



Gender and Women's Studies

UNIVERSITY OF WISCONSIN-MADISON

Gen&WS 525: Gender and Global Health in Critical Perspective

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

Office hours: Tuesdays and Thursdays from 4:00pm-5pm or by appointment

Contact: senderowicz@wisc.edu

Office: Room 3314, Sterling Hall

3 Credit Course: This intermediate level, social science course fulfills the bio/health approach and global issue area in the Gender & Women's Studies major.

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 (reading, writing, problem sets, 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.

Canvas Course URL: <https://canvas.wisc.edu/courses/397648>

Requisite: Sophomore standing and honors eligibility, or permission of the instructor.

Class/Seminar Time: Tuesday/Thursday 2:30pm-3:45pm

Location: Van Hise 595

Course Description

Examines the contemporary global health project in historical and cultural context, highlighting some of the greatest sources of tension and struggle. Uses a feminist lens and focuses on gender as key analytic category to course explore the ways that the distribution of global wealth and power impacts health and well-being around the world. Examines 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. Draws on critical theories to situate the study and practice of global health in an intersectional framework.

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.

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.

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.

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.

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.

Your active participation in class sessions is assessed as part of your grade for this class, and makes up 20% of your final grade. During the first few classes, we will discuss what constitutes active participation. Please note that the most valuable participation does not necessarily come from the student who speaks the most. Students who do not listen to their classmates or who do not make room for various viewpoints and speakers will not earn the highest participation grades.

Discussion participation rubric					
Points	5	4	3	2	1
Quality of contribution	Always well-prepared for class; shows critical thought; poses relevant questions; moves dialogue forward; does not dominate discussion; stays on topic; engages with both instructor and classmates	Well-prepared for class most of the time; shows effort in critical thinking; poses questions; helps move dialogue forward; attempts not to dominate discussion; often stays on topic; shows effort to engage with both instructor and classmates	Sometimes well-prepared for class; makes attempts to engage in critical thought; makes attempts to move dialogue forward; may sometimes dominate discussion; sometimes goes off topic; shows some effort to engage with instructor and classmates	Rarely prepared for class; few attempts to engage in critical thought; seldom moves dialogue forward; tends to dominate discussion; often goes off topic; shows little effort to engage with instructor and classmates	Almost never prepared for class; does not attempt to engage in critical thinking; does not move dialogue forward; dominates discussion limiting the participation of others; purposes goes off topic; does not engage with instructor or classmates
Frequency of contribution	Always	Most of the time	Sometimes	Rarely	Never
Respect of ground rules and for others	Always	Most of the time	Sometimes	Rarely	Never

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?
- 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 (2:30 pm on Thursdays).

Midterm Paper: You will be given the prompt for a five-page (12-point font, double-spaced) take-home midterm paper on February 29th, with your paper due uploaded to Canvas March 7th 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 gendered critiques of global health.

Group presentations: In small groups that I assign, you will choose an example of a global health program related to gender, and your group will be responsible for presenting on this program to the class for 12 minutes. Some questions your presentation might consider:

- What is the global health program you chose?
- What problem was it designed to address?
 - 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 is the gender dimension to this program?
 - 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 the global health topic, as well as the program's 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.

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 11:59 on May 9th. It can be a topic we cover in class (although you will be expected to go far beyond what we read/discussed in class), but students often do best when they choose a new 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 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.

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 days 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.

Failure to take exams, complete assignments, or take quizzes is not an acceptable reason for an incomplete. In addition, failure to properly pace through the course and complete it within the allotted weeks is not a reason to request nor be granted an incomplete. Because students are allowed to work ahead in the course, an incomplete won't be granted towards the end of the course, because students would have had ample time to otherwise complete the coursework. Incomplete grades will not be issued, except under a well-documented extreme emergency situation at the discretion of the instructor.

Regrading policy: Please know that I take a lot of care with grading and give your work my full consideration. As a matter of fairness to all students, I do not regrade assignments simply because a student is unhappy with their grade, since this type of ad-hoc re-grading contributes to campus inequities. If you feel that there has been a genuine mistake in the grading of one of your assignments, you may request that course faculty regrade the assignment. This request must be issued within five days of the receipt of the grade. Please also note that requesting a regrade of your work has the potential to lower your grade as well as to raise it.

Course grading

Final grades will be calculated as follows for this course. There is no curve.

Course requirement	% of final grade
Class engagement/participation	20%
Reading responses	5%
Midterm paper	25%
Group presentations	15%
Final paper	35%

Letter grades are converted as follows:

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

OTHER COURSE INFORMATION

- This class is an honors course

RULES, RIGHTS & RESPONSIBILITIES

- See: <https://guide.wisc.edu/undergraduate/#rulesrightsandresponsibilitiestext>

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.

- See: <https://secfac.wisc.edu/academic-calendar/#religious-observances>

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.

ACCOMMODATIONS FOR STUDENTS WITH DISABILITIES

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 [me] 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 [I], will work either directly with the student [you] 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.

<https://mcburney.wisc.edu/instructor/>

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.

DIVERSITY & INCLUSION

Institutional statement on diversity:

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/>

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.

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 class time. 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.

SEXUAL HARASSMENT & 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:

- Department Chair, Dr. Judy Houck (jahouck@wisc.edu)

- Department Administrator, Jamie Gratrix (jamie.gratrix@wisc.edu)
- Graduate Coordinator, Duachi Yang (duachi.yang@wisc.edu)
- Undergraduate Advisor, Lachrista Greco (lachrista.greco@wisc.edu).

PRIVACY OF STUDENT RECORDS & THE USE OF AUDIO RECORDED LECTURERS 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.

Digital Course Evaluations (HelioCampus, recently known as AEFIS)

UW-Madison uses a digital course evaluation survey tool called HELIOCAMPUS. 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.

STUDENT 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. You can reach me at senderowicz@wisc.edu

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

January 23rd – Welcome, introductions, and overview of the course

[No required readings]

January 25th – What is global health?

Required reading:

- Rather than me assigning you a reading for this class, instead I'm asking you to find your own reading. Using Google Scholar, PubMed, or another academic database of your own choice, please identify and read two scholarly articles that will help you answer the question, "What is global health?" Then please come to class ready to discuss the answer to that question.

January 30th – Where does global health come from?

Required reading:

- 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 (Chapters 1 and 2). Pages 13-46.

If you're hungry for more (aka 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!)
- 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://bmcinthealthhumrights.biomedcentral.com/articles/10.1186/s12914-014-0036-5>

February 1st – How does global health sit as part of the broader global development project?

Required reading:

- *The Development Dictionary: A Guide to Knowledge as Power*. Zed Books. 1992. Pages 1-23.
 - Sachs, Wolfgang. "Introduction." Pages 1-7
 - Esteva, Gustavo. "Development." Pages 8-23
- Shrestha, Nanda. *Becoming a Development Category*. In *Power of Development*, ed. Jonathan Crush. 1995. Routledge. Pages 259-270

If you're hungry for more (aka suggested readings):

- Escobar, Arturo. *Encountering Development: The making and unmaking of the Third World*. Princeton University Press. 1995.
- 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.

February 6th – How does gender meet global health?

Required reading:

- 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.
- [SKIM] 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_0.pdf

- The Girl Effect: The Clock is Ticking (video) <https://www.youtube.com/watch?v=1e8xgF0JtVg>

If you're hungry for more (aka suggested readings):

- Clark Jocelyn, Richard Horton. A coming of age for gender in Global Health. *The Lancet* 393. 2019. 2367-2369.
- Corrêa S, Jolly S. *Development with a Body: Sexuality, Human Rights and Development*. Zed Books. 2008
 - Chapter 2: Development's encounter with sexuality: essentialism and beyond. Pages 22-44

February 8th – What are the social determinants of global health and how do they become embodied?

Required reading:

- Marmot, Michael. Social determinants of health inequalities. *The Lancet*. 365:1099-104. (2005).
- 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.
- Krieger, Nancy. Embodiment: A Conceptual Glossary for Epidemiology. *Journal of Epidemiology and Community Health* 59, no. 5: 350-355. 2005

If you're hungry for more (aka 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.

February 13th – To hell with good intentions? What are the politics of solidarity in global health?

Required reading:

- Mohanty, Chandra Talpade. "Cartographies of Struggle: Third World Women and the Politics of Feminism." In *Third World Women and the Politics of Feminism*. Eds. Mohanty, Russo and Torres. Bloomington: Indiana University Press. 1991. Pages 1-50
- 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

February 15th – What is decolonization?

Required reading:

- Abimbola, Seye, and Madhukar Pai. Will global health survive its decolonisation? *Lancet* 396.10263 (2020): 1627-1628.
- Fofana, Mariam O. Decolonising global health in the time of COVID-19. *Global Public Health* 16.8-9 (2021): 1155-1166.
- Affun-Adegbulu, Clara, and Opemiposi Adegbulu. Decolonising global (public) health: from Western universalism to global pluriversalities. *BMJ Global Health* 5.8: e002947. 2020.

If you're hungry for more (aka suggested readings):

- Fanon, Frantz. *The Wretched of the Earth*. Grove Press. 1963.
Section 1: On Violence. Pages 1-62.
- Richardson, Eugene T. On the coloniality of global public health. *Medicine Anthropology Theory* 6.4 (2019).

February 20th – Can global health be decolonized?

Required reading:

- Naidu, Thirusha. Says who? Northern ventriloquism, or epistemic disobedience in global health scholarship. *The Lancet Global Health* 9.9: e1332-e1335. 2021.
- Hindmarch, Suzanne and Sean Hillier. Reimagining Global Health: From Decolonisation to Indigenization. *Global Public Health*. 30(1). Pages 1-12. 2022.

If you're hungry for more (aka suggested 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

February 22nd – Is representation a solution for the coloniality of global health?

Required reading:

- Táíwò, Olúfẹmi O. "Being-in-the-Room Privilege: Elite Capture and Epistemic Deference" *The Philosopher*. <https://www.thephilosopher1923.org/post/being-in-the-room-privilege-elite-capture-and-epistemic-deference>

If you're hungry for more (aka suggested readings):

- Krugman, Daniel W. "Global health and the elite capture of decolonization: On reformism and the possibilities of alternate paths." *PLOS Global Public Health* 3.6 (2023): e0002103.
- Táíwò, Olúfẹmi O. Identity Politics and Elite Capture. <https://www.bostonreview.net/articles/olufemi-o-taiwo-identity-politics-and-elite-capture>. The Boston Review. May 2020

February 27th – Who gets to decide – how is global health governed?

Required reading:

- 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.
- Abimbola, Seye, et al. Addressing power asymmetries in global health. *PLoS medicine* 18.4: e1003604. 2021.
- Farmer, Paul. "Pathologies of power: rethinking health and human rights." *American journal of public health* 89.10 (1999): 1486-1496.

If you're hungry for more (aka suggested readings):

- Rylko-Bauer, Barbara, and Paul Farmer. "Structural violence, poverty, and social suffering." *The Oxford Handbook of the Social Science of Poverty*. 2016. Pages 47-74.
- Ratele, Kopano. "Ruling masculinities in post-apartheid South Africa. In *Development with a Body: Sexuality, Human Rights and Development*. Zed Books. 2008. Pages 121-135.
- 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.
- Kay, Adrian and Owain David. Williams. *Global Health Governance: Crisis, Institutions and Political Economy*. International Political Economy Series. Palgrave Macmillan. 2009.

February 29th – Who gets to decide? How is global health funded?

**** MIDTERM PROMPT GIVEN ****

Required reading:

- McCoy, David, et al. The Bill & Melinda Gates Foundation's grant-making programme for global health. *The Lancet* 373:9675. 2009. Pages 1645-1653.
- Kentikelenis, Alexander E. Structural Adjustment and Health: A Conceptual Framework and Evidence on Pathways. *Social Science & Medicine* 187: 296-305. 2017.

If you're hungry for more (aka suggested readings):

- Dembele, 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.
- Fejerskov, Adam Moe. *The Gates Foundation's Rise to Power: Private Authority in Global Politics*. Routledge Studies in Development and Society; 43. 2018

March 5th – What are DALYs and how do we summarize population health?

Required reading:

- 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.

If you're hungry for more (aka suggested readings):

- 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.
- 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
- Bogner, 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.

March 7th – How do we evaluate things in global health?

****MIDTERM ASSIGNMENT DUE****

Required reading:

- 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
 - Chapter 2: Indicators as a Technology of Knowledge. Pages 27-43

If you're hungry for more (aka suggested readings):

- 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.
- 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. 201

Unit 2 – Topics in gender and global health

March 12th – Maternal health

[No required readings]

If you're hungry for more (aka suggested readings):

- 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.
- Doherty, Tanya, David Sanders, Ameena 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.

March 14th – Gender-based violence and gender-transformative programs

Required reading:

- 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.
- [SKIM] 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.

If you’re hungry for more (aka suggested readings):

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

March 19th – Masculinities and global health

Required reading:

- Cornwall, Andrea. "Missing men? Reflections on men, masculinities and gender in GAD." *IDS bulletin* 31.2 (2000): 18-27.
- Marcos, Jorge Marcos, et al. "Performing masculinity, influencing health: a qualitative mixed-methods study of young Spanish men." *Global health action* 6.1 (2013): 21134.
- Strong, Joe, et al. "'If I Am Ready': Exploring the relationships between masculinities, pregnancy, and abortion among men in James Town, Ghana." *Social Science & Medicine* 314 (2022): 115454.

If you’re hungry for more (aka suggested readings):

- Greene, Margaret E., and Ann E. Biddlecom. "Absent and problematic men: Demographic accounts of male reproductive roles." *Population and development review* 26.1 (2000): 81-115.
- Zielke, Julia, et al. "Operationalising masculinities in theories and practices of gender-transformative health interventions: a scoping review." *International Journal for Equity in Health* 22.1 (2023): 139.
- Ruane-McAteer, Eimear, et al. "Interventions addressing men, masculinities and gender equality in sexual and reproductive health and rights: an evidence and gap map and systematic review of reviews." *BMJ Global Health* 4.5 (2019).
- Shawar, Yusra Ribhi, and Jeremy Shiffman. "Political challenges to prioritizing gender in global health organisations." *Journal of global health* 10.1 (2020).

March 21st – Queering global health

**** TOPIC PROPOSAL FOR FINAL PAPER DUE ****

Required reading:

- Pillay, SR et al. Queering global health: an urgent call for LGBT+ affirmative practices. *The Lancet Global Health* 10(4). 2022. Pages e574-578.

- Reisner, Sara et al. Global health burden and needs of transgender populations: a review. *The Lancet* 388(10042). 2016. Pages 412-436.

If you're hungry for more (aka suggested readings):

- Biruk, Cal. "Fake Gays" In Queer Africa: NGOs, Metrics, and Modes of (Queer) Theory. *GLQ* 26(3). 2020. Pages 477-502.
- 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.

****SPRING BREAK: NO CLASS MARCH 26TH OR 28TH****

April 2nd – Self-managed abortions

Required reading:

- 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.

If you're hungry for more (aka suggested readings):

- Braine, Naomi. Self-Managed Abortion: Strategies for Support by a Global Feminist Movement. *Women's Reproductive Health* 9(3). 2022. Pages 183-202.
- Bearak, Jonthan 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.
- 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.

April 4th – Population and reproductive health

Required reading:

- Bongaarts, John, and Steven Sinding. "Population policy in transition in the developing world." *Science* 333.6042 (2011): 574-576.

- 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.

If you're hungry for more (aka suggested readings):

- Lam, David. How the World Survived the Population Bomb: Lessons From 50 Years of Extraordinary Demographic History. *Demography*, 48(4): 1231-1262. 2011.
- 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
- Bhatia, Rajani, et al. A feminist exploration of 'populationism': engaging contemporary forms of population control. *Gender, Place & Culture* 27.3 (2020): 333-350
- 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

April 9th – Contraception and family planning

Required reading:

- 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.
- 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.

If you're hungry for more (aka suggested readings):

- Senderowicz, L, and Al Kolenda. "'She told me no, that you cannot change": understanding provider refusal to remove contraceptive implants." *SSM-Qualitative Research in Health* 2 (2022): 100154.
- Takeshita, Chikako. *The global biopolitics of the IUD: How science constructs contraceptive users and women's bodies*. MIT Press, 2012.
- 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.

April 11th – Menstrual hygiene

Required reading:

- 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.

If you're hungry for more (aka suggested readings):

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

April 16th– HIV/AIDS

Required reading:

- 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.
- 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

If you're hungry for more (aka suggested readings):

- 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>
- 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
- 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.

April 18th – Time to meet with groups to work on group projects

****TWO-PAGE OUTLINE OF FINAL PAPER DUE****

No required readings

April 23rd – Covid-19 and other epi/pandemics

Required reading:

- 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.

If you're hungry for more (aka suggested readings):

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

April 25th– Catch-up day

Required reading:

- To be announced

April 30th – Student group presentations

No required readings

May 2nd– Student group presentations

No required readings

May 9th

****FINAL PAPERS DUE****