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NYU ACCRA

UGPH-GU 9040

Health Policy in a Global World

Instructor Information

- Roger A. Atinga, Ph.D.
- Room GBL 1, Department of Public Administration and Health Services Management, University of Ghana Business School, College of Humanities, University of Ghana, Legon, Ghana
- Office Hours [Thursdays and Fridays: 10am – 3pm]

Course Information

- Course: UGPH-GU 9040/Health Policy in a Global World
- Lecture hours: Tuesdays: 12:05-3:00pm
- Venue: Room 1, NYU Accra Campus

Course description

The purpose of this course is to introduce students to the dynamics of health policy in the global context and the set of factors or mechanisms shaping the design and implementation of health policies globally. The course will draw on examples within and across countries and regions to explain issues around power, politics and policy interaction; the private sector and health policy; policy agenda setting; actors in global health policy and governance; migration, global health security and policy responses; health systems organization and service supply; the political economy of health reforms and how globalization presents both opportunities and risks to global health policy. As global health policy is an emerging field that is constantly changing, viewed from multiple perspectives by academics, policy actors and practitioners, for example, and lacking universally agreed structure, this course will draw on tools and synthesis from public policy, public health policy, political science, economics and emerging global discourses. The overarching aim of this course is to enable students understand the fundamental ideas and discourses in the global health policy arena and how that is shaped by the power of governments and global actors. The course specific objectives are to:

- describe the role of the state, private sector and civil society in health policies development and implementation globally.

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- discuss how and why the health policy process is nonlinear as various actor power is used to shape and get an issue onto government agenda however non-essential the issue may be.
- describe the functions of global health actors and their power to shape governance of health policies especially in developing countries.
- demonstrate how health systems differ in financing and organization and the effect on health service delivery.
- explain the changing pattern of the donor landscape and its effect on health systems financing and delivery in developing countries.
- explain how globalization shape global health policy and security.

Course Overview and Goals

At the end of this course, students will be able to:

- describe public policy and the framework of health policy analysis.
- discuss the pathways in which political systems influence policies and how public policy decisions affect health care and outcomes.
- discuss the role of power in the health policy process.
- demonstrate an understanding of policy agenda setting and how and why some issues get onto the policy agenda while others do not.
- explain the factors underlying the narrowing donor landscape in Ghana and the implications of that on financing and delivery of health services.
- describe the impact of globalization on migration, global health security and cross border epidemiology.
- describe how social, economic, and political factors shape health financing and payment systems, access to and use of health services as well as service supply.
- describe the impact of globalization on global health security and cross border epidemiology.

Course Requirements

At the end of taking this course, you will be evaluated and graded accordingly. The evaluation will take into account the following:

In class exercises/activities

The class requires active participation of each student. I have therefore reserved 10% of your final grade to be rewarded in recognition of your efforts and contributions in class discussions, exercises and activities designed to be completed during lecture periods, your enthusiasm to take questions as well as attendance.

Take home assignments

You will be given at least four (4) take home assignments. You will soon see that the assignments involve applications of what is learned in class. Mandatory dates for submissions of the assignments are indicated in the weekly lecture schedules section. Please take note of the dates

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and comply accordingly, as there will be no opportunity to submit your work at a later date. Unless otherwise specified, **take home assignments should not exceed five (5) pages in length (excluding title page and references), and formatted as follows: Times New Roman, Font size 12 and 1.5 spacing.**

Mid-term exam

It is a requirement of NYU that each student take a mid-term exam as part of the final grading. For this course, the mid-term exam will take the form of providing theoretical and practice analysis of a particular health policy issue. Accordingly, you will be required to respond to a take home question to be provided by the Professor.

Final exam

The end of term exam will take the form of presenting a research paper. You must select a global/health policy issue of your choice and situate it to a particular country and population. Final papers drawing on global perspectives or two or more countries are strongly encouraged. Some examples of topics for the final paper include “The role of civil society in bridging the gap between health policy development and implementation in Africa or low- and- middle-income countries”; “the coronavirus outbreak and its implication for global health security”; “healthcare in conflict-ridden countries – from access, use and rights perspectives”. These topics are only a guide to aid you frame your own. Your analysis should seek to draw on appropriate health policy literature for effective conceptualization, debates and discussion of thematic areas.

A bibliography of least 10 sources must accompany the paper. A one (1) and half (1/2) page concept note with a brief background, specific aims, methodology as well as the preliminary bibliography of the sources you plan to use is due by **April 21**. Your concept note should be structured as follows:

- Background/introduction
- Statement of problem/justification
- Objectives
- Methodology

The final paper should not exceed 10 pages, excluding references, cover page and abstract. Required formatting include the following:

- Font: Times New Roman
- Font size: 12
- Spacing: 1.5 spacing

Pages must be numbered, cover page should include student’s name, number, and date. Papers are due via print and electronic email on **May 19 at 5pm**. Late papers will not be accepted, unless this has been discussed with me or the Assistant Director of Academic Affairs prior to due date.

Important: your grade for the final paper will depend on how relevant the topic is to practice, and how informative or how well articulate the content is, and capable of drawing health policy makers’ attention to the issue being discussed. In addition, content clarity and organization, and orderly presentation of thoughts will be considered in awarding grades. The final paper should be structured as follows:

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- Background
- Problem statement/justification
- Objectives
- Methodology
- Findings (each objective should be a sub-title under the findings)
- Discussion
- Conclusion
- Recommendations for global health policy

Assessment expectations

You are expected to take active participation in class discussions and submit short take home assignments numbering about four (4), mid-term exam paper and final examination paper. All these add up to the final grading. In addition, class exercises and debates, group work and presentations and field reports should be taken seriously.

Grading of Assignments

The final grading for the course will be based on these components:

Assignments/Activities	% of Final Grade	Due
Four take home assignments	40	
Mid-term paper	10	March 17
Class participation in exercises/activities	5	
Attendance	5	
Final paper	40	May 19

Grading

The New York University grading criteria shall apply in this course as follows:

A	94- 100	Excellent
A-	90-93	Very Good
B+	87-89	Good

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B	84-86	Above Average
B-	80-83	Average
C+	77-79	Pass
C	74-76	Pass
C-	70-73	Pass
D	65-69	Concessionary Pass
F	Below 65	Fail

Grades interpretation

Grade	Explanation of Grade
A	Clear evidence of understanding, plus the ability to apply knowledge and reflect on the student's own learning
B	Evidence of understanding and the ability to apply course content, but lacking reflectivity.
C	Evidence of good understanding, but lacking evidence of reflectivity and the ability to apply course content.
D	Evidence of understanding in a minimally acceptable way, and lacking reflectivity and the ability to apply course content.

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F	Plagiarized, did not participate satisfactorily, did not hand in work, lack of understanding
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Course Schedule

Week Date]	Topic	Reading	Assignment due
Week 1 [4-Feb-20]	Public Policy and the Health Policy environment	Kent Buse, Nicholas Mays & Gill Walt (2012) Making Health Policy. Understanding Public Health. Open University Press, McGraw-Hill Education (Read Chapter 1)	Assignment 1: Health policies are decisions of the affluent few. Discuss. Expectations: you are expected to draw on relevant literature and analyze how health policies are shaped by the wealthy be they individuals, groups or organizations in and outside government. Due by February 18
Week 2 [11-Feb-20]	The state, political systems and the private sector in global health policy	Kent Buse, Nicholas Mays & Gill Walt (2012) Making Health Policy. Understanding Public Health. Open University Press, McGraw-Hill Education (Read Chapter 1) Little, W., Vyain, S., Scaramuzzo, G., Cody-Rydzewski, S, Griffiths, H., Strayer, E., Keirns, N. & MCGivern, R. (2014) Introduction to Sociology-1st Canadian Edition. Vancouver: British Columbia Open Textbook project. Read Chapter 14 , pp. 563-567. Available at http://my.uopeople.edu/pluginfile.php/47446/mod_resource/content/1/introduction-to-sociology.pdf	Assignment 2: How does activities of the globalized profit-driven private sector undermine public health policies to tackle the burden of non-communicable diseases in developing countries? Expectation: you are expected to explain what the private sector is and how public health policy efforts by countries to control the spread of non-communicable diseases are shaped by the global private sector corporate activities on a grand scale. You may use public health policy context of one country as a case study. Due by February 25
Week 3 [18-Feb-20]	Guest Lecture	Koduah, A., van Dijk, H and Akua Agyepong, I.A (2016) Technical analysis, contestation and politics in	

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	Power and the policy process	<p>policy agenda setting and implementation: the rise and fall of primary care maternal services from Ghana's capitation policy, <i>BMC Health Services Research</i>, 16:323.</p> <p>Lehmann, Uta and Gilson, Lucy (2013) Actor interfaces and practices of power in a community health worker programme: A South African study of unintended policy outcomes, <i>Health Policy and Planning</i> 28:358–366.</p>	
Week 4 [25-Feb-20]	Policy agenda setting: global perspectives	Kent Buse, Nicholas Mays & Gill Walt (2012) Making Health Policy. Understanding Public Health. Open University Press, McGraw-Hill Education. (Read Chapter 4	Cass activity: Apply Hall and Kingdon models of agenda setting to explain the events that took place in the AUGE Health Reform in Chile
Week 5 [3-Mar-20]	Health systems organization and service supply	Bodenheimer, T. & Grumbach, K. (2012) Understanding health policy: A clinical approach (5 th Ed.). McGraw Hill Medical. New York. (Read Chapter 5: pp. 43-55) . Available at: https://scholar.google.com/scholar?hl=en&as_sdt=0%2C5&q=bodenheimer+understanding+health+policy&og=Bodenheimer%2C+understa .	Class activity: Debate: The dispersed model and the regionalized model, which one will you recommend for health systems undergoing health delivery reforms and why?
Week 6 [10-Mar-20]	<p>Field Trip – Community-Based Health Planning and Service (CHPS)</p> <p>Please note that the date is subject to change.</p>	Atinga, R.A. , Agyepong, I. A. & Esena, R.K. (2018). Ghana's community-based primary health care: Why women and children are 'disadvantaged' by its implementation. <i>Social Science and Medicine</i> , 201, 27-34.	<p>Important: Field report documenting your experiences of the program and lessons learnt from the trip is due three days after the trip.</p> <p>Format: Times New Roman; 1.5 spacing; not more than 4 pages excluding cover page and bibliography.</p>
Week 7 [17-Mar-20]	Mid-term exam		

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Week 8 [24-Mar-20]	Mid-term break		
Week 9 [31-Mar-20]	Actors in global health policy and governance	<p>Hoffman, Steven. J., Cole, Clarke. B. & Pearcey, Mark. (2015). <i>Mapping Global Health Architecture to Inform the Future</i>. London: Chatham House.</p> <p>Szlezák, N. A., Bloom, B. R., Jamison, D. T., <i>et al.</i> (2010), The global health system: actors, norms, and expectations in transition. <i>PLoS Medicine</i>, 7(1), e1000183.</p> <p>Schäferhoff, M., Suzuki, E., Angelides, P. & Hoffman, S. (2015) Rethinking the global health system. The Royal Institute of International Affairs, London</p>	<p>Class activity: To what extent would you say that global health actors limit sovereign implementation of health policies in Africa?</p> <p>Assignment 3: What accounts for the less successful implementation outcomes of donor funded health programs on family planning in developing countries?</p> <p>Expectation: you are expected to identify and explain barriers to the implementation of donor funded family planning programs in developing countries. You may situate your analysis using a case study of one program/policy or buttress your explanation of each barrier with concrete examples of such programs/policy.</p> <p>Due by April 14</p>
Week 10 [7-Apr-20]	Guest Lecture Migration, global health security and policy responses	Merson, M.H., Black, R.E., Mills, A.J. (eds.) (2012). <i>Global Health: Diseases, Programs, Systems, and Policies</i> . USA: Jones & Bartlett Learning	
Week 11 [14-Apr-20]	The political economy of health reforms in low- and	Mills, A. (2014) Health care systems in low-and middle-income countries. <i>New England Journal of Medicine</i> 370(6): 552-557.	Assignment 4: Tax funding versus social health insurance: which is ideal for health financing in low- and middle-income settings?

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	<p>middle-income countries</p>	<p>Naimoli, J. F., Saxena, S., Hatt, L. E., Yarrow, K. M., White, T. M., & Ifafore-Calfee, T. (2017) Health system strengthening: prospects and threats for its sustainability on the global health policy agenda. <i>Health Policy and Planning</i> 33(1): 85-98.</p>	<p>Expectations: You are expected to describe both first and then elaborate on why any one of them is a suitable financing mechanism.</p> <p>Due by April 28</p>
<p>Week 12 [21-Apr-20]</p>	<p>Individual PowerPoint presentations of final paper concept notes</p> <p><i>Hand-in final paper concept notes structured as follows:</i></p> <ul style="list-style-type: none"> ● Introduction/background ● Rationale/Problem statement ● Objectives ● Methodology ● Expected results ● About 10 bibliography of relevant literature <p>Formatting: Times New Roman; 1.5 spacing; 1.5 pages excluding cover page and bibliography.</p>		

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<p>Week 13 [28-Apr-20]</p>	<p>Guest Lecture</p> <p>Donor agencies and institutions: proliferation, exit and sustainability – Lessons from Ghana</p>	<p>Pallas, S. W., Nonvignon, J., Aikins, M., & Ruger, J. P. (2014) Responses to donor proliferation in Ghana's health sector: a qualitative case study. <i>Bulletin of the World Health Organization</i> 93: 11-18.</p>	
<p>Week 14 [5-May-20]</p>	<p>Field trip – National Health Insurance Authority (Please note that the site could change).</p> <p>Please note that the date is subject to change</p>	<p>Important: Field report documenting your experiences of the program and lessons learnt from the trip is due three days after the trip.</p> <p>Format: Times New Roman; 1.5 spacing; not more than pages excluding cover page and bibliography.</p>	
<p>Week 15 [12-May-20]</p>	<p>Globalization and health policy</p>	<p>Kent Buse, Nicholas Mays & Gill Walt (2012) Making Health Policy. Understanding Public Health. Open University Press, McGraw-Hill Education (Read Chapter 8)</p> <p>Huynen, M.M., Martens, P., Hilderink, HB. (2005) The health impacts of globalisation: a conceptual framework. <i>Globalization and Health</i> 1:14</p>	
<p>Week 16 [19-May-20]</p>	<p>Hand-in final paper (must be submitted to the Professor in print and electronic raatinga@ug.edu.gh)</p>		

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Course Materials

Texts not listed here will be available in PDF on NYU Classes (accessible through the “Academics” tab on NYU Home).

Required Textbooks & Materials

As noted earlier, health policy in a global world is an emerging discipline without a universally prescribed textbook. For the purpose of this class, I recommend:

Kent Buse, Nicholas Mays & Gill Walt (2012) Making Health Policy. Understanding Public Health. Open University Press, McGraw-Hill Education.

Supplemental Textbooks & Materials

Stella Z. Theodoulou & Matthew A. Cahn (2012). Public policy: the essential readings (2nd ed): Pearsons

Course Policies

Attendance and Tardiness

- Study abroad at Global Academic Centers is an academically intensive and immersive experience in which students from a wide range of backgrounds exchange ideas in discussion-based seminars. Learning in such an environment depends on the active participation of all students. And since classes typically meet once or twice a week, even a single absence can cause a student to miss a significant portion of a course. To ensure the integrity of this academic experience, class attendance at the centers is mandatory, and unexcused absences will be penalized with a two percent deduction from the student’s final course grade for every week’s worth of classes missed. Students are responsible for making up any work missed due to absence. Repeated absences in a course may result in harsher penalties including failure.
- Unexcused absences affect students’ grades: In classes meeting once a week, a 2% deduction from the student’s final course grade occurs on the occasion of the first unexcused absence.
- Absences are excused only for illness, religious observance, and emergencies.

Illness: For a single absence, students may be required to provide a doctor’s note, at the discretion of the Assistant Directors of Academics. In the case of two consecutive absences, students must provide a doctor’s note. Exams, quizzes, and presentations will not be made up without a doctor’s note.

Religious Observance: Students observing a religious holiday during regularly scheduled class time are entitled to miss class without any penalty to their grade. This is for the holiday

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only and does not include the days of travel that may come before and/or after the holiday. Students must notify their instructor and the Academic Office in writing via email one week in advance before being absent for this purpose. If exams, quizzes, and presentations are scheduled on a holiday a student will observe, the Assistant Directors, in coordination with the instructor, will reschedule them.

Please note: if you are unable to attend class, you are required to email your professors directly and notify them.

Late Assignment

Late submission or work will be accepted only with justifiable reasons of health or family emergency.

Class room etiquette

The use of Blackberrys, phones and iPods in class are forbidden. Laptop use is permissible only for taking notes.

Academic Honesty/Plagiarism

At NYU, a commitment to excellence, fairness, honesty, and respect within and outside the classroom is essential to maintaining the integrity of our community.

Plagiarism: *presenting others' work without adequate acknowledgement of its source, as though it were one's own. Plagiarism is a form of fraud. We all stand on the shoulders of others, and we must give credit to the creators of the works that we incorporate into products that we call our own. Some examples of plagiarism:*

- *a sequence of words incorporated without quotation marks*
- *an unacknowledged passage paraphrased from another's work*
- *the use of ideas, sound recordings, computer data or images created by others as though it were one's own*
- *submitting evaluations of group members' work for an assigned group project which misrepresent the work that was performed by another group member*
- *altering or forging academic documents, including but not limited to admissions materials, academic records, grade reports, add/drop forms, course registration forms, etc.*

For further information, students are encouraged to check www.nyu.edu/about/policies-guidelines-compliance/policies-and-guidelines/academic-integrity-for-students-at-nyu.html

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Instructor Bio

Dr. Roger Atinga holds a BA (Honors) in Political Science, Master of Philosophy in Health Services Administration and PhD in Public Health (Health Policy and Management Option). His research is mainly evidence driven toward improving quality, responsiveness and management practices in health systems and institutions. His research is at the intersection of health policy and management, implementation and quality, drawing data from health providers, users and communities. Dr. Atinga has a wealth of teaching and research experience spanning over half a decade. In addition to being a Lecturer in the University of Ghana, he has taught in the University for Development Studies, Ghana as a visiting Lecturer; New York University, Accra Campus as a Guest Lecturer; and various capacity building programs in the University of Ghana Business School, Tamale Teaching Hospital among others. Dr. Atinga has consulted widely in several health research projects for the Ghana Anti-Corruption Coalition, Ghana Integrity Initiative (a branch of transparency International), National Health Insurance Authority, Ghana, Ghana Coalition of Health NGOs, Global Health Supply Chain – Procurement and Supplies Management (GHSC - PSM) through Chemonics International among others. He has been part of expert invitations for a number of institutions, including the WHO Technical Meetings on Building Resilient System for Health in the Ebola Affected countries (Liberia, Sierra Leone and Guinea), Ghana's Ministry of Health Stakeholder engagement for reviewing the country's primary health care policy and the National Health Insurance Authority Annual Stakeholders engagements among others.

Dr. Atinga was selected on competitive basis for the African Population and Health Research Centre (Nairobi, Kenya) grant to for his doctoral research focusing on using implementation science to understand the complex interactable factors underpinning implementation of Ghana's closed-to-community primary health care policy. He was also selected competitively as a member of the Emerging Voices for Global Health based in the Institute of Tropical Medicine, Belgium, where he has since played various roles including co-founder of an initiative to find funding opportunities to support Ebola affected countries. He is a member of the West Africa Network of Emerging Leaders (WANEL) for Health Policy, Systems and Practice; Health Systems Global and African Health Economics and Policy Association. He is a fellow of the African Doctoral Dissertation Research Fellowship program, a collaborative program of Nairobi-based African Population and Health Research Centre (APHRC) and International Development Research Centre (IDRC); and a research fellow of the Institute of Development Research, a research and social policy think tank based in Accra, Ghana. He has attended several peer reviewed international conferences and presented papers. He is an author of a monograph, book chapters and 20 Journal Articles published in peer reviewed international journals. He is currently an Editorial Advisory Board Member of the International Journal of Quality and Reliability Management; Editorial Board Member of the African Journal of Management Research, Academic Guest Editor of Plosone and a reviewer of 14 international journals.