

## MODULE SPECIFICATION

<b>Academic Year (student cohort covered by specification)</b>	2024-25
<b>Module Code</b>	GHM101
<b>Module Title</b>	The Economics of Global Health Policy
<b>Module Organiser(s)</b>	Andreia C Santos
<b>Faculty</b>	<a href="#">Public Health &amp; Policy</a> : London School of Hygiene & Tropical Medicine
<b>FHEQ Level</b>	Level 7
<b>Credit Value</b>	<b>CATS</b> 15 <b>ECTS</b> 7.5
<b>HECoS Code</b>	101402
<b>Mode of Delivery</b>	Distance Learning
<b>Mode of Study</b>	Directed self-study, through online materials via the Virtual Learning Environment
<b>Language of Study</b>	English
<b>Pre-Requisites</b>	None
<b>Accreditation by Professional Statutory and Regulatory Body</b>	None
<b>Module Cap (Maximum number of students)</b>	None
<b>Target Audience</b>	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.
<b>Module Description</b>	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 a time-limited assessment (TLA).
<b>Duration</b>	Moodle is open to access from 1 <sup>st</sup> October. Students then plan their own studies between October and June.
<b>Last Revised (e.g. year changes approved)</b>	June 2024

<b>Programme(s)</b>	<b>Status</b>
This module is linked to the following programme(s)	
PGCert/PGDip/MSc Global Health Policy (Distance Learning - University of London)	Compulsory
PGDip/MSc Demography and Health (Distance Learning - University of London)	Elective

## **Module Aim and Intended Learning Outcomes**

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

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

## **Indicative Syllabus**

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

## 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
<b>Total</b>	<b>150</b>	<b>100</b>

### 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 students to assess their knowledge and understanding of the materials and receive individual feedback. The formative assessment is optional and will not count towards a student's final module grade.

The summative assessment of this module is by time-limited assessment which will account for 100% of the student's final module grade.

### Summative Assessment

Assessment Type	Assessment Length (i.e. Word Count, Length of presentation in minutes)	Weighting (%)	Intended Module Learning Outcomes Tested
Time-limited assessment	TBC	100	1 - 4

Formative assignments for this module can be submitted only once annually, no later than **14 February** and must be submitted via the online Assignment Management System.

Time-limited assessments for DL modules are held once a year, usually in June (including resits).

Time-limited assessments are held in accordance with University of London's annual guidance.

Please note that a separate assessment fee may be payable in addition to the module fee. Further details will be communicated as soon as the final decisions are known.

### **Resitting assessment**

Resits will accord with the LSHTM's Resits Policy.

The Resit assessment will be the same assessment type as the first attempt (see previous table).

## Resources

### Indicative reading list

Parkin M, Powell M, Matthews K (2017). What is economics? In: Parkin M, Powell M, Matthews K, Economics (10th edition). Harlow: Addison-Wesley, Pearson Education Limited. Chapter 1, 3-30.

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

Blouin C, Chopra M, van der Hoeven R (2009). Trade and social determinants of health. *The Lancet* 373, 502-507.

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

Smith R, Hanefeld J (2018). *Globalization, Trade, and Health Economics*, Oxford University Press.

Peet R (2009). *Unholy Trinity: The IMF, World Bank and WTO* (2 ed). London: Zed Books. Chapter 3: 56-110.

Gleeson D, Labonté R (2020). Trade agreements and public health. Springer Singapore. Chapter 2. Available at: [https://www.publichealthonline.net/wp-content/uploads/2020/08/Trade-Agreements-And-Public-Health\\_-A-Primer-For-Health-Policy-Makers-Researchers-And-Advocates.pdf](https://www.publichealthonline.net/wp-content/uploads/2020/08/Trade-Agreements-And-Public-Health_-A-Primer-For-Health-Policy-Makers-Researchers-And-Advocates.pdf).

Deaton A. 2001. Health, Inequality, and Economic Development. Research Programme in Development Studies and Centre for Health and Wellbeing, Princeton University. – seminal work on the relationship between health and the distribution of income.

Keogh-Brown MR, Jensen HT, Edmunds WJ, Smith RD. 2020. The impact of Covid-19, associated behaviours and policies on the UK economy: a computable general equilibrium model. *Social Science and Medicine - Population Health* 12, DOI: 10.1016/j.ssmph.2020.100651.

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* 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*. 7 (23611).

Lunt N, Smith, R, Exworthy M, Hanefeld J and Mannion R (2014) Market size, market share and market strategy: three myths of medical tourism. *Policy & Politics*. 42(4): 597-614.

Malerba, F and Orsenigo, L. 2015. The evolution of the pharmaceutical industry. *Business History*, 57:5, 664-687.

Cross S, Rho Y, Reddy H, Pepperrell T et al. 2021. Who funded the research behind the Oxford-AstraZeneca COVID-19 vaccine? Approximating the funding to the University of Oxford for the research and development of the ChAdOx vaccine technology. *BMJ Global Health*. 2021 ;6:e007321.

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

### **Other resources**

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

## **Teaching for Disabilities and Learning Differences**

The module-specific site on Moodle provides students with access to the majority of the module learning materials, including a study guide and online reading list (detailing both essential and recommended readings), and additional resources including supplementary exercises and optional lecture recordings. In some cases, module materials include a text book that is made available to students in e-format. All materials posted up on Moodle areas, including computer-based sessions, have been made accessible where possible. 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. All students have access to "[SensusAccess](#)" software which allows conversion of files into alternative formats.

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://www.london.ac.uk/study/how-apply/inclusive-practice-access-arrangements>