



Gender & Women's Studies 539:  
Critical Perspectives on Gender and Global Health

**INSTRUCTOR INFORMATION**

**Name:** Professor Leigh Senderowicz, ScD MPH (she/her)

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**Office:** Room 3314, Sterling Hall

**Drop-in hours:** Tuesdays and Thursdays from 4:00pm-5pm or by appointment

**COURSE INFORMATION**

**Credits:** This is 3 credit course, set at the intermediate level. This social science course fulfills the bio/health approach and global issue area in the Gender & Women's Studies major.

**Class/Seminar Time:** Tuesday/Thursday 1:00pm-2:15pm

**Location:** Ingraham 222

**Requisite:** Sophomore standing.

**Canvas Course URL:** <https://canvas.wisc.edu/courses/324713>

This class meets for two 75-minute class periods each week over the fall semester and carries the expectation that students will work on course learning activities (including reading, writing, studying, etc.) for about 3 hours out of classroom for every class period. The syllabus includes more information about meeting times and expectations for student work.

**COURSE DESCRIPTION:**

Global Health is a burgeoning field, with an ever-growing number of multilateral, non-governmental, philanthropic and academic enterprises dedicated to improving the health of the global population. These endeavors have been both credited with saving millions of lives through scientific advancements, and subjected to substantial criticism of cultural imperialism, paternalism, and technocratic neocolonialism. This course examines the contemporary global health project in historical and cultural context, highlighting some of the greatest sources of tension and struggle. Using a feminist lens and focusing on gender as key analytic category, the course explores the ways that the distribution of global wealth and power impacts health and well-being around the world. The course explores social, demographic, political and economic determinants of global health, and the ways that these factors interconnect with biomedicine to create and affect health outcomes, both within and across countries. Drawing on critical theories, this course situates the study and practice of global health in an intersectional framework.

The course is divided into three units. The first unit focuses on what global health is, where it comes from, and provides some theoretical frameworks for making sense of global health within the larger development discourse. The second unit focuses on global health governance, political economy of global health, and approaches to global health measurement. The final unit consists of thematic topics in global health, and with a series of real-world examples to ground the critical perspectives in contemporary global health practice.

## COURSE LEARNING OUTCOMES:

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

- Critically analyze the intellectual history of the global health field, tracing its origins from colonial medicine through to the current day using a gendered lens
- Appraise the ways that colonialism, scientific racism, misogyny, and other forms of structural exclusion shape the global health field and its objects/methods of study
- Question the neutrality of quantitative global health metrics, and understand indicators as a contested form of knowledge production.
- Describe several current global health issues related to gender in-depth, as well as their contexts
- Synthesize information from multiple sources and present it both in oral and written formats.

## REGULAR AND SUBSTANTIVE INTERACTION

This course provides regular and substantive interaction by:

- Providing direct instruction twice weekly through lecture and facilitating group discussion at least once/week on the scheduled and assigned weekly content.
- Assessing or providing feedback on a student's coursework throughout the semester based on the expectations of the learning activities described in the assignments section of this syllabus.

## COURSE REQUIREMENTS, ASSIGNMENTS, AND GRADING

**Class attendance and participation:** Our discussions and in-class activities are one of the primary ways we will learn from each other in this class, so the more classes you miss, the less you are likely to take from our time together. There is a strong expectation for this course that students will attend class and contribute to in-class learning activities.

That being said, we, of course, want you to prioritize your health and the health of your classmates. If you're feeling ill and don't think you'll be able to attend a class session, please email me to let me know as soon as you can.

This course takes an interactive approach to learning, and all students are expected to participate in class discussions and in-class activities. Please come to class prepared to discuss the readings and engage with the content. The more thoughtful your engagement is during class, the richer the learning experience will be for all.

Students are allowed one general absence for any reason (about which you do not need to contact anyone in advance). If you will be absent more than once, please email me as soon as possible to get the absence excused. Unexcused absences may negatively impact your participation grade in the course.

Given the importance of class engagement in this course, if you accumulate more than two excused absences, please contact the professor to discuss make-up work for course engagement points.



Your active engagement with class materials and in class sessions is assessed as part of your grade for this class, and makes up 20% of your final grade. You will be responsible for assessing your own class engagement score after each class period, using Canvas. There are five dimensions for this assessment, as follows:

Attendance (out of 3)	3 points	Arrived on time and stayed for the entire class period
	2 points	Missed only a couple of minutes of class
	1 point	Missed a substantial chunk of the class period (at least 10 minutes)
	0 points	Did not attend class
Preparation (out of 3)	3 points	Thoroughly completed all of the readings
	2 points	Mostly read through the readings
	1 point	Skimmed at least some of the readings
	0 points	Did not do the readings for this class
Attention (out of 3)	3 points	Gave undivided attention to the class
	2 points	Mostly paid attention but glanced at a device every now and then or was otherwise a little bit distracted
	1 point	Looked at a device (phone/computer, etc. for non-class purposes or otherwise diverted attention from class
	0 points	Was mostly or fully checked out, focused on something else during the class period
Small group participation (out of 3)	3 points	Fully engaged in small group discussion: volunteered ideas, offered interpretations, listened intently, took notes, and/or responded to classmates' comments
	2 points	Mostly engaged in small group discussion: responded to others and helped keep the discussion moving forward
	1 point	Partially engaged in small group discussion: offered a comment here and there, but mostly kept quiet
	0 points	Did not engage in small group discussion: stayed quiet while others shared, offered no ideas or perspectives to group members, did not respond to other's comments
Large group participation (out of 3)	3 points	Fully engaged in larger class discussion: volunteered ideas, offered interpretations, listened intently, and/or responded to classmates' comments
	2 points	Mostly engaged in larger class discussion: responded to others and helped keep the discussion moving forward
	1 point	Partially engaged in larger class discussion: offered a small comment here and there, but mostly kept quiet
	0 points	Did not engage in larger class discussion: stayed quiet while others discussed, offered no perspectives to the broader group, did not respond to other's comments

Students will be primarily responsible for self-assessing their engagement for each class session on Canvas, due by 5pm on the day of class. Course faculty will review students' self-assessment and use these self-assessments to substantially inform grading. Final assessment of course engagement/participation, however, remains the sole responsibility of the professor.

**Reading discussion questions:** To help facilitate our in-class discussions, you will submit 2-4 discussion questions from the readings in advance of each class. This is not intended to be an intense assignment, but just to help ensure that everyone comes to class with something to contribute to our discussions. These questions will be due on Canvas before each class, and will be graded complete/incomplete.

**Reading responses:** You will submit weekly half-page to one-page responses (12-point font, double-spaced) to the week's assigned readings. These are not intended to be summaries or a simple rehashing of the readings, but rather, critical appraisals of what you read. Some questions to consider as you draft your responses:

- What connections can you draw between the readings?
- If authors give differing perspectives, with whom do you agree more and why?
- How do these readings connect to any personal experiences you have had or what you are learning in other courses?
- What do you find important, problematic, or notable in the readings?

The goal of these responses is to show how you have been engaging with the readings. Please upload your reading response to the course Canvas website by the beginning of our Thursday class (1pm on Thursdays).

**Midterm Paper:** You will be given the prompt for a five-page (12-point font, double-spaced) take-home midterm paper on March 2<sup>nd</sup>, with your paper due on March 9<sup>th</sup> at 11:59 pm. The prompt will be on material covered in the course until this point. The purpose of this midterm paper is to engage your understanding of the various theoretical and historical perspectives and critiques of global health.

**Group presentations:** In groups of five, you will choose a global health topic, and your group will be responsible for presenting on this topic to the class for 12 minutes. Some questions your presentation might consider:

- What is the global health topic you chose?
- What programs and/or policies have been developed to address this topic?
  - How did people decide it was a problem?
  - How did they decide to address it?
  - Who has been involved in the efforts to both define the program and design solutions?
  - Are there any groups or stakeholders who have not had been involved in these efforts? If so, why not?
  - What has been the impact (both intended and unintended) of these programs/policies on your global health topic?



As you work on your presentations, please keep your critical eye on issues of gender, racism, and colonialism, and how these dynamics have impacted both the conceptualization of your global health topic, as well as the response to it. You may use PowerPoint (or other presentation software) if you choose, but this is not required. You will be evaluated both on the content of your group's presentation, as well as how engaging it is, so please consider creative ways to share your project with your peers. Please upload the final versions of any slides or other materials to Canvas by 1pm on December 8<sup>th</sup>.

**Final paper:** The final assignment for this course is a 6-8 page (12-point font, double-spaced) paper on the global health topic of your choice, due at 5pm on May 8<sup>th</sup>. It can be a topic we cover in class (although you will be expected to go far beyond what we read/discussed in class), or you may choose topic that we did not get a chance to discuss. The paper can be based off of your own experiences, research that you have been involved in, and/or reading that you've done. Your paper should incorporate some of the overarching theories and concepts from the course, and apply them to a specific global health topic of your choosing. I advise you to choose a narrow topic that will be possible to discuss in 6-8 pages.

This final paper will be due in three stages. First, you will submit your proposed topics to me for feedback. Then, you will submit a 2-page outline to make sure you're on the right track, before finally submitting your final paper.

### GRADES

<i>Course requirement</i>	<i>% of final grade</i>
Class engagement	20%
Discussion questions	5%
Reading responses	10%
Midterm paper	20%
Group presentations	15%
Final paper	30%

**Extensions:** Communication is key here. Please get in touch with me as soon as possible once you know that you will be needing an extension on a course requirement. My preference is for at least one week prior to the course deadline, of course I understand this may not always be possible. I will grant extensions on a case-by-case basis.

**Late, missed, or incomplete work:** Assignments are due before class on the day they are assigned unless otherwise noted. Assignments handed in or emailed after the specified due date and time will be deducted 5 percentage points per 24 hours. For example, if an assignment is passed in one

day late, the highest possible grade that the student could earn would be a 95 rather than a 100; if the assignment is two dates late, the highest possible grade would be a 90. I will not accept assignments more than five days after the original due date. After five days, you will receive an "F"

for that portion of your grade. Incomplete final grades will not be given except in situations of serious illness or family emergency.

**Regrading policy:** If you feel that there has been a mistake in the grading of one of your assignments, you may request that course faculty regrade the assignment. Please note, however, that requesting that I regrade your work has the potential to lower your grade as well as to raise it.

**Final letter grades are as follows:**

A:	93%-100%
AB:	88%-92%
B:	83%-87%
BC:	78%-82%
C:	70%-77%
D:	60%-69%
F:	Below 60%

#### **COURSE POLICIES AND OTHER IMPORTANT INFORMATION:**

**Academic calendar & religious observances:** See <https://secfac.wisc.edu/academic-calendar/#religious-observances>. I am happy for you to take the time you need away from class to celebrate your important religious observances. Please let me know within the first two weeks of class which days you'll be away from class, and what your plan is to make up any missed work/assignments as applicable.

**Course Website:** The course website is an important component of this course, and will allow you to access required readings, submit assignments, and interact with your peers and the teaching team. Important course announcements will also be posted to the website, so please check the site frequently. <https://canvas.wisc.edu/courses/343565>

**Drop-in (office) Hours:** I encourage all students to make use of office hours. Office hours are not just for when you do not understand something (although they're great for that!). Office hours are an excellent way for anyone and everyone to get the most out of the course experience, and for us to get to know one another. I very much welcome you to stop in and see me during office hours in Sterling Hall Room 3314.

**Email:** Emails are convenient way to ask short questions about logistics, but are not conducive to detailed or substantive questions about course materials or readings. Please keep emails short and courteous, and come to my drop-in hours or set up an appointment with me to discuss your more in-depth questions.

**Technology in class:** To minimize distractions and promote a culture of learning, I generally discourage the use of cellular telephones, tablets and laptops in class during lectures and group discussion. I was a student not too long ago, and nothing could distract me from a class faster than my laptop open in front of me or my phone in my hands. I leave the final decision about whether to incorporate this kind of technology into your note-taking/classroom experience up to each student.



I strongly urge device-users, however, to use them only for note-taking and other course-related reasons, and to stay off sites unrelated to our course. Improper use of technology during class (such as being on social media, as one example) can distract those around you, and will negatively affect your engagement grade for the course.

**Respect and Inclusion:** Many of the topics addressed in this course revolve around notions of structural oppression and justice. We will explicitly seek to center the voices of the marginalized, and create a learning community invested in mutual liberation. These may be challenging topics for you and for your classmates, and indeed, you may hold strong views that diverge from those of your classmates. Please ensure at all times that the language and the ideas you express are respectful, inclusive, and affirming of the dignity of your classmates and others. Please also pay attention to the amount of time and space you take up in class, and allow room for your classmates to express themselves too.

Diversity is a source of strength, creativity, and innovation for UW-Madison. We value the contributions of each person and respect the profound ways their identity, culture, background, experience, status, abilities, and opinion enrich the university community. We commit ourselves to the pursuit of excellence in teaching, research, outreach, and diversity as inextricably linked goals. The University of Wisconsin-Madison fulfills its public mission by creating a welcoming and inclusive community for people from every background – people who as students, faculty, and staff serve Wisconsin and the world. <https://diversity.wisc.edu/>

**Rules, rights & responsibilities:** See <https://guide.wisc.edu/undergraduate/#rulesrightsandresponsibilitiestext>

**Accessibility and accommodations:** The course faculty seeks to make this course welcoming to students with diverse learning styles as well as students with either documented or undocumented disabilities. I encourage you to contact me as soon as you are able to discuss how we can develop a learning plan that meets your needs. If you have a documented disability, please provide me with a letter from the McBurney Center (<https://mcburney.wisc.edu/>) as soon as possible. We will do all we can to ensure appropriate accommodations are available for all who need them.

The University of Wisconsin-Madison supports the right of all enrolled students to a full and equal educational opportunity. The Americans with Disabilities Act (ADA), Wisconsin State Statute (36.12), and UW-Madison policy (Faculty Document 1071) require that students with disabilities be reasonably accommodated in instruction and campus life. Reasonable accommodations for students with disabilities is a shared faculty and student responsibility. Students are expected to inform faculty of their need for instructional accommodations by the end of the third week of the semester, or as soon as possible after a disability has been incurred or recognized. Faculty will work either directly with the student or in coordination with the McBurney Center to identify and provide reasonable instructional accommodations. Disability information, including instructional accommodations as part of a student's educational record, is confidential and protected under FERPA.

**Wellbeing:** Please take time to care for yourself, both mentally and physically. If at any time you find the content of this course to be upsetting to your mental health, feel free to step out and let the course faculty know. Please also make good use of the UW health services to promote wellbeing. Make sure to drink plenty of water, eat nourishing food, get enough sleep, and otherwise take care of your body and your mind.

**Academic integrity:** By virtue of enrollment, each student agrees to uphold the high academic standards of the University of Wisconsin-Madison; academic misconduct is behavior that negatively impacts the integrity of the institution. Cheating, fabrication, plagiarism, unauthorized collaboration, and helping others commit these previously listed acts are examples of misconduct which may result in disciplinary action. Examples of disciplinary action include, but is not limited to, failure on the assignment/course, written reprimand, disciplinary probation, suspension, or expulsion. <https://conduct.students.wisc.edu/syllabus-statement/>

Please note that I take academic integrity *extremely* seriously, and any attempts to engage in cheating, plagiarism or other forms of academic misconduct will be met with zero tolerance. If you are unsure about whether something might be okay to do or might constitute academic misconduct, please reach out to the course faculty *first*.

**Sexual harassment and other forms of sexual misconduct:** As an instructor, I am committed to supporting survivors of sexual misconduct, including sexual assault, sexual harassment, dating violence, domestic violence, stalking, and sexual exploitation. UW–Madison offers a variety of resources for students impacted by sexual misconduct. If you wish to seek out free, confidential support, there are a number of [services](#) available on campus and in the community. If you would like to report sexual misconduct to the campus, a number of [reporting options](#) are available. In addition, each department has staff members, known as Responsible Employees, who can assist you. If you are an undergraduate student, most of the academic and career advisors you work with are designated Responsible Employees. Please note that Responsible Employees are required to report specific disclosures that you share about sexual misconduct to UW-Madison’s [Title IX Office](#).

The Department of Gender & Women’s Studies has the following Responsible Employees: the Department Chair, Dr. Judy Houck ([jahouck@wisc.edu](mailto:jahouck@wisc.edu)) and the Undergraduate Advisor, Susan Nelson ([susan.nelson@wisc.edu](mailto:susan.nelson@wisc.edu)).

**Privacy of student records & the use of audio recorded lectures statement:** Lecture materials and recordings for this course are protected intellectual property at UW-Madison. Students in this course may use the materials and recordings for their personal use related to participation in this class. Students may also take notes solely for their personal use. If a lecture is not already recorded, you are not authorized to record my lectures without my permission unless you are considered by the university to be a qualified student with a disability requiring accommodation. [Regent Policy Document 4-1] Students may not copy or have lecture materials and recordings outside of class, including posting on internet sites or selling to commercial entities. Students are also prohibited from providing or selling their personal notes to anyone else or being paid for taking notes by any person or commercial firm without the instructor’s express written permission. Unauthorized use of these copyrighted lecture materials and recordings constitutes copyright infringement and may





be addressed under the university's policies, UWS Chapters 14 and 17, governing student academic and non-academic misconduct.

### **Course evaluations**

Students will be provided with an opportunity to evaluate this course and your learning experience. Student participation is an integral component of this course, and your confidential feedback is important to me. I strongly encourage you to participate in the course evaluation. UW-Madison uses a digital course evaluation survey tool called AEFIS. For this course, you will receive an official email two weeks prior to the end of the semester, notifying you that your course evaluation is available. In the email you will receive a link to log into the course evaluation with your NetID. Evaluations are anonymous. Your participation is an integral component of this course, and your feedback is important to me. I strongly encourage you to participate in the course evaluation.

### **REQUIRED TEXTBOOK, SOFTWARE & OTHER COURSE MATERIALS**

For all course sessions, I provide a list below of both required readings for the course, as well as a list of suggested readings if you're interested in digging a bit deeper. I'm happy to discuss the course readings or suggestions for additional readings with students at any time.

Journal articles will be linked here and available on Canvas. Required excerpts of books will be available from the library and linked through Canvas except where noted.

\*\*Please note that readings and assignments are subject to change throughout the course. Please check back to Canvas regularly for updates to the syllabus.\*\*

## READINGS AND ASSIGNMENTS

### Unit 1 – What is Global Health? Historical and theoretical groundings

Class 1/January 24<sup>th</sup> - Welcome, introductions, and overview of the course  
[No readings]

Class 2/January 26<sup>th</sup> - Gender and global health: the conventional take  
*Required readings*

- United Nations Development Program. *Progress on the Sustainable Development Goals: The Gender Snapshot 2022*.  
[https://www.unwomen.org/sites/default/files/2022-09/Progress-on-the-sustainable-development-goals-the-gender-snapshot-2022-en\\_o.pdf](https://www.unwomen.org/sites/default/files/2022-09/Progress-on-the-sustainable-development-goals-the-gender-snapshot-2022-en_o.pdf)
- USAID Global Health Website (explore at least 4 of the 8 subject areas).  
<https://www.usaid.gov/global-health/health-areas>
- The Girl Effect: The Clock is Ticking (video)  
<https://www.youtube.com/watch?v=1e8xgFoJtVg>

Class 3/January 31<sup>st</sup> - A brief genealogy of the contemporary global health project from colonial medicine to now

#### *Required readings*

- Packard, Randall. *A History of Global Health: Interventions into the Lives of Other People*. Johns Hopkins University Press. 2016.  
Introduction: Ebola. Pages 1-12.  
Part 1: Colonial Entanglements (including Chapters 1 and 2). Pages 13-46.

#### *Suggested readings*

- Packard, Randall. *A History of Global Health: Interventions into the Lives of Other People*. Johns Hopkins University Press. 2016.  
[the rest of the book is great too, if you're interested]
- Rieder, Stephanie. *Interrogating the Global Health and Development Nexus: Critical Viewpoints of Neoliberalization and Health in Transnational Spaces*. *World Development Perspectives* 2: 55-61. 2016.  
<https://doi.org/10.1016/j.wdp.2016.10.004>
- Brown et al. *The World Health Organization and the Transition From "International" to "Global" Public Health*. *American Journal of Public Health*. 96(1): 62-72. 2016.  
<https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2004.050831>
- Chakrabarti, Pratik. *Medicine and Empire, 1600-1960*. Palgrave Macmillan. 2014.
- Ooms, Gorik. *From International Health to Global Health: How to Foster a Better Dialogue between Empirical and Normative Disciplines*. *BMC International Health and Human Rights* 14(1): 36. 2014.  
<https://bmcinthealthhumanrights.biomedcentral.com/articles/10.1186/s12914-014-0036-5>



Class 4 – February 2<sup>nd</sup> - Global health, development teleologies, and the construct of modernity

*Required readings*

- Escobar, Arturo. *Encountering Development: The making and unmaking of the Third World*. Princeton University Press. 1995.  
Chapter 2: The Problematization of Poverty: The Tale of Three Worlds and Development. Pages 21-54

*Suggested readings*

- Esteva, Gustavo. "Development." In *The Development Dictionary: A Guide to Knowledge as Power*. Zed Books. 1992.
- Pigg, Stacy Leigh. "Found in most traditional societies." *Traditional Medical Practitioners between Culture and Development*. In *International Development and the Social Sciences*, ed. F Cooper, R Packard (1997): 259-290
- Sullivan, Noelle. *International clinical volunteering in Tanzania: A postcolonial analysis of a Global Health business*. *Global Public Health* 13.3 (2018): 310-324.
- Adams, Vincanne, Thomas E. Novotny, and Hannah Leslie. *Global health diplomacy*. *Medical anthropology* 27.4 (2008): 315-323.
- Walley, Christine J. "Our ancestors used to bury their 'development' in the ground: Modernity and the meanings of development within a Tanzanian marine park." *Anthropological Quarterly* (2003): 33-54.

Class 5/February 7<sup>th</sup> -The Social Meanings of Health and Illness

*Required readings:*

- Mbembe, Achille. *Necropolitics*. *Public Culture* 15, no. 1: 11-40. 2003.
- Krieger, Nancy. *Embodiment: A Conceptual Glossary for Epidemiology*. *Journal of Epidemiology and Community Health* 59, no. 5: 350-355. 2005

*Suggested readings:*

- Levin, Betty Wolder, and Carole H. Browner. *The social production of health: Critical contributions from evolutionary, biological, and cultural anthropology*. *Social Science & Medicine* 61.4 (2005): 745-750.
- Amzat, Jimoh, and Oliver Razum. *Health, disease, and illness as conceptual tools*. *Medical Sociology in Africa*. Springer, Cham, 2014. 21-37.
- Williams, David R., Jourdyn A. Lawrence, and Brigette A. Davis. *Racism and health: evidence and needed research*. *Annual Review of Public Health* 40 (2019): 105-125.

Class 6/February 9<sup>th</sup> – How Health Meets Gender

*Required readings:*

- Connell, Raewyn. *Gender, health and theory: conceptualizing the issue, in local and world perspective*. *Social Science & Medicine* 74.11 (2012): 1675-1683.
- Hawkes, Sarah, Kent Buse. *Gender and global health: evidence, policy and inconvenient truths*. *The Lancet* 381. 2013. 1783-1787.

- Clark Jocelyn, Richard Horton. *A coming of age for gender in Global Health*. The Lancet 393. 2019. 2367-2369.'

*Suggested readings:*

- Corrêa S, Jolly S. *Development with a Body: Sexuality, Human Rights and Development*. Zed Books. 2008 (available online from the library)  
Chapter 2: Development's encounter with sexuality: essentialism and beyond. Pages 22-44

Class 7- February 14<sup>th</sup>– Misogyny, Colonialism and Feminism in Global Health/ Development I

*Required readings:*

- Mohanty, Chandra Talpade. *Under Western Eyes: Feminist Scholarship and Colonial Discourses*. Boundary 2. Volume 12/13. Spring-Autumn 1984. Pages 333-358.
- Tamale, Sylvia. "Introduction" In *African Sexualities: A Reader*. Ed Sylvia Tamale. Pambazuka Press. 2011. Pages 1-7.
- Coloma, Roland Sintos. *White gazes, brown breasts: imperial feminism and disciplining desires and bodies in colonial encounters*. Paedagogica Historica: International Journal of the History of Education. 48(2). 2012. Pages 243-261.

*Suggested readings*

- Spivak, Gayatri Chakravorty. "Can the Subaltern Speak?" In *The Post-Colonial Studies Reader*. Routledge. 2006.

Class 8/February 16<sup>th</sup>–Colonialism and Scientific Racism in Global Health/ Development II

*Required readings*

- Shrestha, Nanda. *Becoming a Development Category*. In *Power of Development*, ed. Jonathan Crush. 1995. Routledge. Pages 259-270
- Fofana, Mariam O. *Decolonising global health in the time of COVID-19*. *Global Public Health* 16.8-9 (2021): 1155-1166.
- Naidu, Thirusha. *Says who? Northern ventriloquism, or epistemic disobedience in global health scholarship*. *The Lancet Global Health* 9.9: e1332-e1335. 2021.

*Suggested readings:*

- Olusanya, Bolajoko O. *Dismantling Structural Discrimination in Global Health*. *JAMA Pediatrics*. 2021.
- Richardson, Eugene T. *On the coloniality of global public health*. *Medicine Anthropology Theory* 6.4 (2019).
- Collins, Patricia Hill. *The Racial Threat*. *The British Journal of Sociology* 57, no. 2: 205-08. 2006.

Class 9/February 21<sup>st</sup> - Decolonial Responses to Development and Global Health I

*Required readings:*

- Fanon, Frantz. *The Wretched of the Earth*. Grove Press. 1963.  
Section 1: On Violence. Pages 1-62.



- Illich, Ivan. *To hell with good intentions*. Address to the Conference on Inter-American Student Projects. 1968.  
[https://www.uvm.edu/~jashman/CDAE195\\_ESCI375/To%20Hell%20with%20Good%20Intentions.pdf](https://www.uvm.edu/~jashman/CDAE195_ESCI375/To%20Hell%20with%20Good%20Intentions.pdf)

Class 10/February 23<sup>rd</sup> - Decolonial Responses to Development and Global Health II

*Required readings:*

- Escobar, Arturo. *Encountering Development: The making and unmaking of the Third World*. Princeton University Press. 1995.  
Chapter 6: Imagining a Postdevelopment Era. Pages 212-226
- Abimbola, Seye, and Madhukar Pai. *Will global health survive its decolonisation?* *Lancet* 396.10263 (2020): 1627-1628.
- Hindmarch, Suzanne and Sean Hillier. *Reimagining Global Health: From Decolonisation to Indigenization*. *Global Public Health*. 30(1). Pages 1-12. 2022.
- Táíwò, Olúfẹ́mi O. *Identity Politics and Elite Capture*.  
<https://www.bostonreview.net/articles/olufemi-o-taiwo-identity-politics-and-elite-capture>. The Boston Review. May 2020.

*Suggested readings:*

- Affun-Adegbulu, Clara, and Opemiposi Adegbulu. *Decolonising global (public) health: from Western universalism to global pluriversalities*. *BMJ Global Health* 5.8: e002947. 2020.

Unit 2 - Global Health Governance

Class 11/February 28<sup>th</sup>- Funding, Leadership and Power in Global Health

Readings:

*Required:*

- McCoy, David, et al. *The Bill & Melinda Gates Foundation's grant-making programme for global health*. *The Lancet* 373:9675. 2009. Pages 1645-1653.
- Meier B and Lawrence Gostin. *A Timely History: Examining the History of the World Health Organization to Frame the Future of Global Health Governance*. *The American Journal of Public Health* 110(11). 2020. Pages 1592-1594.
- Kentikelenis, Alexander E. *Structural Adjustment and Health: A Conceptual Framework and Evidence on Pathways*. *Social Science & Medicine* 187: 296-305. 2017.

*Suggested:*

- World Health Organization. *The First Ten Years of the World Health Organization*. Geneva. 1958. <https://apps.who.int/iris/handle/10665/37089>

- Frenk, Julio, Octavio Gómez-Dantés, and Suerie Moon. *From sovereignty to solidarity: a renewed concept of global health for an era of complex interdependence*. *The Lancet* 383.9911: 94-97. 2014
- Reich, Michael. *The Political Economy of Health Transitions in the Third World. Health and Social Change: International Perspectives*. L. C. Chen, A. Kleinman and N. Ware, eds. Harvard School of Public Health: 413-451. 1994.
- Demebele, Demba Moussa. "The International Monetary Fund and World Bank in Africa: A 'Disastrous' Record." In *Neoliberalism, Globalization and Inequalities: Consequences for Health and Quality of Life*. Ed. Vicente Navarro. New York: Routledge. 2017. Pages 369-380.
- Kay, Adrian and Owain David. Williams. *Global Health Governance: Crisis, Institutions and Political Economy*. International Political Economy Series. Palgrave Macmillan. 2009.
- Fejerskov, Adam Moe. *The Gates Foundation's Rise to Power: Private Authority in Global Politics*. Routledge Studies in Development and Society; 43. 2018

## Class 12/March 2nd- Quantification and Measurement

**\*\*MIDTERM PROMPT GIVEN\*\***

Readings:

*Required:*

- Merry, SE. *The Seductions of Quantification: Measuring Human Rights, Gender Violence and Sex Trafficking*. University of Chicago Press. 2016.  
Chapter 1: A World of Quantification. Pages 1-26
- Adams, Vincanne. Introduction. In *Metrics: What Counts in Global Health*. Ed Vincanne Adams Duke University Press, 2016. Pages 1-18.
- Fukuda-Parr, Sakiko. *From the Millennium Development Goals to the Sustainable Development Goals: shifts in purpose, concept, and politics of global goal setting for development*. *Gender & Development* 24.1 (2016): 43-52.

*Suggested:*

- Zuberi, Tukufu, and Eduardo Bonilla-Silva, eds. *White logic, white methods: Racism and methodology*. Rowman & Littlefield. 2008.  
Chapter 4: Race and Population Statistics in South Africa. Pages 63-92.
- Merry, SE. *The Seductions of Quantification: Measuring Human Rights, Gender Violence and Sex Trafficking*. University of Chicago Press. 2016.  
Chapter 2: Indicators as a Technology of Knowledge. Pages 27-43
- Adams, Vincanne. *1. Metrics of the Global Sovereign. Numbers and Stories in Global Health*. *Metrics*. Duke University Press, 2016.
- Doerr, John E. *Measure What Matters: How Google, Bono, and the Gates Foundation Rock the World with OKRs*. New York: Portfolio/Penguin. 2018



- Magar, Veronica. *Gender, Health and the Sustainable Development Goals*. Bulletin of the World Health Organization 93, no. 11: 743. 2015.
- Yamin, Alicia Ely, and Vanessa M. Boulanger. *Why Global Goals and Indicators Matter: The Experience of Sexual and Reproductive Health and Rights in the Millennium Development Goals*. Journal of Human Development and Capabilities 15, no. 2-3: 1-14. 2014.
- Suh, Siri. *Dying to count: Post-abortion care and global reproductive health politics in Senegal*. Rutgers University Press. 2021

Class 13/March 7<sup>th</sup>- Summarizing Population Health

Readings:

*Required:*

- Van Der Maas, Paul J. *How Summary Measures of Population Health Are Affecting Health Agendas*. Bulletin of the World Health Organization 81, no. 5: 314. 2003.
- Murray, C J, and A D Lopez. *The Utility of DALYs for Public Health Policy and Research: A Reply*. Bulletin of the World Health Organization 75, no. 4: 377-81. 1997.
- Anand, Sudhir, and Kara Hanson. *Disability-adjusted life years: a critical review*. Journal of Health Economics 16.6: 685-702. 1997.
- Mason, Corinne L. "*Crippling*" the World Bank: *Disability, empowerment, and the cost of violence against women*. International Feminist Journal of Politics 17.3: 435-453. 2015.

*Suggested:*

- Rose, Geoffrey. *Sick Individuals and Sick Populations*. International Journal of Epidemiology 30, no. 3: 427-32. 2001.
- Lopez, Alan D. *Global Burden of Disease and Risk Factors*. Oxford University Press. 2006
- Bogнар, Greg. *QALYs, DALYs, and Their Critics*. The Routledge Companion to Bioethics. Pages 44-55. 2015.'
- Cupples, Laura M. *Disability, epistemic harms, and the quality-adjusted life year*. International Journal of Feminist Approaches to Bioethics 13.1: 45-62. 2020.

Class 14/March 9<sup>th</sup>: \*\*MIDTERMS DUE\*\* CLASS CANCELLED.

\*\*\*\*\*SPRING BREAK\*\*\*\*\*

## Unit 3 – Topics in Global Health

### Class 15/March 21<sup>st</sup>- Maternal Health

#### Readings:

##### *Required:*

- Wendland, Claire. *Estimating Death: A Close Reading of Maternal Mortality Metrics in Malawi.* In Metrics, ed V Adams (2016). Duke University Press.
- Freedman, Lynn, and Margaret Kruk. *Disrespect and abuse of women in childbirth: challenging the global quality and accountability agendas.* The Lancet 384.9948: e42-e44. 2014.
- Sudhinaraset, May, Afulani, Patience, Diamond-Smith, Nadia., Bhattacharyya, Sanghita., Donnay, France., & Montagu, Dominic. *Advancing a conceptual model to improve maternal health quality: the person-centered care framework for reproductive health equity.* Gates Open Research. 2017. Pages 1-15.

##### *Suggested:*

- Doherty, Tanya, David Sanders, Aameena Goga, and Debra Jackson. *Implications of the New WHO Guidelines on HIV and Infant Feeding for Child Survival in South Africa.* Bulletin of the World Health Organization 89, no. 1: 62-67. 2011
- Rosenfield, Allen, and Deborah Maine. *Maternal Mortality -- A Neglected Tragedy: Where Is the M in MCH?* The Lancet 326, no. 8446: 83-85. 1985.
- Say, Lale, Doris Chou, Alison Gemmill, Özge Tunçalp, Ann-Beth Moller, Jane Daniels, A. Metin Gülmezoglu, Marleen Temmerman, and Leontine Alkema. *Global causes of maternal death: a WHO systematic analysis.* The Lancet Global Health 2, no. 6: 2014. Pages e323-e333.

### Class 16/March 23<sup>rd</sup> - Connections between Population, Reproductive Health and Contraception 1

#### Readings:

##### *Required:*

- Newman Karen, Sarah Fisher, Susannah Mayhew, Judith Stephenson. *Population, sexual and reproductive health, rights and sustainable development: forging a common agenda.* 2014. Volume 22(43). Pages 53-64.
- Cleland J, John Ndugwa, Eliya Zulu. *Family planning in Sub-Saharan Africa: Progress or Stagnation?* The Bulletin of the World Health Organization 89(2). 2011. Pages 137-143.
- Brown, Win, Nel Druce, Julia Bunting, Scott Radloff, Desmond Koroma, Srishti Gupta, Brian Siems, Monica Kerrigan, Dan Kress, and Gary L. Darmstadt. *Developing the "120 by 20" Goal for the Global FP2020 Initiative.* Studies in Family Planning 45, no. 1: 73-84. 2014.

##### *Suggested:*

- Lam, David. *How the World Survived the Population Bomb: Lessons From 50 Years of Extraordinary Demographic History.* Demography, 48(4): 1231-1262. 2011





- Pritchett, Lant. *Desired Fertility and the Impact of Population Policies*. Population And Development Review 20, no. 1 (1994): 1.
- Murphy, Michelle. *The economization of life*. Duke University Press, 2017.

Class 17/March 28<sup>th</sup> – Connections between Population, Reproductive Health and Contraception II  
Readings:

*Required:*

- Kuumba, M Bahati. *A Cross-Cultural Race/Class/Gender Critique of Contemporary Population Policy: The Impact of Globalization*. Sociological Forum 14(3). 1999. Pages 447-463.
- Hendrixson, Anne. *Population Control in the Troubled Present: The '120 by 20' Target and Implant Access Program: Population Control in the Troubled Present*. Development and Change, 50(3):786-804. 2018.

*Suggested:*

- Bhatia, Rajani, et al. *A feminist exploration of 'populationism': engaging contemporary forms of population control*. Gender, Place & Culture 27.3 (2020): 333-350
- Britton, L, et al. "When it comes to time of removal, nothing is straightforward": A qualitative study of experiences with barriers to removal of long-acting reversible contraception in Western Kenya. *Contraception X* 3:100063. 2021. Pages 1-5.
- Corrêa, Sonia, Rebecca Lynn Reichmann, and Rebecca Reichmann. *Population and reproductive rights: Feminist perspectives from the South*. Section 2: "Sexual and reproductive health and rights; the southern feminist approach. Zed Books. 1994. Pages 56-68
- Takeshita, Chikako. *The global biopolitics of the IUD: How science constructs contraceptive users and women's bodies*. MIT Press, 2012.

Class 18/March 30<sup>th</sup> – Self-managed abortion

\*\* Topic proposal for final paper due \*\*

Readings:

*Required:*

- Moseson Heidi, et al. *Self-managed abortion: A systematic scoping review*. Best Practice & Research Clinical Obstetrics & Gynaecology 63. 2020, Pages 87-110
- Assis, MP and Larrea S. *Why self-managed abortion is so much more than a provisional solution for times of pandemic*. Sexual and Reproductive Health Matters. 28(1). 2020. Pages 37-39.

*Suggested:*

- Pizzarosa LB and Nandagiri R. *Self-managed abortion: a constellation of actors, a cacophony of laws?* Sexual and Reproductive Health Matters 29(1). 2021. Pages 23-30.

- Bearak, Jonathan et al. *Unintended pregnancy and abortion by income, region, and the legal status of abortion: estimates from a comprehensive model for 1990–2019*. *The Lancet Global Health* 8(9). 2020. Page e1152-e1161.
- Coeytaux, Francine, Elisa Wells, and Sophia Yen. *Reproductive Health Care by Mail*. *Stanford Social Innovation Review* 16, no. 2 (2018): 61-62.
- Braine, Naomi. *Self-Managed Abortion: Strategies for Support by a Global Feminist Movement*. *Women's Reproductive Health* 9(3). 2022. Pages 183-202.

#### Class 19/April 4<sup>th</sup> – Menstrual Health

##### Readings:

###### *Required:*

- Bobel, Chris. *The Managed Body*. Palgrave Macmillan. 2020.  
Chapter 1: Introduction: What a Girl Needs... Pages 1-42.
- Sommer, M and Sahin M. Overcoming the Taboo: Advancing the Global Agenda for Menstrual Hygiene Management for Schoolgirls. *American Journal of Public Health* 103(9). 2013. Pages 1556-1559.

###### *Suggested:*

- Bobel, Chris. *The Managed Body*. Palgrave Macmillan. 2020.  
Chapters 2-8. Pages 43-315.

#### Class 20/April 6<sup>th</sup> – Gender-Based Violence, and Gender Transformative Approaches

##### Readings:

###### *Required:*

- Casey, Erin et al. *Gender Transformative Approaches to Engaging Men in Gender-Based Violence Prevention: A Review and Conceptual Model*. *Trauma, Violence and Abuse* 19(2). 2016. Pages 231-246.
- Brush, Lisa and Elizabeth Miller. *Trouble in Paradigm: "Gender Transformative" Programming in Violence Prevention*. *Violence against Women* 25(14). 2019. Pages 1635-1656.
- Dworkin S and Gary Barker. *Gender-Transformative Approaches to Engaging Men in Reducing Gender-Based Violence: A Response to Brush & Miller's "Trouble in Paradigm."* *Violence against Women* 25(14). 2019. Pages 1657-1671.

###### *Suggested:*

- Merry, SE. *The Seductions of Quantification: Measuring Human Rights, Gender Violence and Sex Trafficking*. University of Chicago Press. 2016.  
Chapters 4-8

#### Class 21/April 11<sup>th</sup> – Gender, Abortion and Reproductive Justice

GUEST LECTURE BY DR. RISHITA NANDAGIRI -- Readings to be announced.



Class 22/ April 13<sup>th</sup>: Class time to meet with groups to discuss group project  
No readings

Class 23/April 18<sup>th</sup> –HIV/AIDS

Readings:

*Required:*

- Etoori, David, Bernhard Kerschberger, Nelly Staderini, Mpumelelo Ndlangamandla, Bonisile Nhlabatsi, Kiran Jobanputra, Simangele Mthethwa-Hleza et al. *Challenges and successes in the implementation of option B+ to prevent mother-to-child transmission of HIV in southern Swaziland*. BMC Public Health 18, no. 1:1-9. 2018.
- Thomann, Matthew. *HIV vulnerability and the erasure of sexual and gender diversity in Abidjan, Côte d'Ivoire*. Global Public Health 11(7-8). 2016. Pages 994-1009.
- Higgins, J et al. *Rethinking Gender, Heterosexual Men, and Women's Vulnerability to HIV/AIDS*. American Journal of Public Health 100 (3). 2010. Pages 435-445.
- Gupta, Jaya et al. *Mainstreaming gender into global health programming to improve women's health*. Health Care for Women International 41(4). 2020. Pages 476-488.

*Suggested:*

- The World Health Organization. *The Global Health Sector Strategy on HIV/AIDS 2011–2015: An Interim Review of Progress*.  
<https://apps.who.int/iris/bitstream/handle/10665/112790?sequence=1>

Class 24/April 20<sup>th</sup> – Covid-19 and other epi/pandemics

**\*\*2-page outline of final paper due\*\***

*Required:*

- Wenham, Claire and Sara Davies. *WHO runs the world – (not) girls: gender neglect during global health emergencies*. International Journal of Feminist Politics 24(3). Pages 415-438.
- Bali, Sulzhan et al. *Off the back burner: diverse and gender-inclusive decision-making for COVID-19 response and recovery*. BMJ Global Health 5(5). 2020. Pages 1-3.
- Davies, Sara, and Belinda Bennett. *A gendered human rights analysis of Ebola and Zika: locating gender in global health emergencies*. International Affairs 92(5). 2016. Pages 1041-1060.
- Abimbola, Seya et al. *Addressing power asymmetries in global health: Imperatives in the wake of the COVID-19 pandemic*. PloS Medicine 18(4). 2021. e1003604, Pages 1-12.

*Suggested:*

- Shawar, YR and J Shiffman. *Political challenges to prioritizing gender in global health organisations*. Journal of Global Health 10(1). 2020. Pages 1-13.

Class 25/April 25<sup>th</sup>– Can We Queer Global Health?

Readings:

*Required:*

- Pillay, SR et al. *Queering global health: an urgent call for LGBT+ affirmative practices*. The Lancet Global Health 10(4). 2022. Pages e574-578.
- Biruk, Cal. "Fake Gays" In Queer Africa: NGOs, Metrics, and Modes of (Queer) Theory. GLQ 26(3). 2020. Pages 477-502.
- Reisner, Sara et al. *Global health burden and needs of transgender populations: a review*. The Lancet 388(10042). 2016. Pages 412-436.

*Suggested:*

- Rosa, W et al. *Global Health Equity for LGBTQ People and Populations*. In Health Equity and Nursing: Achieving Equity through Policy, Population Health and Interprofessional Collaboration. Springer Publishing Company. 2021. Pages 159-180.

Class 26/April 27<sup>th</sup> – Gender, Masculinities and Reproductive Health

GUEST LECTURE BY JOE STRONG

Readings to be announced

Class 27/May 2<sup>nd</sup> – Student Presentations

Class 28/May 4<sup>th</sup> – Student Presentations

**\*\*May 8<sup>th</sup> at 11:59pm – Final papers due\*\***