1. **Title of the module**

POLI8111 (PO8111) Global Health Policy in a Globalised World

1. **School or partner institution which will be responsible for management of the module**

School of Politics and International Relations

1. **The level of the module (Level 4, Level 5, Level 6 or Level 7)**

Level 7

1. **The number of credits and the ECTS value which the module represents**

20 credits (10 ECTS)

1. **Which term(s) the module is to be taught in (or other teaching pattern)**

Autumn or Spring

1. **Prerequisite and co-requisite modules**

None

1. **The programmes of study to which the module contributes**

MA/PGDip/PGCert[Specialisation] or MA in [Primary Specialisation] with [Secondary Area of Specialisation] (Brussels).

1. **The intended subject specific learning outcomes.  
   On successfully completing the module students will be able to:**
2. Demonstrate an advanced multidisciplinary understanding of key aspects of the politics of global health;
3. Apply theoretical approaches to (re-)emerging health threats and define the multi-faceted nature of the term “threat”;
4. Demonstrate an advanced understanding of different needs in different types of illness, physical and mental, and poverty- and inequality-related health concerns;
5. Demonstrate an advanced and nuanced understanding of the actors in health and health care, including local and national governments, international organizations and multinational corporations, in particular pharmaceutical companies;
6. Identify key challenges in access to health care, whether these be on the individual (micro) or systemic (macro) level;
7. Demonstrate an advanced understanding of key ethical and cross-cultural concerns for health care and service providers involved in the international provision of support, including differing health beliefs, and the implications for international coordination.
8. **The intended generic learning outcomes.  
   On successfully completing the module students will be able to:**
9. Conduct effective in-depth, independent research into a particular problem, including extrapolating from potentially incomplete data, clearly communicating conclusions in writing;
10. Synthesize and analyse disparate material in an original and self-directed manner;
11. Apply theoretical concepts to case studies, displaying an advanced conceptual understanding;
12. Demonstrate a comprehensive understanding of relevant techniques, which may include interdisciplinary approaches;
13. Think clearly about reading material and discussion, develop logical arguments, and communicate these clearly;
14. Have exercised initiative and personal responsibility in managing their time and demonstrated independent learning ability.

**A synopsis of the curriculum**

The SARS outbreak in 2003 started in China and spread through Asia and on to Canada within weeks. This fast-spreading outbreak demonstrated the global reach of illness, while the internationally coordinated response to SARS demonstrated the potential for effective global action in response to health threats. Such effective response is, however, the exception, rather than the norm. This module seeks to examine that anomaly.

In exploring that gap in the protection of human security, this module addresses key aspects of the governance and securitisation of health, engaging with a study of the globalised nature of illness and of health governance. The module addresses specific local or national policies, also looking at the nature of international cooperation, coordination and response. The interaction with corporations, represented here primarily in the form of pharmaceutical companies, is examined.

The module will include theoretical approaches and principles which address broader political trends and directions, such as the securitisation of health, governance of health, and their impacts on specific diseases and the treatment thereof. Cross-cultural medical practices and culturally sensitive mental and physical health care, emerging from a psycho-social approach, will also be included. Here, such topics as differing health beliefs will be addressed.

Infectious diseases – such as Ebola and SARS – will be discussed as well as poverty- and inequality-related health concerns such as, but not limited to, malnutrition, mental illness, malaria and other parasitic diseases. The module addresses key aspects of governance of health and health care from a global perspective.

1. **Reading list (Indicative list, current at time of publication. Reading lists will be published annually)**

Benjamin, M.M. and L. O. Gostin. 2018. *Human Rights in Global Health: Rights-Based Governance for a Globalizing World*. Oxford UP.

Bettcher, D. and Lee, K., 2002. Globalisation and public health. *Journal of Epidemiology & Community Health*, *56*(1), pp.8-17.

Brown, T., Craddock, S. and Ingram, A., 2012. Critical interventions in global health: Governmentality, risk, and assemblage. *Annals of the Association of American Geographers*, 102(5), pp.1182-1189.

Elbe, S., 2018. *Pandemics, pills, and politics: governing global health security*. JHU Press.

Shiffman, J., 2018. Agency, structure and the power of global health networks. *Int J Health Policy* *Manag*, 7(10), pp.879-884.

Speakman, E.M., McKee, M. and Coker, R., 2017. If not now, when? Time for the European Union to define a global health strategy. *The Lancet Global Health*, *5*(4), pp.e392-e393.

1. **Learning and teaching methods**

Total contact hours: *24*

Total private study hours: 176

Total of 200 hours.

1. **Assessment methods**
   1. Main assessment methods

100% coursework; assessment will be a 5000-word essay.

13.2 Reassessment methods

*100% coursework (5000 word essay)*

1. ***Map of module learning outcomes (sections 8 & 9) to learning and teaching methods (section12) and methods of assessment (section 13)***

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Module learning outcome** | 8.1 | 8.2 | 8.3 | 8.4 | 8.5 | 8.6 | 9.1 | 9.2 | 9.3 | 9.4 | 9.5 | 9.6 |
| **Learning/ teaching method** |  |  |  |  |  |  |  |  |  |  |  |  |
| **Lecture** | **x** | **x** | **x** | **x** | **x** | **x** |  |  |  |  |  |  |
| **Seminar** | **x** | **x** | **x** | **x** | **x** | **x** |  |  | **x** | **x** | **x** |  |
| **Private Study** | **x** | **x** | **x** | **x** | **x** | **x** |  | **x** | **x** | **x** |  | **x** |
| **Assessment method** |  |  |  |  |  |  |  |  |  |  |  |  |
| *5000 word essay* | **x** | **x** |  |  |  |  | **x** | **x** | **x** |  | **x** | **x** |

1. **Inclusive module design**

The School recognises and has embedded the expectations of current equality legislation, by ensuring that the module is as accessible as possible by design. Additional alternative arrangements for students with Inclusive Learning Plans (ILPs)/declared disabilities will be made on an individual basis, in consultation with the relevant policies and support services.

The inclusive practices in the guidance (see Annex B Appendix A) have been considered in order to support all students in the following areas:

a) Accessible resources and curriculum

b) Learning, teaching and assessment methods

1. **Campus(es) or centre(s) where module will be delivered**

Brussels

1. **Internationalisation**

This module is inherently internationally focussed, examining the nature of health in emergencies around the world. The module will draw on expertise within the Brussels School of International Studies, which is international in its academic staff. Furthermore, BSIS typically attracts an international student body at the Masters level, and staff are experienced in teaching and supporting international students.

**FACULTIES SUPPORT OFFICE USE ONLY**

**Revision record – all revisions must be recorded in the grid and full details of the change retained in the appropriate committee records.**

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| --- | --- | --- | --- | --- |
| Date approved | Major/minor revision | Start date of delivery of revised version | Section revised | Impacts PLOs (Q6&7 cover sheet) |
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