Welcome, introductions and Course overview
Controversies affect all aspects of human social interaction. But how do we define a controversy, and how can a controversy be analyzed? What are the main controversies in international health?

Issue Attention in Global Health
How and why do some global health issues attract attention? We will analyze the processes and factors behind the emergence of attention. Jeremy Shiffman’s framework of four categories seeks to promote inquiry on the determinants of issue attention in global health.

Speakers
Dr. Atti-La Dahlgren, Dr. Slim Slama, Division of International and Humanitarian Medicine, Geneva University Hospitals (HUG), Geneva

Lunch

2.00 pm – 4.00 pm
Visit to:
United Nations European Headquarters
Palais des Nations
14, avenue de la Paix
Day 2, October 25 Falsified, Substandard and Counterfeit Medicines: Public health or intellectual property rights issues?

Counterfeit, falsified and substandard medicines pose a considerable threat to health security. They can fail to cure, promote antimicrobial resistance or cause injury and death. The threat posed by such medicines is growing, particularly in poorer countries with weak regulatory mechanisms and poorly monitored distribution networks. Poor patients in developing countries, who usually have to procure medicines with their own resources, are particularly vulnerable. One controversial aspect of the discussion relates to the terminology used (e.g. ‘counterfeit’ vs ‘substandard’). Indeed, a concern raised by several developing countries pertains to the use of the term ‘counterfeit’ (a term used in connection with IP violations particularly trademark infringements) to describe problems relating to the quality, safety and efficacy of medical products. The fact that this term is utilized in support of the lobbying efforts of the G8 countries and pharmaceutical companies to strengthen IP enforcement measures, can be perceived as masking the more pressing issues of access to quality medicines.

9.30 am – 12.30 pm

Speakers:

Dr. Valerio Reggi, WHO

Debate:
Mario Ottiglio, IFPMA
Sangeeta Sashikant, Third World Network, or
Nirmalya Syam, The South Centre

Moderator: Catherin Saez

Lunch

2.00 pm – 4.00 pm
Visit to:
Medicines Sans Frontiers (MSF)
Katy Athersuch
Day 3, November 1

Corruption in the health sector

Corruption is a serious threat to health governance, undermining quality and availability of services, especially for the poor. Although no country is immune, citizens in poorer countries are more likely to experience corruption when they interact with public officials, and the effects of corruption on their health and welfare are exacerbated. These factors make corruption an important global health issue. Fighting corruption requires strategies which are grounded in theory, informed by evidence, guided by experience, and adapted to context. Development agencies are promoting the “mainstreaming” of anti-corruption, i.e. incorporating anti-corruption approaches in all sectors and at all intervention levels in order to achieve sustainable impact. But how do we adapt anticorruption principles to the particular context of health systems? What are the weaknesses in health systems that create vulnerabilities to corruption, and how can institutional structures and systems be strengthened to reduce the extent of fraud and abuse?

9.30 am – 12.30 pm

Speakers:
Eelco Jacobs, The Basel Institute of Governance

Lunch

2.00 pm – 4.00 pm
Visit to:

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA
Robert Appleton, Head of Investigations, Office of the Inspector General
TBC
With more than a billion smokers worldwide, tobacco is mankind’s most widespread serious health hazard, and among its most contagious. It is therefore quite naturally that the tobacco industry is often compared to an infectious disease vector. But unlike the study of mosquitoes that transmits malaria, the study of the tobacco industry as a vector is limited by the industry’s attempts to conceal or alter its visible behavior to research. Legal settlements in United States and UK have required leading tobacco industries to provide public access to internal documents. These documents have enable researchers to better understand the industry’s strategies to maintain its markets. During this session, we will focus on the strategies developed by tobacco industries to manipulate scientific evidence on the risks of tobacco and undermine research findings.

9.30 am -12.30

Speakers: to be confirmed

Lunch

2.00-4.00 pm
Film
Day 5, November 15

Controversies in International Migration and Health

Should illegal migrants be eligible for Health Care?

There are approximately 12 million undocumented migrants in the United States and about half that number in the EU. Health of undocumented migrants is highly at risk due to difficult social and working conditions. Undocumented migrants face many barriers to access healthcare, not least from national regulations. At the same time the right to health care has been recognized as a human right by various International instruments. This creates a paradox for health care providers, going against the law and insurance regulations or against basic human rights.

9.30 am – 12.30 pm

Speaker:

Pr. Manuel Carballo, Executive Director, The International Centre for Migration and Health

Lunch

2.00 pm – 4.00 pm

Visit to:

IOM – International Organization for Migration
Day 6, November 22

Can the Food Industry Play a Constructive Role in the Obesity Epidemic?

9.30 am – 12.30 pm

Food companies have contributed to the development of a food system that now provides adequate and safe food to billions of people worldwide. However nutrition crises related to over- and under-nutrition remain common. This session will focus on the increasing role food companies are playing in the obesity epidemic and the way they portray the problem and their contributions to solve it.

Speakers:

Christophe Lecureuil

Lunch

2.00 pm – 4.00 pm
Visit to:

GAIN
Karie Atkinson
Birgit Poniatowski
Day 7, November 29
Humanitarian Action- Security and Military intervention

Humanitarian interventions are increasingly politicized and militarized. The deteriorated security situation for humanitarian workers in many crisis zones, as well as the political discussions about terrorism and counter terrorism strategies developed after 9/11 (the Global War on Terror), have led to increasing militarization of many humanitarian fields. Militarization of aid as well as counter-terrorist interventions backed with humanitarian activities in order to win the “hearts and minds” of the population has contributed to blurring the lines between combatants and non combatants. These developments have had considerable impact on the ability of humanitarian organizations to genuinely provide aid to populations in dire need, within a strictly humanitarian assistance framework. In addition, aid recipients' perception of humanitarian actors has been affected. This session examines the possible consequences of these developments, both for humanitarian organizations and for the victims of conflict.

9.30 am – 12.30 pm

Speakers:
Pr. Louis Loutan, Division of International and Humanitarian medicine, Geneva University Hospitals
Yves Etienne, International Red Cross Committee (ICRC)

Lunch

2.00 pm – 4.00 pm

Visit to:

UNHCR
Day 8, December 6

Final Quiz

Controversies in HIV/AIDS funding

Does the focus on vertical health funding in HIV/AIDS programs cause damage to other parts of the health system in the countries they operate? Should the intense HIV/AIDS focus be dropped and resources distributed to other areas such as mother and child care – the most vulnerable part of a population, as well as towards combating diarrheal and respiratory diseases that contribute to high mortality rates? Does the new international attention on non communicable disease divert funds for HIV/AIDS in developing countries?

9.30 am – 12.30 pm

Speakers:
to be confirmed

Lunch

2.00 pm – 4.00 pm
Visit to:

WHO/UNAIDS