

# **Wharton Health Care Management Department**

**HCMG 868 - 001**

**“Private Sector Participation in Global Health Development”**

**Location: CPC Aud**

**Syllabus, Spring 2019 Version 1**

**This version is for review during the course selection period.**

**It is subject to change.**

**THIS COURSE MEETS ON MONDAYS THROUGHOUT THE SEMESTER FROM 4:30 PM TO 5:50 PM. THE FIRST SESSION, HOWEVER, IS ON WEDNESDAY, JANUARY 16. THE SECOND SESSION WILL BE ON MONDAY, JANUARY 28 (OWING TO MLK DAY), AND ON ALL MONDAYS THEREAFTER THROUGH THE END OF THE SEMESTER, EXCEPT FOR SPRING BREAK**

**This is a 0.5 cu course**

**Instructor: Stephen M. Sammut**

Senior Fellow, Wharton Health Care Management and Lecturer, Wharton Entrepreneurship

Office hours: Sign-up sheet posted on webcafe or by special appointment

Location: SH-DH 3016

Classes: Mondays throughout the semester: 4:30 to 5:50 PM

E-mail: [smsammut@wharton.upenn.edu](mailto:smsammut@wharton.upenn.edu)

By snail mail or over-night courier: please sign to authorize “drop-off:

300 East Lancaster Avenue, Suite 1002

Wynnewood, PA 19096

**Course Units:** 0.5 cu

**Prerequisites:** General knowledge of health care systems or life sciences and an interest in global health

**Eligible Students:** Students in graduate or professional programs University-wide. Instructor welcomes undergraduate and graduate students from all Schools of the University who are passionate about the challenges of global health

**Course materials:** Text book: *Reimagining Global Health: An Introduction*, Paul Farmer, Jim Yong Kim, Arthur Kleinman and Matthew Basilico, University of California Press, 2013. Available in soft copy and as an e-book.  
*Scientific American Lives: New Answers for Global Health* (will be distributed for free in first class)  
Course pack, 2017 edition  
Canvas Postings

## **Learning Objectives:**

The purpose of this course is to describe entrepreneurial and business approaches that the private sector can implement in addressing the issues of global health, especially in developing countries. In particular:

1. The course does not attempt to duplicate a conventional international public health course, but builds upon what is conventionally known and taught in such courses from a managerial perspective. The course will address a range of means of managing medical services and related businesses—public and private—in underserved areas for underserved populations in emerging markets and developing countries, and where appropriate, in underdeveloped parts of developed countries.
2. The descriptive focus will be on how these services currently are managed or otherwise handled, especially with regard to care for or control of key disease such as malaria, HIV/AIDS, tuberculosis, parasitic diseases, or other indigenous diseases that have broad debilitating and destabilizing social and economic effects.
3. It is the case that best practices and equitable, effective access to care are largely non-existent. Students and participating faculty will collaborate in the discovery and creation of service models. Field-testing of these models will depend on available grant resources or collaborations developed with USAID, World Bank, the World Health Organization, or other NGOs or foundations, such as the Bill & Melinda Gates Foundation, The Wellcome Trust, The Rockefeller Foundation, Doctors of the World, and others. The class will develop a system of benchmarks and other measures to determine effectiveness.
4. Examination of the criteria used by international development agencies for the allocation of resources to different regions and the possible conversion of these distributions into the capitalization, funding or advance purchase contracts for entrepreneurial enterprises.
5. Origination and launch of structured programs and effective organizations: the determinants and role of public and private entrepreneurship, public-private partnerships and other approaches to addressing the issues.
6. Creation and development of specific entrepreneurial solutions to such needs as drug manufacture and availability, the management and tracking of drug distribution, health finance and insurance, cost-effective services, health systems optimization and the like.

The above topics will be explored through a series of specific themes that will be addressed in separate sessions, often by a guest speaker. The themes are:

- **Private Sector Role in GH**  
*(The intersection of GH needs and private sector initiatives)*
- **Private Public Partnerships**
- **Health Care Financing in the Developing World**
  - o Global Fund / PEPFAR
  - o Int'l Agencies/Foundations (USAID/Gates)
  - o Insurance Programs
  - o Domestic Governments
- **Medical Tourism**
- **Globalization and Health Care:**  
*(Assess cross-border risks/opportunities in securing health)*
  - o Trade Policies
  - o IP issues: Licensing of products to the developing world
  - o Bioprospecting
- **Economics of Essential Medicines**  
*(Define essential meds - e.g., childhood vaccines, HIV/TB/Malaria meds)*
  - o Pricing
  - o Distribution
  - o Wastage
- **Access Barriers Beyond Price**
  - o Distribution: Channels, cold chains, wastage
  - o Provider education/supply
  - o Follow-up to care and long-term coverage
- **Innovation in Global Health**
  - o Private Sector Initiatives to address Unmet Medical Needs
  - o Funding Innovation
  - o AMC's
  - o VC's / PE's
  - o Innovative Capabilities of Developing Countries
- **Health Technologies for Developing Countries**  
*(Consumables, Medical Devices, Diagnostics)*

## Course Requirements:

Grading will be based on:

- Class discussion and course blog postings: 20%
- Individual Take-Away submission: 10%
- Course Project (individual or team): 70%

## Class Discussion Criteria:

Active contribution and enrichment of class discussion, e.g. by drawing upon and sharing

your professional, field and clinical experiences and relating these to the subjects at hand. Canvas will include a special blog for contributions – postings will factor into the class contribution grade.

### **Individual Take-Away Submission:**

This is a brief written analysis of a key class theme as it is covered by a given speaker and corresponding readings. It must be completed individually. You will discuss and assess a topic (e.g., Private Public Partnerships) by drawing on points from at least 1 speaker and at least 2 readings.

Process: Sign up on Canvas for the theme you would like to cover. Go to PEOPLE>GROUPS. There are the following 8 themes and each theme can be chosen by a maximum of 4 students:

1. Private Public Partnerships
2. Health Care Financing in the Developing World
3. Medical Tourism
4. Globalization and Health Care
5. Economics of Essential Medicines
6. Access Barriers Beyond Price
7. Innovation in Global Health
8. Health Technologies for Developing Countries
9. Other proposed by a student

### **Length: 1-2 pages**

Content: Must cite specific points from at least 1 speaker and at least 2 readings.

**Get an early start on topic selection, research and reading**

**Due date for Submission: Sunday, April 7 post on Canvas under Assignments by 11:59 PM.**

### **Course Project: Guidelines and Submission Schedule**

Students—alone or in teams—will be free to propose their own relevant projects to the instructor. These projects should in a major way address private sector solutions to global health.

*Generally, the instructor is happy to accept a deliverable built around a Wharton Health International Volunteer Project. Students expecting to participate in a winter break or spring break project should consult with the instructor **prior to the start of the field project**. Teams should have no more than 4 people per team. The final paper is to be a maximum of 20 double-spaced pages, excluding exhibits.*

*The following deadlines are to help the students manage their time throughout the semester and must be met accordingly.*

**By Sunday, February 10, 11:59 PM:** Post to Canvas>Assignments your one-page project proposal and names of team members with e-mail addresses (if any).

**Between sessions 3 and 5** the instructor will meet with teams to discuss the projects, determine scope and define the deliverables. See Canvas for Sign-up information

**By Sunday, February 24, 11:59 PM:** Post to Canvas>Assignments a two-page detailed, annotated outline with bibliography.

**By Saturday, April 27, 11:59 PM:** Upload to Canvas>Assignments a succinct PowerPoint summary of the project that you will present on the final day of class, Monday, April 29th. The standard length and allowed time for each presentation will be announced to the class by mid-semester once the final number of projects is determined (though will probably be about 5 to 10 minutes per presentation).

**By Wednesday, May 1, 5:00 PM.** Post your final project to the Final Project Assignment Folder on Canvas. Instructor will advise students on the format for their deliverable during the appointments to discuss project proposals.

### Reading Materials

1. *Reimagining Global Health: An Introduction*, Paul Farmer, Jim Yong Kim, Arthur Kleinman and Matthew Basilio, University of California Press, 2013.  
Available in hard copy and as an e-book.
2. *Scientific American Lives: New Answers for Global Health* (will be distributed for free in first class)
3. Course pack, 2019 edition
4. Canvas Postings (under Files)

The instructor has selected case studies, articles, book chapters and monographs that address the issues in the course provided in the Course Pack.

*One or more readings are designated as preparation for each session.* The instructor will announce the appropriate reading module as the speaker schedule is solidified. The number of readings is long for each module and the amount of reading voluminous.

Remember that you must select readings for the “Individual Take-Away Submission” reports (10% of grade) as described above.

The Reading Modules are designed to tie-in with the themes. The modules are:

1. The Scope of the Problem
2. The Context of Global Health and Private Sector Involvement
3. Public Private Partnerships
4. Health as a Human Right, Ethics and Health Equity
5. Health Care Finance in the Developing World

6. Globalization and Health Policy
7. Essential Medicines Availability
8. Innovative Capability of Developing Countries
9. Funding Innovation for Global Health Needs
10. Trade Policies, Intellectual Property and Bioprospecting
11. Programs and Interventions

#### **About the instructor**

##### **Stephen M. Sammut**

Senior Fellow, Health Care Management and Lecturer, Entrepreneurship, Wharton School

Mr. Sammut currently holds an appointment as Senior Fellow, Health Care Management and Lecturer, Entrepreneurship at the Wharton School of the University of Pennsylvania. During his 26 years teaching at Wharton, he has created numerous courses, including Private Equity in Emerging Markets and Health Care Entrepreneurship. He has taught over 10,000 students. During his career, he has founded, managed or financed over 40 companies in health care, life sciences, education, and information technology globally. His primary areas of research and publication coincide with his venture and private activity: private equity and venture capital approaches to economic development; health systems and biotech capacity building in the emerging markets; the role of the private sector in addressing needs in global health; and, evidence driven decision making in health care organizations.

He is visiting faculty and coordinator of the Indian School of Business healthcare management program in which he teaches a course on the Indian health care system. He is also visiting faculty at the Strathmore University Business School in Nairobi, Kenya where he founded the first Health Care Management MBA program on the African continent, as well as founding the African Institute for Health Care Management. At Strathmore he teaches a course on the Kenyan Health Care System, and Decision Making in Health Care Organizations.

Mr. Sammut's community development time ties his research with practice. He founded and chairs the International Institute for Biotechnology Entrepreneurship which has conducted 51 intensive courses or "boot camps" in 12 countries over the last 10 years. His other community-oriented activity includes board membership on HealthRight International, Center for Medicine in the Public Interest, BioEthics International and the Agora Partnership.

Outside of Wharton, Mr. Sammut is Chairman, Industry Advisory Board of Alta Semper, a PE fund focused on African health care. He was previously a Venture Partner at Burrill & Company, a merchant bank and venture capital fund focused on the life sciences and health care. His role there was capital formation and general management of overseas venture capital funds, particularly in Latin America and the Asia-Pacific region. He has also consulted with the IFC and World Bank on private equity, technology transfer, and venture capital program assessment. Earlier in his career he was Vice President, SR One, the venture capital arm of GSK, and Vice President for Corporate Development at Teleflex Incorporated where he led the corporate private equity fund and was responsible for M&A activity. He began his career as co-founder and CEO of the transplant organ bank in Philadelphia, the first of its kind in the United States. He holds graduate and undergraduate degrees from Villanova University in biological sciences and philosophy, holds an MBA from the Wharton School and is a DBA Candidate at the Fox School of Business at Temple University.

| <b>SESSION SCHEDULE 2019</b><br><b>Wharton HCMG 868: The Private Sector in Global Health</b><br><b>Prof. Steve Sammut</b><br><a href="mailto:smsammut@wharton.upenn.edu">smsammut@wharton.upenn.edu</a><br><b>Mondays, 4:30 to 5:50 PM</b><br><b>Location: Colonial Penn Center Auditorium</b> |  |   |   |
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| Sess   | Date   | Guest and Topic   | Preparation and Readings  |
| <b>1</b>   | WED<br>JAN<br>16<br><br>All<br>other<br>classes<br>are on<br>Mon | <b>Course Introduction and Lecture:</b><br><br><b>The Nature and Function of a Health System in Developing Countries: Tasks for the Public and Private Sector</b><br><br>1. Acquire a definition of global health<br>2. Identify the principle issues in global health<br>3. Understand the fundamentals of how health is measured in populations<br>4. Understand the global transnational factors affecting health<br>5. Reach an understanding of the problems of health equity<br>6. Define demographic and epidemiologic transitions<br>7. Gain an appreciation for the challenges of measuring health and disease<br>8. Identify the barriers to measuring disability<br>9. Be familiar with key terms such as: burden of disease, disability adjusted life year, and Risk factors<br>10. Understand the concept of the health gradient and how it is measured<br>11. Understand the relationship between social determinants and health<br>12. Discuss the challenges of improving health for all populations<br>13. Be familiar with the most common measures of social differences | <b>Required Reading from course text:</b><br><br>Farmer, et al. Chapter 1: Introduction: A Biosocial Approach to Global Health<br><br><b>Required Readings from Course Pack:</b><br><br>Reading 1: Global Health Definition from <i>the Lancet</i><br><br>Reading 2: “Global health 2035: a world converging within a generation” from <i>the Lancet</i> . <b>NOT IN COURSE PACK. SEE SESSION FOLDER ON CANVAS FOR DOWNLOAD.</b><br><br>Reading 3: “What is a Health System?”<br><br>Reading 4: “Global Health Glossary”<br><br>Reading 5: “Rich-Poor Differences in Health Care Financing” |

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| 2 | Mon<br>Jan<br>28 | <p><b>Health System Strengthening: Relative Roles of the Public and Private Sector</b></p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify the key elements and typologies of health systems</li> <li>2. Review the concepts of efficiency and equity in the context of health system performance</li> <li>3. Discuss the objectives and impact of health care reform</li> <li>4. Review the key elements in resource management</li> <li>5. Discuss the values that underpin management decisions</li> <li>6. Be familiar with organizational structures and how they impact the role of management</li> <li>7. Application of Behavioral Economics to Global Health</li> </ol> <p><i>We will use the case: Merck Global Health Initiatives (A) and Merck Global Health Initiatives B - Botswana to frame the issues for the private sector.</i></p> | <p><b>Required reading from course textbook:</b></p> <p>Farmer et al. Chapter 2: Unpacking Global Health: Theory and Critique</p> <p><b>Required readings from Course Pack:</b></p> <p>Reading 6: “Financing for Global Health”</p> <p>Reading 7: “Global Approaches to Private Sector Provision: Where is the Evidence”</p> <p>Reading 8: “Financing Health in Low Income Countries”</p> <p>Reading 9: CASE. “Merck Global Health Initiatives (A)”</p> <p>Reading 10: Case. “Merck Global Health Initiatives B – Botswana”</p> |
|   | Sun<br>Jan 27    | <p><b>By now you should have focused on one or more topics for the Individual Take Away Exercise and begin to plan and organize your research and reading for your topic.</b></p>  |   |
| 3 | Mon<br>Feb 4     | <p><b>Private Sector Responses to Global Health Challenges: The Provider Function, Part 1</b></p> <p>Learning objectives:</p> <ol style="list-style-type: none"> <li>1. The Provider function in the health care value chain</li> <li>2. The structure of provider services in emerging economies</li> <li>3. Capacity building for provision of care in emerging economies</li> <li>4. Innovative approaches to providing</li> </ol>  | <p><b>Required reading from course textbook:</b></p> <p>Farmer et al. Chapter 3: “Colonial Medicine and its Legacies”</p> <p><b>Required reading from Course Pack:</b></p> <p>Reading 11: CASE. “Surgical Care for Low Income Rural Populations: An Alternative Delivery Model from Jan</p>   |



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|  |                           | <p>basic services</p> <p><i>The case for today's class is long and complex. Allow extra time in your preparation.</i></p> <p><b>CASE QUESTIONS</b><br/>Suppose you are a medical professional/ doctor or global health entrepreneur thinking of starting a hospital to provide basic healthcare for poor in a rural area such as the one described in the case.</p> <p>(Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> <li>1. Would you be considering a facility similar to the ones found in developed countries or even in major cities in India? Why or why not? What kind of facility would be appropriate?</li> <li>2. How would you attract the target population to access services from your facility? Would a very low price or free services be adequate? If not, what mechanisms need to be put in place to help the population seek and use the hospital's services? What impact do user fees at the point of service have on health care services utilization?</li> <li>3. With respect to pricing, cost containment and optimal use of resources, which of the initiatives described in the case are applicable in other settings? Identify initiatives that are specific to the environment described in the case and not transferrable to other settings. Can low-cost innovation conceived in resource-poor countries diffuse into high-income settings?</li> </ol> | <p>Swasthya Sahyog, India”<br/><b>NOT IN COURSE PACK. SEE SESSION FOLDER ON CANVAS FOR DOWNLOAD.</b></p> |
|  | <p>Sun<br/>Feb<br/>10</p> | <p><b>Post one-page project proposal (include team members with e-mails) to Canvas&gt;Assignments by 11:59 PM</b><br/><b>Sign up for an appointment to discuss proposal on Canvas.</b></p>   |  |

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| 4 | Mon<br>Feb<br>11 | <p><b>Private Sector Responses to Global Health Challenges: The Provider Function, Part 2</b></p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> <li>1. Identify the reasons why private providers have assumed a large role for providing care in developing countries</li> <li>2. The role of the “social enterprise” provider</li> <li>3. Challenges to providing primary and secondary care in developing economies</li> </ol> <p><b>CASE QUESTIONS</b> (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> <li>1. What is the need that Vaatsalya Hospital addresses?</li> <li>2. Why is this need satisfied by the market or commercial enterprises?</li> <li>3. Why does Vaatsalya need to be a social enterprise?</li> <li>4. What are the key drivers of Vaatsalya’s business model?</li> <li>5. What are some of the reasons that have led to Vaatsalya being able to establish a financially sustainable business even while meeting a social objective?</li> <li>6. Is this model scalable? What are the enablers and constraints?</li> <li>7. Does Vaatsalya need to do anything different from its current practices?</li> <li>8. How does their model compare to that of other socially conscious private hospitals? Will they pose a competitive threat to Vaatsalya as it extends its reach?</li> </ol> | <p><b>Required reading from course textbook:</b></p> <p>Chapter 6 “Building an Effective Rural Health Delivery Model in Haiti and Rwanda”</p> <p><b>Required reading from Course Pack:</b></p> <p>Reading 12: “Technological and Social Innovation: A Unifying New Paradigm for Global Health”</p> <p>Reading 13: CASE.<br/>“Vaatsalya Hospital: Affordable Care in Proximity”</p> |
| 5 | Mon<br>Feb<br>18 | <p><b>Private Sector Responses to Global Health Challenges: The Provider Function, Part 3</b></p>   | <p><b>Required reading from course textbook:</b></p> <p>Chapter 8 “The Unique</p>  |

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|   |            | <p>The Role of Public Private Partnerships in Meeting Global Health Needs</p> <p>Learning objectives:</p> <ol style="list-style-type: none"> <li>1. Define and critique the role of Public-Private Partnerships (PPPs) in global health circumstances</li> <li>2. Discuss best practices in PPPs</li> <li>3. Review the operations and results of a specific PPP in the management of TB.</li> </ol> <p>Case Questions (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> <li>1. What public value was created and how would it be sustained by Lilly's initiative?</li> <li>2. What were the risks of transferring pharmaceutical manufacturing technology to partners in a variety of countries?</li> <li>3. What were the motivations of the partners in this case?</li> <li>4. What could the ministers of health for each country do to make the Partnership more effective?</li> <li>5. What were the benefits and risks for a company of Lilly's stature to initiate and manage a partnership of this complexity?</li> <li>6. Were there lessons from the Lilly partnership that could be applied to other global health challenges?</li> </ol> | <p>Challenges of Mental Health and MDRTB: Critical Perspectives on the Metrics of Disease"</p> <p><b>Required Reading from Course Pack:</b></p> <p>Reading 14: CASE. "The Eli Lilly MDR-TB Partnership: Creating Private and Public Value"</p> <p>Reading 15: "Business in Partnership with the Non-Profit Sector"</p> <p>Reading 16: "Seven Habits of Highly Effective Global Public-Private Health Partnerships"</p> |
| 6 | Mon Feb 25 | <p><b>Private Sector Responses to Global Health Challenges: The Producer Function, Part 1</b></p> <p>This is the first of three sessions exploring the role of the private sector in creating medicines and products targeted for use in the developing world. The focus will</p>  | <p><b>Required reading from course textbook:</b></p> <p>Chapter 5 "Redefining the Possible: The Global AIDS Response"</p>  |

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|  |                  | <p>include the role of biotechnology in producing medicines for neglected tropical diseases and the programs put in place to encourage such development.</p> <p>Learning objectives:</p> <ol style="list-style-type: none"> <li>1. Explore the role that the pharmaceutical, biotechnology, and device industries are playing in global health</li> <li>2. Understand the structure and role of such initiatives as Product Development Partnerships, Advanced Market Commitments, Priority Review Vouchers, and “patent pools”</li> </ol> <p>Case Preparation Questions (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> <li>1. Who are the key stakeholders in the vaccine delivery process?</li> <li>2. Is technological innovation possible?</li> <li>3. How can companies overcome tougher obstacles at lower costs?</li> </ol> | <p><b>From Course Pack:</b></p> <p>Reading 17: “The Problems and Promise of Vaccine Markets in Developing Countries” THIS DOES NOT APPEAR IN THE COURSE PACK BUT CAN BE DOWNLOADED. SEE END OF AGENDA FOR URL</p> <p>Reading 18: “Developing new technologies to address neglected diseases: The role of Product Development Partnerships and Advanced Market Commitments”</p> <p>Reading 19: “The Impact of the US Priority Review Voucher on Private-Sector Investment in Global Health Research and Development”</p> <p>Reading 20 Case: “Dengue – Sustainable Large Scale Vaccine Delivery in Low-Income Markets”</p> |
|  | Sun<br>Feb<br>24 | <b>Post two-page detailed outline with bibliography to Canvas&gt;Assignments</b>   |   |

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| 7 | Mon<br>March<br>11 | <p><b>Private Sector Responses to Global Health Challenges: The Producer Function, Part 2</b></p> <p>Is there a role for venture capital, private equity and innovative finance?</p> <p>Learning objectives:</p> <ol style="list-style-type: none"> <li>1. Understand the inner workings of VC and PE and explore their relevance to global health opportunities</li> <li>2. Survey the approaches to innovative finance in global health settings.</li> <li>3. Review the opportunities and needs associated with creating local manufacturing capability for medical products.</li> </ol> <p>Case Preparation Questions (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> <li>1. What are the key components of a sustainable business model for the production and delivery of health care commodities in resource poor settings?</li> <li>2. What should the role of the donor community and local government be regarding the manufacture of health care commodities by the private sector in developing countries?</li> <li>3. Under what circumstances, if any, should NGOs, international organizations and donors be willing to pay higher prices for products manufactured in limited resource settings?</li> <li>4. What factors should Mr. Shah consider in his decision to expand A to Z's Olyset manufacturing capacity?</li> <li>5. What steps are necessary for the eradication of malaria to be a realistic objective?</li> </ol> | <p><b>Required reading from course textbook:</b> Chapter 10 "Taking Stock of Foreign Aid"</p> <p><b>From Course Pack:</b></p> <p>Reading 21: "Venture Capital for Development"</p> <p>Reading 22: Venture Capital and Global Health"</p> <p>Reading 23 CASE: "Building Local Capacity for Health Commodity Manufacturing: A to Z Textile Mills, Ltd."</p> |
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| 8 | Mon<br>Mar<br>18 | <p><b>Private Sector Responses to Global Health Challenges: The Producer Function, Part 3</b></p> <p>Considerations for technology solutions for the health needs of low-resource countries.</p> <p>Learning objectives:</p> <ol style="list-style-type: none"> <li>1. Establish criteria for the adoption or re-design of “Western” market medical technology for resource-limited markets</li> <li>2. Determine criteria for defining special requirements for medical technology in the developing world.</li> </ol> <p><b>Case Preparation Questions</b> (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> <li>1. Is the Lullaby Warmer the right solution for the Indian Market?</li> <li>2. What are the characteristics and needs of business customers in low-resource settings?</li> <li>3. Should GE go after this market? Why?</li> </ol> | <p><b>Required Reading from course textbook:</b></p> <p>Chapter 9 “Values and Global Health”</p> <p><b>From Course Pack:</b></p> <p>Reading 24: “Technologies for Global Health,” <i>The Lancet</i></p> <p>Reading 25: “Improving Health R&amp;D Financing for Developing Countries: A Menu of Innovative Policy Options”</p> <p>THIS DOES NOT APPEAR IN THE COURSE PACK BUT CAN BE DOWNLOADED. SEE END OF AGENDA FOR URL</p> <p>Reading 26: Case. “GE Healthcare India (A): The Market Challenge of Low-Resource Customers”</p> |
| 9 | Mon<br>Mar<br>25 | <p><b>Private Sector Responses to Global Health Challenges: The Payor Function and Achieving Universal Health Care</b></p> <p>Universal Health Care is an ideal in pursuit by countries throughout the world. Many countries have established access to health as a human right in their constitutions. In this session, we will pursue the following learning objectives:</p> <ol style="list-style-type: none"> <li>1. Provide a theoretical definition of UHC</li> <li>2. Provide a practical definition of UHC</li> <li>3. Explore the implementation of UHC is a variety of countries in the developing world</li> <li>4. Consider the role of the private</li> </ol>  | <p><b>Required Reading from course textbook:</b></p> <p>Chapter 4: “Health for All? Competing Theories and Geopolitics”</p> <p><b>From Course Pack:</b></p> <p>Reading 27: “Implementing Universal Health Coverage: The Experience in Thailand, Ghana, Rwanda and Vietnam”</p> <p>Reading 28: “Moving towards universal health coverage: lessons from 11 country studies,” <i>The Lancet</i></p>   |

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|    |             | <p>sector as an agent in achieving UHC.</p> <p><b>Case Preparation Questions</b> (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> <li>1. Analyze the impact of the Six Factors on Bonitas.</li> <li>2. Recommend a strategy for Bonitas</li> </ol>  | <p>Reading 29: Can the private sector help achieve UHC?</p> <p>Reading 30: Case. “Bonitas”</p>  |
| 10 | Mon April 1 | <p><b>Special Topics in Global Health: Access to Medicines – A Joint Challenge for the Public and Private Sectors</b></p> <p>Learning objectives:</p> <ol style="list-style-type: none"> <li>1. Understand the fundamental issues interfering with access to medicines</li> <li>2. Making the distinction between essential medicines and innovative therapies</li> <li>3. Contrasting the approaches of the UN High Level Commission on Access to Medicines with the BIO/ABLE report</li> </ol> <p>Case Preparation Questions (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> <li>1. Does Gilead have responsibility to make its drugs available to people who cannot afford it? How far does this responsibility extend? Does Gilead’s responsibility extend to developing distribution networks and supervising the proper use of its drugs?</li> <li>2. Is it wise to rely on Axios for distribution of Viread in Africa?</li> <li>3. Should Gilead register Viread in each country or attempt to expedite the process by relying on import waivers?</li> <li>4. Are the government agencies in the developing countries likely to expedite approval of the sale of Viread?</li> </ol> | <p><b>Required reading from course textbook:</b></p> <p>Chapter 12: “A Movement for Global Health Equity? A Closing Reflection”</p> <p><b>Course Pack:</b></p> <p>Reading 31: Case. “Gilead Sciences, Inc: Access Program”</p> <p>Reading 32: “Setting Cost Effectiveness Thresholds as a means to achieve appropriate drug prices in rich and poor countries”</p> <p>THIS DOES NOT APPEAR IN THE COURSE PACK BUT CAN BE DOWNLOADED. SEE END OF AGENDA FOR URL</p> <p><b>SPECIAL READINGS – See CANVAS&gt;FILES&gt;SESSIONS:</b></p> <p>“UN High Level Panel on Access to Medicines”</p> <p>“Plausible but Wrong”</p> |

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|    |                   | <p>5. Are the media and AIDS activist groups likely to monitor and critique the success of the Gilead Access Program?</p> <p>6. What, if anything, should Gilead attempt to accomplish with the WHO, and how successful is it likely to be?</p> <p>7. In designing its Access Program with whom should Gilead work or consult?</p> <p>8. How significant are the risks to Gilead's intellectual property rights for Viread, specifically those posed by compulsory licensing and Indian generic manufacturers?</p> <p>9. How significant are the risks of drug reimportation and counterfeits? What strategy should Gilead develop to deal with these risks?</p> <p>10. What other problems or obstacles not mentioned above should Gilead be worried about? How should Gilead mitigate them?</p> <p>11. How should Gilead price Viread in each of the income tiers? Defend your pricing scheme based on strategic and/or normative principles.</p> <p>12. What are the lessons learned?</p> |   |
|    | Sun<br>April<br>7 | <p><b>Post Take-Away Exercise Submission</b> by 11:59 PM. Post to Canvas&gt;Assignments</p>  |   |
| 11 | Mon<br>April<br>8 | <p><b>Special Topics in Global Health: Human Resource Capacity Building – Where Public Must Meet Private</b></p> <p>Learning objectives:</p> <ol style="list-style-type: none"> <li>1. Understand the nature of the human resource limitations in the health care sector in developing countries</li> <li>2. Consider innovative solutions to the problem of developing and retaining well-trained health care workers in developing countries</li> <li>3. Examine the role of the private sector as a developer of talent, but also as a competitor for talent.</li> </ol>  | <p><b>Required reading from course text book:</b></p> <p>Farmer et al. Chapter 7. "Scaling Up Effective Delivery Models Worldwide"</p> <p><b>Readings from Course Pack:</b></p> <p>Reading 33: "Human Resources for Health: Overcoming the crisis," <i>The Lancet</i></p> <p>Reading 34: Case: "Addressing Tanzania's Health Workforce"</p> |



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|----|--------------|--|---|
|    |              | <p><b>Case Preparation Questions</b> (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> <li>1. What was the state of the HRH crisis in Tanzania, and which structural, historical, and cultural factors contributed to it?</li> <li>2. How did TTCIH differ from other training institutions in Tanzania in terms of its mission, scope and organization?</li> <li>3. How was Novartis involved with TTCIH</li> <li>4. What is a PPP? What were some of the advantages and disadvantages of adopting this model to TTCIH? What did Novartis, Swiss TPH, St. Francis and other external supporters bring to TTCIH?</li> </ol> | Crisis through a Public Private Partnership: The Case of TTCIH” |
| 12 | Mon Apr 15   | Guest speaker TBA  |   |
| 13 | Mon Apr 22   | Guest speaker TBA  |   |
|    | Sat April 27 | By Saturday, April 27, 11:59 PM: Upload to Canvas>Assignments a succinct PowerPoint summary of the project that you will present on the final day of class, Monday, April 29th. The standard length and allowed time for each presentation will be announced to the class by mid-semester once the final number of projects is determined (though will probably be about 5 to 10 minutes per presentation).  |   |
| 14 | Mon Apr 29   | <p>Student Presentations. Student teams will have a designated period to present a summary of their course projects</p> <p>Instructor Summation</p>  |   |
|    | Weds March 1 | <p><b>By 5:00 PM post your final project to the Final Project Assignment Folder on Canvas</b></p>  |   |

**HCMG 868: The Role of the Private Sector in Global Health  
2017  
Course Pack Table of Contents**

Reading 1: Global Health Definition from *the Lancet*

Reading 2: “Global health 2035: a world converging within a generation” from *the Lancet*  
***NOT IN COURSE PACK. SEE SESSION FOLDER ON CANVAS FOR DOWNLOAD.***

Reading 3: “What is a Health System?”

Reading 4: “Global Health Glossary”

Reading 5: “Rich-Poor Differences in Health Care Financing”

Reading 6: “Financing for Global Health”

Reading 7: “Global Approaches to Private Sector Provision: Where is the Evidence”

Reading 8: “Financing Health in Low Income Countries”

Reading 9: CASE. “Merck Global Health Initiatives (A)”

Reading 10: Case. “Merck Global Health Initiatives B – Botswana”

Reading 11: CASE. “Surgical Care for Low Income Rural Populations: An Alternative Delivery Model from Jan Swasthya Sahyog, India” ***NOT IN COURSE PACK. SEE SESSION FOLDER ON CANVAS FOR DOWNLOAD.***

Reading 12: “Technological and Social Innovation: A Unifying New Paradigm for Global Health” ***NOT INCLUDED IN STUDY.NET. GO TO THIS URL TO DOWNLOAD:***  
<http://content.healthaffairs.org/content/26/4/1052.full.pdf+html>

Reading 13: CASE. “Vaatsalya Hospital: Affordable Care in Proximity”

Reading 14: CASE. “The Eli Lilly MDR-TB Partnership: Creating Private and Public Value”

Reading 15: “Business in Partnership with the Non-Profit Sector”

Reading 16: “Seven Habits of Highly Effective Global Public-Private Health Partnerships”

Reading 17: “The Problems and Promise of Vaccine Markets in Developing Countries” **NOT INCLUDED IN STUDY.NET. GO TO THIS URL TO DOWNLOAD:**  
<http://content.healthaffairs.org/content/24/3/690.full.pdf+html>

Reading 18: “Developing new technologies to address neglected diseases: The role of Product Development Partnerships and Advanced Market Commitments”

Reading 19: “The Impact of the US Priority Review Voucher on Private-Sector Investment in Global Health Research and Development”

Reading 20 Case: “Dengue – Sustainable Large Scale Vaccine Delivery in Low-Income Markets”

Reading 21: “Venture Capital for Development

Reading 22: Venture Capital and Global Health”

Reading 23 CASE: “Building Local Capacity for Health Commodity Manufacturing: A to Z Textile Mills, Ltd.”

Reading 24: “Technologies for Global Health,” *The Lancet*

Reading 25: “Improving Health R&D Financing for Developing Countries: A Menu of Innovative Policy Options” **NOT INCLUDED IN STUDY.NET. GO TO THIS URL TO DOWNLOAD:** <http://content.healthaffairs.org/content/28/4/974.full>

Reading 26: Case. GE “Healthcare India (A): The Market Challenge of Low-Resource Customers

Reading 27: “Implementing Universal Health Coverage: The Experience in Thailand, Ghana, Rwanda and Vietnam”

Reading 28: “Moving towards universal health coverage: lessons from 11 country studies,” *The Lancet*

Reading 29: Can the private sector help achieve UHC?

Reading 30: Case. “Bonitas”

Reading 31: Case. “Gilead Sciences, Inc: Access Program”

Reading 32: “Setting Cost Effectiveness Thresholds as a means to achieve Appropriate Drug Prices in Rich and Poor Countries” **NOT INCLUDED IN STUDY.NET. GO TO THIS URL TO DOWNLOAD:** <http://content.healthaffairs.org/content/30/8/1529.full>

Reading 33: “Human Resources for Health: Overcoming the crisis,” *The Lancet*

Reading 34: Case: “Addressing Tanzania’s Health Workforce Crisis through a Public Private Partnership: The Case of TTCIH”