability. While achieving an FCGH is certainly ambitious, it is a struggle worth the efforts of us all. The treaty's basis in the right to health, which has been agreed to by all governments, has powerful potential to form the foundation of global governance for health. From interpretations of UN treaty bodies to judgments of national courts, the right to health is now sufficiently articulated to serve this role, with the individual's right to health best understood as a function of a social, political, and economic environment aimed at equity. However great the political challenge of securing state agreement to the FCGH, it is possible. States have joined other treaties with significant resource requirements

and limitations on their sovereignty without significant reciprocal benefits from other states, while important state interests would benefit from the FCGH. And from integrating the FCGH into the existing human rights system to creative forms of compliance and enforcement and strengthened domestic legal and political accountability mechanisms, the treaty stands to improve right to health compliance. The potential for the FCGH to bring the right to health nearer universal reality calls for us to embark on the journey towards securing this global treaty.

Habemas, J. (2012). *The concept of human dignity and the realistic utopia of human rights*. Netherlands: Springer

Human rights developed in response to specific violations of human dignity, and can therefore be conceived as specifications of human dignity, their moral source. The internal relationship explains the moral content and moreover the distinguishing feature of human rights; they are designed for an effective implementation of the core moral values of an egalitarian universalism in terms of coercive law. This essay is an attempt to explain this moral-legal Janus face of human rights through the mediating role of the concept of human dignity. This concept is due to a remarkable generalization of the particularistic meanings of those “dignities” that once were attached to specific honorific functions and memberships. In spite of its abstract meaning, “human dignity” still retains from its particularistic precursor concepts the connotation of depending on the social recognition of a status – in this case, the status of democratic citizenship. Only membership in a constitutional policy community can protect, by granting equal rights, the equal human dignity of everybody.

Humphries, T., Kushalnagar, R., Mathur, G., Jo Napoli, D., Padden, C., Rathmann, C., & Smith, S. (2013). The right to language. *The Journal of Law, Medicine & Ethics: A Journal of the American Society of Law, Medicine, & Ethics*, 41(4), 872 – Contents. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4117351/>

The purpose of this article is to develop a legal framework for protecting the civil rights of the deaf child, with the ultimate goal of calling for legislation that requires all levels of government to fund programs for deaf children and their families to learn a fully accessible language: a sign language. While the discussion regards the United States, the argument made by the authors is based on human rights and the nature of law itself, and can likely be adapted to any country.

The authors begin with an introduction to the biological facts surrounding language acquisition and how these facts impact the deaf child, where lack of language has devastating effects on individuals and negative effects on society in general. Next the authors discuss the evidence for a legal right to language. Although federal law and international treaties focus on anti-discrimination and adequate access to education and language, a stronger right to access to education and language can be found in state law, which is underpinned by corresponding state constitutions’ guarantees of education. Finally, the authors outline the benefits that the deaf child would gain if we were to recognize a right to language and then argue that to protect the right to language, legislation regarding funding programs for deaf children and their families learn a sign language is needed.

Kismödi, E., Kirag, K., Sawicki, O., Smith, S., Brion, S., Sharma, A., Mworeko, L., Iovita, A. (2017). Where public health meets human rights: Integrating human rights into the validation

of the elimination of mother-to-child transmission of HIV and syphilis. *Health and Human Rights*, 19 (2), pp. 237-247.

In 2014, the World Health Organization (WHO) initiated a process for validation of the elimination of mother-to-child transmission (EMTCT) of HIV and syphilis by countries. For the first time in such a process for the validation of disease elimination, WHO introduced norms and approaches that are grounded in human rights, gender equality, and community engagement. This human rights-based validation process can serve as a key opportunity to enhance accountability for human rights protection by evaluating EMTCT programs against human rights norms and standards, including in relation to gender equality and by ensuring the provision of discrimination-free quality services. The rights-based validation process also involves the assessment of participation of affected communities in EMTCT program development, implementation, and monitoring and evaluation. It brings awareness to the types of human rights abuses and inequalities faced by women living with, at risk of, or affected by HIV and syphilis, and commits governments to eliminate those barriers. This process demonstrates the importance and feasibility of integrating human rights, gender, and community into key public health interventions in a manner that improves health outcomes, legitimizes the participation of affected communities, and advances the human rights of women living with HIV.

Lee, J. Y., & Hunt, P. (2012). Human rights responsibilities of pharmaceutical companies in relation to access to medicines. *The Journal of Law, Medicine & Ethics*, 40(2), 220–233. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22789042>

Although access to medicines is a vital feature of the right to the highest attainable standard of health ("right to health"), almost two billion people lack access to essential medicines, leading to immense avoidable suffering. While the human rights responsibility to provide access to medicines lies mainly with States, pharmaceutical companies also have human rights responsibilities in relation to access to medicines. This article provides an introduction to these responsibilities. It briefly outlines the new UN Guiding Principles on Business and Human Rights and places the human rights responsibilities of pharmaceutical companies in this context. The authors draw from the work of the first UN Special Rapporteur on the right to the highest attainable standard of health, in particular the Human Rights Guidelines for Pharmaceutical Companies in Relation to Access to Medicines that he presented to the UN General Assembly in 2008, and his UN report on GlaxoSmithKline (GSK). While the Guiding Principles on Business and Human Rights are general human rights standards applicable to all business entities, the Human Rights Guidelines for Pharmaceutical Companies consider the specific human rights responsibilities of one sector (pharmaceutical companies) in relation to one area of activity (access to medicines). The article signals the human rights responsibilities of all pharmaceutical companies, with particular attention to patent-holding pharmaceutical companies. Adopting a right-to-health "lens," the article discusses GSK and accountability. The authors argue that human rights should shape pharmaceutical companies' policies, and provide standards in relation to which pharmaceutical companies could, and should, be held accountable. They conclude that it is now crucial to devise independent, accessible, transparent, and effective mechanisms to monitor pharmaceutical companies and hold them publicly accountable for their human rights responsibilities.

Levy BS, Patz JA. (2015). Climate Change, Human Rights, and Social Justice. *Ann Glob Health*, 81(3), 310-22. doi: 10.1016/j.aogh.2015.08.008.

The environmental and health consequences of climate change, which disproportionately affect low-income countries and poor people in high-income countries, profoundly affect human rights and social justice. Environmental consequences include increased temperature, excess precipitation in some areas and droughts in others, extreme weather events, and increased sea level. These consequences adversely affect agricultural production, access to safe water, and worker productivity, and, by inundating land or making land uninhabitable and uncultivable, will force many people to become environmental refugees. Adverse health effects caused by climate change include heat-related disorders, vector-borne diseases, foodborne and waterborne diseases, respiratory and allergic disorders, malnutrition, collective violence, and mental health problems. These environmental and health consequences threaten civil and political rights and economic, social, and cultural rights, including rights to life, access to safe food and water, health, security, shelter, and culture. On a national or local level, those people who are most vulnerable to the adverse environmental and health consequences of climate change include poor people, members of minority groups, women, children, older people, people with chronic diseases and disabilities, those residing in areas with a high prevalence of climate-related diseases, and workers exposed to extreme heat or increased weather variability. On a global level, there is much inequity, with low-income countries, which produce the least greenhouse gases (GHGs), being more adversely affected by climate change than high-income countries, which produce substantially higher amounts of GHGs yet are less immediately affected. In addition, low-income countries have far less capability to adapt to climate change than high-income countries. Adaptation and mitigation measures to address climate change needed to protect human society must also be planned to protect human rights, promote social justice, and avoid creating new problems or exacerbating existing problems for vulnerable populations.

London, L. (2005). Dual loyalties and the ethical and human rights obligations of occupational health professionals. *American Journal of Industrial Medicine*, 47(4), 322–332. Retrieved from <http://onlinelibrary.wiley.com/doi/10.1002/ajim.20148/abstract>

Underlying most ethical dilemmas in occupational health practice is the problem of Dual Loyalties where health professionals have simultaneous obligations, explicit or implicit, to a third party, usually a private employer. Violations of the worker-patient's human rights may arise from: (1) the incompatibility of simultaneous obligations; (2) pressure on the professional from the third party; and (3) separation of the health professional's clinical role from that of a social agent. The practitioner's contractual relationship with the third party is often the underlying problem, being far more explicit than their moral obligation to patients, and encouraging a social identification at the expense of a practitioner's professional identity. Because existing ethical guidelines lack specificity on managing Dual Loyalties in occupational health, guidelines that draw on human rights standards have been developed by the working group. These guidelines propose standards for individual professional conduct and complementary institutional mechanisms to address the problem.

London, L., & Schneider, H. (2012). Globalisation and health inequalities: Can a human rights paradigm create space for civil society action? *Social Science & Medicine*, 74, 6–13. Retrieved from <http://repository.uwc.ac.za/xmlui/handle/10566/475>

While neoliberal globalization is associated with increasing inequalities, global integration has simultaneously strengthened the dissemination of human rights discourse across the world. This paper explores the seeming contradiction that globalization is conceived as disempowering nations states' ability to act in their population's interests, yet implementation of human rights obligations requires effective states to deliver socio-economic entitlements, such as health. Central to the actions required of the state to build a health system based on a human rights approach is the notion of accountability. Two case studies are used to explore the constraints on states meeting their human rights obligations regarding health, the first drawing on data from interviews with parliamentarians responsible for health in East and Southern Africa, and the second reflecting on the response to the HIV/AIDS epidemic in South Africa. The case studies illustrate the importance of a human rights paradigm in strengthening parliamentary oversight over the executive in ways that prioritize pro-poor protections and in increasing leverage for resources for the health sector within parliamentary processes. Further, a rights framework creates the space for civil society action to engage with the legislature to hold public officials accountable and confirms the importance of rights as enabling civil society mobilization, reinforcing community agency to advance health rights for poor communities. In this context, critical assessment of state incapacity to meet claims to health rights raises questions as to the diffusion of accountability rife under modern international aid systems. Such diffusion of accountability opens the door to 'cunning' states to deflect rights claims of their populations. We argue that human rights, as both a normative framework for legal challenges and as a means to create room for active civil society engagement provide a means to contest both the real and the purported constraints imposed by globalization.

Lönnroth, K., & Raviglione, M. (2016). The WHO's new end TB strategy in the post-2015 era of the sustainable development goals. *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 110(3), 148–150. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4755423/>

The WHO's new End TB Strategy 2016–2035 has evolved from previous global strategies to respond to old and new challenges and take advantage of new opportunities. It frames the global fight against TB as a development, social justice and human rights issue, while re-emphasizing the public health and clinical fundamentals of TB care and prevention. In this commentary, we outline how TB prevention, care and control will both benefit from and contribute to the achievement of the new Sustainable Development Goals that were recently adopted at the United Nations.

MacNaughton, G. (2017). Vertical inequalities: Are the SDGs and human rights up to the challenges? *International Journal of Human Rights*, 21 (8), pp. 1050-1072.

Extreme inequalities in income, wealth and social outcomes are one of the greatest human rights challenges that we face today as they threaten individual and community health, national political and economic stability and global peace. This article considers the extent to which the Sustainable Development Goals (SDGs), adopted on September 25, 2016, and international human rights norms are adequate to address the challenges of these extreme inequalities. It focuses specifically on SDG 10, which aims to reduce inequalities within and among countries, and finds the targets inadequate to address many of the most pressing inequalities. It then examines international human rights law to discern whether human rights standards might inform the SDGs to alleviate some of the shortcomings of SDG 10. The article concludes that interpretations of international

human rights to date also fall short in terms of addressing income, wealth and social inequalities. It therefore calls for research on the legal interpretation of the multiple equality provisions in the International Bill of Human Rights in a manner that would address the greatest human rights challenges of our time.

Mann, J. (1997). Medicine and public health, ethics and human rights. *Hastings Center Report*, 27(3), 6–13. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/9219018>

There is more to modern health than new scientific discoveries, the development of new technologies, or emerging or re-emerging diseases. World events and experiences, such as the AIDS epidemic and the humanitarian emergencies in Bosnia and Rwanda, have made this evident by creating new relationships among medicine, public health, ethics, and human rights. Each domain has seeped into the other, making allies of public health and human rights, pressing the need for an ethics of public health, and revealing the rights-related responsibilities of physicians and other health care workers.

Marmot, M. G., Smith, G. D., Stansfeld, S., Patel, C., North, F., Head, J.,...Feeney, A. (1991). Health inequalities among British civil servants: The Whitehall II study. *The Lancet*, 337(8754), 1387–1397. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/1674771>

The Whitehall study of British civil servants begun in 1967, showed a steep inverse association between social class, as assessed by grade of employment, and mortality from a wide range of diseases. Between 1985 and 1988, the authors investigated the degree and causes of the social gradient in morbidity in a new cohort of 10,314 civil servants. In the 20 years separating the two studies there has been no diminution in social class difference in morbidity: we found an inverse association between employment grade and prevalence of angina, electrocardiogram evidence of ischemia, and symptoms of chronic bronchitis. Self-perceived health status and symptoms were worse in subjects in lower status jobs. There were clear employment-grade differences in health-risk behaviors including smoking, diet, and exercise, in economic circumstances, in possible effects of early-life environment as reflected by height, in social circumstances at work (e.g., monotonous work characterized by low control and low satisfaction), and in social supports. Healthy behaviors should be encouraged across the whole of society; more attention should be paid to the social environments, job design, and the consequences of income inequality.

McClellan, K. A., Avar, D., Simard, J., &Knoppers, B. M. (2013). Personalized medicine and access to health care: Potential for inequitable access? *European Journal of Human Genetics*, 21(2), 143–147. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22781088>

Personalized medicine promises that an individual's genetic information will be increasingly used to prioritize access to health care. Use of genetic information to inform medical decision making, however, raises questions as to whether such use could be inequitable. Using breast cancer genetic risk prediction models as an example, on the surface clinical use of genetic information is consistent with the tools provided by evidence-based medicine, representing a means to equitably distribute limited health-care resources. However, at present, given limitations inherent to the tools themselves, and the mechanisms surrounding their implementation, it becomes clear that reliance on an individual's genetic information as part of medical decision making could serve as a vehicle through which disparities are perpetuated

under public and private health-care delivery models. The potential for inequities arising from using genetic information to determine access to health care has been rarely discussed. Yet, it raises legal and ethical questions distinct from those raised surrounding genetic discrimination in employment or access to private insurance. Given the increasing role personalized medicine is forecast to play in the provision of health care, addressing a broader view of what constitutes genetic discrimination, one that occurs along a continuum and includes inequitable access, will be needed during the implementation of new applications based on individual genetic profiles. Only by anticipating and addressing the potential for inequitable access to health care occurring from using genetic information will we move closer to realizing the goal of personalized medicine: to improve the health of individuals.

Mello, M. M., Francer, J. K., Wilenzick, M., Teden, P., Bierer, B. E., & Barnes, M. (2013). Preparing for responsible sharing of clinical trial data. *New England Journal of Medicine*, 369(17), 1651–1658. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24144394>

Data from clinical trials, including participant-level data, are being shared by sponsors and investigators more widely than ever before. Some sponsors have voluntarily offered data to researchers, some journals now require authors to agree to share the data underlying the studies they publish, the Office of Science and Technology Policy has directed federal agencies to expand public access to data from federally funded projects, and the European Medicines Agency (EMA) and U.S. Food and Drug Administration (FDA) have proposed the expansion of access to data submitted in regulatory applications. Sharing participant-level data may bring exciting benefits for scientific research and public health but may also have unintended consequences. Thus, expanded data sharing must be pursued thoughtfully. We provide a suggested framework for broad sharing of participant-level data from clinical trials and related technical documents. After reviewing current data-sharing initiatives, potential benefits and risks, and legal and regulatory implications, we propose potential governing principles and key features for a system of expanded access to participant-level data and evaluate several governance structures.

Patel, V., & Shekhar S. (2014). Transforming lives, enhancing communities—Innovations in global mental health. *New England Journal of Medicine*, 370(6), 498–501. Retrieved from <http://www.nejm.org/doi/full/10.1056/NEJMp1315214>

This article discusses the global burden of mental illness, the susceptibility of the mentally ill to severe human rights violations, the need for increased access to evidence-based treatment and collaborative care for the mentally ill and policy actions that can be taken to improve treatment and care of people with mental disorders.

Sanggaran, J. P., Haire, B., & Zion, D. (2016). The health care consequences of Australian immigration policies. *PLoS Medicine*, 13(2), e1001960. Retrieved from <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1001960>

In Australia, immigration policy is to incarcerate those seeking asylum in order to deter others from coming. Within this environment, health care providers frequently experience “dual loyalty” conflict, whereby they cannot serve the interests of both their patients and their employers.

The ratification of the Optional Protocol to the Convention Against Torture (OPCAT) would allow for domestic and international monitoring of places of detention, which would serve to ameliorate some of the most problematic aspects of the detention system, including the undemocratic lack of transparency. This would assist in resolving the “dual loyalty” conflict that health care workers must contend with in the current situation.

Sen, A. (2005). Human rights and capabilities. *Journal of Human Development*, 6(2), 151–166. Retrieved from <http://www.tandfonline.com/doi/abs/10.1080/14649880500120491>.

The two concepts — human rights and capabilities — go well with each other, so long as we do not try to subsume either concept entirely within the territory of the other. There are many human rights that can be seen as rights to particular capabilities. However, human rights to important process freedoms cannot be adequately analyzed within the capability framework. Furthermore, both human rights and capabilities have to depend on the process of public reasoning. The methodology of public scrutiny draws on Rawlsian understanding of ‘objectivity’ in ethics, but the impartiality that is needed cannot be confined within the borders of a nation. Public reasoning without territorial confinement is important for both.

Books Competency 8c

Basilico, M., Weigel, J., Motgi, A., Bor, J., & Keshavjee, S. (2013). Health for all? Competing theories and geopolitics. In P. Farmer, A. Kleinman, J. Kim & M. Basilico (Eds.). *Reimagining global health: An introduction* (pp. 74-110). Oakland, CA: University of California Press.

Bringing together the experience, perspective and expertise of Paul Farmer, Jim Yong Kim, and Arthur Kleinman, *Reimagining Global Health* provides an original, compelling introduction to the field of global health. Drawn from a Harvard course developed by their student Matthew Basilico, this work provides an accessible and engaging framework for the study of global health. Insisting on an approach that is historically deep and geographically broad, the authors underline the importance of a transdisciplinary approach, and offer a highly readable distillation of several historical and ethnographic perspectives of contemporary global health problems. The case studies presented throughout *Reimagining Global Health* bring together ethnographic, theoretical, and historical perspectives into a wholly new and exciting investigation of global health. The interdisciplinary approach outlined in this text should prove useful not only in schools of public health, nursing, and medicine, but also in undergraduate and graduate classes in anthropology, sociology, political economy, and history, among others.

Clapham, A. (2015). *Human rights: a very short introduction*. New York, NY: Oxford University Press.

The author discusses the role of human rights in law, philosophy, and politics, to reveal the role played by human rights in the contemporary world. The author also looks at the past, present, and future of human rights, and questions whether they are under threat as they come to be seen by some as obstacles to peace, development and security.

Farmer, P. (2003). *Pathologies of power*. Oakland, CA: University of California Press.

Pathologies of Power uses harrowing stories of life—and death—in extreme situations to interrogate our understanding of human rights. Paul Farmer, a physician and anthropologist with twenty years of experience working in Haiti, Peru, and Russia, argues that promoting the social and economic rights of the world’s poor is the most important human rights struggle of our times. With passionate eyewitness accounts from the prisons of Russia and the beleaguered villages of Haiti and Chiapas, this book links the lived experiences of individual victims to a broader analysis of structural violence. Farmer challenges conventional thinking within human rights circles and exposes the relationships between political and economic injustice, on one hand, and the suffering and illness of the powerless, on the other. (See more about this book on amazon.com)

Greene, J., Basilio, M. T., Kim, H., & Farmer, P. (2013). Colonial medicine and its legacies. In P. Farmer, A. Kleinman, J. Kim & M. Basilio (Eds.). *Reimagining global health: An introduction* (pp. 33-73). Oakland, CA: University of California Press.

Bringing together the experience, perspective and expertise of Paul Farmer, Jim Yong Kim, and Arthur Kleinman, *Reimagining Global Health* provides an original, compelling introduction to the field of global health. Drawn from a Harvard course developed by their student Matthew Basilio, this work provides an accessible and engaging framework for the study of global health. Insisting on an approach that is historically deep and geographically broad, the authors underline the importance of a transdisciplinary approach, and offer a highly readable distillation of several historical and ethnographic perspectives of contemporary global health problems. The case studies presented throughout *Reimagining Global Health* bring together ethnographic, theoretical, and historical perspectives into a wholly new and exciting investigation of global health. The interdisciplinary approach outlined in this text should prove useful not only in schools of public health, nursing, and medicine, but also in undergraduate and graduate classes in anthropology, sociology, political economy, and history, among others.

Grodin, M., Tarantola, D., Annas, G. J., & Gruskin, S. (Eds.). (2013). *Health and human rights in a changing world*. New York, NY: Routledge.

Health and Human Rights in a Changing World is a comprehensive and contemporary collection of readings and original material examining health and human rights from a global perspective. Editors Grodin, Tarantola, Annas, and Gruskin are well-known for their previous two volumes (published by Routledge) on this increasingly important subject to the global community. The editors have contextualized each of the five sections with foundational essays; each reading concludes with discussion topics, questions, and suggested readings. This book also includes Points of View sections—originally written perspectives by important authors in the field. (See more about this book on amazon.com)

Hanna, B., & Kleinman, A. (2013). Unpacking global health: Theory and critique. In P. Farmer, Kleinman, J. Kim & M. Basilio (Eds.). *Reimagining global health: An introduction* (pp. 30-31). Oakland, CA: University of California Press.

Reimagining Global Health provides an original, compelling introduction to the field of global health. Drawn from a Harvard course developed by their student Matthew Basilio, this work provides an accessible and engaging framework for the study of global health. Insisting on an approach that is historically deep and geographically broad, the authors underline the

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Ife, J. (2008). *Human rights and social work: Towards rights-based practice*. New York, NY: Cambridge University Press.

Human rights ideals are at the pinnacle of contemporary social work practice and international political discourse. Yet in recent years, with the heightened threat of terrorism, we have begun to witness an erosion of many traditional civil liberties. Set against this backdrop, the revised edition of *Human Rights and Social Work* moves beyond the limitations of conventional legal frameworks. With customary clarity and ease of style, Jim Ife challenges the notion of the 'three generations of human rights', teasing out the conceptual problems of this approach and demonstrating how the three generations actually overlap at an intrinsic level. Essential reading for scholars, students and practitioners alike, this book shows how an implicit understanding of human rights principles can provide a foundation for practice that is central to social work, community development and the broader human services.

Sen, A. (2001). *Development as freedom*. Oxford, England: Oxford University Press.

In *Development as Freedom* Amartya Sen quotes the eighteenth century poet William Cowper on freedom. Sen explains how in a world of unprecedented increase in overall opulence, millions of people living in rich and poor countries are still unfree. Even if they are not technically slaves, they are denied elementary freedom and remain imprisoned in one way or another by economic poverty, social deprivation, political tyranny or cultural authoritarianism. The main purpose of development is to spread freedom and its 'thousand charms' to the unfree citizens. Freedom, Sen persuasively argues, is at once the ultimate goal of social and economic arrangements and the most efficient means of realizing general welfare. Social institutions like markets, political parties, legislatures, the judiciary, and the media contribute to development by enhancing individual freedom and are in turn sustained by social values. Values, institutions, development, and freedom are all closely interrelated, and Sen links them together in an elegant analytical framework. By asking "What is the relation between our collective economic wealth and our individual ability to live as we would like?" and by incorporating individual freedom as a social commitment into his analysis, Sen allows economics once again, as it did in the time of Adam Smith, to address the social basis of individual well-being and freedom.

Videos Competency 8c

Chomsky, N. (1994, May 9). *Universal declaration of human rights* [Video file]. Retrieved from <https://www.youtube.com/watch?v=l2HsXFekFAM> A talk by Noam Chomsky on the universal declaration of human rights at the second annual social action lecture series given at the Unitarian Universalist Church of Marblehead.

JojiFukunaga, C. (2015). *Beasts of no nation*. USA: Bleecker Street Media and Netflix. Retrieved from <http://www.imdb.com/title/tt1365050/>

A drama based on the experiences of Agu, a child soldier fighting in the civil war of an unnamed African country.

London School of Economics and Political Science (LSE). (2010, December 17). *Human rights in the 21st Century* [Video file]. Retrieved from https://www.youtube.com/watch?v=_AS34drNiOo

Leading thinker Professor Noam Chomsky considers the state and future of human rights. Noam Chomsky is professor of linguistics at MIT.

Story of Human Rights [Video file]. (2009). Retrieved from <https://www.youtube.com/watch?v=oh3BbLk5UIQ>

This is a short educational video explaining the history and meaning of human rights.

United Nations. (2013, April 30). *The 30 articles of the universal declaration of human rights* [Video file]. Retrieved from <https://www.youtube.com/watch?v=hyVJHpiHO8I>

Study Questions for Basic Operational Level Competency 8c

1. Discuss the differences you understand between healthcare ethics and human rights.
2. What do you understand by the “dyadic doctor-patient” relationship and how might this relationship come into conflict with human rights issues?
3. Discuss the concept of “dual loyalty” and the conflict this may raise for healthcare workers employed by governments or powerful organizations.
4. Discuss Article 25 of the UDHR and how it currently pertains to the US and other high income countries? How universally applied are the suggestions in this article? What factors hinder its implementation in high and low-middle income countries.
5. Discuss the impact of colonialism on human rights using the article in this link as a possible example: http://www.nytimes.com/2016/02/16/opinion/the-landmark-trial-of-hissene-habre.html?emc=eta1&_r=0

Websites Competency 8d

CITI Program, a Division of BRANY. (2016). *Human Subjects Research (HSR)*. Retrieved from <https://www.citiprogram.org/index.cfm?pageID=88>

Online modules purchased by many institutions to provide training for conduct of ethical human subjects research

International Compilation of Human Research Standards. (N. D.) Retrieved from:
<https://www.hhs.gov/ohrp/international/compilation-human-research-standards/index.html>

List of relevant laws, regulatory organizations, and guidelines for different types of human research in 130 countries (as well as international standards)

NIH Office of Extramural Research (2014). Protecting Human Research Participants. Retrieved from
<https://phrp.nihtraining.com/#/>

Seven-module online course by the US National Institutes of Health in human subjects research, includes knowledge assessments.

San José State University Office of Research. (2016). IRB Video Tutorials. Retrieved from
<http://www.sjsu.edu/research/irb/irb-video-tutorials/>

Video and powerpoint tutorials describing the general framework of the IRB process (30min) and preparing an IRB protocol (60min).

Videos Competency 8d

Are Human Rights Really Universal? The Documentary by Helena Kennedy, courtesy of the BBC. Retrieved from <http://www.bbc.co.uk/programmes/p03s6svh>

A documentary exploring and comparing the many and longstanding global origins of the concept of “universal human rights.”

Articles, Chapters, and Reports Competency 8d

Bhagwati, P. N. & Dias, C. J. (2012), The Judiciary in India: A hunger and thirst for justice, 5 NUJS Law. Review, 171.

Calzo, J. P., Bogart, L. M., Francis, E. , Kornetsky, S. Z., Winkler, S. J. & Kaberry, J. (2016). Engaging Institutional Review Boards in developing a brief, community-responsive human subjects training for community partners. *Progress in Community Health Partnerships: Research, Education, and Action* 10(3), 471-477.

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Easterly, W. (2009). Human Rights are the wrong basis for healthcare, *Financial Times*, Oct. 12, 2009.

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- Hunt, P, A E, Yamin, W., & Bustreo, D. (2015). Editorial: Making the case: What is the evidence of impact of applying human rights-based approaches to health? *Health and Human Rights Journal* 17(2), 1-9.
- Jones, C. T., Jester, P. M., Harrison, L. (2006). *Clinical Research in Low Resource Countries*. *Research Practitioner*, 7(6), 188-199.
- Kaur, J. (2012). The role of litigation in ensuring women's reproductive rights: an analysis of the Shanti Devi judgment in India. *Reproductive Health Matters*, 30, 21-30.
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- Norheim, O. F. & Wilson, B. (2014). *Health & Human Rights Journal*, 16(2), E47-E61. Retrieved from <http://www.hhrjournal.org/2014/10/02/health-rights-litigation-and-access-to-medicines-priority-classification-of-successful-cases-from-costa-ricas-constitutional-chamber-of-the-supreme-court/>
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Books Competency 8d

- Gloppen, S. (2011). Litigating health rights: Framing the analysis, in A. Yamin & S. Gloppen (Eds.). *Litigating health rights: Can courts bring more justice to health*. Pp. 17-39. Boston: Harvard University Press.

Syrett, K. (2007). Law, legitimacy and the rationing of healthcare. Cambridge: Cambridge Law. (Chapters 2, 3 and 5).

Yamin, A E. (2016). Power, suffering and the struggle for dignity: Human rights frameworks for health and why they matter. Philadelphia: University of Pennsylvania Press

Court Cases Competency 8d

Judgment T-760, Corte Constitucional [C.C.] [Constitutional Court], July 31, 2008, Sentencia T-760/08 (Colom.). Summary available at <https://www.escri-net.org/docs/i/985449>

Study Questions for Basic Operational Level Competency 8d

1. Compare and contrast health frameworks in countries where health can be litigated as a human right vs. countries where health is not legally a human right.
2. Multiple Choice Questions are present in each of the 4 IRB modules available through the NIH Office of Extramural Research website listed above.

Websites Competency 8e

Citizen Physicians. (N.D.) Retrieved from <http://www.citizenphysicians.org/>

Start-up medical student organization with emphasis on local civic engagement

Physicians for Human Rights. (N. D.) Retrieved from <http://physiciansforhumanrights.org/>

Physician organization engaged in investigating, documenting, and lobbying against human rights abuses in various conflict settings around the world

Physicians for Social Responsibility. (N.D.) Retrieved from <http://www.psr.org>

Physician organization with a long history of advocacy especially in the area of denuclearization and environment

Articles and Reports Competency 8e

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- Thorsteinsdottir, H., Ovtcharenko, N., & Kohler, J. C. (2017). Corporate social responsibility to improve access to medicines: the case of Brazil. *Global Health*, 13(1), 10. doi:10.1186/s12992-017-0235-7

Zandvoort, H. (2008). Preparing engineers for social responsibility. *European Journal of Engineering Education*, 33, 133-140 (2008).

Books Competency 8e

Donohoe, M. T. (2012). *Public health and social justice*. San Francisco: Jossey-Bass.

Grandón, K. L. R., & Reinoso, L. A. A. (2016). Social Responsibility of Healthcare Organizations and the Role of the Nurse. In J. M. Saiz- Álvarez (ed.), *Handbook of Research on Social Entrepreneurship and Solidarity Economics*, (pp. 453-474). Hershey, PA: IGI Global.

Hopkins, M. (2016). *The planetary bargain: Corporate social responsibility comes of age*. New York: Springer.

Videos Competency 8e

Bassett, Mary. (2015). Why your doctor should care about social justice. TedTalk.
https://www.ted.com/talks/mary_bassett_why_your_doctor_should_care_about_social_justice

Physician speaking with regards to the role of social justice advocacy and its place in public health.

Porter, Michael. (2013). The case for letting business solve social problems. TedTalk.
https://www.ted.com/talks/michael_porter_why_business_can_be_good_at_solving_social_problems

Business professor arguing for business' potential to provide scalable solutions to social issues.

Study Questions for Global Citizen Level Competency 8e

1. What does it mean to be a socially responsible global citizen? (Essay Response)
2. What are immediate avenues for your involvement in social justice and public health? (Individual Reflection/ Group Discussion)
3. What is corporate social responsibility? How should it be enforced on a local, national, and international level? (Short-Answer/ Essay Response)

Study Questions for Basic Operational Level Competency 8e

1. When one community experiences a health crisis, such as was experienced in Monrovia, Liberia, with the Ebola virus outbreak, what responsibility do other communities have to respond to the crisis? (Essay Response)
2. How can various discipline-specific social responsibility groups work together to achieve better health outcomes for their communities? (Essay Response)

Websites Competency 8f

Global Health Workforce Alliance. (n.d.) Retrieved from <http://www.who.int/workforcealliance/en/>

World Health Organization. (n.d.). Health workforce: Managing health workforce migration. Retrieved from <http://www.who.int/hrh/migration/code/practice/en/>

World Health Organization. (n.d.). Health workforce: Migration of health workforce. Retrieved from http://www.who.int/hrh/migration/migration_book/en/

Articles and Reports Competency 8f

Aluttis, C., Bishaw, T., & Frank, M. W. (2014). The workforce for health in a globalized context global shortages and international migration. *Global Health Action*, 7. Retrieved From <http://www.globalhealthaction.net/index.php/gha/article/view/23611>

Barnett, T., Namasivayam, P., & Narudin, D. (2010). A critical review of the nursing shortage in Malaysia. *International Nursing Review*, 57,(1), 32–39. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20487472>

Bradby, H. (2014). International medical migration: A critical conceptual review of the global movements of doctors and nurses. *Health*, 18(6), 580–596. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24677336>

Brugha, R., & Crowe, S. (2015). Relevance and effectiveness of the WHO global code practice on the international recruitment of health personnel--Ethical and systems perspectives. *International Journal of Health Policy and Management*, 4(6), 333–336. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26029891>

Buchan, J., O'May, F., & Dussault, G. (2013). Nursing workforce policy and the economic crisis: A global overview. *Journal of Nursing Scholarship*, 45(3), 298–307. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/23656542>

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Books Competency 8f

Crisp, N. (2010). *Turning the world upside down: The search for global health in the 21st century*. London: Royal Society of Medicine Press.

Videos Competency 8f

Buchan, J. (2011, August 9). An 'ethical' approach to health workforce sustainability: desirable? achievable? [Video file]. Retrieved from <https://www.youtube.com/watch?v=j4LfT0vAaqs>

Global Health Workforce Alliance [Video files]. (n.d.). Retrieved from <https://www.youtube.com/user/ghwavideos/videos>

Study Questions for Basic Operational Level Competency 8f

1. Compare the indicators of numbers of health workers per 10000 population in two countries. Discuss these indicators in light of the World Health Organization recommendations for minimal health workforce requirements, and discuss the factors that may account for the differences noted between the two countries.
 2. Analyze the guidelines proposed by the World Health Organization and the International Council of Nurses for the ethical recruitment of health care workers.
 3. What are factors that contribute to the shortage of physicians and nurses in many low resource countries?
 4. What are evidence-based and low cost strategies that might be used in a low-resource country to retain health workers and prevent external migration?
 5. What were the recommendations from the Third Global Forum on Human Resources for Health held in Brazil in 2013? Discuss the progress to date on achieving these recommendations.
-

DOMAIN 9

Program Management

Program management is ability to design, implement, and evaluate global health programs to maximize contributions to effective policy, enhanced practice, and improved and sustainable health outcomes.

Only Basic Operational Program-Oriented Level.

Competencies

9a Plan, implement, and evaluate an evidence-based program.

9b Apply project management techniques throughout program planning, implementation and evaluation.

9 Program Management

Competency 9a

Plan, implement, and evaluate an evidence-based program.

Competency 9b

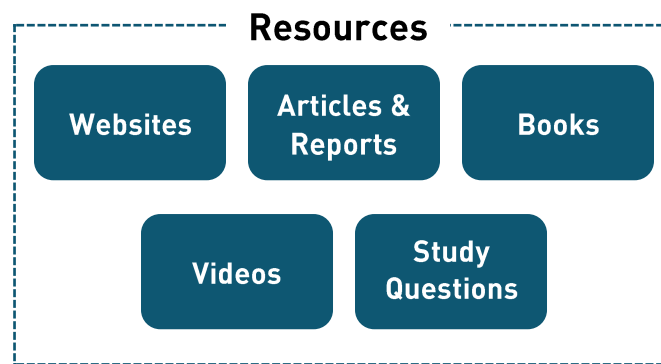
Apply project management techniques throughout program planning, implementation and evaluation.

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Kathleen de Leon (kathleen.deleon@ucsf.edu)

Teaching Strategies

Presenting initial background on this topic could be done with a combination of articles, assigned reading, videos, blogs, websites, lecture and/or in-class activities to present examples of the steps for planning, implementing, and evaluating global health programs. Interactive learning activities could include simulation with students playing roles of stakeholders involved in program, group presentations of strategies to plan, implement, and evaluate an evidence-based project to address a global health problem, or group work on case studies. Clinical experiences may be able to be arranged to work with a team on developing, implementing, and planning an existing project. Another potential valuable teaching strategy could be assigning a global health issue at the beginning of the course and link each course assignment to that project. For example, assigning a small group of students the issue of tuberculosis in a certain population and then throughout the course have the group complete activities to research, discuss, and propose an approach for planning, implementation and evaluation of a program that addresses their assigned issue. This requires students to differentiate the techniques of a general project from global health project management, which is quite specific and more complex since it requires consideration of program goals from a wide range of stakeholders. The resources below provide information about global health project management as well as resources with examples of global health initiative design/implementation/evaluation. More examples of global health programs/projects can be found in competency 1b and various others.



Websites Competency 9

Bill and Melinda Gates Foundation. (n.d.). Integrated delivery: Strategy overview. Retrieved from <http://www.gatesfoundation.org/What-We-Do/Global-Development/Integrated-Delivery>

This resource gives a justification and description the integrated strategy utilized by the Bill and Melinda Gates Foundation. Brief descriptions of their focus areas of products, services, systems and people are also included.

Centers for Disease Control and Prevention. (2016). Improving Public Health Management for Action (IMPACT). Retrieved from <https://www.cdc.gov/globalhealth/healthprotection/impact/impact-learning-model.html>

This resource gives an overview of the Improving Public Health Management for Action (IMPACT) model for the program management fellowship training program.

Global Health eLearning Center. (n.d.). Monitoring and evaluation. Retrieved from <https://www.globalhealthlearning.org/program/monitoring-and-evaluation>

This resource offers a variety of free courses about “collecting, storing, analyzing and finally transforming data into strategic information so it can be used to make informed decisions for program management and improvement, policy formulation, and advocacy.” You are required to set-up a free account in order to access the courses.

International Consortium for Health Outcomes Measurement. (n.d.). Retrieved from <http://www.ichom.org/measure/>

This resource discusses the journey of finding outcome measurements for a global health program by explaining the process’ stages. A video example and links to further information is also available.

International Initiative for Impact Evaluation. (n.d.). Retrieved from <http://www.3ieimpact.org/en/publications/>

This resource works to “provide guidance and support to produce, synthesize and quality assure evidence of what works, for whom, how, why and at what cost.” Several publications are available about evaluating impact of global health programs to then use that data to inform decisions, programs and policies.

Unite for Sight Global Health University (n.d.) Asset Based Community Development. Retrieved from <http://www.uniteforsight.org/community-development/abcd/>

This free online course gives and reviews examples of the Asset Based Community Development (ABCD) model.

Unite for Sight Global Health University (n.d.) Certificate in Effective Program Development. Retrieved from <http://www.uniteforsight.org/effective-program-development/certificate>

“The Certificate in Effective Program Development provides a comprehensive understanding about program development, outcomes, and evidence-based program design. Participants learn about effective strategies for program development, metrics, and impact.” A majority of the certificate course content is free and open source.

Unite for Sight Global Health University (n.d.) Global Health Metrics. Retrieved from <http://www.uniteforsight.org/global-health-university/global-health-metrics>

This resource concisely discusses the importance and challenge of utilizing global health metrics to inform decisions, programs and policies.

Unite for Sight Global Health University (n.d.) Certificate in Public Health Management. Retrieved from <http://www.uniteforsight.org/public-health-management/>

The Certificate in Public Health Management provides a comprehensive understanding about public health management, partnerships, and measuring results. Participants learn about community-level challenges in global health delivery, and the course material also explores how to use data in public health delivery.” A majority of the certificate course content is free and open source.

Unite for Sight. (n.d). Evaluation of global health programs online course. Retrieved from <http://www.uniteforsight.org/evaluation-course/>

“This online course discusses the process of evaluating interventions to prevent the implementation of programs that are not making an impact, or are having adverse effects.”

World Health Organization. (n.d.). Health statistics and information systems: Country monitoring and evaluation guidance. Retrieved from http://www.who.int/healthinfo/country_monitoring_evaluation/en/

This resource highlights the need for and challenges in monitoring, evaluating and utilizing country health information to inform programs and policies. Links are available on the website to more in-depth information.

Article and Reports Competency 9

Amdam, R. (2010). Empowerment planning in regional development. *European Planning Studies*, 18(11), 1805–1819. Retrieved from https://www.researchgate.net/publication/233436562_Empowerment_Planning_in_Regional_Developments

“This article is a theoretical discussion of a planning model that we have called empowerment planning. In this discussion, we regard empowerment in regional development as a combination of top-down and bottom-up processes with the variables context, mobilization, organization, implementation and learning. Planning is regarded as a combination of instrumental and communicative rationalities in an institution-building process based on Habermas' will-forming process with different discourses. We present how a planning approach with institutional, strategic, tactical and operative levels of planning can stimulate different development variables, contribute to the institution-building process and strengthen the legitimacy of the planning institution.”

Biesma, R. G., Brugha, R., Harmer, A., Walsh, A., Spicer, N., & Walt, G. (2009). The effects of global health initiatives on country health systems: A review of the evidence from HIV/AIDS control. *Health Policy and Planning*, 24(4), 239–252. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19491291>

“This paper reviews country-level evidence about the impact of global health initiatives (GHIs), which have had profound effects on recipient country health systems in middle and low income countries...Positive effects have included a rapid scale-up in HIV/AIDS service delivery, greater stakeholder participation, and channeling of funds to non-governmental stakeholders, mainly NGOs and faith-based bodies. Negative effects include distortion of recipient countries' national policies, notably through distracting governments from coordinated efforts to strengthen health systems and re-verticalization of planning, management and monitoring and evaluation systems.”

Centers for Disease Control and Prevention (2009). Writing SMART Objectives. Retrieved from <https://www.cdc.gov/healthyyouth/evaluation/pdf/brief3b.pdf>

“This brief includes an overview of objectives, how to write SMART objectives, a SMART objectives checklist, and examples of SMART objectives.”

Fleming, M. L., Parker, E., Higgins, H., & Gould, T. (2006). A framework for evaluating health promotion programs. *Health Promotion Journal of Australia*, 17(1), 61–66. Retrieved from <http://eprints.qut.edu.au/9440/1/9440.pdf>

“The focus of this paper is on the essential elements of the evaluation of health promotion programs. It provides a methodical framework for the provision of evaluation guidance to health promotion practitioners and discusses the importance of including evaluation when planning any health promotion intervention.”

Hailemariam, M., Fekadu, A., Selamu, M., Alem, A., Medhin, G., Giorgis, T, Breuer, E. (2015). Developing a mental health care plan in a low resource setting: the theory of change approach. *BMC Health Services Research*, 15(429), 1–11. Retrieved from <http://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-015-1097-4>

“Theory of Change (ToC), a method employed in the planning, implementation and evaluation of complex community initiatives, is an innovative approach that has the potential to assist in the development of a comprehensive mental health care plan, which can inform the delivery of integrated care. We used the ToC approach to develop a MHCP in a rural district in Ethiopia.

The work was part of a cross-country study, the Program for Improving Mental Health Care (PRIME) which focuses on developing evidence on the integration of mental health in to primary care.”

Lobo, R., Petrich, M., & Burns, S. K. (2014). Supporting health promotion practitioners to undertake evaluation for program development. *BMC Public Health*, 14(1315). Retrieved from <http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-14-1315>

“In this article, we have outlined organizational, capacity, and translational factors that currently limit the extent of program evaluation undertaken by health promotion practitioners. We propose that multiple strategies are needed to address the evaluation challenges faced by health promotion practitioners and that there is a shared responsibility of a range of stakeholders for building evaluation capacity in the health promotion workforce. We conclude that adequate evaluation resources are available to practitioners; what is lacking is support to apply this evaluation knowledge to practice.”

McCoy, D., Chand, S., & Sridhar, D. (2009). Global health funding: How much, where it comes from and where it goes. *Healthy Policy and Planning*, 24(6), 406–417. Retrieved from <http://heapol.oxfordjournals.org/content/24/6/407.abstract>

“This paper describes the state of global health finance, taking into account government and private sources of finance, and raises and discusses a number of policy issues related to global health governance. A schematic describing the different actors and three global health finance functions is used to organize the data presented, most of which are secondary data from the published literature and annual reports of relevant actors...Among the findings are that the volume of official development assistance for health is frequently inflated; and that data on private sources of global health finance are inadequate but indicate a large and important role of private actors. The fragmented, complicated, messy and inadequately tracked state of global health finance requires immediate attention. In particular it is necessary to track and monitor global health finance that is channeled by and through private sources, and to critically examine who benefits from the rise in global health spending.”

Ruffeis, D., Loiskandl, W., Awulachew, S. B., & Boelee, E. (2010). Evaluation of the environmental policy and impact assessment process in Ethiopia. *Impact Assessment and Project Appraisal*, 28(1), 29–40. Retrieved from <https://cgspace.cgiar.org/handle/10568/40542>

“This paper reviews the Ethiopian Environmental Policy with focus on the institutional set-up and implemented Environmental Impact Assessment (EIA) procedures.”

Serowoky, M. L., George, N., & Yarandi, H. (2015). Using the program logic model to evaluate ¡Cuídate!: A sexual health program for Latino adolescents in a school-based health center. *Worldviews on Evidence-Based Nursing*, 12(5), 297–305. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26422189>

“The ¡Cuídate! program logic model was used as the systematic approach to plan, implement, and evaluate a sustainable model of sexual health group programming in a U.S. high school with a large Latino student population.”

Toffolon-Weiss, M. M., Bertrand, J. T., & Terrell, S. S. (1999). The results framework: An innovative tool for program planning and evaluation. *Evaluation Review*, 23(3), 336–359. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/10538787>

“This article constitutes a case study of the development and implementation of the ‘results framework,’ a planning and evaluation tool that is rapidly becoming a standard requirement for United States Agency for International Development (USAID) projects...The results-framework process, which spans the life of the project, provides an opportunity for program staff, donors, partners, and evaluators to work as a team to collect and use rich, longitudinal data for project planning, implementation, and evaluation purposes.”

United Nations. (2015). *Transforming our world: The 2030 agenda for sustainable development*. 4-14, 28-36 New York, NY: Sustainable Development, United Nations. Retrieved from [https://sustainabledevelopment.un.org/content/documents/21252030 Agenda for Sustainable Development web.pdf](https://sustainabledevelopment.un.org/content/documents/21252030%20Agenda%20for%20Sustainable%20Development%20web.pdf)

This report presents the overall agenda for global development 2015-2030 as determined by the United Nations. The selected pages give insight into the development and implementation of the seventeen goals for sustainable development.

U.S. Department of Health and Human Services, & Centers for Disease Control and Prevention. (2011). *Introduction to program evaluation for public health programs: A self-study guide*. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/eval/guide/CDCEvalManual.pdf>

Van Ongevalle, J., Huysse, H., & Van Petegem, P. (2014). Dealing with complexity through actor-focused planning, monitoring and Evaluation (PME). *Evaluation*, 20(4), 447–466. Retrieved from <http://evi.sagepub.com/content/20/4/447.abstract>

“Drawing from recent literature, the article presents an analytic framework to assess the effectiveness of a PME approach in dealing with complex social change. This framework is then used to explore how actor-focused Planning, Monitoring, and Evaluation approaches can help international development programs to manage complex processes of social change by stimulating processes of real-time results-based learning.”

Weiss, D., Lillefjell, M., & Magnus, E. (2016). Facilitators for the development and implementation of health promoting policy and programs - a scoping review at the local community level. *BMC Public Health*, 16(140), 1–15. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/26869177>

This literature review “primarily focused on discussing factors that facilitate the development of health promoting policy and the implementation of health promotion programs. Most significant facilitators included: collaborative decision-making, agreement of objectives and goals, local planning and action, effective leadership, building and maintaining trust, availability of resources, a dynamic approach, a realistic time-frame, and trained and knowledgeable staff. Within each of these important facilitating factors, various elements supporting implementation were discussed and highlighted in this study.”

W. K. Kellogg Foundation (1998) Logic Model Introduction Retrieved from https://www.esu.edu/about/administration/provost/ospr/documents/pdf/Introduction_Logic_Models.pdf

This three page chapter concisely “defines logic models and explains their usefulness to program stakeholders. You will learn the relevance of this state-of-the-art tool to program planning, evaluation, and improvement.”

Books Competency 9

Issel, J. M. (2014). Health program planning and evaluation (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

This full-length text “presents practical tools and concepts in language suitable for both the practicing and novice health program planner and evaluator.” No online free option available.

Mackay, K., Krause, P., & Lopez-Acevedo, G. (Eds.). (2012). Building better policies: The nuts and bolts of monitoring and evaluation systems. Washington, DC: The World Bank. Retrieved from <http://documents.worldbank.org/curated/en/680771468183894133/pdf/681660PUB0EPI004019020120Box367902B.pdf>

“The focus of this book is on these government monitoring and evaluation (M&E) systems: what they comprise, how they are built and managed, and how they can be used to improve government performance.”

Rootman, I., Goodstadt, M., Hyndman, B., McQueen, D. V., Potvin, L., Springett, J., & Ziglio, A. (Eds.). (2001). Evaluation in health promotion programs: Principles and perspectives (Europe Series, No. 92). Copenhagen, Denmark: World Health Organization. Retrieved from http://www.euro.who.int/__data/assets/pdf_file/0007/108934/E73455.pdf

“This book is divided into five parts addressing particular topics. Each contains chapters that identify key issues in relation to the topic, discuss the theory and best practice of evaluation and suggest guidelines for policy-makers and practitioners. The book is aimed at researchers, students, practitioners, policy-makers and others who want an in-depth understanding of the current issues in evaluating health promotion initiatives.”

Wholey, J. S., Hatry, H. P., & Newcome, K. E. (2010). Handbook of practical program evaluation, (3rd ed.). San Francisco, CA: Jossey Bass. Retrieved from <http://www.blancopeck.net/HandbookProgramEvaluation.pdf>

This full length text is covers content in four parts; Evaluation Planning and Design, Practical Data Collection Procedures, Data Analysis and Use of Evaluation.

Videos Competency 9

Capacity for Health. (2011, October 4). Developing an evaluation plan [Video file]. Retrieved from https://www.youtube.com/watch?v=7ca_sY-BrR0

“This [one hour] webinar, hosted by Capacity for Health at APIAHF, provides participants with the opportunity to learn the importance of developing a comprehensive Evaluation Plan, as well as to learn to identify the key elements to include in an Evaluation Plan.”

Capacity for Health. (2012). Logic models for evaluation planning [Video file]. Retrieved from <https://www.youtube.com/watch?v=Np1SuN3Wuj0>

“This [one hour] recorded webinar provides a review of how to develop and use Logic Models with an emphasis on using Logic Models to plan for program evaluation. The webinar describes the relationship between goals and objectives and Logic Models as well as providing examples from real programs.”

Catholic Relief Services and American Red Cross. (2013). Monitoring and evaluation for projects/programs. Retrieved from <https://vimeo.com/45266312>

“This [20 minute] presentation provide concise guidance to develop and implement an M&E system for project planning, implementation, and evaluation. The webinar covers the key components of a M&E system that trace a logical train of thought from the project’s theory of change to the specific objectives needed for these changes, methods for measuring change, and protocols for collecting and analyzing data and information.”

Iannotti, L. (n.d.). Global health: program planning, implementation, and evaluation (Video file). Retrieved from <https://brownschool.wustl.edu/resources/ProfessionalDevelopment/Video/Pages/Global-Health.aspx>

“In this [17-minute] talk, Dr. Lora Ionnatti discusses the cycle of program planning, implementation, and evaluation (PIE), leveraging examples and lessons learned from international nutritional supplement programs.”

Lehman, K. (2013, November 5). Social work 240: Developing an outcome evaluation plan (Video file). Retrieved from <https://www.youtube.com/watch?v=kkGkwIByCaQ>

“This [15 minute] lecture is focused on providing an example of how to create an outcome evaluation plan and linking outcome evaluation concepts to research methods concepts.”

World Bank. (2013, May 24). Health systems create healthy futures: Meet Maya [Video file]. Retrieved from <http://www.worldbank.org/en/topic/health/brief/meet-maya-health-systems-create-healthy-futures>

This brief animated video shows the complexity of the health systems and illustrates the importance of strong health systems and integration of stakeholders for quality healthcare delivery.

Study Questions for Basic Operational Level Competency 9

1. What are the key principles to consider when planning a community-based or global health program?
2. Propose one SMART objective for evaluating a global health program.
3. In your own words, describe a model for planning and assessing the outcomes of a community-based program.
4. Present the specific steps involved in program planning, implementation and evaluation for a Case Study-based global health issue.
5. Who needs to be involved at the various stages?
6. What organizations will you look to for help in each stage?
7. How do you involve all stakeholders?
8. How would you engage the community in the program planning, implementation and evaluation?
9. In what ways can the development of global programs help and hurt existing national health systems?

DOMAIN 10

Sociocultural and Political Awareness

Sociocultural and political awareness is the conceptual basis with which to work effectively within diverse cultural settings and across local, regional, national, and international political landscapes.

**Global Citizen Level and Basic
Operational Program-Oriented
Level**

Competencies

10a Describe the roles and relationships of the major entities influencing global health and development.

10

Sociocultural and Political Awareness

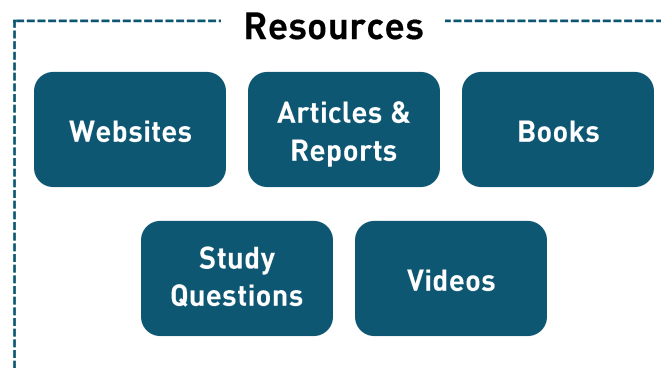
Competency 10a

Describe the roles and relationships of the major entities influencing global health and development

2nd Edition: Andres Valenciano (avalenciano@cisgcr.org)
1st Edition: Tamara McKinnon (tamara.mckinnon@sjsu.edu) and Kathleen de Leon (kathleen.deleon@ucsf.edu)

Teaching Strategies

This topic is interesting since there is considerable information available on the specifics of global health programs, but very little written about the relationships between these entities. For that reason, teaching strategies may include extensive research into various governmental, non-governmental, and private global health programs. Students are given opportunities to explore ways in which the roles and goals of agencies overlap. Test questions, group work and case studies centering on exploration of roles related to specific global health issues provide valuable learning opportunities for students. Students are further challenged to provide recommendations on ways in which global programs might enhance communication and collaboration (i.e.: technology...).



Websites Competency 10a

- CARE, International. (n.d.). About: Our mission. Retrieved from <http://www.care.org/about/index.asp>
- Centers for Disease Control and Prevention. (n.d.). CDC's role in global health security. Retrieved from <http://www.cdc.gov/globalhealth/security/cdcrole.htm>
- Gavi, the Vaccine Alliance. (n.d.) Retrieved from <http://www.gavi.org/about/mission/>
- Global Fund to Fight AIDS, Tuberculosis and Malaria. (n.d.) Retrieved from <https://www.theglobalfund.org/en/>
- International Federation of Red Cross and Red Crescent Societies. (n.d.). Retrieved from <http://www.ifrc.org/en/>
- Oxford Poverty and Human Development Initiative. (n.d.) Retrieved from <https://ophi.org.uk/>
- Pan American Health Organization. (n.d.). Retrieved from <http://www.paho.org>
- United States Department of State. (n.d.). Bureau of international information programs. Retrieved from <https://www.state.gov/r/iip/>
- World Bank. (n.d.) Health Home. Retrieved from <http://www.worldbank.org/en/topic/health>
- World Health Organization. (n.d.). About WHO: The role of WHO in public health. Retrieved from <http://www.who.int/about/role/en/>

Article and Reports Competency 10a

- Centers for Disease Control and Prevention. (2014). CDC global health strategy. Retrieved from http://www.cdc.gov/globalhealth/strategy/pdf/cgh_strategy_overview.pdf
- Frenk, J., Gomez-Dantes, O., & Moon, S. (2014). From sovereignty to solidarity: A renewed concept of global health for an era of complex interdependence. *The Lancet*, 383(9911), 94–97. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24388312>
- Frenk J.1, Moon S. (2013). Governance challenges in global health. *N Engl J Med* 2013; 368:936- 942. DOI: 10.1056/NEJMra1109339
- Fidler, David P. (2010) The Challenges of Global Health Governance. Council on Foreign Relations, 24 May 2010. <https://www.cfr.org/report/challenges-global-health-governance>
- Gostin, L.O., & Mok, E.A. (2009). Grand challenges in global health governance, *British Medical Bulletin*, Volume 90, Issue 1, 1 June 2009, Pages 7–18, <https://doi.org/10.1093/bmb/ldp014>

- McCoy, D., Chand, S., & Sridhar, D. (2009). Global health funding: How much, where it comes from and where it goes. *Health Policy and Planning*, 24, 407–417. Retrieved from <https://academic.oup.com/heapol/article/24/6/407/912832>
- Moon, Suerie et al. (2015). Will Ebola change the game? Ten essential reforms before the next pandemic. The report of the Harvard-LSHTM Independent Panel on the Global Response to Ebola *The Lancet*, Volume 386 , Issue 10009 , 2204 – 2221
- Moss, K., & Kaiser Family Foundation. (2014). NGO engagement in U.S. global health efforts: U.S.-based NGOs receiving USG support through USAID (Pub. 8674). Menlo Park, CA: Kaiser Family Foundation. Retrieved from <http://files.kff.org/attachment/report-ngo-engagement-in-u-s-global-health-efforts>
- Szlezák, N. A., Bloom, B. R., Jamison, D. T., Keusch, G. T., Michaud, C. M., Moon, S., & Clark, W. C. (2010). The global health system: Actors, norms, and expectation in transition. *PLoS Medicine*, 7(1). Retrieved from <http://journals.plos.org/plosmedicine/article?id=10.1371/journal.pmed.1000183>
- United Nations. (2015). Transforming our world: The 2030 agenda for sustainable development (A/RES/70/1). New York, NY: Sustainable Development, United Nations. Retrieved from <https://sustainabledevelopment.un.org/post2015/transformingourworld>

Books Competency 10a

- Carter, J., & Slack, M. (2009). Public health at the local, state, national and global levels. In *Pharmacy in public health: Basics and beyond* (pp.45–68). Bethesda, MD: American Society Bethesda, MD: American Society of Health-System Pharmacists. Retrieved from <http://www.ashp.org/doclibrary/bookstore/p1725/p1725samplechapter.aspx>
- Zacher, M., Keefe, Tania J. (2008) *The Politics of Global Health Governance: United by Contagion* Palgrave Macmillan US

Videos Competency 10a

- Boyd, D. (n.d.). Who are the key actors in global health, part 1 [Lecture 29]. Retrieved from <https://www.coursera.org/learn/global-health/lecture/LACqY/who-are-the-key-actors-in-global-health-part-1>
- Boyd, D. (n.d.). Who are the key actors in global health, part 2 [Lecture 30]. Retrieved from <https://www.coursera.org/learn/global-health/lecture/xei0z/who-are-the-key-actors-in-global-health-part-2>

Study Questions for Basic Operational Level Competency 10a

1. Locate the websites for, and research, the following major entities influencing global health and development (listed below by acronym). Describe the focus areas and relationship between these organizations.
 - a. World Bank
 - b. WHO
 - c. UN
 - d. UNAIDS
 - e. CDC
 - f. UNICEF
 - g. Global Fund
 - h. Gates Foundation
2. Pick two of these entities and describe how they work together to promote 2015-2030 Sustainable Development Goals (SDGs).
3. Describe various sources of funding for global programs. Include the following:
 - a. Governmental
 - b. Private foundation
 - c. NGO (non-governmental organizations)
4. Describe the role of non-governmental organizations in global health. How does their involvement affect and/or complicate global health development and sustainability?
5. Describe how health and poverty measurements, both on national and international levels, shape the agenda of major entities working in global health.

DOMAIN 11

Strategic Analysis

Strategic analysis is the ability to use systems thinking to analyze a diverse range of complex and interrelated factors shaping health trends to formulate programs at the local, national, and international levels.

Only Basic Operational Program-Oriented Level.1

Competencies

11a Identify how demographic and other major factors can influence patterns of morbidity, mortality, and disability in a defined population.

11b Conduct a community health needs assessment.

11c Conduct a situational analysis across a range of cultural, economic, and health contexts.

11d Design context specific-health interventions based upon situation analysis.

11

Strategic Analysis

Competency 11a

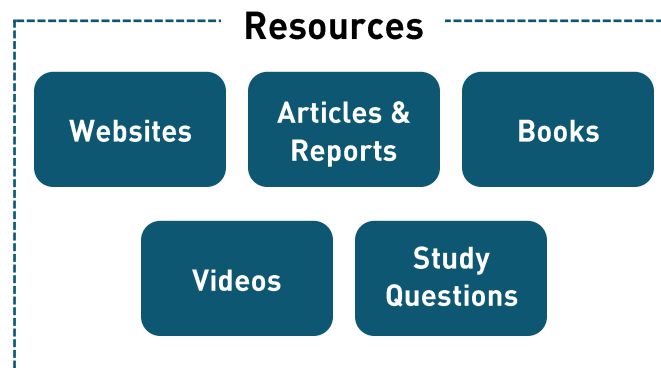
Identify how demographic and other major factors can influence patterns of morbidity, mortality, and disability in a defined population (Basic Operations Level Only)

2nd Edition: Barbara Astle (Barbara.astle@twu.ca)

1st Edition: Tom Hall and Jill Raufman (Jill.Raufman@einstein.yu.edu)

Teaching Strategies

To achieve this objective, trainees will need to do some hands-on work. Preparatory reading should include material that emphasize includes: 1) information about goals and content of a needs assessment; 2) the steps necessary to execute what is involved in a needs assessment, and 3) an example(s) of a needs assessment report. With the readings completed, trainees can then either develop a protocol for conducting a needs assessment in a designated or trainee-selected community or, if time permits, and a higher level of competency attainment is sought, they could participate in conducting carry out the basics of an assessment. The amount of study time required for this competency could range from a minimum of about 10 hours to at least one week if an actual assessment is to be completed. During a longer competency exercise, other global health-relevant competencies could also be acquired.



Competency 11b

Conduct a community health needs assessment

2nd Edition: Barbara Astle (Barbara.astle@twu.ca)

1st Edition: Tom Hall and Jill Raufman (Jill.Raufman@einstein.yu.edu)

Teaching Strategies

To attain this objective, trainees will need to do some hands-on work. Preparatory reading should include material that includes: 1) information about what is involved in a needs assessment, and 2) an example(s) of a needs assessment report. With the readings completed, trainees can then either develop a protocol for conducting a needs assessment in a designated or trainee-selected community or, if time permits and a higher level of competency attainment is sought, they could carry out the basics of an assessment. The amount of study time required for this competency could range from a minimum of about 10 hours to at least a week if an actual assessment is to be completed. During a longer competency exercise, other global health-relevant competency could also likely be acquired.

Resources

Websites

Articles &
Reports

Books

Study
Questions

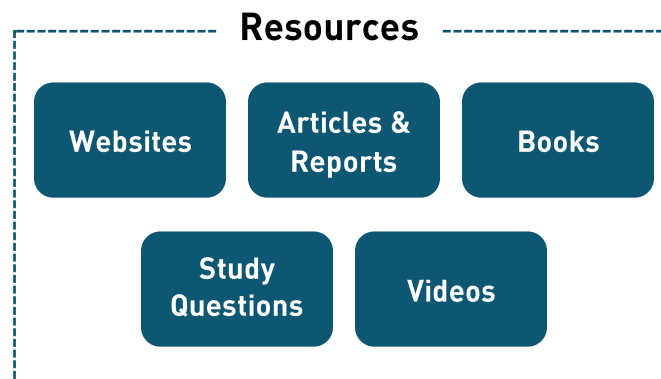
Competency 11c

Conduct a situational analysis across a range of cultural, economic, and health contexts

1st and 2nd Edition: Virginia W. Adams (adamsv@uncw.edu)

Teaching Strategies

Initial background on this topic will likely require some immersion in business literature about strategic planning including SWOT and PEST analyses, along with basic knowledge about global health. Immersion in a culture different from a self-identified culture is critical to a comprehensive understanding of global health issues. Guest presentations from people of different cultures, group projects, assigned readings and videos are key learning strategies. Practicum experiences with agencies involved in global health issues, assist with context.



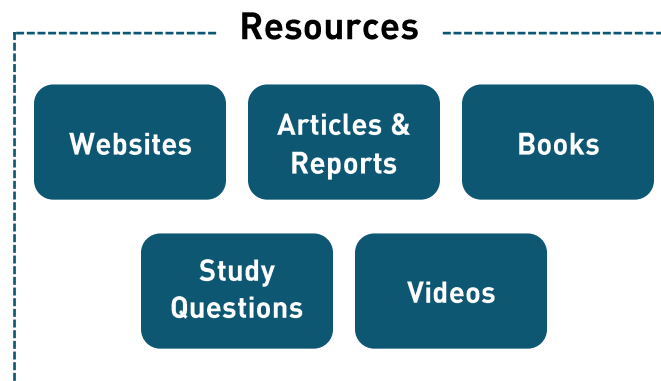
Competency 11d

Design context specific-health interventions based upon situation analysis.

1st & 2nd Editions: Virginia W. Adams (adamsv@uncw.edu)

Teaching Strategies

Initial background on this topic will likely require some immersion in the business literature about strategic planning. Students could benefit from required reading, with supplemental assignments of videos and websites, along with case studies in-class regarding situational analysis of health in various countries. Presentations from students - comparing the outcomes of situation analysis in different countries would provide insights. Implementing a situation analysis on a local level regarding health care of different populations would provide clinical practice.



Websites Competency 11a

Institute for Health Metrics and Evaluation. (n.d.). About IHME. Retrieved from <http://www.healthdata.org/about>

IHME is an independent population health research center at the University of Washington of Medicine. This Institute provides comparable and indepth measurement of the world's most key health problems and evaluates various strategies to address them. This information freely accessible for policymakers which then provides them with the evidence required to make informed decisions re allocation of resources to improve population health.

GBD Compare. (n.d.). Retrieved from <http://vizhub.healthdata.org/gbd-compare/>

This is a virtual website in which one can insert information, for example, location, year, age etcetera to get a visual of the Global Burden of Disease (GBD) for a country.

World Health Organization. (n.d.). Health impact assessment. Retrieved from <http://www.who.int/hia/en/>

The Health Impact Assessment (HIA) is a way of assessing the health impacts of projects plans and policies in diverse economic sectors using qualitative, quantitative, and participatory techniques,

World Health Organization. (n.d.). Social determinants of health. Retrieved from http://www.who.int/social_determinants/en/

This website provides the numerous valuable (resources and publications) about the SDOH.

World Health Organization. (n.d.). The determinants of health. Retrieved from <http://www.who.int/hia/evidence/doh/en/>

This website provides background about the “determinants of health”: the social and economic environment; the physical environment; and the person’s individual characteristics and behaviours. There is other links to this website that comprehensively explore the evidence that impacts on various populations.

Articles and Reports Competency 11a

Braveman, P., & Gotlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Health Reports*, 129(2), 19-31. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3863696/>

This article provides a broad overview of how the knowledge collected to this date have stressed the importance of social and more specifically, socioeconomic factors that shape health, and biological mechanisms and probable pathways that may explain their effects. In

addition, the authors discuss the challenge for advancing this knowledge and how to overcome this.

Books Competency 11a

Skolnik, R. (2016). *Global health 101* (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

Videos Competency 11a

Adelman, L., Smith, L., Herbes-Sommers, C., Strain, T. H., MacLowry, R., Stange, E., Garcia, R. P.,...Public Broadcasting Service (U.S.). (2008). *Unnatural causes: Is Inequality Making Us Sick?* San Francisco, CA: California Newsreel. Retrieved from http://www.unnaturalcauses.org/episode_descriptions.php

While this resource was published a decade ago, the various videos/clips provide useful information to explore with students relative to how social conditions affect population health, and how lives can be extended in certain communities. In addition, there are other resources in this website for example, on health equity that would be helpful in the class room context.

Study Questions for Basic Operational Level Competency 11a

The below questions are from the text, *Global Health 101* 3rd ed. Chapter 2 “Health Determinants, Measurements, and Trends” (p. 53). The questions that reference Disability-Adjusted Life Years (DALYs) and Health-Adjusted Life Expectancy (HALE) would be appropriate only if those concepts had previously been introduced. (Skolnik, 2016, p. 53).

1. What are the main factors that determine your personal health?
2. What are the main factors that would determine the health of a poor person in a poor country?
3. If you could only pick one indicator to describe the health status of a poor country, which indicator would you use and why?
4. Why is it valuable to have composite indicators like DALYs to measure the burden of disease?
5. What is a HALE and how does it differ from just measuring life expectancy at birth?
6. As countries develop economically, what are the most important changes that occur in their burden of disease?
7. Why do these changes occur?
8. In your own country, what population groups have the best health indicators and why?
9. In your country, what population groups have the worst health status and why?
10. How would the population pyramid of Italy differ from that of Nigeria and why?
11. How does the burden of disease differ from one region to another?
12. How will the burden of disease evolve in different regions over the next 20 years?

Websites Competency 11b

Centers for Disease Control and Prevention. (n.d.). CDC Community Health Improvement (CHI) Navigator. Retrieved from <http://www.cdc.gov/chinav/>

This website describes the (CHI Navigator) which is useful for people who participate or lead CHI work within public health agencies, community organizations, and within hospitals and health systems. On this website a variety of expert vetted resources and tools can be found that can be used by community stakeholders.

Community Tool Box. (2018) (n.d.). Chapter 3: Assessing community needs and resources. Retrieved from <http://ctb.ku.edu/en/table-of-contents/assessment/assessing-community-needs-and-resources>.

This website provides a comprehensive list of resources that can be accessed to assist with identifying assessing the concerns, needs, and assets of a community.

Kaiser Permanente. (2013 - 2018). Community health needs assessments. Retrieved from <http://share.kaiserpermanente.org/article/community-health-needs-assessments/>

This website provide a list of Community Health Needs Assessments from places in California in 2016. In addition, there are some other documents about “How Healthy Are Our Communities” and “Community Health Needs Assessments in the Age of the Affordable Care Act” that would be useful to for conducting a community needs assessment.

Article and Reports Competency 11b

Barnett, K. (2012). Best practices for community health needs assessment and implementation strategy development: A review of scientific methods, current practices, and future potential. Oakland, CA: Public Health Institute. Retrieved from <http://www.phi.org/uploads/application/files/dz9vh55o3bb2x56lcrzyel83fwfu3mvu24oqqvn5z6qaeiw2u4.pdf>

This document describes the insights into the methods, science, and current practices in the community health improvement process. These insights were gained from a meeting in Alanta, Georgia at the Emory Conference Center in 2011.

Davis, R., Cook, D., & Cohen, L. (2005). A community resilience approach to reducing ethnic and racial disparities in health. *American Journal of Public Health*, 95(12), 2168–2173. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1449502/>

This article describes a toolkit for health and resilience in vulnerable environments (THRIVE), which is a community assessment tool for assist with communities to strengthen factors that will reduce disparities and improve health outcomes by ethnic and racial minorities.

Finifter, D. H., Jensen, C. J., Wilson, C. E., & Koenig, B. L. (2005). A comprehensive, multitiered, targeted community needs assessment model: Methodology, dissemination, and implementation. *Family and Community Health*, 28(4), 293–306. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16166858>

The article describes methodological best practices for multitiered, comprehensive, targeted community needs assessment and strategies used to implement and disseminate findings.

Books Competency 11b

Gofin, J., & Gofin, R. (2011). *Essentials of global community health*. Sudbury, MA: Jones and Bartlett.

Skolnik, R. (2016). *Global health 101* (3rd ed.). Burlington, MA: Jones & Bartlett Learning.

Soriano, F. I. (2013). *Conducting needs assessments: A multidisciplinary approach* (2nd ed.). Thousand Oaks, CA: Sage Publications.

Study Questions for Basic Operational Level Competency 11b

1. Name and briefly describe the main elements of a Community Health Needs Assessment.
2. What are the key benefits and risks of involving members of the community in the conduct of a Community Health Needs Assessment?
3. What are the key prerequisites for conducting a successful Community Health Needs Assessment?
4. What kinds of quantitative and qualitative data will be most useful in conducting a Community Health Needs Assessment?
5. What is the importance of cultural awareness and humility in a community to conducting an effective Community Health Assessment?
6. What is the relationship between an HIA and a community health assessment?

Websites Competency 11c

Johns Hopkins Center for Communication Programs, Health Communications Capacity Collaborative, Health COMpass (n.d.) How to conduct a situation analysis. Retrieved from www.thehealthcompass.org/how-to-guides/how-conduct-situation-analysis

UNICEF, Children's Rights & Emergency Relief Organization. (2011). Situational analysis. Retrieved from http://www.unicef.org/sitan/index_43340.html

UN Women. (n.d.). Virtual knowledge centre to end violence against women and girl: Situation analysis. Retrieved from <http://www.endvawnow.org/en/articles/212-situation-analysis-.html>

Upstream Water Solutions. (n.d.). Situational analysis example, Haiti. Retrieved from <http://sites.tufts.edu/exglobalhealth05/deliverables/situation-analysis/>

UNHCR (ARC) Action for the rights of children Tool Situation Analysis, <https://www.unhcr.org/3f82da124.pdf>

World Health Organization. (n.d.). National health policies, strategies, and plans: National health Planning toolkit. Retrieved from http://www.who.int/nationalpolicies/resources/resources_tools/en/

Articles and Reports Competency 11c

Agarwal, U. & Muralidhar, S. (2016). A situational analysis of sexual and reproductive health issues in physically challenged people, attending a tertiary care hospital in New Delhi. *Indian Journal of Sexually Transmitted Diseases and AIDS* 37(2), 162-166. Retrieved from <http://www.ijstd.org/text.asp?2016/37/2/162/188481>

A structured, pretested questionnaire was used to assess sexual and reproductive health issues of physically challenged people with 40% physical disability. People were being treated in inpatient and outpatient tertiary care facilities for rehabilitation. Consenting individuals were screened for diagnosis of various STIs, wherever relevant. The analysis revealed extremely low incident of sexual counseling in this population.

Benzaken, A., Sabido, M., Galban, E., Dutra, D. L. R., Leturiondo, A. L., & Mayaud, P. (2012). HIV and sexually transmitted infections at the borderlands: Situational analysis of sexual health in the Brazilian Amazon. *Sexually Transmitted Infections*, 88(4), 294–300. Retrieved from <http://researchonline.lshtm.ac.uk/53810/>

A situational analysis of sexual health was conducted in three cities of the Alto Solimões region. Data collection methods included key informant interviews, participant observations and mapping of places where people meet sexual partners. Volunteers recruited in each city were invited for interview and STI/HIV testing.

Gostin, L. O & Friedman, E. A. (2015). A retrospective and prospective analysis of the west African Ebola virus disease epidemic: robust national health systems at the foundation and an empowered WHO at the apex. *The Lancet* 385(9980), 1902-1909 Retrieved from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(15\)60644-4/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)60644-4/fulltext)

An analysis of the Ebola outbreak in west Africa revealed the incoherence and inequity of the global health system. Another revelation pointed out the transnational risk when epidemics occur in impoverished communities and countries. Affluent countries are not immune to these outbreaks. The focus on a global health framework was emphasized.

Hubl, F., Cvetojevic, S., Hochmair, H., & Paulus, G. (2017) Analyzing refugee migration patterns using geo-tagged tweets. *International Journal of Geo-Information*, 6(10), 302
[dx.doi/10.3390/ijgi6100302](https://doi.org/10.3390/ijgi6100302)

Social media platforms and phone records are potential data sources for studying refugee movement patterns besides more traditional data sources, such as governmental datasets or statistical data from national or international agencies or voluntary aid programs. These authors demonstrate how tweets can be used in analyzing the migration of some refugees from Africa and the Middle East to Europe. Traditional methods from government data sets were also used.

Kakuma, R., Minas, H., van Ginneken, N., Dal Poz, M. R., Desiraju, K., Morris, J. E., Scheffler, R. M. (2011). Human resources for mental health care: current situation and strategies for action. *The Lancet*, 378(9803), 1654–1663. Retrieved from
<https://www.ncbi.nlm.nih.gov/pubmed/22008420>

A review of the state of human resources for mental health, needs, and strategies in low and middle-income countries show an emerging shortfall. Evidence supports primary health care settings using community resources such as non-specialist health professionals contribute to effective strategies in addressing the shortage.

Nair, M., Yoshida, S., Lambrechts, T., Boschi-Pinto, C., Bose, K., Mason, E. M., & Mathai, M. (2014). Facilitators and barriers to quality of care in maternal, newborn and child health: A global situational analysis through meta-review. *BMJ Open*, 4(5). Retrieved from
<https://www.ncbi.nlm.nih.gov/pubmed/24852300>

The authors used six goals to measure Quality of Care in maternal, newborn and child health in global health care systems. They used the following: effective, efficient, accessible, acceptable/patient centered, equitable and safe for the purpose of conducting the literature searches. The results were put into the WHO's health systems framework for improving quality of care. An analysis grid was used to map the common facilitators and barriers across the population groups. The identified facilitators were very clear and could be used to strengthen health care systems worldwide.

Sahin, B. (2016). Social integration of immigrants: A SWOT analysis. *Procedia- Social and Behavioral Sciences*, 235, 110-117. Retrieved from
<https://www.sciencedirect.com/science/article/pii/S1877042816315403>

Using the SWOT (Strengths, Weakness, Opportunities and Threats) model, the author analyzes the social integration of Syrian immigrants in Turkey. Jimenez (2011) identified five sequential dimensions of integration for immigrants: overcoming the language barrier, socioeconomic integration, residential integration, political integration and social integration. Sahin analyzed the last dimension, social integration of the immigrants into Turkey. The results of the analysis are a very strategic guide for immigration policy around the globe.

Shidhaye, R., Raja, A., Shrivastava, S., Murhar, V., Ramaswamy, R. & Patel, V. (2015) Challenges for transformation: A situational analysis of mental health care services in Sehore District, Madhya

Pradesh, *Community Mental Health Journal* 51(8), 903-912.
[https:// dx.doi.org/ 10.1007/s10597-015-9893-1](https://dx.doi.org/10.1007/s10597-015-9893-1)

The authors used a two-part situational analysis to address the inadequacy of mental health services in the Sehore District: document review of Sehore district mental health program followed by a qualitative study. The analysis was prompted by an increase in suicides in young people. A situational analysis tool identified gaps in the document review, which were used to design a qualitative study to further explore the current status of mental health program implementation in Sehore district.

United Nations Economic Commission for Africa (2017). *Situation Analysis: Patterns, levels and trends of African migration*. African Regional Consultative Meeting on the Global Compact on Safe, Orderly and Regular Migration, Retrieved from <https://www.uneca.org/>

The UNECA report dispels many myths about patterns and trends of African migration. It illuminates the prevalent historical and present trends of Africans migrating within the continent.

Books Competency 11c

Clarke, A. E., Friese, C., & Washburn, R. (Eds.). (2015). *Situational analysis in practice: Mapping research with grounded theory*. Walnut Creek, CA: Left Coast Press, Inc. Swayne, L. E., Duncan, W. J., & Ginter, P. M. (2012). *Strategic management of healthcare organizations*. Hoboken, NJ: John Wiley & Sons.

Videos Competency 11c

The African Tobacco Situation Analysis Project (ATSA). Retrieved from <https://www.youtube.com/watch?v=w7VIKqLP4kU>

Study Questions for Basic Operational Level Competency 11c

1. Describe the basic elements included in a situational analysis.
2. Explain the purpose of the situational analysis.
3. Compare and contrast examples of three situational analyses and their outcomes that were used in three different countries.
4. Conduct a situational analysis regarding a local immigrant population and write a report for a local community health care agency.

Websites Competency 11d

Sexual Violence Research Initiative. (2006). How to conduct a situation analysis of health services for survivors of sexual assault. Retrieved from <http://www.svri.org/sites/default/files/attachments/2016-04-13/SituationalAna.pdf>

Articles and Reports Competency 11d

- Benzaken, A., Sabido, M., Galban, E., Dutra, D.L.R., Leturiondo, A., & Mayaud, P. (2012). HIV and sexually transmitted infections at the borderlands: Situational analysis of sexual health in the Brazilian Amazon. *Sexually Transmitted Infections*, 88(4), 294–300. Retrieved from <http://researchonline.lshtm.ac.uk/53810/>
- Bosher, S., & Smalkoski, K. (2002). From needs analysis to curriculum development: Designing a course in health-care communication for immigrant students in the USA. *English for Specific Purposes*, 21(1), 59–79. Retrieved from <https://www.scribd.com/document/101012666/From-Needs-Analysis-to-Curriculum-Development-Health-Care-Communication>
- Forsetlund, L., Bjørndal, A., Rashidian, A., Jamtvedt, G., O'Brien, M. A., Wolf, F., Oxman, A. D. (2009). Continuing education meetings and workshops: Effects on professional practice and health care outcomes. *Cochrane Database of Systematic Reviews*, (2). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/19370580>
- Holm, M. R., Rudis, M., & Wilson, J. W. (2015). Medication Supply Chain Management through Implementation of a Hospital Pharmacy Computerized Inventory Program in Haiti. *Global Health Action*, 8. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/25623613>
- Kakuma, R., Minas, H., van Ginneken, N., Dal Poz, M. R., Desiraju, K., Morris, J. E. & Scheffler, R. M. (2011). Human resources for mental health care: current situation and strategies for action. *The Lancet*, 378(9803), 1654–1663. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/22008420>
- Lopez, A. D., Mathers, C. D., Ezzati, M., Jamison, D. T., & Murray, C. J. (2006). Global and regional burden of disease and risk factors, 2001: Systematic analysis of population health data. *The Lancet*, 367(9524), 1747–1757. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/16731270>
- Mathai, M. (2014). Facilitators and barriers to quality of care in maternal, newborn and child health: A global situational analysis through meta-review. *BMJ Open*, 4. Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/24852300>
- Nair, M., Yoshida, S., Lambrechts, T., Boschi-Pinto, C., Bose, K., Mason, E. M., & Patchell, B., Robbins, L. Lowe, J., & Hoke, M.M. (2015). The effect of a culturally tailored substance abuse prevention intervention with Plains Indian adolescents. *Journal of Cultural Diversity* 22(1), 3-8.

Yevutsey, S.K., Buabeng, K.O., Akins, M., Anto, B.P., Biritwum, R.B., Frimodt-Moller, N., & Gyansa-Lutterodt, M. (2017). Situational analysis of antibiotic use and resistance in Ghana: policy and regulation, *BMC Public Health* 17, 896. <https://doi.org/10.1186/s12889-017-4910-7>

Books Competency 11d

Clarke, A. E., Friese, C., & Washburn, R. (Eds.). (2015). *Situational analysis in practice: Mapping research with grounded theory*. Walnut Creek, CA: Left Coast Press, Inc.

Peabody, J. W., Taguiwalo, M. M., Robalino, D. A., & Frenk, J. (2006). Improving the quality of care in developing countries. In D. T. Jamison, et al (Eds.), *Disease control priorities in developing countries* (2nd ed.),(pp. 1293-1390). New York, NY: Oxford

Swayne, L. E., Duncan, W. J., & Ginter, P. M. (2012). *Strategic management of healthcare organizations*. Hoboken, NJ: John Wiley & Sons.

Videos Competency 11d

Situation Analysis of Children in Uganda in 2015. (2016). Retrieved from <https://www.youtube.com/watch?v=zESkvyOSXbI>

Discussion Questions for Basic Operations Level Competency 11d

1. Examine the outcomes of situational analysis within two countries on different continents.
2. Identify a local immigrant community and outline a situational analysis regarding health needs of the children.
3. Explain how the analysis leads to change in curricula, policy development and community engagement.
4. Develop a report from the situational analysis for local legislatures with policy recommendations.
5. Assess how performing a needs assessment in a low context culture may be different than conducting a needs assessment in a high context culture.



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