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SCHOOL of
HYGIENE
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MEDICINE



MODULE SPECIFICATION

Academic Year (student cohort covered by specification)	2020-21
Module Code	GHM101
Module Title	The Economics of Global Health Policy
Module Organiser(s)	Andreia C Santos
Faculty	Public Health & Policy: London School of Hygiene & Tropical Medicine http://www.lshtm.ac.uk/php/
FHEQ Level	Level 7
Credit Value	CATS 15 ECTS 7.5
HECoS Code	101402
Mode of Delivery	Distance Learning
Mode of Study	Directed self-study, through online materials via the Virtual Learning Environment
Language of Study	English
Pre-Requisites	None
Accreditation by Professional Statutory and Regulatory Body	None
Module Cap (Maximum number of students)	None
Target Audience	This module is compulsory for the PGCert/PGDip/MSc Global Health Policy by Distance Learning, and can also be taken as a standalone module. This module is intended for those students interested in the application of economic principles to the study of global health policy.
Module Description	This module introduces students to economic concepts, practice and evidence concerning the global economy and its relation to global health. It is aimed at students with little background knowledge of economics. The module includes a formative assignment to aid student learning and is assessed by exam.
Duration	Moodle is open to access from 1 st October each year. Students then plan their own studies between October and June. Examinations are held in the first three weeks of June.



Last Revised (e.g. year changes approved)	May/2020
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Programme(s)	Status
This module is linked to the following programme(s)	
PGCert/PGDip/MSc Global Health Policy (Distance Learning - University of London Worldwide)	Compulsory
PGDip/MSc Demography and Health (Distance Learning - University of London Worldwide)	Elective

Module Aim and Intended Learning Outcomes

Overall aim of the module
The overall module aim is to improve students' understanding of essential economic principles in global health policy.

Module Intended Learning Outcomes
Upon successful completion of the module a student will be able to: <ol style="list-style-type: none"> 1. describe the core features of economics and key economic terms as they relate to global health policy; 2. investigate areas of global health policy that are affected by economics; 3. analyse economic information and evidence in relation to global health issues; 4. evaluate the contribution of economics to aspects of global health policy.

Indicative Syllabus

Session Content
The module is expected to cover the following topics: <ul style="list-style-type: none"> • Introduction; • Macroeconomics and Health; • The Global Economy; • Global Economic Actors and Institutions; • Global Trade; • Global Wealth and Health; • Global Economics of Infectious Diseases; • Global Economics of Non-Communicable Diseases; • Health Worker Migration; • Medical Tourism; • The Pharmaceutical Industry; • E-Health; • Global Public Goods for Health.



Teaching and Learning

Notional Learning Hours

Type of Learning Time	Number of Hours	Expressed as Percentage (%)
Directed self-study	78	52
Self-directed learning	22	15
Assessment, review and revision	50	33
Total	150	100

Teaching and Learning Strategy

Learning is self-directed against a detailed set of learning objectives using the materials provided. Module tutors provide asynchronous support for students by replying to students' questions in open online discussion forums and facilitating discussion. Students are also strongly encouraged to participate in live webinars available on Moodle to obtain tutor support, and to make use of LSHTM online library resources. In addition, written feedback is provided on submitted formative assignments.

Assessment

Assessment Strategy

An optional formative assessment (FA) is offered to encourage students to test their new knowledge and receive individual feedback. The formative assessment is optional and will not count towards a student's final grade. The submission deadline for the FA is **31 March**.

The summative assessment of this module is by a two hour 15-minute written examination which will account for 100% of the student's final grade. Students are advised to spend the first 15 minutes reading the paper and planning response.

If students fail the module overall they are allowed one further attempt at the examination.

Summative Assessment

Assessment Type	Assessment Length (i.e. Word Count, Length of presentation in minutes)	Weighting (%)	Intended Module Learning Outcomes Tested
Exam	2 hours and 15 minutes	100	1 - 4

All Formatives Assignment must be submitted via the Assignment Management System.

Unseen written examinations for DL modules are held once a year, in June (including resits). Examinations are normally taken in a student's country of residence, in one of over 650 examination centres worldwide (arranged mainly through Ministries of Education or the British Council). A list of examination centres can be found at:

<https://london.ac.uk/current-students/examinations/examination-centres>

A local fee will be payable direct to the examination centre. This fee is in addition to the programme/module fee and is set by, and paid directly to, the individual examination centres. The level of local examination centre fees varies across the world and neither the University of London nor the LSHTM have any control over the fee amount.

Resitting assessment

Resits will accord with the LSHTM's [Resits Policy](#).



Resources

Indicative reading list

Fidler D, Drager N, Lee K (2009). Managing the pursuit of health and wealth: the key challenges. *The Lancet* 373, 325-331.

Bloom D, and Canning D (2000). The Health and Wealth of Nations. *Science* 287 (5456), 1207-1209.

Smith RD (2010). The role of economic power in influencing the development of global health governance. *Global Health Governance* 3(2): 1-12

Marshall K (2008). The World Bank: from reconstruction to development to equity. Chapter 3: 59-92.

Smith R, Lee K, Drager N (2009). Trade and Health: An Agenda for Action. *Lancet* 373(9665):768-73.

Smith RD (2006). Responding to global infectious disease outbreaks: lessons from SARS on the role of risk perception, communication and management. *Social Science and Medicine* 63: 3113-3123.

Moodie R, Stuckler D, Monteiro C, et. al. 2013. Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries. *Lancet* 2013; 381: 670–79

Aluttis C, Bishaw T, and Frank Martina W., 2014. The workforce for health in a globalized context global shortages and international migration. *Glob Health Action* 2014, 7: 23611

Smith R, Martínez Álvarez M, and Chanda R (2011). Medical Tourism: a review of the literature and analysis of a role for bi-lateral trade. *Health Policy*.

Anderson S (2004). The role of the pharmaceutical industry. In: Anderson S, Summers R, Wiedenmayer K (eds) *Managing Pharmaceuticals in International Health*: 71-85

Aaviksoo, A.; Kruus, P. (2013) Cross-border potential of telemedicine solutions. *Eurohealth*; 2013. 19(4):24-26.

Woodward D, Smith RD (2003). Global Public Goods for Health: concepts and issues. In: Smith RD, Beaglehole R, Woodward D, Drager N (eds). *Global Public Goods for Health: a health economic and public health perspective*. Oxford University Press: 3-29.

Other resources

A full list of essential, recommended and further reading is given for each session.



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Teaching for Disabilities and Learning Differences

The LSHTM Moodle has been made accessible to the widest possible audience, using a VLE that allows for up to 300% zoom, permits navigation via keyboard and use of speech recognition software, and that allows listening through a screen reader.

For students with special needs, reasonable adjustments and support can be arranged – details and how to request support can be found on the University of London Worldwide website at <https://london.ac.uk/applications/how-it-works/inclusive-practice-access-arrangements>