

HE/SO/GE 332 THE IMPACT OF GLOBALIZATION ON HEALTH AND DEVELOPMENT

IES Abroad Cape Town

DESCRIPTION:

This course will break down the complex concept of globalization into cultural, social, economic, political, and environmental processes that operate at multiple scales. In particular, it will provide students with the opportunity to interrogate what each of these processes mean for human health and development across space, in different places, over time, and at multiple scales.

Using a series of case studies this course will encourage students to ask (and answer) the following questions: How do we think, as a global community, about globalization in a way that commits humanity to positive impacts rather than negative ones (specifically with respect to health and development)? How do we put a priority on human health over economic wealth (and why should we do this)? How do we support developing countries through globalization? How do we minimize exploitation as a result of globalization?

CREDITS: 3

CONTACT HOURS: 45

LANGUAGE OF INSTRUCTION: English

PREREQUISITES: None

ADDITIONAL COST: None

METHOD OF PRESENTATION:

This course will use a range of active learning pedagogies. Each class will combine lecture and to explore the course content. When appropriate, short videos will be shown or snippets of podcasts will be listened to in class. Questions developed by students will contribute to the discussion focus of each class.

REQUIRED WORK AND FORM OF ASSESSMENT:

- Course Participation – 10%
- Summaries and Reflections – 20%
- Discussion Questions – 10%
- Contemporary Case Study – 20%
- Final Exam – 40%

Course Participation

Participation can be asking questions as well as making declarative statements. We will have discussion informally throughout lectures, and formally in certain class meetings. Formal discussion will sometimes be as a whole class; sometimes it will be in small groups. It is essential that students complete the readings every week in order to fully participate in discussion. Readings are discussed specifically to ensure the student's understanding of them and to highlight key points, problems, and ideas. Discussion in class assumes that the relationship among all participants is collegial. Major differences in background and theoretical inclination are to be faced openly, without comments to close off discussion. Disagreements are okay. Participation is also contributing to Classroom Assessment Techniques (CATs) (e.g., The Muddiest Point) to help frame content covered in various classes.

Summaries and Reflections:

In order to think about what students are reading students will be required to complete four written summaries and reflections based on weekly readings. Two are assigned by the lecturer and required of everyone; two additional weeks are selected by students. The week that the first lecturer-assigned summary and reflection is due (Week 2) the lecturer will circulate a list of all the topics we are covering in this course. You will then sign-up for the two topics for which you want to submit a summary and reflection (i.e., the two topics in addition to the two that the lecturer has assigned to everyone). You can sign up for any two

additional topics – in other words, it does not matter if multiple students select the same topics for which to submit a summary and reflection. On the first day of class the lecturer will give you an example of what a summary and reflection should look like. Importantly, as part of your reflection, you should address the guiding question that the lecturer has posed for each week (see the week-by-week schedule of topics and readings further on in the syllabus).

Discussion Questions:

Working in pairs, students are each responsible for crafting three questions that will guide our class discussions on two occasions. A sign-up sheet will be circulated at the start of the third class of Week 1 (after we have reviewed the course content and students can make an informed decision as to when they would like to sign up). Each class needs to have two students assigned to it, so, depending on how many students are taking the course, students might need to sign up for more than two weeks of discussion questions. Discussion questions need to be submitted to the lecturer at least two days before the discussion class you are crafting questions for so that I can review them.

Contemporary Case Study:

During the course students will need to keep an eye on current news from around the world and pick one story that resonates with them in terms of the course content. Let us say, for instance, that a student is interested in the current drought that is hitting Cape Town. What the lecturer wants to see with this case study is the students' interpretation of how globalization is (or has it?) contributed to the situation the City of Cape Town now finds itself in, and what this (the drought) means for health of people living within the city and for the continued development of Cape Town. This is just an example. Students can pick any story from around the world that they can situate within the context of this course, and use the content of this course to interpret, explain and/or extrapolate.

The final week of class will be devoted to oral presentations on your students' case studies.

Presentations will consist of students presenting their case study to the class and responding to Q and A thereafter with the class. This presentation is an individual assignment. Students may, if they wish, use PowerPoint for their presentation. During the course there will be dates by which students need to submit parts of this assignment to the lecturer so that they can be guided in terms of preparing for their presentation (see the week-by-week schedule). The week before a part of this assignment is due, the lecturer will spend some time in class going over what is due and what is expected with each part of the assignment.

Week 7 of the course is also dedicated to exploring case studies. The purpose of this week is to consolidate what has been covered in the course up until this point so as to be able to apply the content to current events that speak to the theme of this course. A particular, dedicated focus of this week is to really explore how geography (via the concepts of space, place, and scale) shapes globalization and ultimately impacts human health and development.

Case studies that students select for this week can be built upon for their final case study presentations for the course (i.e., particularly if it is a current, emerging story), or they can select an entirely different one for the final presentation.

Final Exam

This assessment will consist of short answer questions, one longer essay question, and one case study. Material for the exam will come from both content covered in class and the two site visits we take. The final exam for this course will be written over two parts. Part 1 will consist of short answer questions and an essay question. Part 2 will consist of a case study where you will be asked to apply the knowledge you developed in this course to a case study (that you have not seen before) that highlights the relationship among globalization, health, and development.

LEARNING OUTCOMES:

Upon successful completion of this course, students will be able to:

- Define the concepts of globalization, health, and development from a geographical perspective;
- Articulate and explain the different processes (e.g., economic or political) that define globalization;
- Discuss the relationships among the concepts of globalization, health, and development in a variety of contexts;

- Demonstrate how different processes of globalization (e.g., economic or political) impact human health and development differently;
- Apply the concepts of space, place, and scale to case studies to be able to highlight the importance of a geographical understanding of globalization in different development contexts;
- Compare and contrast the impact of globalization on health in different development contexts using case studies.

ATTENDANCE POLICY:

Attendance is mandatory for all IES classes, including all course related trips. Excused absences are permitted in the cases of documented illness, a family emergency or when class is held on a recognized religious holiday traditionally observed by a particular student. In this case an IES Abroad *Excused Absence Form* and supporting documents must be submitted to the Academic Manager at least 24 hours before the class. For illness, the *Excused Absence Form* must be submitted to the Academic Manager within 24 hours after the class with a doctor’s note.

More than two unexcused absences will result in two percentage points (2%) being deducted from the final grade for every additional unexcused absence thereafter.

Any exams, tests, presentations, or other work missed due to student absences can only be rescheduled in cases of documented medical emergencies or family emergencies. If a test is missed during an unexcused absence they cannot be made up. It is the student’s responsibility to contact the lecturer and request information on the missed class as well as any relevant reading or homework information.

CONTENT:

Each week (under Content) there is a question. These questions are meant to offer an organizing framework for your thinking through and preparation for that week as you complete the readings.

| Week | Content | Assignments |
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| <p>Week 1:</p> <p><i>Why is geography a useful lens through which to explore and understand globalization?</i></p> | <p>Welcome, Introductions & Exploring Globalization</p> <ul style="list-style-type: none"> • Session 1: Welcome to the course. Overview of the course. Introductions: to each other and to the lens of geography • Session 2: An initial exploration of the concept of globalization – What is globalization? Why focus on it now? • Session 3: An initial exploration of the concept of globalization – What does globalization accomplish? | <p>Readings:</p> <ul style="list-style-type: none"> • Sharpe, M. 2013. <u>Globalization: Ties, Tensions, and Uneven Integration</u>. Wiley-Blackwell. Chapter 1: Globalization, pp: 1- 27. • Well, G. 2001. <u>The Issue of Globalization – An Overview</u>. Congressional Research Service Reports and Issue Briefs, pp: 1- 26. |

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| <p>Week 2:</p> <p><i>Is development a useful construct through which to understand the world? If so, how? If not, why not?</i></p> | <p>Unpacking Development</p> <ul style="list-style-type: none"> • Session 4: What do we mean by “development”? • Session 5: Exploring the geography of development: What is the geography of development? • Session 6: Exploring the geography of development: Geography in development or development in Geography? | <p>Readings:</p> <ul style="list-style-type: none"> • Barder, Owen. “What is Development?” Center for Global Development. 16 August, 2012. Web. • Tiwary, A. 2016. <u>Development Studies in Geography: Concepts and Approaches</u>. <i>Asian Journal of Multidisciplinary Studies</i> 4, 5: 249-253. • Biswajit, G. 2012. <u>Discourses on Development</u>. Rawat Publication, pp: 27-48. • Binns, T. 1995. <u>Geography in Development: Development in Geography</u>. <i>Geography</i> 80, 4:303-322. <p>Deliverables:</p> <p>Summary and Reflection #1</p> |
| <p>Week 3:</p> <p><i>How does the concept of scale help us to expand our understanding of human health?</i></p> | <p>Exploring Health</p> <ul style="list-style-type: none"> • Session 7: How do we define health? • Session 8: Exploring the geography of health: How does Geography help us better understand human health? • Session 9: Exploring the geography of health: Why a shift from international to global public health? | <p>Readings:</p> <ul style="list-style-type: none"> • Sharpe, M. 2013. <u>Globalization: Ties, Tensions, and Uneven Integration</u>. Wiley-Blackwell. Chapter 9: Health, pp: 337-388. • Brown, T, Cueto, M & Fee, E. 2006. <u>The World Health Organization and the Transition From “International” to “Global” Public Health</u>. <i>American Journal of Public Health</i>. 96. 62-72. • Dummer, T. 2008. <u>Health geography: supporting public health policy and planning</u>. <i>Canadian Medical Association Journal</i> 178, 9: 1177–1180. |

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| <p>Week 4:</p> <p><i>Why is the relationship among these three concepts so complex (and, at times, complicated)?</i></p> | <p>Globalization, Health and Development</p> <ul style="list-style-type: none"> • Session 10: Globalization, Health, and Development. What do these relationships look like? • Session 11: Globalization, Health, and Development. How does globalization influence health and development? • Session 12: Globalization, Health, and Development. How does development influence globalization and health for the purposes of policy and action? | <p>Readings:</p> <ul style="list-style-type: none"> • Huynen, M. et al. 2005. <u>The health impacts of globalization: a conceptual framework</u>. <i>Globalization and Health</i> 1:14-21. • Pang, T et al. 2004. <u>Globalization and risks to health</u>. <i>EMBO Report</i> 5,1: S11–S16. • Globalization, health and development. <i>Global Health Europe</i>. 22 June, 2009. Web. • Woodward, D. et al. 2001. <u>Globalization and health: a framework for analysis and action</u>. <i>Bulletin of the World Health Organization</i> 79:875-881. • McMichael, R. J. and Beaglehole, R. 2000. <u>The changing global context of public health</u>. <i>Lancet</i> 356: 577-582. |
| <p>Week 5:</p> <p><i>How are the Millennium Development Goals a good confluence of globalization, health, and development?</i></p> | <p>Bringing the three concepts together: The Millennium Development Goals</p> <ul style="list-style-type: none"> • Session 13: What are the Millennium Development Goals (MDGs)? • Session 14: A focus on health in the MDGs • Session 15: Case Study: South Africa and the MDGs: On track to attain them? | <p>Readings:</p> <ul style="list-style-type: none"> • World Health Organization 2005. <u>Health and the MDGs</u>. World Health Organization, pp: 7-29. • “Millennium Development Goals”. <i>Country Report 2013</i>. [this is quite a lengthy document – you need only skim it] |
| <p>Week 6:</p> <p><i>Why do we see relative burdens of disease across the globe?</i></p> | <p>The Global Burden of Disease</p> <ul style="list-style-type: none"> • Session 16: Global View of Health (as represented by disease): Interrogating the Global Burden of Disease | <p>Readings:</p> <ul style="list-style-type: none"> • https://ourworldindata.org/burden-of-disease/ |

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| | <ul style="list-style-type: none"> • Session 17: Global View of Health (as represented by disease): How do we measure the Global Burden of Disease? • Session 18: Global View of Health (as represented by disease): Visualising the Global Burden of Disease with data | <ul style="list-style-type: none"> • Markle, W. 2007. <u>Understanding Global Health</u>. Lange. Chapter 2: The Global Burden of Disease, pp: 19-36. • Murray, C. et al. 2013. <u>Measuring the Global Burden of Disease</u>. <i>New England Journal of Medicine</i>, 369:448-457. • Bypass, P. et al. 2013. <u>Reflections on the Global Burden of Disease 2010 Estimates</u>. <i>PLOS Medicine</i> 13, 10:1-5. • Murray, C. et al. 2017. <u>Measuring global health: motivation and evolution of the Global Burden of Disease Study</u>. <i>Lancet</i> 390: 1460-1464. <p>There are a number of websites that provide comprehensive data to map and visualize the Global Burden of Disease. A particularly good one is: http://www.healthdata.org/gbd/data-visualizations. Familiarize yourself with this site for Session 18 when we will focus on data and mapping the Global Burden of Disease.</p> |
| <p>Week 7:</p> | <p>Contemporary Case Studies</p> <ul style="list-style-type: none"> • Session 19: Case studies of recent events (drawn from around the world) that speak to the theme of the course. • Session 20: Case studies of recent events (drawn from around the world) that speak to the theme of the course. • Session 21: Case studies of recent events (drawn from around the world) that speak to the theme of the course. | <p>Readings:</p> <p>For this week there are no assigned readings. Instead, we are going to take some time to study contemporary events around the world that highlight the interplay among the concepts of globalization, human health, and development.</p> <p>Each student is required to bring two contemporary (i.e., recent news) case studies that can inform our class discussion about the complex interaction of globalization, human health, and development in different places, over time, and at multiple scales. These case</p> |

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| | | <p>studies can be drawn from anywhere in the world – the greater the diversity of origin, the better.</p> <p>Based on discussions in previous weeks the lecturer will provide (at the start of Week 6) some guiding questions that will be used to explore the case studies that students bring to class during this week.</p> <p>Going through these case studies will also give students a sense of how to approach the case study assignment for this course.</p> <p>Deliverables:</p> <p>By the end of this week (i.e., session 21) students will need to have selected their contemporary case study for your end-of-course presentation. At the end of session 21 students are to provide the lecturer with a brief (one paragraph) description of and motivation for the case study they have selected.</p> |
| <p>Week 8:</p> <p><i>Why has Niger “bucked the trend” in Africa and seen a reduction in child mortality?</i></p> | <p>A focus on childhood mortality</p> <ul style="list-style-type: none"> • Session 22: Reducing child mortality in Africa: Understanding the challenges. Case Study: Niger • Session 23: Reducing child mortality in Africa: Understanding the challenges. Case Study: Niger • Session 24: Reducing child mortality in Africa: Understanding the challenges. Case Study: Niger | <p>Readings:</p> <ul style="list-style-type: none"> • https://ourworldindata.org/child-mortality/ • https://unchronicle.un.org/article/reducing-child-mortality-challenges-africa • Black, R. et al. 2003. <u>Where and why are 10 million children dying every year?</u> <i>The Lancet</i> 361, 9376: 2226-2234. • Black, R. et al. 2010. <u>Global, regional and national causes of child mortality in 2008:</u> |

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| | | <p><u>A systematic analysis</u>. <i>The Lancet</i> 375, 9730:1969-1987.</p> <ul style="list-style-type: none"> • Burke, M. et al. 2016. Sources of variation in under-5 mortality across sub-Saharan Africa: A spatial analysis. <i>The Lancet</i>: np (open access journal article) • Amouzou, A. et al. 2012. <u>Reduction in child mortality in Niger. A countdown to 2015 country case study</u>. <i>The Lancet</i> 380, 9848:1169-1178. • Besada, D. et al. 2016. <u>Niger’s Child Survival Success, Contributing Factors and Challenges to Sustainability: A Retrospective Analysis</u>. <i>PLoS One</i>, 11, 2: np (open access journal article) |
| <p>Week 9:</p> <p><i>Why is a focus on maternal health so important in the context of development?</i></p> | <p>A focus on maternal health</p> <ul style="list-style-type: none"> • Session 25: Trends in maternal Health Case study: Zambia • Session 26: Trends in maternal Health Case study: Zambia • Session 27: Trends in maternal Health Case study: Zambia | <p>Readings:</p> <ul style="list-style-type: none"> • https://ourworldindata.org/maternal-mortality/ • Horton, R. 2010. <u>The continuing invisibility of women and children</u>. <i>The Lancet</i> 375, 9730:1941-1943. • <u>Zureick-Brown et al. 2014. Understanding global trends in maternal health. Perspectives on Sexual Reproductive Health</u> 39, 1: 1-20. • http://www.merckformothers.com/docs/FCI_Zambia_mapping_dissemination_report.pdf • Ensor, T. et al. 2014. <u>Mobilizing communities to improve maternal health: results of an intervention in rural Zambia</u>. |

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| | | <p><i>Bulletin of the World Health Organization</i> 92: 51-59.</p> <p>Deliverables:</p> <p>4 Questions (relating to the course) that students will address in their Contemporary Case Study presentation. Examples of the kinds of questions students might want to ask will inform our discussion and dialogue around contemporary case studies in Week 7.</p> |
| <p>Week 10:</p> <p><i>Does globalization and development contribute to the prevalence of HIV/AIDS in different parts of the world? If so, how?</i></p> | <p>A (global and more local) focus on HIV/AIDS</p> <ul style="list-style-type: none"> • Session 28: Making AIDS part of the global development agenda. Case Study: Sub-Saharan Africa • Session 29: Making AIDS part of the global development agenda. Case Study: Sub-Saharan Africa • Session 30: Making AIDS part of the global development agenda. Case Study: Sub-Saharan Africa | <p>Readings:</p> <ul style="list-style-type: none"> • Gayle, H. & Hill, G. 2001. <u>Global Impact of Human Immunodeficiency Virus and AIDS</u>. <i>Clinical Microbiology Review</i> 14, 2: 327-335. • Kharsany, A. & Karrim, Q. 2016. <u>HIV Infection and AIDS in Sub-Saharan Africa: Current Status, Challenges and Opportunities</u> <i>Open AIDS</i> 10:34-48. • Delva, W. & Karrim, Q. 2014. <u>The HIV Epidemic in Southern Africa – is an AIDS-free generation possible?</u> <i>Current HIV/AIDS Report</i> 11, 2:99-108. • Mbirimtengerenji, D. N. 2007. Is HIV/AIDS Epidemic Outcome of Poverty in Sub-Saharan Africa? <i>Croatian Medical Journal</i> 48, 5:605-617. • Nyindo, N. 2005. Complementary factors contributing to the rapid spread of HIV-1 in Sub-Saharan Africa: A Review. <i>East African Medical Journal</i> 82, 1:40-46. <p>Deliverables:</p> |

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| | | Summary & Reflection #2 |
| <p>Week 11</p> <p><i>What does the resurgence of Ebola tell us about effects of globalization on health?</i></p> | <p>Healthcare delivery in focus</p> <ul style="list-style-type: none"> • Session 31: Lessons Learned from Ebola: What is it and how is it transmitted? • Session 32: Lessons Learned from Ebola: The Role of Globalization • Session 33: Lessons Learned from Ebola: An example of the Butterfly Defect | <p>Readings:</p> <ul style="list-style-type: none"> • http://www.doctorswithoutborders.org/article/five-lessons-learned-during-latest-ebola-outbreak-drc • https://www.cgdev.org/blog/preparing-next-ebola-outbreak-incentivising-right-type-capacity • Undheim, T. 2014. Ebola: The dark side of globalization. International Commentary: http://fortune.com/2014/10/20/why-ebola-mirrors-the-dark-side-of-globalization/ • Kaner, J. & Schaak, S. 2016. <i>Understanding Ebola: The 2014 Epidemic</i>. <i>Globalization and Health</i> 12, 53: np (open access journal article). • Cartalucci, T. 2014. Ebola and the danger of globalization: https://www.globalresearch.ca/ebola-and-the-danger-of-globalization/5407813 |
| <p>Week 12</p> | <ul style="list-style-type: none"> • Session 34: Student Contemporary Case Study Presentation followed by instructor-led discussion aimed at highlighting comparisons between case studies in terms of place, space, and scale. • Session 35: Student Contemporary Case Study Presentation followed by instructor-led discussion aimed at highlighting comparisons between case studies in terms of place, space, and scale. • Session 36: Student Contemporary Case Study Presentation followed by | <p>This week is devoted to presentations of students' case studies. Everyone will have 8 minutes for their presentation, followed by 5-7 minutes for Q and A with the class thereafter. In particular, we are going to discuss how the case studies highlight the course content, and draw comparisons between case studies in terms of place, space, and scale.</p> |

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| | <p>instructor-led discussion aimed at highlighting comparisons between case studies in terms of place, space, and scale.</p> | |
| <p>Week 13</p> <p>Contemporary Case Studies</p> | <ul style="list-style-type: none"> • Session 37: Development and the globe • Session 38: What does the globalization of healthcare mean to you? • Session 39: Closing lecture on the globalization of health and development | <p>Final Exam in Week 14</p> |
| <p>Week 14</p> | <ul style="list-style-type: none"> • Session 40: Final Exam part 1 • Session 41: Final Exam part 2 | |

COURSE RELATED TRIPS:

- Riding the Hop On Hop Off Tour bus (not taking it for the tourist perspective, but rather for the real, on-the-ground examples of the geography of globalization, health, and development that would be seen and experienced along the way).
- A visit to the TB research lab at the University of Cape Town.

REQUIRED READINGS:

- Amouzou, A. et al. 2012. Reduction in child mortality in Niger. A countdown to 2015 country case study. *The Lancet* 380, 9848:1169-1178.
- Besada, D. et al. 2016. Niger’s Child Survival Success, Contributing Factors and Challenges to Sustainability: A Retrospective Analysis. *PLoS One*, 11, 2: np (open access journal article)
- Binns, T. 1995. Geography in Development: Development in Geography. *Geography* 80, 4:303-322.
- Biswajit, G. 2012. Discourses on Development. Rawat Publication, pp: 27-48.
- Black, R. et al. 2003. Where and why are 10 million children dying every year? *The Lancet* 361, 9376: 2226-2234.
- Black, R. et al. 2010. Global, regional and national causes of child mortality in 2008: A systematic analysis. *The Lancet* 375, 9730:1969-1987.
- Black, et al. 2003. Where and why are 10 million children dying every year? *The Lancet* 361, 9376:2226-2234
- Brown, T., Cueto, M. & Fee, E. 2006. The World Health Organization and the Transition From “International” to “Global” Public Health. *American Journal of Public Health*. 96:62-72.
- Burke, M. et al. 2016. Sources of variation in under-5 mortality across sub-Saharan Africa: A spatial analysis. *The Lancet*: np (open access journal article).

- Bypass, P. et al. 2013. Reflections on the Global Burden of Disease 2010 Estimates. *PLOS Medicine* 13, 10:1-5
- Delva, W. & Karrim, Q. 2014. The HIV Epidemic in Southern Africa – is an AIDS-free generation possible? *Current HIV/AIDS Report* 11, 2:99-108.
- Dummer, T. 2008. Health geography: supporting public health policy and planning. *Canadian Medical Association Journal* 178, 9:1177–1180.
- Ensor, T. et al. 2014. Mobilizing communities to improve maternal health: results of an intervention in rural Zambia. *Bulletin of the World Health Organization* 92: 51-59.
- Gayle, H. & Hill, G. 2001. Global Impact of Human Immunodeficiency Virus and AIDS. *Clinical Microbiology Review* 14, 2:327-335.
- Horton, R. 2010. The continuing invisibility of women and children. *The Lancet* 375, 9730:1941-1943.
- Huynen, M. et al. 2005. The health impacts of globalization: a conceptual framework. *Globalization and Health* 1:14-21.
- Kaner, J. & Schaak, S. 2016. Understanding Ebola: The 2014 Epidemic. *Globalization and Health* 12, 53: np (open access journal article).
- Kharsany, A. & Karrim, Q. 2016. HIV Infection and AIDS in Sub-Saharan Africa: Current Status, Challenges and Opportunities *Open AIDS* 10:34-48.
- Markle, W. 2007. Understanding Global Health. Lange. Chapter 2: The Global Burden of Disease, pp:19-36.
- McMichael, R. J. and Beaglehole, R. 2000. The changing global context of public health. *The Lancet* 356:577-582.
- Mbirimtengerenji, D. N. 2007. Is HIV/AIDS Epidemic Outcome of Poverty in Sub-Saharan Africa? *Croatian Medical Journal* 48, 5:605-617.
- Murray, C. et al. 2013. Measuring the Global Burden of Disease. *New England Journal of Medicine*, 369:448-457.
- Murray, C. et al. 2017. Measuring global health: motivation and evolution of the Global Burden of Disease Study. *The Lancet* 390:1460-1464.
- Nyindo, N. 2005. Complementary factors contributing to the rapid spread of HIV-1 in Sub-Saharan Africa: A Review. *East African Medical Journal* 82, 1:40-46.
- Pang, T et al. 2004. Globalization and risks to health. *EMBO Report* 5(1): S11–S16.
- Sharpe, M. 2013. Globalization: Ties, Tensions, and Uneven Integration. Wiley-Blackwell. Chapter 1: Globalization, pp:1-27
- Sharpe, M. 2013. Globalization: Ties, Tensions, and Uneven Integration. Wiley-Blackwell. Chapter 9: Health, pp:337-388.
- Tiwary, A. 2016. Development Studies in Geography: Concepts and Approaches. *Asian Journal of Multidisciplinary Studies* 4,5:249-253.
- Undheim, T. 2014. Ebola: The dark side of globalization. International Commentary: <http://fortune.com/2014/10/20/why-ebola-mirrors-the-dark-side-of-globalization/>
- Woodward, D. et al. 2001. Globalization and health: a framework for analysis and action. *Bulletin of the World Health Organization* 79:875-881.
- World Health Organization 2005. Health and the MDGs. World Health Organization, pp:7-29.
- Well, G. 2001. The Issue of Globalization – An Overview. Congressional Research Service Reports and Issue Briefs, pp:1- 26.
- Zureick-Brown et al. 2014. Understanding global trends in maternal health. *Perspectives on Sexual Reproductive Health* 39, 1:1-20.

WEBSITES

- <http://www.globalhealthurope.org/index.php/resources/glossary/values/75-globalisation-health-and-development.html>
- <https://www.cgdev.org/blog/what-development>
- http://www.undp.org/content/dam/south_africa/docs/Reports/The_Report/MDG_October-2013.pdf
- <https://ourworldindata.org/burden-of-disease/>
- <https://ourworldindata.org/child-mortality/>
- <https://unchronicle.un.org/article/reducing-child-mortality-challenges-africa>
- <https://ourworldindata.org/maternal-mortality/>

- <http://www.doctorswithoutborders.org/article/five-lessons-learned-during-latest-ebola-outbreak-drc>
- <https://www.cgdev.org/blog/preparing-next-ebola-outbreak-incentivising-right-type-capacity>

RECOMMENDED READINGS:

- Jared Diamond. 1999. Guns, Germs, and Steel