

Sciences Po  
Master of Public Affairs 2009-2010  
Syllabus, Elective Course, 2<sup>nd</sup> semester (5 credits)

## **International Public Health - Governance, Policymaking, and Standardization**

**Henri Bergeron and Patrick Castel**

### **Instructors:**

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### **Course Description:**

Hygiene and Public health policies and interventions (promotion of presumably healthy behaviors, improvement of peoples' environment and conditions of living, quarantine and confinement...) are not new policies. However, since the beginning of the century (and in particular from the end of the Second World War on), western health systems have been mostly organized around curative issues: thanks to large scale vaccination campaigns and the improvement of antibiotic therapies and medicines, epidemics (tuberculosis, cholera, plague, typhus, etc.) that previously threatened the entire communities and societies have almost disappeared. The most powerful actors have been those who were involved in the management of pathologies' treatments (hospitals administrators, clinical physicians, unions of physicians...). The sudden appearance of aids epidemics in the mid-eighties and more recently, the international health "crises" linked to "new-born" epidemics (H1N1, Chikungunya, Kreutzfeld Jacob, SARS...), but also the development of chronic diseases, against which medicine has little curative devices (obesity, diabetes, cancer, cardiovascular disorders and disease, mental health, etc.), have led national authorities and international organizations to reconsider the preventive approach and to design new policies and instruments. In a context, at least in western countries, where health is more and more regarded as a key individual and collective good, and defined as being "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity" (WHO), health policies do not only aim at curing diseases anymore, but

also at preventing health risks, changing life-style related behaviors, and protecting populations. Those policies and instruments are not free from tensions linked to the difficult balance that has to be obtained between protection of individual liberties and of the collectivity. Often contended and controversial, their production and implementation process involves many different actors (public authorities, scientists, medical professions, patient and consumer representatives, industries, etc.) who do not share the same interests and objectives. More interdependent in the way they define and implement policies, individual states and countries rely on and operate with international organizations and institutions, which devise instruments, tools, and produce knowledge on public health issues. Eventually, the course aims at giving the students an insight into these new regulation mechanisms, instruments and policies.

### **Course Objectives:**

By the end of this course, it is hoped that students will have acquired the basics of international public health issues, policies, instruments, and mechanisms. In particular, main actors and stakeholders will be identified and the political processes by which they reach agreements on policies and instruments will be scrutinized. Eventually, they should be aware that public health policies do not fall into the sole remit of medicine, epidemiology and health related scientific expertise.

### **Course Requirements:**

- Students following this Course will have to prepare a policy note (on a topic which would have to be agreed upon with the instructors).
- There will be required readings (one or two selected articles) to do prior to each class.
- Attendance to the class is compulsory.

### **Assessment and Grade Distribution:**

- 50% of the grade will be based on the policy note.
- 50% of the grade will be based on participation in class discussions

### **Books and other material required:**

- Are there any books or reading packets the student must purchase? No.

### **Course Outline:**

#### **Introduction**

1. March 15 (10h15-12h15): Introduction. H. Bergeron and P. Castel.
  - Course overview, presentation of the modules

- Public Health policies: historical overview, major national and international issues and instruments.

### **Module 1: Social construction of epidemics, Public Health controversies and Management of epidemics**

2. March 23 (19h15-21h15): A. Flahault (EHESP): Managing International Epidemics and Risk Behaviours.
3. March 25 (14h45-16h45): H. Bergeron and P. Castel: The contended emergence of Public Health: Trade, modern cities and State and the protection of population and communities.
4. March 30 (19h15-21h15): P. Duneton (WHO): WHO and epidemics: warning system, monitoring, surveillance and management of crises.

### **Module 2: Convergences of national, public health policies: Evidence-Based practices and policies, classifications and soft law**

5. April 6 (17h-19h): A. Cambrosio (Mc Gill University): The politics of International evidence based guidelines.
6. April 6 (19h15-21h15): G. Bowker (University of Pittsburgh): The International Classification of Disease (ICD) and its political consequences.
7. April 13 (19h15-21h15): B. Hauray (INSERM): International Competition, Increasing Coordination and Convergences in the EU pharmaceutical market regulation.
8. April 20 (17h-19h): H. Bergeron: Public Health policies in the European Union. European Monitoring Centres as a means of fostering policy convergence.
9. April 20 (19h15-21h15): H. Bergeron and P. Castel: wrap-up. Power, knowledge, Expertise and Politics.

### **Module 3: International Public Health as health promotion**

10. May 4 (19h15-21h15): D. Fassin (EHESP): Public Health in the context of North/South relationships.
11. May 11 (17h-19h): DG SanCo's Official (European Union): Europeanization of public health policies: the regulation of lifestyle risks. The example of Tobacco

### **Conclusion:**

12. May 11 (19h15-21h15): H. Bergeron and P. Castel: Wrap-up: Conclusion. Biopolitics and governments of bodies and general conclusion

**Back-up session:** May 18 (19h15-21h15)

## General Bibliography:

- Armstrong D., The rise of surveillance medicine, *Sociology of Health and Illness*, 1995, vol. 17, n°3, p.393-404.
- Bergeron H., Europeanisation of drug policies: from objective convergence to mutual agreement, in Steffen, M. (eds.), *Health Governance in Europe: issues, challenges, and theories*, London, Routledge, 2005, p.174-187.
- Borwker G., Star S. L., *Sorting things out. Classification and its consequences*, Paris, Cambridge and London, The MIT Press, 1999.
- Demortain D., Standardising through concepts. The power of scientific experts in international standard-setting, *Science and Public Policy*, 2008, vol. 35, n°6, p. 391-402.
- Gusfield J. R., *The Culture of Public Problems : Drinking-Driving and the Symbolic Order*, Chicago and London, The University of Chicago Press, 1981.
- Nathanson C., Collective actors and corporate targets in tobacco control: A cross-national comparison, *Health Education and Behavior*, 2005, vol. 32, n°3, p.337-354.
- Rosen G., *History of Public Health*, Baltimore and London, John Hopkins Press, 1958.
- Rosenberg C. E., What Is an Epidemic? AIDS in Historical Perspective, *Daedalus*, 1989, vol. 118, n°2, p.1-17.
- Weisz G. *et al.*, The emergence of clinical practice guidelines, *Milbank Quarterly*, 2007, vol. 85, n°4, p.691-727.