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**PUBHLTH 7000– Public Health in Developing Countries**

**Instructor:** Qinghua Sun

**Office location and phone number:** Cunz Hall room 424; Tel: 614-247-1560

**E-mail:** sun.224@osu.eduvia Carmen

**Instructor’s Office Hours:** Office hours are available to meet in person. If students have general questions or comments regarding the course, please communicate directly via Carmen or email to the instructor. In addition, digital office hours may also be available based on the feedback or need from the students.

**Prerequisites**: Open to all graduate and professional students

**Course Delivery**: This course is a 100% online distance learning (DL) course in the College of Public Health. The course is hosted on OSU’s Carmen learning course management system (https://carmen.osu.edu/). There are asynchronously delivered course sessions consisting of topic-specific modules. Within each module there are a series of chapter-based topics. You can access all of the contents in the modules from the day the module open. Dates are listed in your syllabus as well as in your Carmen course. This structure allows you to read materials, watch the lectures and complete discussion board postings and lecture self-checks at your own pace. These can be completed at your own pace but must be done by the time the module closes. No exceptions. In addition to the equivalent instruction time per module, there are also corresponding supplemental readings and other materials for review and self-study. Much of the content for the course will include applied short case scenarios/papers from high impact journals for students to complete and self-assessment.

**Expectations of Students**: This is a completely asynchronous online course (i.e., there are no times at which we all gather in person or virtually). The asynchronous design allows for more flexibility, but it also puts more responsibility on you to effectively manage your time and learning. You should expect to login multiple times per week to the site on Carmen, although most of the work could be done “off-line”. It is recommended to download the teaching materials so that you will be able to review them later. These expectations are further discussed in this syllabus.

**Course Description**

This course is open to all graduate and professional students, serves as a required course for public health students enrolled in the Graduate Interdisciplinary Specialization in Global Health (GISGH), and an elective course for non-public health students in the GISGH. The course is designed to apply core public health principles to global health problems, some using a case-study approach. For each topic, we will conduct an in-depth examination of public health issues and challenges in a region of the developing and emerging world with research papers from high impact, peer reviewed journals to be discussed.

**Learning Objectives**

Upon completion of this course, students will be better prepared to:

1. To understand the challenges and opportunities for measurement of public health in low income regions
2. To illustrate the interrelatedness of the several disciplines with which we consider public health in low income regions (epidemiologic data, interventions, policy, environment)
3. To develop specific skills needed to conceptualize and write a research proposal in public health field study

**Applicable Foundational Knowledge**

3. Explain the role of quantitative and qualitative methods and sciences in describing and assessing a population’s health

5. Discuss the science of primary, secondary and tertiary prevention in population health, including health promotion, screening, etc.

6. Explain the critical importance of evidence in advancing public health knowledge

7. Explain effects of environmental factors on a population’s health

8. Explain biological and genetic factors that affect a population’s health

9. Explain behavioral and psychological factors that affect a population’s health

10. Explain the social, political and economic determinants of health and how they contribute to population health and health inequities

11. Explain how globalization affects global burdens of disease

12. Explain an ecological perspective on the connections among human health, animal health and ecosystem health (eg, One Health)

**Applicable MPH Degree Core Competencies**

1. Apply epidemiological methods to the breadth of settings and situations in public health practice

4. Interpret results of data analysis for public health research, policy or practice

7. Assess population needs, assets and capacities that affect communities’ health

8. Apply awareness of cultural values and practices to the design or implementation of public health policies or programs

11. Select methods to evaluate public health programs

12. Discuss multiple dimensions of the policy-making process, including the roles of ethics and evidence

13. Propose strategies to identify stakeholders and build coalitions and partnerships for influencing public health outcomes

14. Advocate for political, social or economic policies and programs that will improve health in diverse populations

15. Evaluate policies for their impact on public health and health equity

19. Communicate audience-appropriate public health content, both in writing and through oral presentation

20. Describe the importance of cultural competence in communicating public health content

21. Perform effectively on interprofessional teams

**MPH-EHS Specialization Competencies**

1. Explain the significance of the community and workplace environment to public health

2. Outline the health challenges that natural and anthropogenic contaminants in the environment can pose to population health

3. Explain the physiological factors that influence human exposure and the uptake of chemical and biological environmental agents

4. Identify and explain individual (e.g., genetic, physiologic and psychosocial) and community (e.g., social, built, economic, race) susceptibility factors that heighten the risk for populations for adverse health outcomes from environmental hazards

5. Apply various risk assessment, risk management and risk communication approaches for environmental hazards

6. Explain exposure and the underlying mechanisms of toxicity and infectivity resulting from chemical, biological and physical agents

9. Compare the principle components and influencing factors in the exposure continuum from source to disease

**MS-EPH Specialization Competencies**

2. Synthesize literature in student’s area of specialization relative to their thesis topic and its importance for public health

3. Summarize relevant theories and conceptual models that inform their research

6. Communicate in writing and orally a research project’s methods, results, limitations, conclusions and public health relevance

7. Explain individual and community susceptibility and vulnerability factors that heighten the risk for populations for adverse health outcomes from environmental hazards

**PhD-EPH Specialization Competencies**

2. Synthesize and critique existing literature in student’s area of specialization to identify gaps in the evidence base and justify their importance for public health

6. Communicate in writing and orally a research study’s purpose, methods, results, limitations, conclusions and public health relevance to both informed and lay audiences

7. Quantify individual and community susceptibility and vulnerability factors that heighten the risk for populations for adverse health outcomes from environmental hazards

A complete list of College of Public Health Competencies can be found at https://cph.osu.edu/students/competencies

**Reading References:** This course does not require a specific textbook. Assigned supplemental readings, such as journal articles, digital video clips, and applicable website contents/links, are required in most of the modules. The following is regarded as reference (not required to read before the lecture delivery unless specified otherwise) to facilitate the understanding of the lecture notes and will be available (loaded) in Carmen.

1. Global public health: a new era. Edited by Robert Beaglehole. Oxford; New York. Oxford University Press, 2003. OSU Web E-books call # RA425.G56 2003

2. Poverty, inequality and health: an international perspective. Edited by David A. Leon and Gill Walt. Oxford University Press, 2000. OSU Web E-books call # RA410

3. The HIV Pandemic: Local and Global Implications. Edited by Eduard J. Beck, et al. Oxford University Press, 2006. OSU Web E-books call # RA643.8 .H582 2006eb

4. Sick societies: responding to the global challenge of chronic disease. Edited by David Stuckler, Karen Siegel. Oxford University Press, 2011. OSU Web E-books call # RA644.8.D44 S53 2011eb

5. Field studies in developing countries. In Teaching Epidemiology: A guide for teachers in epidemiology, public health and clinical medicine. Oxford University Press, 2015. OSU Web E-books call # RA654

**Course Activities and Assignments**

1. Lecture self-checks

For each topic taught in this course, you will be required to view a pre-recorded lecture summary, slides, or representative scientific papers. To assess your level of understanding of the lecture topics and contents, you will then be required to complete periodic self-checks. Self-checks are multiple choice type.

2. Question/discussion participation

This class will utilize discussion boards to foster critical thinking skills. You must respond to the prompt questions posted by the instructor in the discussion board. Expectations and posting requirements can be found in the Table of Grading Structure. A guide for creating quality discussion posts can be found in Carmen. You are encouraged to post early, but it is understood that this may not always be possible. In addition to posting, you are required to respond substantively to at least one of your classmates’ posts. You are required to post your original reply first before seeing the posts of others. Everyone is expected to follow the discussion throughout the chapter. It is expected that your level of participation may vary.

3. Final exam

It is a research proposal, which will be available during the university assigned final examination time (extended time).

Research proposal: The goal is to promote innovative thinking and encourage high impact research in global public health by practicing “real world” research proposal drafting and discussion. It is required to write a research proposal by choosing one major human disease in the developing regions or countries that has significant public health impact and propose a possible future study design in humans with key components (title, background/introduction, hypothesis, design/methods, expected results, alternative approaches, novelty, public health significance, and references) in minimum 4 pages (single space, font 12; in addition to the references) in Word. The rubric for evaluating this proposal will also be provided. Detailed instructions about it can be found in Carmen.

Our quizzes and exams are open-book and open-notes. You may use any written materials, such as textbooks, printed handouts, homework assignments, or programs. Make-up exams will not be given except in case of a serious emergency for an extended time period since it has already provided some flexibility to the students. If so, you must contact the instructor before the event (or arrange for someone to do so) or as soon as possible. You must show evidence that you are physically unable to participate it, such as a clear and specific doctor's note mentioning the date, exam, and reason. Generally speaking, no make-ups will be granted for personal reasons such as travel, personal hardship, leisure, or to ease test chapter schedules, and no student will be permitted to take an exam beyond the scheduled and already-extended time period. The exceptions may be made at the instructor’s discretion.

Other additional assignments may also be announced.

**Grading Policy**

In order to receive credit for the course, participants are encouraged to complete as much as possible of the course activities with satisfactory responses. ***In order to*** provide students with flexibility to work through content and complete assignments, the course is organized by modules. By giving students a few weeks to complete the work, students can complete assignments as their schedule allows. Because you have the flexibility to work as your schedule allows no make-ups or extensions will be granted for any missed activity. Quality work is expected from all students. Assignments/activities are to be completed and turned in by the due dates as posted in Carmen. All assignment/activity due dates are also visible in the Syllabus section of your Carmen course. Some activities (such as self-checks) will be auto-graded and some activities (such as discussion participation) may be graded periodically or along with the finals.

Table: Grading Structure

|  |  |  |
| --- | --- | --- |
| Activity | Points counted in overall | Note |
| Academic integrity | 1 | Must do within the first week of the semester started (point counted towards final grade). You will not be granted access to the remaining course content until you complete this |
| Lecture self-checks  | 41 |  |
| Question/discussion participation | 28 | 1 point for original posting and 1 point for reply |
| Final research proposal | 30 | Word document |
| Total | 100 |  |

**Grade scale**

Grading is done periodically and final grade will be determined via Carmen based on the overall performance and activity participation.

Below table shows as reference according to OSU Registrar’s office:[***https://registrar.osu.edu/policies/index.asp***](https://registrar.osu.edu/policies/index.asp)***.***

**Attendance:** Your attendance is required and is based, at least in part, on your online activity and participation using Carmen. Student access to posted course modules and contents will be tracked to ensure there is ongoing access, activity, and productivity.

**Time Management**: University rules stipulate that a student can expect to spend a minimum of 6 hours per week on a course for each credit hour, thus for this 3 credit hour course you should expect to devote roughly 18 hours per week. Workload will vary from week to week, with some weeks having more assignments and others having more active learning time. This is intended as a rough guide to help you plan your time accordingly. In a typical week, you can expect your time to be spent as follows:

* 3 hour – viewing lectures
* 2 hour - completing online knowledge self-checks
* 6 hour - completing assigned reading and homework assignments, viewing videos assigned to this course. This also includes preparing for research proposal of final exam
* 6 hours - reviewing materials and interacting on discussion boards

**Carmen**

The lecture notes, additional reading materials, test materials and other notices will be available in Carmen site for the course. You will also use Carmen for other class activities, such as to participate question posting and discussion, quizzes, exams, and submitting case reports. Should you require additional services to use these technologies, please request accommodations with the instructor. HELP DESK call 614-688-HELP at any time if you have a technical problem involving Carmen. Support is available at this number 24/7.

**Office of Student Life: Disability Services**

Any student who feels s/he may need an accommodation based on the impact of a disability should contact me privately to discuss your specific needs. Please contact the Office of Student Life: Disability Services at 614-292-3307 in Room 098 Baker Hall 113 W. 12th Ave. to coordinate reasonable accommodations for students with documented disabilities (<http://slds.osu.edu/>).

**Mental Health Services**

As a student you may experience a range of issues that can cause barriers to learning, such as strained relationships, increased anxiety, alcohol/drug problems, feeling down, difficulty concentrating and/or lack of motivation. These mental health concerns or stressful events may lead to diminished academic performance or reduce a student’s ability to participate in daily activities. The Ohio State University offers services to assist you with addressing these and other concerns you may be experiencing. If you or someone you know are suffering from any of the aforementioned conditions, you can learn more about the broad range of confidential mental health services available on campus via the Office of Student Life’s Counseling and Consultation Service (CCS) by visiting <https://ccs.osu.edu/> or calling 614-292-5766. CCS is located on the 4th Floor of the Younkin Success Center and 10th Floor of Lincoln Tower. You can reach an on-call counselor when CCS is closed at 614-292-5766 and 24 hour emergency help is also available through the 24/7 National Suicide Prevention Hotline at 1- 800--273-TALK or at suicidepreventionlifeline.org.

**Academic integrity**

Academic integrity is essential to maintaining an environment that fosters excellence in teaching, research, and other educational and scholarly activities. Thus, The Ohio State University, the College of Public Health, and the Committee on Academic Misconduct (COAM) expect that all students have read and understood the University’s Code of Student Conduct and the School’s Student Handbook, and that all students will complete all academic and scholarly assignments with fairness and honesty. The Code of Student Conduct and other information on academic integrity and academic misconduct can be found at the COAM web pages (http://oaa.osu.edu/coam/home.html). Students must recognize that failure to follow the rules and guidelines established in the University’s Code of Student Conduct, the Student Handbook, and in the syllabi for their courses may constitute “Academic Misconduct.”

The Ohio State University’s Code of Student Conduct (Section 3335-23-04) defines academic misconduct as: “Any activity that tends to compromise the academic integrity of the University, or subvert the educational process.” Examples of academic misconduct include (but are not limited to) plagiarism, collusion (unauthorized collaboration), copying the work of another student, and possession of unauthorized materials during an examination. Please note that the use of material from the Internet without appropriate acknowledgement and complete citation is plagiarism just as it would be if the source were printed material. Further examples are found in the Student Handbook. Ignorance of the Code of Student Conduct and the Student Handbook is never considered an “excuse” for academic misconduct.

If I suspect a student of academic misconduct in a course, I am obligated by University Rules to report these suspicions to the University’s Committee on Academic Misconduct. If COAM determines that the student has violated the University’s Code of Student Conduct (i.e., committed academic misconduct), the sanctions for the misconduct could include a failing grade in the course and suspension or dismissal from the University. If you have any questions about the above policy or what constitutes academic misconduct in this course, please contact the instructor.

**Course Schedule**

***Module 1:***

Chapter 1: Introduction to global public health. This lecture provides an overview of the global health status and highlights the importance of capturing, with a range of new measures, the health transformations that are taking place in the context of continuing global change.

Paper to read and discuss: Fineberg HV. Pandemic preparedness and response--lessons from the H1N1 influenza of 2009. N Engl J Med. 2014;370:1335-42.

References:

1. Chapter 1: The global context for public health. In Global public health: a new era

2. Chapter 2: Current global health status. In Global public health: a new era

Assignments: Carmen discussion participation and lecture self-check

Chapter 2: Public health in Latin America and the Caribbean. This lecture discusses public health in Latin America and the Caribbean, such as health status, the environmental situation, public policies and health systems, functions of the health systems, and strategic areas of public intervention in health.

Paper to read and discuss: Dare AJ, et al. Geospatial, racial, and educational variation in firearm mortality in the USA, Mexico, Brazil, and Colombia, 1990-2015: a comparative analysis of vital statistics data. Lancet Public Health. 2019;4:e281-e290

References:

1. Chapter 7: Public health in Latin America and the Caribbean. In Global public health: a new era

Assignments: Carmen discussion participation and lecture self-check

Chapter 3: Public health in Africa. This lecture addresses public health issues relevant to sub-Saharan Africa (SSA), such as health status, trends in the development of public health services, and overarching challenges.

Paper to read and discuss: Gething PW, et al. Mapping Plasmodium falciparum Mortality in Africa between 1990 and 2015. N Engl J Med. 2016;375:2435-2445

References:

1. Chapter 8: Public health in Africa. In Global public health: a new era

Assignments: Carmen discussion participation and lecture self-check

Chapter 4: Public health in China and India. This lecture reviews the history of public health and discusses the emerging public health challenges in China and India.

Paper to read and discuss: Zhou M, et al. Mortality, morbidity, and risk factors in China and its provinces, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet. 2019;394:1145-1158

References:

1. Chapter 9: Public health in China. In Global public health: a new era

2. Chapter 10: Public health in India. In Global public health: a new era

Assignments: Carmen discussion participation and lecture self-check

***Module 2:***

Chapter 5: Poverty and inequality in health in developing countries. This lecture discusses the lack of and limited use of data on poor–rich health

inequalities and the health of the poor, especially in developing countries.

Paper to read and discuss: Flores-Quispe MDP, et al. Trends in socioeconomic inequalities in stunting prevalence in Latin America and the Caribbean countries: differences between quintiles and deciles. Int J Equity Health. 2019;18:156

References:

1. Chapter 11: Poverty and inequalities in health within developing countries: filling the information gap. In Poverty, inequality and health: an international perspective

Assignments: Carmen discussion participation and lecture self-check

Chapter 6: Mental health in developing countries. This lecture shows that mental health is a central component of health problems arising out of inequality, and contributes to the perpetration of inequality in developing countries.

Paper to read and discuss: Thienkrua W, et al. Symptoms of posttraumatic stress disorder and depression among children in tsunami-affected areas in southern Thailand. JAMA. 2006;296:549-59.

References:

1. Chapter 12: Poverty, inequality, and mental health in developing countries. In Poverty, inequality and health: an international perspective

2. Harpham T. Urbanization and mental health in developing countries: a research role for social scientists, public health professionals and social psychiatrists. Soc Sci Med. 1994;39:233-45.

Assignments: Carmen discussion participation and lecture self-check

Chapter 7: Children’s health in developing countries. This lecture presents a conceptual model to help understand the variables that play a role in the complex scenario of child neglect in poor communities in developing countries, their social marginalization, and their seclusion from the

health care available to them.

Paper to read and discuss: Pullan RL, et al. Effects, equity, and cost of school-based and community-wide treatment strategies for soil-transmitted helminths in Kenya: a cluster-randomised controlled trial. Lancet. 2019;393:2039-2050

References:

1. Chapter 7: Children’s health in developing countries: issues of coping, child neglect and marginalization. In Poverty, inequality and health: an international perspective

Assignments: Carmen discussion participation and lecture self-check

Chapter 8: HIV pandemic and lessons learned. This lecture introduces HIV pandemic and focuses on UN responses and lessons learned.

Paper to read and discuss: Tran BR, et al. Alcohol use and sexual risk behaviors in the Armed Forces of the Democratic Republic of the Congo. BMC Public Health. 2019;19:1394

References:

1. Chapter 1, 4, 40 and 50 in The HIV Pandemic: Local and Global Implications

Assignments: Carmen discussion participation and lecture self-check

***Module 3:***

Chapter 9: Field studies in developing countries. This lecture ranges from skills to develop research plans, through fieldwork-related activities and data processing, to report writing and dissemination of results to the scientific community, policy makers, and the studied communities.

Paper to read and discuss: Michael Kremer, Conducting field research in developing countries

References:

1. Field studies in developing countries. In Teaching Epidemiology: A guide for teachers in epidemiology, public health and clinical medicine.

Assignments: Carmen discussion participation and lecture self-check

Chapter 10: Sick Societies: global challenge of chronic disease. This lecture introduces leading contemporary killers of chronic diseases from heart disease, common cancers, respiratory disease, and diabetes, and their main behavioral risk factors — tobacco use, unhealthy diet, physical inactivity, and alcohol. A few representative case studies from major developing countries are also discussed.

Paper to read and discuss: GBD 2015 Obesity Collaborators. Health Effects of Overweight and Obesity in 195 Countries over 25 Years. N Engl J Med. 2017;377:13-27

References:

1. Sick societies: responding to the global challenge of chronic disease.

Assignments: Carmen discussion participation and lecture self-check

Chapter 11: Health care system in public health. This lecture considers the role of health care systems in generating poverty and

Inequality, and effective health care reform that seeks to make the social institutions of health care more equitable must draw

from an effective theory of health care system/inequality interaction.

Paper to read and discuss: Mills A. Health care systems in low- and middle-income countries. N Engl J Med. 2014;370:552-7

References:

1. Chapter 9: Do health care systems contribute to inequalities? In Poverty, inequality and health: an international perspective.

Assignments: Carmen discussion participation and lecture self-check

Chapter 12: Economic and social factors in public health. This lecture discusses the close association between economic progress and social factor in public health.

Paper to read and discuss: Elgar FJ, et al. Socioeconomic inequalities in adolescent health 2002-2010: a time-series analysis of 34 countries participating in the Health Behaviour in School-aged Children study. Lancet. 2015;385:2088-95

References:

1. Chapter 8: Accounts of social capital: the mixed health effects of personal communities and voluntary groups. In Poverty, inequality and health: an international perspective.

2. Chapter 17: Economic progress and health. In Poverty, inequality and health: an international perspective.

Assignments: Carmen discussion participation and lecture self-check

***Module 4:***

Chapter 13: Ethical issues in public health. This lecture highlights ethical dimensions of global public health and its practice, and ethical issues in research involving human subjects.

Paper to read and discuss: Gostin LO. Law, ethics, and public health in the vaccination debates: politics of the measles outbreak. JAMA. 2015;313:1099-100

References:

1. Chapter 12: Ethical issues. In Global public health: a new era

Assignments: Carmen discussion participation and lecture self-check

Chapter 14: People matter: Putting the public into public health. This lecture emphasizes that public should drive the public health agenda, as public health practitioners, policymakers, and researchers should be trained to form partnerships with communities in the formulation of public

health priorities, programs, and values.

Paper to read and discuss: Binagwaho A, et al. The human resources for health program in Rwanda--new partnership. N Engl J Med. 2013;369:2054-9

References:

1. Chapter 13: Putting the public into public health: towards a more people-centred approach. In Global public health: a new era

Assignments: Carmen discussion participation and lecture self-check

Final exam: Original research proposal focusing on innovative ideal and possible field study public health research design

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Chapter**  | **Topic** | **Aligned Course****Learning****Objective** | **Aligned Foundational****Knowledge** | **Aligned****Public Health****Core Competencies** | **Aligned EHS Specialization****Competencies** | **Readings/****Other Assignments** | **Student Evaluation****Activity for Assessment** |
| 1 | Introduction to global public health | 1,2 | 4,5,6,7,8,9,10,11,12 | 1,6,7,12,14,15,20 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1. Fineberg HV. Pandemic preparedness and response--lessons from the H1N1 influenza of 2009. N Engl J Med. 2014;370:1335-42. 2. Chapter 1 and 2: The global context for public health; Current global health status. In Global public health: a new era | 1. Carmen discussion 2. Lecture self-check |
| 2 | Public health in Latin America and the Caribbean | 1,2 | 3,4,5,6,7,8,9,10,11,12 | 1,4,6,7,11,12,13,14,15 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1. Dare AJ, et al. Geospatial, racial, and educational variation in firearm mortality in the USA, Mexico, Brazil, and Colombia, 1990-2015: a comparative analysis of vital statistics data. Lancet Public Health. 2019;4:e281-e2902. Chapter 7: Public health in Latin America and the Caribbean. In Global public health: a new era | 1. Carmen discussion 2. Lecture self-check |
| 3 | Public health in Africa | 1,2 | 3,4,5,6,7,8,9,10,11,12 | 1,4,6,7,11,12,13,14,15 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1. Gething PW, et al. Mapping Plasmodium falciparum Mortality in Africa between 1990 and 2015. N Engl J Med. 2016;375:2435-24452. Chapter 8: Public health in Africa. In Global public health: a new era | 1. Carmen discussion 2. Lecture self-check |
| 4 | Public health in China and India | 1,2 | 3,4,5,6,7,8,9,10,11,12 | 1,4,6,7,11,12,13,14,15 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1 Zhou M, et al. Mortality, morbidity, and risk factors in China and its provinces, 1990-2017: a systematic analysis for the Global Burden of Disease Study 2017. Lancet. 2019;394:1145-11582. Chapter 9 and 10: Public health in China and Public health in India. In Global public health: a new era | 1. Carmen discussion 2. Lecture self-check |
| 5 | Poverty and inequality in developing countries | 1,2 | 3,4,5,6,7,8,9,10,11,12 | 1,4,6,7,11,12,13,14,15 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1. Flores-Quispe MDP, et al. Trends in socioeconomic inequalities in stunting prevalence in Latin America and the Caribbean countries: differences between quintiles and deciles. Int J Equity Health. 2019;18:1562. Chapter 4: Common threads: underlying components of inequalities in mortality between and within countries. In Poverty, inequality and health: an international perspective | 1. Carmen discussion2. Lecture self-check |
| 6 | Mental health in developing countries | 1,2 | 3,4,5,6,7,8,9,10,11,12 | 1,4,6,7,11,12,13,14,15 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1. Thienkrua W, et al. Symptoms of posttraumatic stress disorder and depression among children in tsunami-affected areas in southern Thailand. JAMA. 2006;296:549-59.2. Chapter 12: Poverty, inequality, and mental health in developing countries. In Poverty, inequality and health: an international perspective3. Harpham T. Urbanization and mental health in developing countries: a research role for social scientists, public health professionals and social psychiatrists. Soc Sci Med. 1994;39:233-45. | 1. Carmen discussion2. Lecture self-check |
| 7 | Children’s health in developing countries | 1,2 | 3,4,5,6,7,8,9,10,11,12 | 1,4,6,7,11,12,13,14,15 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1. Pullan RL, et al. Effects, equity, and cost of school-based and community-wide treatment strategies for soil-transmitted helminths in Kenya: a cluster-randomised controlled trial. Lancet. 2019;393:2039-20502. Chapter 7: Children’s health in developing countries: issues of coping, child neglect and marginalization. In Poverty, inequality and health: an international perspective | 1. Carmen discussion2. Lecture self-check |
| 8 | HIV pandemic and lessons learned | 1,2 | 3,4,5,6,7,8,9,10,11,12 | 1,4,6,7,11,12,13,14,15 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1. Tran BR, et al. Alcohol use and sexual risk behaviors in the Armed Forces of the Democratic Republic of the Congo. BMC Public Health. 2019;19:13942. Chapter 1, 4, 40 and 50 in The HIV Pandemic: Local and Global Implications | 1. Carmen discussion2. Lecture self-check |
| 9 | Field studies in developing countries | 1,2,3 | 4,5,6,7,8,9,10,11,12 | 1,6,7,11,12,13,14,15 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1. Michael Kremer, Conducting field research in developing countries2. Field studies in developing countries. In Teaching Epidemiology: A guide for teachers in epidemiology, public health and clinical medicine | 1. Carmen discussion 2. Lecture self-check |
| 10 | Sick Societies: global challenge of chronic disease | 1,2 | 4,5,6,7,8,9,10,11,12 | 1,6,7,11,12,13,14,15 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1.GBD 2015 Obesity Collaborators. Health Effects of Overweight and Obesity in 195 Countries over 25 Years. N Engl J Med. 2017;377:13-272. Sick societies: responding to the global challenge of chronic disease. | 1. Carmen discussion2. Lecture self-check |
| 11 | Health care system in public health | 1,2 | 3,4,5,6,7,8,9,10,11,12 | 1,4,6,7,11,12,13,14,15 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1.Mills A. Health care systems in low- and middle-income countries. N Engl J Med. 2014;370:552-72. Chapter 9: Do health care systems contribute to inequalities? In Poverty, inequality and health: an international perspective. | 1. Carmen discussion2. Lecture self-check |
| 12 | Economic and social factors in public health | 1,2 | 3,4,5,6,7,8,9,10,11,12 | 1,4,6,7,11,12,13,14,15,19,20,21 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1.Elgar FJ, et al. Socioeconomic inequalities in adolescent health 2002-2010: a time-series analysis of 34 countries participating in the Health Behaviour in School-aged Children study. Lancet. 2015;385:2088-952. Chapter 8: Accounts of social capital: the mixed health effects of personal communities and voluntary groups. In Poverty, inequality and health: an international perspective. 3. Chapter 17: Economic progress and health. In Poverty, inequality and health: an international perspective. | 1. Carmen discussion2. Lecture self-check |
| 13 | Ethical issues in public health | 1,2 | 3,4,5,6,7,8,9,10,11,12 | 1,4,6,7,11,12,13,14,15,19,20,21 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1.Gostin LO. Law, ethics, and public health in the vaccination debates: politics of the measles outbreak. JAMA. 2015;313:1099-1002. Chapter 12: Ethical issues. In Global public health: a new era | 1. Carmen discussion2. Lecture self-check |
| 14 | People matter: Putting the public into public health | 1,2 | 3,4,5,6,7,8,9,10,11,12 | 1,4,6,7,11,12,13,14,15,19,20,21 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | 1.Binagwaho A, et al. The human resources for health program in Rwanda--new partnership. N Engl J Med. 2013;369:2054-92. Chapter 13: Putting the public into public health: towards a more people-centred approach. In Global public health: a new era | 1. Carmen discussion2. Lecture self-check |
| 15 | Final exam | 1,2,3 | 3,4,5,6,7,8,9,10,11,12 | 4,6,7,12,13,14,,15,19,20 | MPH: 1,2,3,4,5,6,9MS: 2,3,6,7PhD: 2,6,7 | No | Research proposal |