**Theories of Change in Global Health** (SOMGEN 207/INTLPOL 291)

Syllabus 2020

**Course Description**

Critically review the theories of change implicit in the approach taken by various professional and disciplinary groups in implementing global health programs. Evaluated theories include economic growth, health systems improvement, improved clinical care, technology, entrepreneurship, foreign aid and rights advocacy. We will review and discuss journal articles from various disciplines illustrating examples of both success and failure of each theory of change in specific global health implementations. This graduate level seminar course is appropriate for students who aspire to improve global health, but are uncertain how to realize this aspiration.

**Course Objectives**

By the end of the course the student will be able to:

1. Given a specific problem in global public health articulate how different academic disciplines would frame the problem and pathway towards improvement.
2. Given a proposed approach to improve global public health, articulate the underlying theory of change, and critically assess the strengths and weaknesses of using this approach compared to alternatives in this circumstance to bring change.

We also aim for the students to improve their skills in critically reviewing original scientific literature.

**Target students**

This is a graduate level course for students of any discipline whose research work or interest engages global health. Students who aspire to improve global health, but are uncertain how to realize this aspiration, may find the course particularly useful. Upperclassman undergraduate who have completed at least one of the prerequisite courses (Econ118, CEE265D, HumBio 129S, or HumBio 124C) and who are willing to commit the preparatory time for a graduate level seminar class are welcome.

**Pedagogic approach**

 Core class sessions

Each of 14 core class sessions will explore a different theory of change in global health. Students will read 3 articles for each class. One article will reflect an intervention where the theory of change was implemented and improved the health of the target community. One article will be an example where the theory of change was applied and failed to improve the health of the target community. A third article will be a more reflective piece on the theory of change.

To prepare for the class, students will reflect on both the articles and the discussion questions prepared by the instructor for each article. During the class, the instructor will use a random number generator to identify the student who will offer the first response to the sequential discussion question. The sampling will be genuinely random, so that having recently answered a question will not affect the probability of being asked a subsequent question. As a class we will together discuss and critically reflect on the lessons that emerge. The instructor will make some summary comments.

 Student led journal club

During the course each student will identify an article they find interesting, is not on our syllabus and illustrates either a success or failure with implementing a theory of change to improve global health. The objective is to explore issues of particular interest to students and to expand the discussion of themes we have engaged. We will break into 3 small groups for these discussions. Students will share their selected article one week in advance with their small group. They will lead a 40 minute in class discussion on the article, similar to a journal club.

 Project

Students who enroll for four credit hours will apply the ideas from the course by writing about a global health problem that they view as being commonly addressed using an ineffective theory of change. They will construct an argument to explain why this theory of change has been ineffective, and then construct an argument for approaching the problem through an alternative theory of change. They will develop their progressive argument through short structured writing assignments during the course, receive successive rounds of feedback from fellow students and instructors, and make an oral presentation in the last 2 weeks. Students will provide feedback to each other’s work at each stage. Students will identify the peer input that was most useful to them.

**Adapting to Zoom**

Due to the COVID-19 pandemic we will not be able to meet in person, but videoconferencing via Zoom works well. Please join Zoom with your video on, so we can read each other’s expressions just as if we were in the classroom. This will help make conversation more natural. In prior years, we have convened thoughtful interactive discussions without hand raising. Let’s see if we can do the same using Zoom.

**Course credits**

This is a seminar class requiring an estimated 6 hours of reading outside of class each week to prepare for the seminar. There is also a project, where the students develop a project through the course including submitting elements of the project at three points during the course and then make a final presentation late in the course. The full course is a 4 credit hour course. Students who sign up for three credit hours, are not required to complete the project.

**Grading**

* Attendance : 15%
* Participation that reflects close reading of the material and thoughtful response to others’ ideas: 60%
* Final written project: 15%
* Final oral presentation: 10%

**Spring Term**

* 3:00 PM – 4:50 PM Pacific Time, Tuesdays and Thursdays
* Spring term 2020 (academic year 2018-20) runs from April 6 through June 11.
	+ Last regular class session Thursday, June 11
	+ 20 sessions
* Classroom: <https://stanford.zoom.us/j/895477060>

**Students with Documented Disabilities**: Students who may need an academic accommodation based on the impact of a disability must initiate the request with the Office of Accessible Education (OAE). Professional staff will evaluate the request with required documentation, recommend reasonable accommodations, and prepare an Accommodation Letter for faculty. For students who have disabilities that don't typically change appreciably over time, the letter from the OAE will be for the entire academic year; other letters will be for the current quarter only. Students should contact the OAE as soon as possible since timely notice is needed to coordinate accommodations. The OAE is located at 563 Salvatierra Walk (phone: 723-1066, URL: <http://oae.stanford.edu>).

**Session topics and assigned readings**

1. Outline of the course and the broader paradigm; April 7, 2020
	1. In class discussion of brief scenarios
2. Economic development; April 9, 2020
	1. Heath R & Mobarak AM. Manufacturing growth and the lives of Bangladeshi Women. *Journal of Development Economics*. 115 (2015) 1-15.
	2. Zhang M et al. Economic assessment of the health effects related to particulate matter pollution in 111 Chinese cities by using economic burden of disease analysis. *Journal of Environmental Management*. 88 (2008): 947-954.
	3. Granados JA, Ionides EL. The reversal of the relation between economic growth and health progress: Sweden in the 19th and 20th centuries. *Journal of Health Economics*. (2008) 27(3):544-563.
3. Targeted economic incentives April 14, 2020
	1. Banerjee A. Improving immunization coverage in rural India. *BMJ* 2010; 340:c2220.
	2. Randive B et al. India’s Conditional Cash Transfer Programme (the JSY) to Promote Institutional Birth: Is There an Association between Institutional Birth Proportion and Maternal Mortality? *PLoS One*. 2013 Jun 27; 8(6):e67452.
	3. Ranganathan M. Promoting healthy behaviours and improving health outcomes in low and middle income countries: A review of the impact of conditional cash transfer programmes. *Preventive Medicine*. 2012 Nov; 55 Suppl:S95-S105.
4. Technology April 16, 2020
	1. David Sonnenfeld. Social movements and ecological modernization: The transformation of pulp and paper manufacturing. *Development and Change*, 2002.
	2. Mobarak AM et al. Low demand for nontraditional cookstove technologies. *PNAS*, June 2012.
	3. Karl Mathiesen, “What is the Bill and Melinda Gates Foundation?”
	4. Sandi Doughton, “After 10 years, few payoffs from Gates’ ‘Grand Challenges’. Seattle Times 2014.
5. Health System Strengthening April 21, 2020
	1. Freedman LP. Achieving the MDGs: Health systems as core social institutions. *Development*. 2005, 48(1):19–24.

* 1. Coovadia H. et al. The health and health system of South Africa: historical roots of current public health challenges. *Lancet* 2009, pp 817-834.
	2. Olson DJ and Piller A. Ethiopia: An emerging family planning success story. *Studies in Family Planning* 2013; 44[4]: 445–459.
1. Advocacy April 23, 2020
	1. Schwartlander BB et al. The 10-year struggle to provide antiretroviral treatment to people with HIV in the developing world. *Lancet* 2006; 368: 541–46.
	2. Nelson PJ, Dorsey E. At the Nexus of Human Rights and Development: New Methods and Strategies of Global NGOs. *World Development* Vol. 31, No. 12, pp. 2013–2026, 2003.
	3. Galiani S, et al. Water for Life: The Impact of the Privatization of Water Services on Child Mortality. *Journal of Political Economy*, 2005, 113(**1**), 83-120.
	4. Optional:
		1. Spivak G. Righting Wrongs. *The South Atlantic Quarterly* 103:2/3, Spring/Summer 2004.
		2. Budds J. Are the debates on water privatization missing the point? Experiences from Africa, Asia and Latin America. *Environment & Urbanization*, 2007, 15(2)87-113.

1. Student selected article journal club session 1 April 28, 2020
2. Aid April 30, 2020
	1. Yang W et al. Key outcomes and addressing remaining challenges—Perspectives from a final evaluation of the China GAVI project. *Vaccine* 31S (2013) J73– J78.
	2. Bendavid E, Bhattacharya J. The Relationship of Health Aid to Population Health Improvements. *JAMA Intern Med*. 2014 Jun;174(6):881-7.
	3. Oloruntade A, et al. Assessing the sustainability of borehole for potable water supply in selected communities in the Akoko Area of Ondo State, Nigeria. *Ethiopian Journal of Environmental Studies and Management*, 2014.
	4. Optional:
		1. Nelson K. Evaluating Gavi, The Vaccine Alliance. CDDRL Honors thesis. June 2017. Pages 13 – 20 provide an informative background on Gavi that provides useful context for Reading 1.
3. Global health initiatives May 5, 2020
	1. Cochi S, et al. Global Polio Eradication Initiative: Lessons Learned and Legacy. *J Infect Dis*. 2014 Nov 1;210 Suppl 1:S540-6.
	2. Biesma R. et al. The effects of global health initiatives on country health systems: a review of the evidence from HIV/AIDS control. *Health Policy and Planning* 2009;24:239–252.
	3. Easterly, W. How the Millennium Development Goals are Unfair to Africa. *World Development* Vol. 37, No. 1, pp. 26–35, 2009.
4. Knowledge / Education May 7, 2020
	1. Madajewicz M. Can information alone change behavior? Response to arsenic contamination of groundwater in Bangladesh*. Journal of Development Economics* 84 (2007) 731–754.
	2. Sultana R, et al. Bangladeshi backyard poultry raisers’ perceptions and practices related to zoonotic transmission of avian influenza.  *J Infect Dev Ctries 2012; 6(2):156-165.*
	3. Williams B, et al. Changing patterns of knowledge, reported behaviour and sexually transmitted infections in a South African gold mining community. *AIDS* 2003, 17:2099–2107
5. Behavior change May 12, 2020
	1. Cairncross S, et al. Dracunculiasis (Guinea Worm Disease) and the Eradication Initiative. *Clinical Microbiology Reviews*, Apr. 2002, p. 223–246
	2. Waisbord S. Where Do We Go Next? Behavioral and Social Change for Child Survival. *Journal of Health Communication*, 19:216–222, 2014.
	3. Huda TM, et al. Interim evaluation of a large scale sanitation, hygiene and water improvement programme on childhood diarrhea and respiratory disease in rural Bangladesh. *Soc Sci Med*. 2012 Aug; 75(4):604-11.
6. Adopting healthy policies May 14, 2020
	1. Jooste P. Short-term effectiveness of mandatory iodization of table salt, at an elevated iodine concentration, on the iodine and goiter status of schoolchildren with endemic goiter. *Am J Clin Nutr* 2000; 71:75–80.
	2. Hilton F. Later Abatement, Faster Abatement: Evidence and Explanations From the Global Phaseout of Leaded Gasoline. *J Environ Dev*. 2001; 10 (3):246-265.
	3. Luby S, Biswas D, Gurley ES, Hossain I. Why highly polluting methods are used to manufacture bricks in Bangladesh. *Energy for Sustainable Development.* 2015(28):68-74.
7. Student selected article journal club session 2 May 19, 2020
8. Improving governance May 21, 2020
	1. Davis J. Corruption in public service delivery: Experience from South Asia’s water and sanitation sector. (2004) *World Development*. 32(1): 53–71.
	2. Killingsworth J, et al. Unofficial fees in Bangladesh: price, equity and institutional issues. *Health Policy and Planning.* (1999) 14 (2): 152-163.
	3. Björkman M, Svensson J. Power to the people: Evidence from a randomized field experiment on community-based monitoring in Uganda. *The Quarterly Journal of Economics* (2009) 124 (2): 735-769.
9. Social entrepreneurship May 26, 2020
	1. Galvin M and Iannotti L. Social Enterprise and Development: The KickStart Model. *Voluntas*. (2015) 26(2):421.
	2. Paul Starkey. *Animal-Drawn Wheeled Toolcarriers: Perfected yet Rejected.* Chapter 8. pp 131-142(Braunschweig, Germany: Friedr. Vieweg & Sohn, 1988).
	3. Matthias, D. et al. Local markets for global health technologies: lessons learned from advancing 6 new products. *Global Health: Science and Practice*. 2014; 2(2):152-164.
	4. Supplemental Reading:
		1. Fisher M, Income is Development: Kickstart’s pumps help Kenyan farmers transition to a cash Economy. *Innovations*. 2006; 1(1): 9-30.
		2. Simanis E & Hart S. Expanding possibilities at the base of the pyramid; Innovations case discussion: KickStart. Innovations. 2006; 1(1): 43-51.

* + 1. Full text of Starkey’s book
1. Response to crisis May 28, 2020
	1. Responding to cholera in Santiago
		1. Ferreccio, C. 1995. “Santiago, Chile: Avoiding an Epidemic.” In: Serageldin, I., M.A. Cohen, and K.C. Sivaramakrishnan (eds.) *The Human Face of the Urban Environment*. Washington, DC: The World Bank, Environmentally Sustainable Development Proceedings Series No. 5, pp 160-162.
		2. Bartone, C. From Fear of Cholera to Full Wastewater Treatment in Two Decades in Santiago, Chile. World Bank Presentation 2011.
	2. Arjen Boin, Paul 't Hart & Allan McConnell (2009) Crisis exploitation: political and policy impacts of framing contests, *Journal of European Public Policy*, 16:1, 81-106.
	3. Shanta IS et al. Raising backyard poultry in rural Bangladesh: Financial and nutritional benefits, but persistent risky practices. *Transbound Emerg Dis*. 2017 Oct;64(5):1454-1464. doi: 10.1111/tbed12536.
	4. Supplementary reading:
		1. Halliday S. The Great Stink of London. Stroud, Gloucestershire. 1999.
		2. Levine M. Interventions to Control endemic typhoid fever: Field studies in Santiago, Chile. PAHO Scientific Publications, Washington DC, 1986.
		pp 37-45 provides nice background

1. Research June 2, 2020
	1. Cutts F et. al. Efficacy of nine-valent pneumococcal conjugate vaccine against pneumonia and invasive pneumococcal disease in The Gambia: randomised, double-blind, placebo-controlled trial. *Lancet*. 2005; 365: 1139–46.
	2. Kansagra S and Farley T. Public health research: Lost in translation or speaking the wrong language? *America Journal of Public Health* 2011;101:2203-2206.
	3. Barnes D. Strategies for an AIDS Vaccine. *Science* 1986; 233(4796):1149-53.
2. Student selected article journal club session 3 June 4, 2020
3. Student project presentations, June 9, 2020
4. Applying a theory of change. June 11, 2020
	1. An extended example of how the course instructor has applied theories of change in his own work
	2. No reading.

**Student project tasks and deadlines**

* + - * Week 3; due April 24, 11:59 PM
				+ Describe two global health problems you are considering as candidates for the quarter long assignment.
				+ <500 word summary (not counting references)

Describe the two problems you considered.

* + - What is your impression of the dominant theory of change?
		- How might you approach this differently?

Which of these two problems do you consider the most promising candidate for the course assignment?

Why?

* Week 4, due May 1, 11:59 PM
	+ - * + Provide peer feedback for the 2 student health problems sent to you; cc instructors
		- For each candidate problem:
		- What are the advantages of working on this problem?
		- What are potential pitfalls?
		- How might the student improve his/her/their written description?

			* Week 5, due May 8, 11:59 PM
				+ Identify specific articles that invoke a common theory of change to address your selected problems with evidence that this approach is not effective
				+ <500 word summary (with revised problem statement the document is now <1000 words, not counting references)

Include a revised problem statement, that addresses the critiques raised by students and instructors and focuses on the single problem you have chosen to work on.

Specify the theory of change

Construct an argument that this theory of change has not been effective within the context that you are interested in.

* + - * Week 6, due May 15, 11:59 PM
				+ Provide peer feedback for the 2 student projects sent to you; cc instructors
		- Is the problem statement compelling? Why or why not?
		- Is the evidence presented by the student that the common theory of change is unsuccessful compelling? Why or why not? What would make it more compelling?
		- How might the student improve his/her/their written description?

			* Week 7; due May 22, 11:59 PM
				+ What theory of change do you propose as more appropriate to approaching the problem?
				+ <500 word summary

Include revised problem description, description of a common theory of change and why this has not been effective (<1500 words total document length, not including references)

What is your recommended theory of change?

Develop an argument explaining why this approach would be more effective than the more common approach.

* + Submit by email to instructors and the 2 new assigned peer reviewers

		- * Week 8; due May 29; 11:59 PM
				+ Provide peer feedback for the 2 student assignments sent to you; cc instructors
		- Is the evidence presented by the student that the common theory of change is unsuccessful compelling? Why or why not?
		- Is the evidence presented by the student that his/her/their theory of change is likely to be more successful compelling? Why or why not? What would make it more compelling?

How might the student improve his/her/their written description?

* + - * Week 9 - 10
				+ Formal 15 minute presentation

Frame this as a pitch to a donor interested in supporting new approaches to address global health problems.

Present the problem. Explain:

* + - Why it is important
		- What you see as the dominant theory of change
		- Your rationale for an alternative theory of change.

Pitch a pilot project (<$250,000) to advance the feasibility of your preferred approach

The presentation is part of the learning opportunity

* + - * I expect students to practice their talks beforehand with a timer, and to conform strictly to the time limit. Planning and using allotted time well is an important discipline and professional skill.
			* Students should consider how to present themselves and their proposal. An excellent presentation includes both good ideas and compelling presentation
	+ Discussion immediately after the presentation
	+ Each of the students will provide written feedback to each of the presenters via email (copied to instructor)
		- Presenter will respond (copied to the instructor).
* Week 10; Due June 11; 5 PM
	+ Final write-up
	+ Revision of your Week 7 assignment.
	+ < 1700 words