

Wharton Health Care Management Department

HCMG 868 - 001

“Private Sector Participation in Global Health Development”

Location: Colonial Penn Center Auditorium

Syllabus, Spring 2020 Final Version

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

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

300 East Lancaster Avenue, Suite 1002

Wynnewood, PA 19096

Teaching Assistant: Jennifer Fernandez, jenfe@wharton.upenn.edu

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. If interested, non-MBA students should contact the instructor for approval.

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)

- Pricing
- Distribution
- Wastage
- **Access Barriers Beyond Price**
 - Distribution: Channels, cold chains, wastage
 - Provider education/supply
 - Follow-up to care and long-term coverage
- **Innovation in Global Health**
 - Private Sector Initiatives to address Unmet Medical Needs
 - Funding Innovation
 - AMC's
 - VC's / PE's
 - 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 readings, personal/professional experience, class discussion and, when relevant, a class guest speaker.

Process: By Sunday, January 26 identify your topic on Canvas. You can change your mind during the semester but let the instructor know. Here are some themes that have been covered in past years.

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 5 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.

Teams should have no more than 4 people per team. The final paper can be submitted in “research format” with a maximum of 20 double-spaced pages, excluding exhibits. Alternatively, the final submission can be a detailed and documented PPT deck; the instructor will give guidance on content at the outline stage of the submission plan.

*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.***

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

- **By Sunday, February 9, 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 23, 11:59 PM:** Post to Canvas>Assignments a two-page detailed, annotated outline with bibliography.
- **By Saturday, April 25, 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 Friday, 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 posted on canvas)
3. Course pack, 2020 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 is Senior Fellow, Wharton Health Care Management and Lecturer, Wharton Entrepreneurship. He is currently Chairman, Industry Advisory Board of Alta Semper, a PE Fund focused on African healthcare. He is former Venture Partner, Burrill & Company, a San Francisco based life science venture capital fund and merchant bank. Mr. Sammut focused on international activity, with a special focus on global health venturing.

At the Wharton School, he teaches or has taught venture capital management, corporate development, mergers and acquisitions, biotechnology entrepreneurship, intellectual property strategy, private equity in emerging markets,

Professor Sammut

Israeli innovation, health care systems, and a special seminar on private sector participation in international health. He is faculty advisor to student-alumni organization called the Wharton Health Volunteer Program (WHVP) that provides *pro bono* consulting services to public health services and clinics in the developing world. WHVP was awarded the Health and Human Rights Leadership Award by Doctors of the World for its decade long work in developing world health systems.

Mr. Sammut is also Founder and Chair of the International Institute for Biotechnology Entrepreneurship, a non-profit organization offering intensive training programs throughout the world for managers of biotechnology companies. His global activity also includes the formation and oversight of health care management MBA programs in Africa and South Asia.

During his 47-year career, Mr. Sammut has been involved in the creation or funding of nearly 40 biotechnology, Internet, and information technology companies globally and has served on numerous public, private and non-profit boards. He is also active with the International Finance Corporation/World Bank Group where he co-authored a report on venture capital in China, serves as the principal consultant in the IFC's Technology Transfer Facility, and advises the health care section of the World Bank in program implementation in the developing world.

Mr. Sammut previously held the positions of Vice President of Development of Teleflex Incorporated where he created and managed acquisitions and alliances, and at S.R. One, Ltd., GlaxoSmithKline's venture capital fund. He was also Managing Director of Access Partners, a venture fund focused on formation of companies around university technologies and capitalized by corporate strategic investors.

Earlier in his career, he was Managing Director of the Center for Technology Transfer at the University of Pennsylvania, where he spun out over one dozen companies over a two-year period. He held a similar position at Jefferson Medical College. He is also co-founder and former CEO of the Philadelphia Organ Transplant Program, the largest transplant organ bank in the United States. He holds degrees in biology and humanities from Villanova University, attended Hahnemann Medical College for two years, holds an MBA from the Wharton School of the University of Pennsylvania, and is a candidate for Doctor of Business Administration at Temple University.

Guest speakers and class schedule

Five special guest speakers have been confirmed:

February 3, 2020: Dr. Elyssa Prichep, Director, Personalized Medicine Project, World Economic Forum

February 24: Dr. Jack Chow C'82, MD, MBA, MPA. Former US Ambassador and Distinguished Service Professor, Carnegie Mellon.

March 23: Dr. Pierre Theodore, Managing Director, Global Health, J&J

April 6: Dr. Mark Feinberg, CEO, International AIDS Vaccine Initiative (IAVI). Dr. Feinberg is former Director of Vaccine Development at Merck. In that role he oversaw the international effort to develop an Ebola vaccine.

April 13: Wendy Woods, Managing Director, Impact Consulting, BCG

PRELIMINARY SESSION SCHEDULE 2020 Wharton HCMG 868: The Private Sector in Global Health Prof. Stephen M. Sammut smsammut@wharton.upenn.edu Mondays, 4:30 to 5:50 PM Location: Colonial Penn Center Auditorium			
Sess	Date	Guest and Topic	Preparation and Readings
1	WED JAN 15 All other classes are on Mon	Course Introduction and Lecture: The Nature and Function of a Health System in Developing Countries: Tasks for the Public and Private Sector 1. Acquire a definition of global health 2. Identify the principle issues in global health 3. Understand the fundamentals of how health is measured in populations 4. Understand the global transnational factors affecting health 5. Reach an understanding of the problems of health equity 6. Define demographic and epidemiologic transitions 7. Gain an appreciation for the challenges of measuring health and disease 8. Identify the barriers to measuring disability 9. Be familiar with key terms such as: burden of disease, disability adjusted life year, and Risk factors 10. Understand the concept of the health gradient and how it is measured 11. Understand the relationship between social determinants and health 12. Discuss the challenges of improving health for all populations 13. Be familiar with the most common measures of social differences	Required Reading from course text: Farmer, et al. Chapter 1: Introduction: A Biosocial Approach to Global Health Required Readings from Course Pack: Reading 1: Global Health Definition from <i>the Lancet</i> Reading 2: “Global health 2035: a world converging within a generation” from <i>the Lancet</i> . 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”
2	Mon Jan	Health System Strengthening: Relative Roles of the Public and Private Sector	Required reading from course textbook:

	27	<p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Identify the key elements and typologies of health systems 2. Review the concepts of efficiency and equity in the context of health system performance 3. Discuss the objectives and impact of health care reform 4. Review the key elements in resource management 5. Discuss the values that underpin management decisions 6. Be familiar with organizational structures and how they impact the role of management 7. Application of Behavioral Economics to Global Health <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>Farmer et al. Chapter 2: Unpacking Global Health: Theory and Critique</p> <p>Required readings from Course Pack:</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 Jan 26	<p>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. Please post your topic idea where designated on Canvas. If you change your mind, notify the instructor</p>	
3	Mon Feb 3	<p>Special Guest speaker: Elissa Pritchep, World Economic Forum “Establishing Precision Medicine in the Developing World”</p> <p>Elissa spent the past 12 years launching specialty therapeutics and initiatives in the bio-pharmaceutical industry and developing economic policy in the public sector. She most recently lead patient strategy and digital innovation for biosimilar immunology products at Merck, brought their ground-breaking immunotherapy cancer treatment to market and developed their first 24/7 patient support program.</p>	<p>Required reading from course textbook:</p> <p>Farmer et al. Chapter 3: “Colonial Medicine and its Legacies”</p> <p>Required reading from Course Pack:</p> <p>Reading 11: CASE. “Surgical Care for Low Income Rural Populations: An Alternative Delivery Model from Jan Swasthya Sahyog, India”</p>

		<p>Elissa earned her MBA as a Woodruff Fellow at Emory University and her B.A. from Cornell University.</p> <p>Following Dr. Prichep's comments the class will review the following. Students should review the class slides before class.</p> <p>Private Sector Responses to Global Health Challenges: The Provider Function, Part 1</p> <p>Learning objectives:</p> <ol style="list-style-type: none"> 1. The Provider function in the health care value chain 2. The structure of provider services in emerging economies 3. Capacity building for provision of care in emerging economies 4. Innovative approaches to providing basic services <p><i>The case for today's class is long and complex. Allow extra time in your preparation.</i></p> <p>CASE QUESTIONS</p> <p>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"> 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? 2. How would you attract the target population to access services from your facility? Would a very low 	<p><i>NOT IN COURSE PACK. SEE SESSION FOLDER ON CANVAS FOR DOWNLOAD.</i></p>
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		<p>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?</p> <p>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?</p>	
	Sun Feb 9	<p>Post one-page project proposal (include team members with e-mails) to Canvas>Assignments by 11:59 PM Sign up for an appointment to discuss proposal on Canvas.</p>	
4	Mon Feb 10	<p>Private Sector Responses to Global Health Challenges: The Provider Function, Part 2</p> <p>Learning Objectives:</p> <ol style="list-style-type: none"> 1. Identify the reasons why private providers have assumed a large role for providing care in developing countries 2. The role of the “social enterprise” provider 3. Challenges to providing primary and secondary care in developing economies <p>CASE QUESTIONS (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> 1. What is the need that Vaatsalya Hospital addresses? 2. Why is this need satisfied by the market or commercial enterprises? 3. Why does Vaatsalya need to be a 	<p>Required reading from course textbook:</p> <p>Chapter 6 “Building an Effective Rural Health Delivery Model in Haiti and Rwanda”</p> <p>Required reading from Course Pack:</p> <p>Reading 12: “Technological and Social Innovation: A Unifying New Paradigm for Global Health”</p> <p>Reading 13: CASE. “Vaatsalya Hospital: Affordable Care in Proximity”</p>

		<p>social enterprise?</p> <ol style="list-style-type: none"> What are the key drivers of Vaatsalya's business model? 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? Is this model scalable? What are the enablers and constraints? Does Vaatsalya need to do anything different from its current practices? 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? 	
5	Mon Feb 17	<p>Private Sector Responses to Global Health Challenges: The Provider Function, Part 3</p> <p>The Role of Public Private Partnerships in Meeting Global Health Needs</p> <p>Learning objectives:</p> <ol style="list-style-type: none"> Define and critique the role of Public-Private Partnerships (PPPs) in global health circumstances Discuss best practices in PPPs Review the operations and results of a specific PPP in the management of TB. <p>Case Questions (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> What public value was created and how would it be sustained by Lilly's initiative? What were the risks of transferring pharmaceutical manufacturing technology to partners in a variety of countries? What were the motivations of the 	<p>Required reading from course textbook:</p> <p>Chapter 8 "The Unique Challenges of Mental Health and MDRTB: Critical Perspectives on the Metrics of Disease"</p> <p>Required Reading from Course Pack:</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>

		<p>partners in this case?</p> <ol style="list-style-type: none"> What could the ministers of health for each country do to make the Partnership more effective? What were the benefits and risks for a company of Lilly's stature to initiate and manage a partnership of this complexity? Were there lessons from the Lilly partnership that could be applied to other global health challenges? 	
	Sun Feb 23	Post two-page detailed outline with bibliography to Canvas>Assignments	
6	Mon Feb 24	<p>Special Guest:</p> <p>Dr. Jack Chow C'82, MD, MBA, MPA. Former US Ambassador and Distinguished Service Professor, Carnegie Mellon.</p> <p>Former U.S. Ambassador Jack C. Chow served in pioneering roles in public service and global health diplomacy. He was the first Assistant Director-General of the World Health Organization on HIV/AIDS, Tuberculosis, and Malaria.</p> <p>Former U.S. Ambassador Jack C. Chow served in pioneering roles in public service and global health diplomacy. He was the first Assistant Director-General of the World Health Organization on HIV/AIDS, Tuberculosis, and Malaria.</p> <p>Dr. Chow held the rank of ambassador as the Special Representative on Global HIV/AIDS for Secretary of State Colin Powell and as the Deputy Assistant Secretary of State for Health and Science, the first U.S. diplomat of ambassador rank appointed to a public health mission. He led American diplomatic efforts in the establishment of the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and in</p>	<p>Required reading from course textbook:</p> <p>Chapter 5 "Redefining the Possible: The Global AIDS Response"</p> <p>From Course Pack:</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</p>

		<p>countering global infectious diseases and bioterrorism threats.</p> <p>In previous positions, Dr. Chow served as a senior official at the State Department's global affairs office, both the House and Senate Appropriations Committees, the Public Health Service at HHS, the Fogarty International Center of NIH, and the White House Office of Science and Technology Policy. In the private sector, he has been a consultant on global health at the RAND Corporation, McKinsey & Company, and PRTM/PwC.</p> <p>Dr. Chow joined the inaugural faculty of Heinz College's Washington DC program, and has taught at the Pittsburgh and Australia campuses. He has served multiple times as a Sharkey Distinguished Visiting Scholar at Seton Hall University's School of Diplomacy and International Affairs. He was a 2013 Fellow at the Harvard Advanced Leadership Initiative, where he conducted research on the structure and design of national strategic policies.</p> <p>Topic for self-study before class:</p> <p>Private Sector Responses to Global Health Challenges: The Producer Function, Part 1</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 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"> 1. Explore the role that the 	<p>Global Health Research and Development”</p> <p>Reading 20 Case: “Dengue – Sustainable Large Scale Vaccine Delivery in Low-Income Markets”</p>
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		<p>pharmaceutical, biotechnology, and device industries are playing in global health</p> <p>2. Understand the structure and role of such initiatives as Product Development Partnerships, Advanced Market Commitments, Priority Review Vouchers, and “patent pools”</p> <p>Case Preparation Questions (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> 1. Who are the key stakeholders in the vaccine delivery process? 2. Is technological innovation possible? 3. How can companies overcome tougher obstacles at lower costs? 	
7	Mon March 2	<p>Private Sector Responses to Global Health Challenges: The Producer Function, Part 2</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"> 1. Understand the inner workings of VC and PE and explore their relevance to global health opportunities 2. Survey the approaches to innovative finance in global health settings. 3. Review the opportunities and needs associated with creating local manufacturing capability for medical products. <p>Case Preparation Questions (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> 1. What are the key components of a sustainable business model for the production and delivery of health 	<p>Required reading from course textbook: Chapter 10 “Taking Stock of Foreign Aid”</p> <p>From Course Pack:</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>

		<p>care commodities in resource poor settings?</p> <ol style="list-style-type: none"> 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? 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? 4. What factors should Mr. Shah consider in his decision to expand A to Z's Olyset manufacturing capacity? 5. What steps are necessary for the eradication of malaria to be a realistic objective? 	
8	Mon Mar 16	<p>Private Sector Responses to Global Health Challenges: The Producer Function, Part 3</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"> 1. Establish criteria for the adoption or re-design of "Western" market medical technology for resource-limited markets 2. Determine criteria for defining special requirements for medical technology in the developing world. <p>Case Preparation Questions (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> 1. Is the Lullaby Warmer the right solution for the Indian Market? 2. What are the characteristics and needs of business customers in low-resource settings? 3. Should GE go after this market? Why? 	<p>Required Reading from course textbook:</p> <p>Chapter 9 "Values and Global Health"</p> <p>From Course Pack:</p> <p>Reading 24: "Technologies for Global Health," <i>The Lancet</i></p> <p>Reading 25: "Improving Health R&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-</p>

			Resource Customers”
9	Mon Mar 23	<p>Special Guest:</p> <p>Dr. Pierre Theodore, Managing Director, Global Health, J&J and Vice President, Scientific Innovation, Thoracic Surgical Oncology</p> <p>Pierre R. Theodore is Vice President, Therapeutic Area Expert, Thoracic Surgical Oncology for Johnson & Johnson Medical Devices Companies. In this role, he is responsible to help accelerate innovation, advance the standard of care within early stage science and to elevate existing and adjacent technologies. Additionally, Dr. Theodore is a Health Sciences Associate Professor of Surgery and holds the Van Auken Endowed Chair in Thoracic Surgery at The University of California, San Francisco School of Medicine.</p> <p>He has over two decades of experience in cardiothoracic surgery, surgical education, entrepreneurship and innovation. Pierre’s practice focused on minimally invasive surgical approaches in thoracic surgery, interventional pulmonary procedures, and Global Surgery initiatives to expand surgical capacity in low-income countries.</p> <p>Pierre has engaged in innovation across a wide range of domains including: health informatics, surgical oncology, and post-surgical rehabilitation. Pierre has founded and served in leadership roles in several start-up companies devoted to health information technology and integrated care and is a co-inventor of several medical devices and drug delivery platforms.</p> <p>Pierre has served as an advisor to numerous venture capital and private equity firms in Silicon Valley, helping to guide strategy in healthcare investments across the digital health, biotech, and medical device sectors.</p>	<p>Required Reading from course textbook:</p> <p>Chapter 4: “Health for All? Competing Theories and Geopolitics”</p> <p>From Course Pack:</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> <p>Reading 29: Can the private sector help achieve UHC?</p> <p>Reading 30: Case. “Bonitas”</p>

		<p>Pierre is a commissioned officer in the United States Navy Reserve Medical Officer Corps, holding the rank of Commander.</p> <p>After obtaining an undergraduate degree in Philosophy from Princeton University, Pierre received his Doctor of Medicine from the University of Virginia. He completed general surgical and cardiothoracic surgical training at Johns Hopkins Hospital and Hôpital Universitaire Pitié-Salpêtrière in Paris. Pierre completed a post-doctoral fellowship at the Massachusetts General Hospital Transplant Biology Research Center, Harvard Medical School</p> <p>Topic for self-study before class:</p> <p>Private Sector Responses to Global Health Challenges: The Payor Function and Achieving Universal Health Care</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">1. Provide a theoretical definition of UHC2. Provide a practical definition of UHC3. Explore the implementation of UHC in a variety of countries in the developing world4. Consider the role of the private sector as an agent in achieving UHC. <p>Case Preparation Questions (Select one of the following and provide a brief answer on CANVAS):</p>	
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		<ol style="list-style-type: none"> 1. Analyze the impact of the Six Factors on Bonitas. 2. Recommend a strategy for Bonitas 	
10	Mon March 30	<p>Special Topics in Global Health: Access to Medicines – A Joint Challenge for the Public and Private Sectors</p> <p>Learning objectives:</p> <ol style="list-style-type: none"> 1. Understand the fundamental issues interfering with access to medicines 2. Making the distinction between essential medicines and innovative therapies 3. Contrasting the approaches of the UN High Level Commission on Access to Medicines with the BIO/ABLE report <p>Case Preparation Questions (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> 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? 2. Is it wise to rely on Axios for distribution of Viread in Africa? 3. Should Gilead register Viread in each country or attempt to expedite the process by relying on import waivers? 4. Are the government agencies in the developing countries likely to expedite approval of the sale of Viread? 5. Are the media and AIDS activist groups likely to monitor and critique the success of the Gilead Access Program? 6. What, if anything, should Gilead attempt to accomplish with the WHO, and how successful is it likely to be? 7. In designing its Access Program with 	<p>Required reading from course textbook:</p> <p>Chapter 12: “A Movement for Global Health Equity? A Closing Reflection”</p> <p>Course Pack:</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>SPECIAL READINGS – See CANVAS>FILES>SESSIONS:</p> <p>“UN High Level Panel on Access to Medicines”</p> <p>“Plausible but Wrong”</p>

		<p>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 April 5	<p>Post Take-Away Exercise Submission by 11:59 PM. Post to Canvas>Assignments</p>	
11	Mon April 6	<p>Special Guest</p> <p>Dr. Mark Feinberg President and CEO International AIDS Vaccine Initiative</p> <p>Topic: TBA</p> <p>As President and CEO of IAVI, Mark Feinberg draws on extensive experience in providing clinical care and in advancing scientific and public health initiatives for the eradication of HIV and other infectious diseases.</p> <p>Most recently as Chief Public Health and Science Officer with Merck Vaccines, he helped advance access to and optimization of vaccines against rotavirus, human papillomavirus and shingles. He also led the establishment of the MSD-Wellcome Trust Hilleman Laboratories in India and a private-public partnership to expedite Ebola vaccine development. Previously, he spent more than 20 years exploring HIV/AIDS pathogenesis, treatment and prevention research and the biology of emerging diseases in both government and academia.</p>	<p>Description and preparation to be added.</p>

		<p>Feinberg holds an MD and a PhD from Stanford University and a bachelor's degree from the University of Pennsylvania. He pursued a post-graduate medical training in Internal Medicine at the Brigham and Women's Hospital and postdoctoral fellowship training in the laboratory of Dr. David Baltimore at the Whitehead Institute.</p> <p>He is a Fellow of the American College of Physicians and a member of the Council on Foreign Relations and the Association of American Physicians and is recipient of an Elizabeth Glaser Scientist Award. He is Chair of the Interim Scientific Advisory Committee of the Collaboration for Epidemic Preparedness Innovations.</p>	
12	Mon Apr 13	<p>Guest Speaker</p> <p>Wendy Woods Leader Social Impact Practice Boston Consulting Group</p> <p>Topic: TBA</p> <p>Wendy Woods is the leader of the Social Impact practice, topic leader of The Boston Consulting Group's global health work, and a member of the Health Care practice.</p> <p>Since joining the firm in 1995, Wendy has accumulated deep expertise about developing countries around the world. She works extensively with foundations, public-private partnerships, and multilateral organizations to help develop strategies, create partnerships, strengthen operational capabilities, and improve approaches to delivering health interventions.</p> <p>In her client work, Wendy has led numerous projects that focus on HIV, tuberculosis, malaria, diarrheal disease, pneumonia, and oncology—and the primary interventions for those conditions, including drugs, vaccines, and diagnostics.</p> <p>Prior to joining BCG, Wendy was a consultant to the Organisation for Economic Co-operation and Development (OECD) and a senior economist for the US Bureau of Labor Statistics.</p> <p>Wendy holds an MBA, Kellogg Graduate School of Management at Northwestern University and a BA, economics, University of Michigan.</p>	
13	Mon Apr	<p>Special Topics in Global Health: Human Resource Capacity Building – Where</p>	<p>Required reading from</p>

	20	<p>Public Must Meet Private</p> <p>Learning objectives:</p> <ol style="list-style-type: none"> 1. Understand the nature of the human resource limitations in the health care sector in developing countries 2. Consider innovative solutions to the problem of developing and retaining well-trained health care workers in developing countries 3. Examine the role of the private sector as a developer of talent, but also as a competitor for talent. <p>Case Preparation Questions (Select one of the following and provide a brief answer on CANVAS):</p> <ol style="list-style-type: none"> 1. What was the state of the HRH crisis in Tanzania, and which structural, historical, and cultural factors contributed to it? 2. How did TTCIH differ from other training institutions in Tanzania in terms of its mission, scope and organization? 3. How was Novartis involved with TTCIH 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? 	<p>course text book:</p> <p>Farmer et al. Chapter 7. “Scaling Up Effective Delivery Models Worldwide”</p> <p>Readings from Course Pack:</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 Crisis through a Public Private Partnership: The Case of TTCIH”</p>
	Sat April 25	By Saturday, April 25, 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 27th. 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 27	Student Presentations. Student teams will have a designated period to present a summary of their course projects.	

		Note, depending on class size, this may be a double-session in which case food and beverages will be provided.	
		Instructor Summation	
	Friday May 1	By 5:00 PM post your final project to the Final Project Assignment Folder on Canvas	

**HCMG 868: The Role of the Private Sector in Global Health
2020**

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”