

Sundhedsfremme i relation til en specifik tematik: Global Health

About the course

subject	Sundhedsfremme
activitytype	master course
Teaching language	English
Registration	<p>Registration through STADS-Selvbetjening within the announced registration period, as you can see on the Studyadministration homepage.</p> <p>When registering for courses, please be aware of the potential conflicts between courses or exam dates on courses. The planning of course activities at Roskilde University is based on the recommended study programs which do not overlap. However, if you choose optional courses and/or study plans that goes beyond the recommended study programs, an overlap of lectures or exam dates may occur depending on which courses you choose.</p>
Detailed description of content	<p>Global Health is constituted through practices, research, and teaching that typically focus on the biological, socioeconomic, environmental, and cultural aspects of disease and well-being. Within this paradigm, health becomes much more than a medical matter. Rather, as we will explore in this course, it is an important issue affected by borders, class, gender, ethnicity, culture, and communication.</p> <p>Although most societies have recognized that the supporting good health of citizens is a state responsibility, and have established health systems that attempt to prevent and treat disease and promote health, major challenges to promoting health globally still exist. These include power differentials, cultural dynamics, and differing understandings of the methods to achieve a healthy society. Contemporary interventions undertaken in the name of promoting global health represent both new trends and enduring challenges relating to international efforts to improve living conditions in poorer populations. The predicaments and paradoxes that characterize global health interventions therefore also reflect important insights about the dilemmas of international development aid today.</p> <p>This 5 ECTS course proposes to give an introduction to some of the key issues in health promotion work in an increasingly interdependent globalized world. The course exemplifies current paradoxes, dilemmas, and approaches by taking a point of departure in recent research studies on health policies, health promotion, and development. The course will focus on key concepts, methods, structures, policies, and practices along with attention to the health promoter's own position, as well as frictions and dilemmas in the field.</p> <p>This interdisciplinary, interactive course provides students with the intellectual skills, empirical knowledge, and research techniques required to think critically and independently about these issues.</p> <p>Case studies are presented and discussed with students.</p> <p>The aim of the course is to support and further develop the students' theoretical knowledge, practical and empirical experience about global health and contribute to their career opportunities in a growing health promotion sector.</p> <p>Internationally recognized experts from the World Health Organization and technical areas will be providing input to some of the course themes. Interdisciplinary Studies in Health Promotion and Health Strategies organize the course.</p> <p>The course will be conducted in English, and also the group essay as a part of the examination will be in English. Please note that some changes in the sequence of the following ten sessions during the five-course days and in reading may occur before the start of the course.</p> <p>Session 1 What is Global Health? ** We set the scene by introducing globalization and the implications of globalization on health, different perspectives on conceptualisations regarding the global inequalities (such as developing/ developed, low/ medium/high-income countries). We discuss concepts such as WHO definitions of health and health promotion and the organization's role in global health, vital issues impacting health such as, lifestyles, living conditions, access to services, migration. ** Session 2 Colonial Medicine: Origins of Global Health</p> <p>The practice of global health is not a recent phenomenon but is one that has roots that stretch back centuries into the past, and into colonial societies and Euro-American interventions in them.</p>

In this session, we will explore the historical roots of global health. Doing so is intended to provide students with an understanding of the complexity of global health, and also its alliance with a particular set of ideas about otherness, sanitation, suffering, and its relationship to governance. This awareness helps to engage more critically with the texts across the course and with ideas about global health more generally. Moreover, four basic social theories dealing with global health and a culture-sensitive approach focusing on the marginalized and continuation of some of the threads of colonization in twenty-first-century globalization will be taken up. In the session, we will explore the foundations of global health and the linkages between global health and colonialism, including economic imperialism, militarism, Euro-American ideologies such as race, gender and sexuality, and governance strategies.

Session 3 Frictions in the field: dynamics of motivation and encounters with the other

This session addresses dynamics of motivation related to intervention, focusing on the inherent dilemmas involved when the health promoters from high-income countries initiate/ become involved in health processes and improvements in the low/ middle-income countries. These processes capture differences at multiple levels, and highlight relationships that are neither spatial nor geographical. However, idioms of trust and mistrust, diverting conceptions, and power struggles are immanently present in health promotion across global inequalities. The classical cultural training involving the MUD principles as well as the post-colonial approach is to be taken up. Furthermore, we focus on inclusion of available local expertise and resources, health promoters as goals-directing agents, motivations to work across borders, encounters with the other, culture shocks, and ways of practicing health and power relations. We also scrutinize primarily the potential (mis-)understandings of the other from the perspective of temporary health professionals from the high-income countries to health-promoting settings and agents in other parts of the world.

Session 4 - Fieldtrip to 09:00-15:00 - United Nations City Local impact of global reforms and the everyday governance of public health facilities

In this session, case studies on the everyday governance of health institutions in East and West Africa illustrate how the current neoliberal mechanisms of global and national health policy affect health services at the local level, leading to an uneven terrain of public health provision. The session focuses on the challenge of corruption in African health systems and also touches upon methodological approaches to use in the study of health institutions.

**** Session 5 Health communication strategies**** In this session, we will present the concept of communication in the context of providing background, facts, and understanding of health and health issues, along with how relevant communication strategies can be used to support the improvement of health and well-being. The use of different communication tools for instance press releases, fact sheets, infographics, presentations, and social media will be analyzed in the context of combatting and preventing non-communicable diseases. The session will also include an introduction to useful data sets available to inform communication on health.

Session 6 Health and inequality – a gender perspective In this session, we aim to show how understandings of global health and any solutions for addressing health issues must account for the impact of gender inequalities and of gender as a determinant of global and local inequalities across social, political, environmental, cultural, and economic determinants. Women and men differ in biology, the roles, and responsibilities that society assigns to them, and their positions in the family and community. This affects the risk they take, those they are exposed to, their efforts to improve their health, and how the health system responds to their needs. It may also have implications for the causes, consequences, and management of disease and ill health. Gender-based values and social and cultural norms and stereotypes that are discriminatory may translate into practices that affect health and well-being. Gender-based discrimination intersects with other axes of social inequalities, such as ethnicity and place of residence, and with unequal distribution of resources. Health policies and programs need to be gender-responsive to address inequalities and challenge stereotypes.

Session 7 Global health and the case of non-communicable diseases Non-communicable diseases (NCDs), also known as chronic diseases, tend to be of long duration and are the result of a combination of genetic, physiological, psychological, environmental, and behavioural factors. The main types of NCDs are cardiovascular diseases (like heart attacks and stroke), cancers, chronic respiratory diseases (such as chronic obstructive pulmonary disease and asthma), and diabetes. People of all age groups, regions, and countries are affected by NCDs. NCDs disproportionately affect people in low- and middle-income countries where more than three-quarters of global NCD deaths – 31 million – occur. Forces that include rapid unplanned urbanization, globalization of unhealthy lifestyles, and population aging drive these diseases. Poverty is closely linked with NCDs. The rapid rise in NCDs is predicted to impede poverty reduction initiatives in low-income countries, particularly by increasing household costs associated with health care. Vulnerable and socially disadvantaged people get sicker and die sooner than people of higher social positions. The aim of the session is to explore and identify the risk factors and at-risk populations, the socio-economic impacts, and the prevention and control of NCD through a presentation, analysis, and discussions of facts and international policies and action plans for the combat against NCDs.

Session 8 Global health – paradigm changes in health and health promotion On the road from Ottawa to Shanghai, different understandings of health promotion have been introduced. This is partly due to changing societies, where, despite a general improvement of health and wellbeing, the equity gap is still widening. This lecture will focus on the changes of paradigms and perceptions of health promotion over time and explore the concept of empowerment and the evolvement of the concept of Action Competence as an enabler of active involvement of individuals and societies in creating change. The "super setting" approach and its core principles will be introduced as a new Health Promotion version 2.0.

Session 9 Global health – from Alma Ata declaration to Sustainable Development Goals The aim of this session is to introduce the trends in health system development, and health interventions over the past five decades. This will be done by exploring the global agreements to improve health and well-being as well as politically agreed frameworks to tackle economic, political, and social aspects and their implications on health policies and systems as well as the impact on population health and well-being. From this, students should develop an understanding of the problems that have arisen in the delivery of health, and how these problems have caused changes in the approach to health systems reform over time.

Session 10 Summing up

Expected work effort (ECTS-declaration)

5 ECTS Course 5 ECTS = 135 hours Teaching time: 20 hours Preparation course: 80 hours Course assignment: 35 hours

Total: 135 hours

Course material and Reading list

What is global health?

Mckraken, K. & Philips, and D.R. (2012) Concepts, data, measurements and explanations IN Global Health: An introduction to current and future trends London: Routledge. pp 3-22 (18 pages)
Fessing, Didier. That Obscure Object of Global Health in Marcia C. Inkhorn and Emily A. Wenzell, (eds.) Medical Anthropology at the Intersections: Histories, Actions, Futures, edited by 94-113. Durham, NC:

Duke University Press, 2012 (19 pages)

Constitution of WHO: principles. <http://www.who.int/about/mission/en/> (1 page)

What is health promotion, WHO, Geneva <http://www.who.int/features/qa/health-promotion/en/> (1 page)

Michael Marmot: Social determinants of health inequalities, Lancet 2005; 365:1099-104
http://www.who.int/social_determinants/strategy/Marmot-Social%20determinants%20of%20health%20inqualities.pdf?ua=1 (6 pages)

Supplementary Readings:

Richardson, Callaghan & Wamala, S. (2014) Globalization and Global Health in Brown, Yamey & Wamala (eds.) The Handbook of Global Health and Policy West Sussex, Wiley pp 555-576 (21 pages)

Kleinman, Arthur. "Four Social Theories for Global Health." The Lancet 375, no. 9725 (May 1, 2010): 1518-1519. (2 pages).

Navarro, Vincente (1999): "Health and equity in the world in the area of" Globalization" International Journal of Health Services 29(2): 215- 226 Closing the gap in a generation, World Health Organization, Geneva, 2009.

Executive summary

Health and inequality – a gender perspective

Reading

Strategy on women's health and well-being in the WHO European Region, WHO Regional Office for Europe, 2016 (14 pages)

<http://www.euro.who.int/en/health-topics/health-determinants/gender/publications/2017/strategy-on-womens-health-and-well-being-in-the-who-european-region>

Women's health and well-being in Europe: beyond the mortality advantage, WHO Regional Office for Europe, 2016 <http://www.euro.who.int/en/health-topics/health-determinants/gender/publications/2016/womens-health-and-well-being-in-europe-beyond-the-mortality-advantage-2016> (82 pages)

Gender: definitions [WHO Regional Office website] –

<http://www.euro.who.int/en/what-we-do/health-topics/health-determinants/gender/gender-definitions>

Additional readings

Payne S. How can gender equity be addressed through health systems? Policy brief 12. World Health Organization 2009 and World Health Organization, on behalf of the European Observatory on Health Systems and Policies 2009 http://www.euro.who.int/__data/assets/pdf_file/0006/64941/E92846.pdf

Sen G, Östlin P, George A. Unequal, Unfair, Ineffective and Inefficient. Gender Inequity in Health: Why it exists and how we can change it. Final Report to the WHO Commission on Social Determinants of Health. Women and Gender Equity Knowledge Network, Geneva, September 2007. http://www.who.int/social_determinants/resources/csdh_media/wgekn_final_report_07.pdf

WHO. Strategy for integrating gender analysis and actions into the work of WHO. WHO gender strategy including WHA resolution 60.25. Geneva, March 2009.

http://whqlibdoc.who.int/hq/2008/WHO_FCH_GWH_08.1_eng.pdf

WHO. Gender mainstreaming for health managers: a practical approach. Participant's notes. Department of Gender, Women and Health, Geneva, 2011.

http://whqlibdoc.who.int/publications/2011/9789241501064_eng.pdf

WHO. WHO Gender mainstreaming manual – participant forum? Gender Analysis Tools.

<http://www.who.int/gender/mainstreaming/participant/en/index1.html>

Colonial medicine: origins of global health

Reading.

Vaughan, Meagan. (1991). Chapter 6 "Sexuality and syphilis: the limits of colonial medical power" in *Curing their ills: Colonial power and African illness*. Stanford University Press pp. 129-152 (29 pages)

Kleinman, Arthur. "Four Social Theories for Global Health." *The Lancet* 375, no. 9725 (May 1, 2010): 1518–1519. (Two pages).

Dutta, M. (2008) *Communicating Health: A culture Centered Approach in Health, Culture and Globalization* Cambridge: Polity Press pp. 235-251 (16 pages)

Additional readings:

Anderson, Warwick, and Hans Pols "Scientific Patriotism: Medical Science and National Self-Fashioning in Southeast Asia." *Comparative Studies in Society and History* 54, no. 01 (2012): 93–113. (20 pages)

Keller, Richard C. "Geographies of power, legacies of mistrust: Colonial medicine in the global present." *Historical Geography* 34 (2006): 26–48, [Download from] http://www.historical-geography.net/volume_34_2006/keller.pdf; (22pages)

Greene, J., Basilio M. T., Kim, H., Farmer, P. 2013. "Colonial Medicine and Its Legacies" in *Reimagining Global Health*, edited by P. Farmer, J.Y. Kim, A. Kleinman, M. Basilio, pp. 33–76. Berkeley: University of California Press, extract.

Global health – from Alma Ata declaration to Sustainable Development Goals

The aim of this session is to introduce the trends in health system development, and health interventions over the past five decades.

Reading

Declaration of Alma-Ata International Conference on Primary Health Care, Alma-Ata, USSR, 6-12 (3 pages)

http://www.who.int/publications/almaata_declaration_en.pdf

The Millennium development goals (MDG) report 2015

(p. 4-9, p.10-13, p. 28-43 (23 pages)

[http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20\(July%201\).pdf](http://www.un.org/millenniumgoals/2015_MDG_Report/pdf/MDG%202015%20rev%20(July%201).pdf)

The Sustainable Development Agenda

<http://www.un.org/sustainabledevelopment/development-agenda/>

(Front page of website)

The goals

<http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

(Read goals 3, 4 and 5)

Health in the SDGs

<http://www.who.int/topics/sustainable-development-goals/test/sdg-banner.jpg?ua=1>

SDG 3, targets

<http://www.who.int/sdg/targets/en/>

Additional reading:

Jeffrey D. Sachs, From Millennium Development Goals to Sustainable Development Goals, Lancet 2012; 379:2206-11 (6 pages)

<http://peoplebuildingbettercities.org/wp-content/uploads/2013/04/MDGs-to-SDGs-Lancet.pdf>
Stephen Hawking, to save the world we need everyone to tell everyone, video

<http://www.un.org/sustainabledevelopment/blog/2015/09/global-goals-message-from-professor-stephen-hawking/>

The ninth WHO Global Conference on Health Promotion, 2016

Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development

<http://who.int/healthpromotion/conferences/9gchp/shanghai-declaration/en/>

Health communication strategies In this session, we will present the concept of communication in the context of providing background, facts and understanding of health and health issues, along with how relevant communication strategies can be used to support the improvement of health and well-being.

Health communication strategies

I

Reading

Action plan for the Prevention and Control of Noncommunicable diseases in the WHO European Region 2016-2025, 2016, WHO, regional office for Europe.

(26 pages)

http://www.euro.who.int/_data/assets/pdf_file/0011/315398/66wd11e_NCDActionPlan_160522.pdf?ua=1

This resource is also used for session on Global health and the case of non-communicable diseases.

Tobacco Control Playbook: a series of contribution related to tobacco and smoking

<http://www.euro.who.int/en/health-topics/disease-prevention/tobacco/policy/tobacco-control-playbook>

FEED cities video:

<http://www.euro.who.int/en/health-topics/environment-and-health/urban-health/news/news/2016/09/feedcities-project-studying-urban-food-environments/video-feedcities>

Do you know what your child sees online? Digital marketing of foods to children, video

<http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/multimedia/video-do-you-know-what-your-child-sees-online-digital-marketing-of-foods-to-children>

Supplementary reading:

The Bangkok Charter for Health Promotion in a Globalized World (2005) http://www.who.int/healthpromotion/conferences/6gchp/hpr_050829_%20BCHP.pdf

Frictions in the field.

Reading

Fechter, Anne-Meike and Walsh, Katie, eds. (2012) "Examining 'Expatriate Continuities: Postcolonial Approaches to Mobile Professionals." In *The new expatriates: postcolonial approaches to mobile professionals*, pp. 9 -22. London: Routledge. (13 pages)

Fechter, Anne-Meike (2012) 'Living well while 'doing well'? (Missing) debates on altruism and professionalism in aid work. *Third World Quarterly*, 33 (8). pp. 1475-1491.

Ward, C., Bochner, S. & Furnham, A. (2001) *Culture training in The Psychology of Culture Shock* pp. 245-265, East Sussex: Routledge (20 pages)

Additional Reading: Kleinman, S. & Cop, M. (1998) *Emotions and Fieldwork*. New Delhi: Sage. Chapters Introduction & Fieldworkers as Professionals pp. 1-18

Global health and the case of non-communicable diseases

Reading

WHO, regional office for Europe., Action plan for the Prevention and Control of Noncommunicable diseases in the WHO European Region 2016-2025, 2016 (26 pages)
http://www.euro.who.int/__data/assets/pdf_file/0011/315398/66wd11e_NCDActionPlan_160522.pdf?ua=1

Preparation for the third High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, to be held in 2018. Report by the Director-General P. 1, 2, 8-24. (18 pages)

Towards a Europe free of avoidable noncommunicable diseases - Discussion paper (Moscow, Russian Federation, 8-9 June 2017)

http://www.euro.who.int/__data/assets/pdf_file/0008/340865/Report-1-2.pdf?ua=1 (11 pages)

The main indicators of the WHO Global Monitoring Framework (GMF) on Noncommunicable Diseases 2016 http://www.euro.who.int/__data/assets/pdf_file/0008/319994/main-indicators-GMF-2016-NCD.pdf?ua=1 (10 pages)

Additional reading

Merkur S, Sassi F, McDaid D. Promoting health, preventing disease: is there an economic case? Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies; 2013 (Policy Summary 6) <http://www.euro.who.int/en/about-us/partners/observatory/publications/policy-briefs-and-summaries/promoting-health,-preventing-disease-is-there-an-economic-case> (69 pages)

Inchley J et al. eds. Adolescent obesity and related behaviours: trends and inequalities in the WHO European Region, 2002-2014. Observations from the Health Behaviour in School-aged Children (HBSC) WHO collaborative cross-national study. Copenhagen, WHO Regional Office for Europe, 2017. http://www.euro.who.int/__data/assets/pdf_file/0019/339211/WHO_ObesityReport_2017_v3.pdf?ua=1

(87 pages including tables)

Global health – paradigm changes in health and health promotion

Reading

Revitalizing the setting approach – supersettings for sustainable impact in community health promotion

Paul Bloch^{1*}, Ulla Toft², Helene Christine Reinbach³, Laura Tolnov Clausen¹, Bent Egberg Mikkelsen³, Kjeld Poulsen¹ and Bjarne Bruun Jensen¹ (15 pages)
<http://ijbnpa.biomedcentral.com/articles/10.1186/s12966-014-0118-8>

Milestones in Health Promotion. Statements from Global Conferences. 2009, World Health Organization, Geneva, Switzerland

http://apps.who.int/iris/bitstream/10665/70578/1/WHO_NMH_CHP_09.01_eng.pdf (33 pages)

The 8th WHO Global Conference on Health Promotion, 2013

The Helsinki statement on Health in all policies

http://who.int/healthpromotion/conferences/8gchp/statement_2013/en/ (2 pages) The 9th WHO Global Conference on Health Promotion, 2016 Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development (2 pages) <http://who.int/healthpromotion/conferences/9gchp/shanghai-declaration/en/>

****Local impact of global reforms and the everyday governance of public health facilities ****

• Foley, Ellen E. (2008) The anti-politics of health reform: household power relations and child health in rural Senegal, *Anthropology & Medicine*, 16:1, 61-71 [Download from:] <http://molly.ruc.dk/login?url=http://dx.doi.org/10.1080/13648470802426243>

• Olivier de Sardan, J.-P., 1999, A moral economy of corruption in Africa? *The Journal of Modern African Studies*, 37 (1): pp. 25-52 [Download from:] journals.cambridge.org/action/displayAbstract?fromPage=online&aid=17707&fileId=S0022278X99002992

• Sullivan, N. (2011). Mediating abundance and scarcity: Implementing an HIV/AIDS-targeted project within a government hospital in Tanzania. *Medical anthropology*, 30(2), 202-221. [Download from:] <http://molly.ruc.dk/login?url=http://dx.doi.org/10.1080/01459740.2011.552453>

• Hahonou, E. K. (2019) Emotions as method: Obtrusiveness and participant observation in public bureaucracies

Download from: <https://journals.sagepub.com/doi/10.1177/0308275X19842923>

Supplementary literature:

• Hahonou E.K. (2019) Immersion in the bureaucratic field: Methodological pathways <https://journals.sagepub.com/doi/10.1177/0308275X19842921>

• Grindle, M, 1997, Divergent cultures? When public organizations perform well in developing countries, *World development*, 25 (4): pp. 481-495

• Foley, Ellen E. (2007) Overlaps and Disconnects in Reproductive Health Care: Programs, and the Micropolitics of reproduction in Northern Senegal. *Medical Anthropology: Cross-Cultural Studies in Health and Illness*, 26:4, 323-354 <http://molly.ruc.dk/login?url=http://dx.doi.org/10.1080/01459740701619830>

Evaluation-
and feedback
forms

Ongoing oral feedback based on students' presentation.

Collective dialogue based evaluation of the course combined with the individual departmental evaluation

Administration
of exams

IMT Studieadministration (imt-studieadministration@ruc.dk)

Responsible
for the activity

Rashmi Singla (rashmi@ruc.dk)
Vivian Barnekow (vivianb@ruc.dk)

ECTS

5

Learning
outcomes/
Assessment
criteria

- Indsigt i en specifik tematik i relation til sundhedsfremmeproblemstillinger.
- Viden om teorier om denne tematik i relation til sundhedsfremmeproblemstillinger.
- Kunne anvende teorier om kursets specifikke tematik i en sundhedsfremmekontekst.
- Kritisk kunne vurdere specifikke tematikkers konsekvenser for og bidrag til udviklingen af menneskers livskvalitet og sundhed i hverdagen.
- Kunne bidrage til at skabe meningsfulde sundhedsfremmende indsatser i relation til en specifik tematik.
- Kunne diskutere og analysere sammenhængen mellem en specifik tematik fra forskellige sundhedsfremme perspektiver.
- Kunne håndtere komplekse samspil mellem en specifik tematik i et sundhedsfremmeperspektiv.

Overordnet
indhold

Hvert semester udbydes 2 kurser med hver sin specifikke tematik. Studienævnet beslutter et år i forvejen, hvilke temaer, der udbydes. Eksempler på temaer kan være:

- Mennesker, teknologi og sundhed
- Natur og sundhed
- Fødevarer, bæredygtighed og sundhed
- Global Health

Type

Valgkursus

Undervisnings- og arbejdsform	Forelæsninger med gruppearbejde, case-arbejde, studenteroplæg og plenumdiskussioner.
Form of examination (p1)	<p>Kurset består gennem aktiv og tilfredsstillende deltagelse.</p> <p>Ved aktiv deltagelse forstås: - Den studerende skal deltage i de med undervisningen forbundne aktiviteter (f. eks. workshops, seminarer, felt-ekskursioner, processtudiegrupper, arbejdskonferencer, supervisionsgrupper, feedback-sessioner).</p> <p>Ved tilfredsstillende deltagelse forstås: - Den studerende skal i forløbet aflevere 1 et design eller en skriftlig opgave.</p> <p>Bedømmelse: Bestået/ikke bestået. Censur: Ingen.</p>
Form of Re- examination (p1)	<p>Individuel skriftlig hjemmeopgave stillet af kursusansvarlig.</p> <p>Hjemmeopgaven skal have et omfang på minimum 24.000 og maksimum 28.800 antal tegn inkl. mellemrum. Omfangskravene er inklusive eventuel forside, indholdsfortegnelse, litteraturliste, figurer og andre illustrationer, men eksklusiv eventuelle bilag.</p> <p>Hjemmeopgavens varighed er 5 dage inkl. evt. weekend og helligdage.</p> <p>Bedømmelse: Bestået / Ikke bestået. Censur: Ingen.</p>
Exam code(s)	Exam code(s) : U40871

Course days:

Hold: 1

Global Health (SUND)

time 10-09-2021 08:15 til
10-09-2021 12:00

location 08.2-033 - teorilokale (24)

Teacher Vivian Barnekow (vivianb@ruc.dk)
Rashmi Singla (rashmi@ruc.dk)

Global Health (SUND)

time 17-09-2021 08:15 til
17-09-2021 12:00

location 02.1-141 - lille-geo (20)

Teacher Rashmi Singla (rashmi@ruc.dk)
Vivian Barnekow (vivianb@ruc.dk)

Global Health (SUND)

time 24-09-2021 08:15 til
24-09-2021 12:00

location 08.2-033 - teorilokale (24)

Teacher Rashmi Singla (rashmi@ruc.dk)
Vivian Barnekow (vivianb@ruc.dk)

Global Health - Fieldtrip (SUND)

time 01-10-2021 09:00 til
01-10-2021 15:00

forberedelsesnorm ikke valgt

forberedelsesnorm D-VIP ikke valgt

Teacher Rashmi Singla (rashmi@ruc.dk)
Vivian Barnekow (vivianb@ruc.dk)

Global Health (SUND)

time 08-10-2021 08:15 til
08-10-2021 12:00

location 02.1-005 - lille teorirum (30)

Teacher Vivian Barnekow (vivianb@ruc.dk)
Rashmi Singla (rashmi@ruc.dk)

Global Health - Oral Examination (SUND)

time 15-10-2021 08:15 til
15-10-2021 12:00

forberedelsesnorm ikke valgt

forberedelsesnorm D-VIP ikke valgt

location 03.1-w01 - klyngerum 1 (30)

Teacher Rashmi Singla (rashmi@ruc.dk)
Vivian Barnekow (vivianb@ruc.dk)

Global Health - Written reexamination (SUND)

time 03-01-2022 10:00 til
08-01-2022 10:00

forberedelsesnorm ikke valgt

forberedelsesnorm D-VIP ikke valgt