GH / HSERV 544 Maternal and Child Health in LMICs

SYLLABUS

Instructor

**Donna Denno, MD, MPH** *she/her/hers*
**Contact:** Best way to reach Donna is through Canvas Inbox.
*Alternatively:***ddenno@uw.edu** or 206-685-0391 (office)

**Office hours:**By arrangement. I am usually available after class for 30 minutes for questions, comments, or a conversation. Otherwise, I am available by appointment – I’ve found this is a better for accommodating students’ schedules than fixed hours which may not suit everyone’s schedules – so please do contact me.

Teaching Assistant

**Priyasha Maharjan, MBA, cMPH***she/her/hers***Contact:** Best way to reach Priyasha is through Canvas Inbox.
*Alternatively:* pmahar@uw.edu
**Office hours:**After class and by arrangement

Schedule

Class **meeting times**: Tuesdays and Thursdays 1-2:20PM Classroom: T474

**Finals week:** We do have a **required**final exam meeting, currently scheduled for Friday March 17. However, we are going to work with the class early in the quarter to identify an earlier day during finals week that will work for everyone.

S**ession schedule** is being updated and will available [here](https://canvas.uw.edu/courses/1612961/pages/course-schedule).

Description

This course provides an overview of the critical health problems of women, adolescents, and children in low-and middle-income countries (LMICs) and examines programmatic interventions and practical strategies that respond to those problems. The course covers maternal and child health (MCH) proposal development, community involvement and program implementation and management. Students will acquire skills in assessing and understanding health issues among women, adolescents and children in a community, setting MCH “SMART” objectives, planning and evaluating appropriate and culturally-relevant interventions, and involving communities in these processes. The course is designed for graduate-level students planning to work in public health in LMICs and who have at least some familiarity with living and working conditions in LMICs. If you do not have such experience, you may need to do some additional readings, documentary viewings, and/or hold discussions with fellow classmates in order to obtain relevant background information.

Learning Objectives

After completing this course, you will be able to:

1. List the major socioeconomic and biomedical causes of illness, disability and mortality among women, mothers, adolescents and children globally.
2. List and describe the key prevention and treatment interventions recommended for wide scale implementation to reduce maternal and child morbidity and mortality globally.
3. Explain the advantages and disadvantages of different intervention implementation strategies and platforms.
4. Identify and utilize current international guidelines and resources for MCH programming.
5. Write a technical report on an important MCH problem, the interventions currently recommended to control the problem, and the constraints in tackling the problem.
6. Design, collaboratively within a team, a component of an MCH program proposal for a specific setting, including the following elements: assessment of needs, involvement of the community, SMART objectives, staffing/training/supervision plan, technically correct and culturally-responsive interventions, a budget, and a monitoring/evaluation plan.
7. Critique an MCH program proposal based on its content, approach and presentation.
8. Describe how supremacy (e.g., colonialism, power asymmetry) influences the field of global MCH and how it can be counteracted and undone.

Course Methods and Requirements

The course **methods**include lectures; assigned readings and videos; in-class discussions, exercises, and case studies; written assignments; and a group project presentation.

The course **requirements**, on which student evaluation is based, are as follows:

* MCH problem/intervention paper (20%)
* Group project: MCH proposal (30%)
* Group project participation (10%)
* Group project contract (1%)
* Final proposal critique (20%)
* Session Evaluation Surveys (3%)
* Student Profile Survey (2%)
* Class participation (14%)

Assignments

**MCH problem/intervention paper:**Each student will choose one MCH problem as the topic for a 2000-2500 word count paper (plus references). The paper should be a practical summary of the nature and extent of a **specific**maternal, adolescent or child health problem in LMICs; provide an overview of the key components of the**intervention/s** that currently recommended to address the problem, describe a **critique** of the intervention and **barriers to implementation**, and list key **references** for technical information that would be most useful to those implementing a programmatic response to the problem. The paper should follow the specified format closely.

**Group project:**Students will meet weekly outside class in a group of 4 to 6 persons to develop plans for planning, implementing and evaluating an **MCH project or program** in a specific LMIC setting. Each group will ideally include a resource person who is knowledgeable about the setting. The TA and/or instructor will meet with each group at least once. Each project will include 2-3 MCH **interventions** that address a specific health problem of women, adolescents and/or children in that setting, to be mutually agreed upon by the group. The groups will present the results of their efforts to the rest of the class during the final sessions of the quarter.

**Group participation:**Each work group will provide an assessment of the participation of its members, which will contribute to this part of the grade.

**Group contract:**Each work group will submit a contract agreement on group norms and processes.

**Final proposal critique:**The final written exercise of the course, in lieu of a final exam, will be to carry out a short (2-page) written review of an actual MCH proposal to identify strengths, concerns, and recommendations for improvement. The proposal review will be due toward the end of the quarter. The discussion component of the assignment will take place during the final class session, which will take place **during final exam week**.

**Session Evaluation Surveys:**Your feedback helps to assess the effectiveness of individual sessions, provide requested feedback to guest speakers, and most importantly to keep improving this course for future quarters and in real time. Therefore, you are asked to complete at least 12 out of 17 session evaluation surveys to receive full credit for this portion of your grade. The evaluations are very brief and are located at the bottom of each session on the “Modules” tab in Canvas. Your submissions will be anonymous –we will be able to see that you completed the evaluation, but the survey results will not be attached to your name. The evaluations will be ***open for completion******for one week after the relevant session***, after which point the evaluation will be closed. These evaluations are also an opportunity for you to provide general feedback to the instructor about how the class is going, not specific to a session. There will also be an opportunity to provide anonymous [feedback through the Department](https://catalyst.uw.edu/webq/survey/anyan/396896) throughout the quarter (which will also be shared with the instructor) and, of course, at the end of the quarter.

**Student Profile Survey:**This will allow the TA and instructor to get to know your background and interests and primarily serves as a way for us to compose balanced groups for the group project assignment.

**Class participation:**Students are also expected to participate in discussions, exercises and group work to the best of their abilities. You are expected to read the articles and listen to videos or audio files listed as “required” **in advance of the session**, so that you can use the information in class.

Participation points are based on the following criteria:

|  |  |  |  |
| --- | --- | --- | --- |
| **13-14 points** | **11-12 points** | **9-10 points** | **<9 points** |
| * Regularly contributes insightful comments and questions that prompt on-topic discussion. Demonstrates ability to clarify or synthesize issues raised in class.
* States informed comments and opinions, drawing on relevant references, readings, lectures, documentaries, or experiences.
* Demonstrates not just mastery of assigned content, but excellent critical analysis. Compares and builds ideas/concepts across sources.
* Contributes to promoting an environment that facilitates sharing, engagement, and learning. Does not monopolize dialogue.
* *Varying opinions bring richness to discussion.* If disagreeing with another class member’s ideas, contributes to cooperative argument-building, constructively suggests and helps class consider alternative approaches, drawing on various sources of information.
* Demonstrates respect for alternative opinions
* Uses appropriate, precise and accurate public health language
* *Questions will come up during class that class participants (including the instructor and TA) may not know the answer to at the time.*Shares information sought out beyond assigned readings to answer questions that develop.
 | * Periodically states informed comments and questions, demonstrating mastery of factual content of relevant references, readings, lectures, documentaries and some/good critical analysis based on these sources or experiences.
* Contributes to promoting an environment that facilitates sharing, engagement, and learning. Does not monopolize dialogue
* Demonstrates ability to respectfully respond to other participants’ points, thinks through own points, raises questions in a constructive way. Offers and supports suggestions that may be counter a stated point.
* Uses appropriate public health language accurately
 | * Infrequently states comments and questions that demonstrate some basic knowledge of content of relevant references, readings, lectures, documentaries. Critical analysis demonstration lacking.
* The participant draws only on personal experiences or references that are not precisely related to the topic.
* Rare in-class contributions.
* Uses a mixture of lay and public health language
 | * Irregularly states comments and questions.
* Participation does not demonstrate factual or analytic mastery of content.
* Comments or questions are off-topic
* Participant monopolizes dialogue, prohibiting sharing, engagement, and learning among other participants
* Non-engaging, unconstructive criticisms of class participants’ comments or questions.
* Disruptive
* Primarily uses lay language or incorrectly uses public health terminology
 |

*Note:*Regular participation does not mean having your voice heard during every class session, but that you demonstrate in-class participation over the course of the quarter. There are multiple opportunities for in-class participation: active engagement in-class discussions, asking relevant on-topic questions in class, active engagement in in-class group activities, representing in-class groups when groups come back together as a whole class, active engagement during the non-traditional final exam. Note that the “final exam” is an important component and an opportunity for a culminating exchange about the proposal critique, the group proposals, and related issues and topics.

**Late assignment policy:** Course content is designed to build and the ability to master content and workflow within a limited time frame is an important skill in public health practice. Additionally, in order to return  assignments in a timely manner, the deadlines reflect the time the teaching team need to grade assignments. Unless prior arrangements have been made with the instructor due to extenuating circumstances, assignments turned in after the due date/time will be counted with 10% taken off per 24-hour period after the assignment is due for 4 days, after which the assignment will not be accepted.

**Communication skills:**Verbal and written communication are critical skills for all career pathways, including public health. This course includes assignments that will help you identify areas of strength and improvement in your communication. If you feel that you could benefit from additional opportunities to improve your writing skills in particular, a list of resources at the UW and others accessible online can be found on the SPH website at <https://sph.washington.edu/sites/default/files/inline-files/Writing-Resources-4.3.19.pdf>.

In Person Instruction & Protocols and Safety

**This course is designated for in-person instruction per the UW time schedule.**

**Please check your email the evening BEFORE class for any time sensitive communications regarding needing to move a session to online due to inclement weather, COVID-related reasons, or other reasons**. We will provide the Zoom link as well. Please see below regarding how to adjust your Canvas settings to allow announcements to immediately be sent to your UW email address.

We will endeavor to record lecture portions of the class; however, please note that we have a lot of discussion and in-class activities planned which are not amenable to recording. See below regarding missed attendance.

Winter quarter is a time of increased risk of acquiring respiratory illnesses including COVID, RSV, cold, and flu. If you feel ill or exhibit respiratory or other symptoms, you should **not** come to class. Seek medical attention if necessary and notify the TA as soon as possible by email.

**Additional recommendations include:**

* [Get boosted with the updated COVID-19 vaccines](http://we.discover.uw.edu/NTI3LUFIUi0yNjUAAAGIkoz8-ku4dK1F60Qwx5sVB9F2zPf2PtjPbEQN0oAXWTw4xyUlayD-3Dn6tkPV-b9qYPVKN_s%3D). These vaccines are available at clinics and pharmacies, as well as [through UW Medicine](http://we.discover.uw.edu/NTI3LUFIUi0yNjUAAAGIkoz8-rZLyUV3OKyCGDzGK2pj5QyxQq14YnSJSLWoEiG_BskVghbuDCoOCaDQZDj1HhDtQ28%3D) and local health agencies.
* [Get an annual flu shot](http://we.discover.uw.edu/NTI3LUFIUi0yNjUAAAGIkoz8-p8AShT60UfuTPp6L1-t9MeMiS8rrCJoY1HdFNMDUpsMKUh95VFz6lNtjkf3R2dEH3M%3D).
* Wear a high-quality mask in indoor public spaces and while traveling. Masks are strongly recommended the first two weeks of winter quarter. High-quality masks help protect against a range of respiratory viruses, and are [available for free in locations on each UW campus](http://we.discover.uw.edu/NTI3LUFIUi0yNjUAAAGIkoz8-vvPawo32qTEDivNHXudxfJ86KNJ7wSFb24jzmDKknFXp_Icn7BOiAk0vTZcfssVCQY%3D).
* Take a coronavirus test if you have symptoms or have been exposed. Rapid antigen tests are widely available for [free in at on campus locations linked here](https://www.washington.edu/coronavirus/testing/?mkt_tok=NTI3LUFIUi0yNjUAAAGIkoz8-lh4rJkVTP0uu0x9Qjo03it8Dqjcg-b8MMF3oVqsuHG2uoxdCV_LSqQ4pXPG_I3dC3Pl76N-P0Pk7a0LzK9p8iT0fsJ4PvzXS155og). The [Husky Coronavirus Testing](http://we.discover.uw.edu/NTI3LUFIUi0yNjUAAAGIkoz8-vzM5PdwrHbUB_QiTo_vUCpaMHj5R4-EPxZHeHpW885q6tKNP_evGy-Nqcx025qjyxc%3D) voluntary research study is also available for UW students.
* [Activate WA Notify on your phone](http://we.discover.uw.edu/NTI3LUFIUi0yNjUAAAGIkoz8-pPDyiN6Gl5YTqHyjmQA3y8d4y3WLT-C66__TuWe9QeeuVV_YE2asMhxcqxv8m4XSZM%3D) to receive exposure notifications and so that you can anonymously let others know of their exposure if you test positive.

Course and Class Session Expectations and Resources

**Attendance:**All students enrolled in the course are expected to attend all regularly scheduled sessions. **Please notify the TA in advance** if extenuating circumstances prevent you from attending class. If you miss a class, please check in with a fellow class member for content that was covered. A few sessions involve in-class work that might require a brief “make-up” assignment reflective of learning objectives covered by class discussion or in-class exercises. It is your responsibility to contact the TA to find out if this is needed in case of a missed class session.

**Class Communications:**Messages sent through Canvas Inbox are the best way to get in touch with the instructor; my Canvas settings are such that I am immediately notified via email when a message has been sent to my Canvas inbox. I can generally respond to messages within 48 hours. The TA can also best be reached by Canvas Inbox, and is also available by e-mail.

Announcements from the instructor or TA to students through Canvas can be very time-sensitive. We request that you keep your Canvas profile settings for “Notification Preferences” (accessed through “Account > Notifications”) enabled for receiving announcements at “Notify me right away,” or “Send daily summary.” Weekly digest settings are not recommended.

**Readings/videos:**We will often discuss **required session readings and videos** in class. Lectures and pre-assigned reading/viewing material are meant to complement, not duplicate, each other. Required readings/viewings are meant to provide a foundation for the in-class lecture/discussion, help you achieve the course learning objectives, and/or help you identify important sources of MCH information so that you are aware of where to find emerging information in the future. The required readings and videos should be completed **before**the class sessions for which they are assigned. Required session readings can be found on the Canvas course page under the Modules tab as either links or attachments.

**Recommended readings** can also be found in the Modules tab—these in addition to information and references in the session PowerPoints, as well as the **Recommended General Resources** at the end of this syllabus—are resources for the problems/intervention and group project assignments and for those interested in further information on specific topics.

This course is **designed for students with at least some work experience in LMICs**. For those with limited such experience please avail yourselves to a variety of videos in the Recommended Readings in the session modules and the Recommended General Resources in the syllabus which attempt to depict real world MCH problems and solutions; they will help you consider some of the unique challenges and facilitators at play in various settings.

**Commitment to Diversity & Classroom Climate:**We strive to create an environment that reflects inclusion, respect, community, and mutual learning -- it is critical to fostering learning in this class. Diversity of backgrounds and experiences are essential to critical examination of course content as is respect for individual differences, as described below.

We seek to ensure all students are fully included in this course. We strive to overcome systemic racism and power imbalances by creating an environment that reflects community and mutual caring, while we ally with others in combating all forms of social oppression. This is a work in progress, as transformation is rarely a fully-completed project. In this course, we will look for opportunities to improve our performance as we seek to break down institutional racism. This can include course readings, class interactions, faculty performance, and/or the institutional environment.

Diverse backgrounds, embodiments and experiences are essential to the critical thinking endeavor at the heart of University education. In this course, instructors and students are expected:

1. To respect individual differences, which may include, but are not limited to, age, cultural background, disability, ethnicity, family status, gender, immigration status, national origin, race, religion, sex, sexual orientation, socioeconomic status, and veteran status.
2. To engage respectfully in the discussion of diverse worldviews and ideologies embedded in course readings, presentations and artifacts, including those course materials that are at odds with personal beliefs and values.

On our first day of class we will discuss ground rules together to follow in promoting a productive learning environment for all members of the class. I am committed to making this class an equitable learning environment. Please talk with me right away if you experience disrespect in this class from me and/or from others - I will work to address it in an educational manner.

**Pronouns*:***We share our pronouns because we strive to cultivate an inclusive environment where people of all genders feel safe and respected. We cannot assume we know someone’s gender just by looking at them. So, we invite everyone to share their pronouns.

**Reporting Learning Environment Concerns:**The School of Public Health (SPH) Office of the Dean has a [student concern policy](https://sph.washington.edu/students/student-concern-policy), a faculty concern policy and standard HR procedures for staff concerns. The 2018 climate survey states that most people in SPH do not report bias incidents because they do not know where to go. Students are encouraged to report any incidents of bias to someone they feel comfortable with, including instructors, advisers or department staff, for example, in any of the following ways:

* Contact Department of Global Health (DGH) leadership:
* DGH Associate Chair for Academic Programs Susan Graham at grahamsm@uw.edu
* The DGH Diversity, Equity & Inclusion (DEI) Committee and DEI director at dghdeicomm@uw.edu
* Contact School of Public Health (SPH) leadership – reports are tracked for resolution and areas for further training are identified.
* Email dcinfo@uw.edu for immediate follow-up.
* Bias concerns can be anonymously and confidentially reported at this link: <https://sph.washington.edu/about/diversity/bias-concerns>. Data is collected by the Assistant Dean for EDI and the Assistant Dean for Students and tracked for resolution and identifying areas for further training.

**Academic Integrity**– ***REQUIRED***: Please read the [SPH Academic Integrity Polic](https://sph.washington.edu/students/academic-integrity-policy)y. It is **your responsibility** to know the appropriate ways to use and cite another person’s words or ideas, including those that originate from web materials. Plagiarism is a serious issue.

The UW School of Public Health (SPH) is committed to upholding standards of academic integrity consistent with the academic and professional communities of which it is a part. Plagiarism, cheating, and other misconduct are serious violations of the University of Washington [Student Conduct Code (WAC 478-121)](https://apps.leg.wa.gov/WAC/default.aspx?cite=478-121). We expect you to know and follow the university's policies on cheating and plagiarism, and the [SPH Academic Integrity Policy](https://sph.washington.edu/students/academic-integrity-policy). Any suspected cases of academic misconduct will be handled according to University of Washington regulations. For more information, see the University of Washington [Community Standards and Student Conduct](https://www.washington.edu/cssc/)

**SimCheck**: The University has a license agreement with SimCheck, an educational tool that helps prevent or identify plagiarism from Internet resources. The Problems/Interventions assignment will be submitted electronically to be checked by SimCheck. The SimCheck Report will indicate the amount of original text in your work and whether all material that you quoted, paraphrased, summarized, or used from another source is appropriately referenced. Your paper will be retained in the SimCheck repository unless you advise me by the 2nd week of the quarter that you would like to have it removed at the end of the quarter. Information on this can be found [here](https://itconnect.uw.edu/tools-services-support/teaching-learning/canvas/canvas-help-for-instructors/assignments/simcheck/faculty-guidelines-plagiarism-sw/). For more information about SimCheck (also called TurnItIn) see <https://help.turnitin.com/integrity/student/canvas.htm>

**Access and Accommodations**: Your experience in this class is important to us. It is the policy and practice of the UW to create inclusive and accessible learning environments consistent with federal and state law. If you have already established accommodations with Disability Resources for Students (DRS), please activate your accommodations via myDRS so we can discuss how they will be implemented in this course.

If you have not yet established services through DRS, but have a temporary health condition or permanent disability that requires accommodations (conditions include but not limited to mental health, attention-related, learning, vision, hearing, physical or health impacts), contact directly to set up an Access Plan. DRS facilitates the interactive process that establishes reasonable accommodations. Contact DRS at at <https://depts.washington.edu/uwdrs/>

**Religious Accommodations**: Washington state law requires that UW develop a policy for accommodation of student absences or significant hardship due to reasons of faith or conscience, or for organized religious activities. The UW’s policy, including more information about how to request an accommodation, is available at [Religious Accommodations Policy (https://registrar.washington.edu/staffandfaculty/religious-accommodations-policy/)](https://registrar.washington.edu/staffandfaculty/religious-accommodations-policy/). Accommodations must be requested within the first two weeks of this course using the [Religious Accommodations Request form (https://registrar.washington.edu/students/religious-accommodations-request/)](https://registrar.washington.edu/students/religious-accommodations-request/).

**Land Acknowledgement**: Washington State is [home](https://www.washingtontribes.org/the-tribes-of-washington/) to 29 federally recognized and five unrecognized tribes. We demonstrate our collective humility and respect for the original caretakers of the land that the School of Public Health sits on. The University of Washington acknowledges the Coast Salish people of this land, the land which touches the shared waters of all tribes and bands within the Duwamish, Suquamish, Tulalip and Muckleshoot nations.

**Sexual harassment** is a form of harassment based on the recipient’s sex that is characterized by:

1. Unwelcome sexual advances, requests for sexual favors, or other verbal or physical conduct of a sexual nature by a person who has authority over the recipient when:
	* Submission to such conduct is an implicit or explicit condition of the individual’s employment, academic status, or ability to use University facilities and services, or
	* Submission to or rejection of the conduct affects tangible aspects of the individual’s employment, academic status, or use of University facilities.
2. Unwelcome and unsolicited language or conduct that creates an intimidating, hostile, or offensive working or learning environment, or has the purpose or effect of unreasonably interfering with an individual’s academic or work performance.

If you believe that you are being harassed, or have observed harassment, you can report it to SPH using the [bias concerns link](https://sph.washington.edu/about/diversity/bias-concerns). The University also has designated offices to help you: [SafeCampus](https://www.washington.edu/safecampus/); [Office of the Ombud](https://www.washington.edu/ombud/); [Title IX Investigation Office](https://www.washington.edu/titleix/report/); and [University Complaint Investigation and Resolution Office](https://www.washington.edu/compliance/uciro/).

**Copyright Statement**: All content associated with this course is copyrighted. This includes the syllabus, assignments, reading lists, and lectures, as well as any material generated by your fellow students. Within the constraints of "fair use", you may copy these materials for your personal use in support of your education. For example, you may download materials to your computer for study, but you may not copy the materials and distribute or upload to a website. Such “fair use” by you does not include further distribution by any means of copying, performance or presentation beyond the circle of your close acquaintances, student colleagues in this class and your family.

Recommended Resources

I hope you will find these helpful in addressing specific questions or areas of interest. These resources may be relevant to your Problems/Interventions paper and Group Proposal.

The [Global Health Media Project](https://globalhealthmedia.org/language/english/) and [Medical Aid Films](https://www.medicalaidfilms.org/watch-2/) produces many short videos aimed at training skilled or lay health care workers and others designed for community health education – these may be relevant resources for incorporating into your Group Project – e.g., as training or health education tools that your project will deploy or adapt.

[This UNICEF website has information and data](http://data.unicef.org/) on many MCH topics as well as country indicator data. To access on overview of a health topic, click on “Data by Topic or Country”, then click on the topic of interest—when you get to the webpage click on the “read more” button. Further down on the webpage you will find more detailed UNICEF resources on the given topic as well as definitions of related indicators and links to related databases. [This](https://data.unicef.org/countdown-2030/) is another UNICEF website for accessing country-level indicator data in a different format.

[Demographic and Health Surveys (DHS)](http://www.measuredhs.com/), [UNICEF Multiple Indicator Cluster Survey (MICS)](http://mics.unicef.org/surveys) and [Reproductive Health Surveys (RHS, primarily in Latin America and Eastern Europe)](https://ghdx.healthdata.org/series/reproductive-health-survey-rhs) are large, national household surveys that cover a wide range of topics—these sources will be important resources for your Group Proposal.

Additional sources of country-specific data that may be helpful for your Group Project:

* [UW Institute for Health Metrics Global Burden of Disease](http://www.healthdata.org/)
* [WHO Health Statistics](https://www.who.int/news/item/20-05-2022-world-health-statistics-2022)
* [WHO Health Inequality Monitor: Country equity profiles](https://www.who.int/data/inequality-monitor/data/country-profiles-rmnch) - data visualization of inequities in MCH indicators
* [Country Equity Profiles](https://www.countdown2030.org/equity-profiles) by Countdown to 2030

USAID e-learning modules <https://www.globalhealthlearning.org/> are excellent self-paced modules covering a variety of topics in global health. Please check the date of publication as new evidence or updated international guidelines may have become available after some of the older modules were published.

2005 World Health Organization (WHO) World Health Report (WHR) entitled [Make Every Mother and Child Count](http://www.who.int/whr/2005/en/) – though not directly relevant to the course assignments, this was a pivotal publication that focused on the right to health care from pregnancy through childbirth, the neonatal period and childhood. I used this as a required text in the past, the statistics are out of date now, but it still does provide a nice historical perspective of MCH.

[International Center for Research on Women](http://www.icrw.org/) – information on multiple topics specific to women, with a focus on empowering women, reducing gender inequality, and fighting global poverty.

[The United Nations Population Fund (UNFPA) website](http://www.unfpa.org/) contains information on multiple topics related to population health, with a specific emphasis on access to sexual and reproductive health, including maternal health,

WHO Departments and Programs:

* Maternal, Newborn, Child and Adolescent Health, and Ageing <https://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing>
* Reproductive and Sexual Health and Research <http://www.who.int/reproductivehealth/en/>
* Children’s Environmental Health <http://www.who.int/ceh/en/>
* Nutrition and Food Safety <https://www.who.int/teams/nutrition-and-food-safety>
* Malaria <https://www.who.int/teams/global-malaria-programme>
* COVID-19 <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Lancet series of articles of important relevance to this class:

* [2003 Child Survival](http://www.thelancet.com/series/child-survival) (landmark series that helped highlight global child health)
* 2005 Newborn Survival
* 2006 Sexual and Reproductive Health
* 2006 Maternal Survival
* 2007 Adolescent Health
* 2008 Maternal and Child Undernutrition
* 2008 Child Maltreatment
* 2008 Preterm Birth
* [2010 Malaria Elimination](https://www.thelancet.com/malaria-elimination)
* 2011 Child Development
* 2012 Adolescent Health
* [2012 Family Planning](http://www.thelancet.com/series/family-planning)
* [2012 Equity in Child Survival, Health and Nutrition](http://www.thelancet.com/series/child-equity)
* [2013 Pneumonia and Diarrhea](http://www.thelancet.com/series/childhood-pneumonia-and-diarrhoea)
* [2013 Maternal and Child Undernutrition](http://www.thelancet.com/series/maternal-and-child-nutrition)
* [2014 Midwifery](http://www.thelancet.com/series/midwifery)
* 2014 [Every Newborn](http://www.thelancet.com/series/everynewborn)
* [2014 Perinatal Mental Health](http://www.thelancet.com/series/perinatal-mental-health)
* [2014 Violence Against Women and Girls](http://www.thelancet.com/series/violence-against-women-and-girls)
* 2014 Tuberculosis
* 2015 Tuberculosis Elimination
* [2016 Ending Preventable Stillbirths](http://www.thelancet.com/series/ending-preventable-stillbirths)
* [2016 Breastfeeding](http://www.thelancet.com/series/breastfeeding)
* [2016 Maternal Health](http://www.thelancet.com/series/maternal-health-2016)
* [2016 Advancing Early Child Development](http://www.thelancet.com/series/ECD2016)
* 2016 [Health, equity and women’s cancers](http://www.thelancet.com/series/womens-cancers)
* [2018 Malaria in Pregnancy](https://www.thelancet.com/series/malaria-pregnancy)
* [2017 Maternal immunization](http://www.thelancet.com/series/maternal-immunisation)
* [2019 Malnutrition Double Burden](https://www.thelancet.com/series/double-burden-malnutrition)
* [2019 Gender Equality, Norms, and Health](https://www.thelancet.com/series/gender-equality-norms-health)
* [2021 Women's and Children's Health in Conflict Settings](https://www.thelancet.com/series/conflict-health)
* [2021 Maternal and Child Undernutrition Progress](https://www.thelancet.com/series/maternal-child-undernutrition-progress)
* [2021 Adolescent Nutrition](https://www.thelancet.com/series/adolescent-nutrition)
* [2022 Optimising Child and Adolescent Health and Development](https://www.thelancet.com/series/optimising-child-adolescent-health)
* [2022 Road Safety](https://www.thelancet.com/series/road-safety)

**Textbooks**

[Disease Control Priorities (DCP) 3rd edition](http://dcp-3.org/). Multiple volumes—vol 2 Reproductive, Maternal, Newborn, and Child Health (2016) and vol 8 Child and Adolescent Health and Development (2017) are particularly relevant to this course. [Covers interventions, programs, service delivery platforms, and policies.]

Questioning the Solution: The Politics of Primary Health Care and Child Survival by David Werner and David Sanders. Healthwrights: 1997 [Promotes decolonization of global health before the term was popularized. Reviews the Primary Health Care movement and failures of the subsequent child survival and selective primary health care movement. Discusses the role of structural adjustment policies and economic globalization in diminishing health and quality of life.]

Global Health: Diseases, Programs, Systems, and Policies 4th ed by Michael Merson, Robert Black, and Anne Mills. Jones & Bartlett Learning: 2020. [Good reference on general global health topics.]

**Decolonizing Global Health Resources**

[The Emory Global Health Institute Decolonizing Global Health Series](https://globalhealth.emory.edu/programs/decolonizing-global-health-series.html)

[Büyüm AM, et al. Decolonising global health: if not now, when? BMJ Global Health 2020;5:e003394](https://www-ncbi-nlm-nih-gov.offcampus.lib.washington.edu/pmc/articles/PMC7409954/). *Includes discussion of mis-steps and opportunities within the COVID era.*