Global Health Law  
Law H 515; 3 credits  
Fall Term, 2013-2014

Instructor  
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Course Description. This course provides an examination of the legal, economic, social, ethical, and political aspects of global health. It will explore the emergence of global health law as a multilateral tool to address health disparities and improve the health of the vulnerable populations.

Course Objectives
- Analyze and evaluate the current international legal framework and law-making mechanisms relevant to global health, including but not limited to international treaties, covenants and declarations and regulations, such as those resulting from United Nations, the World Trade Organization, and the World Health Organization.
- Define and distinguish between the social, economic and political underpinnings of global health disparities and inequities and explain how these interdependent variables apply in engineering global health policy.
- Describe and explain the role of global health cooperation in achieving improved human rights, better population access to global public goods for health, and global health security.
- Identify and analyze the impact of recent developments in the global health architecture, including the increasing roles of non-governmental organizations and private foundations.
- Apply law and legal theory to problems and controversies inherent in global health architecture and posit changes in law and legal frameworks that would contribute to reducing disparities and improving global health.
- Discuss global health law issues with an appreciation of the limits and powers of law to effect solutions.

Required Texts. There is no required text. The Course materials are composed of a variety of international treaties; documents generated by United Nations' bodies and other international bodies; scholarly articles; newspaper articles; and cases and materials for the course, most of which will be available on the Readings page of the course CANVAS website (requires UWNetID to access).

Course Grade. The course grade will be based on two short written exercises assigned by the instructor, a final paper, and class participation. The final paper should focus on an acknowledged global health disparity and explore the legal, economic, social and political issues underlying the disparity and suggest a solution that might be undertaken to correct and redress the disparity. Students will present their paper to the class and be expected to defend their posited solution. The written exercises will each compose 15% of the grade, the paper will be worth 60% of the grade. With respect to class sessions, the expectation for each class will be that the student arrives prepared and ready to engage in discussion, having previously briefed the assigned reading. Class
participation is critical for this class and 10% will be allotted for consistent participation and engagement in the class. There will be no final exam.

**Disability-related needs.** To request academic accommodations due to a disability please contact Disability Resources for Students Office (DRS), 448 Schmitz, 206-543-8924. If you have a letter from Disability Resources for Students, please present the letter to the instructor so that arrangements can be made for accommodation.

**Syllabus**

**Monday, September 23, 2013: Global Health Law: Overview**

*What is global health law? Why should rich countries such as the US care about and invest in the world’s least healthy people, particularly in difficult economic times? What are the challenges for the future of global health and global health governance?*

4. Address by Bill Gates to the U.S. Global Leadership Coalition, February 2, 2011 (excerpts) (4 pages)

**Wednesday, September 25, 2013: Determinants of Global Health and the United Nations’ Millennium Development Goals (MDGs)**

*What are the "social determinants of health” and what is their importance? What is the role of law and policy in focusing attention and resources to the social determinants? What are the “cultural” determinants of health, and is it appropriate or effective for non-native advocates to address them? What are the Millennium Development Goals? Have they had an impact?*

**A. Determinants of Global Health**


B. United Nations’ Millennium Development Goals
1. United Nations Millennium Project, 2012 Progress Chart
   http://mdgs.un.org/unsd/mdq/Resources/Static/Products/Progress2012/Progress_E.pdf (1 page)
   http://www.who.int/mediacentre/factsheets/fs290/en/index.html# (about 2 pages)


A. Overview and the UN System
3. Constitution of the World Health Organization (Articles 1, 2, 19, 21, 23)

B. The Right to Health Under International Law and the U.S. Approach

Wednesday, October 2, 2013 – International Legal and Institutional Framework - The Human Rights Approach – Individual Cases Involving Health in the UN System


B. CEDAW Case Studies

Monday, October 7, 2013: International Legal and Institutional Framework - The Human Rights Approach – the Inter-American System

The right to health under the Inter-American System - with Guest Lecturer Alejandra González, LLM, Alumna of the Inter-American Court for Human Rights

A. Inter-American System Core Documents

B. Cases

5. Ana Victoria Sánchez Villalobos and others v. Costa Rica (Select sections; if English versión available by fall)

C. Class Exercise/Discussion

Assume that you are an attorney/advocate for an NGO working with a Latin-American partner NGO to further access to women’s health care in Central and South America. You and your colleagues are considering bringing a case on behalf of members of an indigenous group that experiences high maternal and infant mortality due in part to lack of access to health care. You can bring the case in only one forum, and you are considering the UN human rights system and the Inter-American System. What are some of the factors you would consider in deciding where to bring the case?

Optional: Lunch discussion with Alejandra Gonza, LLM

Wednesday, October 9, 2013: Global Health Lawmaking: Pandemics - Revision of the International Health Regulations

A. Overview: Globalization and Infectious Diseases


B. Influenza A(H1N1) and the International Health Regulations

1. Fifty-Eighth World Health Assembly, “Revision of the International Health Regulations,” WHA 58.3 (May 23, 2005) - SKIM
2. Peter Doshi, “How should we plan for pandemics?” 339 British Medical Journal 603 (Sep. 12, 2009) (3 pages)

C. The Sharing of Influenza Virus Samples


Monday, October 14, 2013: IHR Simulation, Part I - with Kristjana Ásbjörnsdóttir, MPH, PhD, UW Department of Global Health

1. Simulation materials to be provided
2. Review the IHR (from previous class) (IN DETAIL)
Wednesday, October 16, 2013: IRC Simulation – Part II – Washington State Response with guest participants from King County Public Health and/or WA Department of Health and Human Services [subject to speaker availability]

Readings to be announced

Monday, October 21, 2013: Global Health Lawmaking: Framework Convention on Tobacco Control – With Guest Lecturer, Allyn Taylor, JD, LLM, PhD, Georgetown Law School


Optional: Lunch Presentation on a possible Framework Convention for Alcohol Control by Prof. Taylor

Wednesday, October 23, 2013: Global Health Lawmaking, Con’t. – Additional Issues Being Addressed by the WHO

A. Global Health Lawmaking: Brain Drain: Global Health Workforce and 2010 WHO Global Code of Practice


B. Global Health Lawmaking: Noncommunicable Diseases, Obesity and Alcohol

Non-Communicable Diseases and the September 2011 NCD Summit:

Obesity:

Alcohol:

C. Counterfeit Medicines – The Need for Global Health Lawmaking – With Guest Lecturer Tanya Karwaki, JD, LLM
Monday, October 28, 2013 - Trade and Health: the WTO and Investor-State Disputes

4. Case Study: Philip Morris v. Uruguay, Request for Arbitration (PDF) (SKIM, for reference, curiosity)
   - Philip Morris Int'l., PMI statement and background information regarding the company's Bilateral Investment Treaty (BIT) claim against the government of Uruguay (October 5, 2010) (about 2 pages) (http://www.pmi.com/eng/media_center/company_statements/pages/uruguay_bit_clai m.aspx
5. Additional tobacco investment treaty litigation
   - Australia-Hong Kong Bilateral Investment Treaty (SKIM - for reference, curiosity) (PDF)
Wednesday, October 30, 2013 - TRIPS and Access to Medicine – Guest Lecturer, Associate Dean Pat Kuszler, MD, JD [subject to speaker availability]

1. IP Primer
2. Agreement on Trade-Related Aspects of Intellectual Property Rights - SKIM Part I - General Provisions and Basic Principles; READ Part II (5) - Patents (Articles 27-34); Part VI - Transitional Arrangements, available at: http://www.wto.org/english/tratop_e/trips_e/t_agm0_e.htm


A. Overview

B. Non-State Actors and Public-Private Partnerships
1. Sonia Shah, “How Private Companies are Transforming the Global Public Health Agenda,” Foreign Affairs (November 9, 2011)

C. National Health Systems

D. The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) - PEPFAR Partnership Framework Policy Monitoring Project – with Guest Lecturer Jeff Lane, JD, MPH


Optional: Lunch discussion with Jeff Lane
Wednesday, November 6, 2013: Medicines and Markets – With Guest Lecturer, Tanya Karwaki, JD, LLM [Readings to be updated]

A. Access to Medicines: Drugs for Neglected Diseases

B. Vaccine Development

Monday, November 11, 2013 – Veteran’s Day – No Class

Wednesday, November 13, 2013: Forging a New PATH - Guest Speaker on Public-Private Partnerships for Vaccines for Neglected Diseases and Other Medical Technologies – Guest Lecturer - Dan Laster, JD, General Counsel of PATH [pending availability]


Optional: Lunch discussion with Dan Laster

Monday, November 18, 2013: Global Health and Vulnerable Populations: Asylees, Refugees, and Internally Displaced Persons

A. Overview

B. Internally Displaced Persons (example - Haiti)

For reference:
Institute for Justice & Democracy in Haiti website with more information about the litigation and links to related documents, articles: http://ijdh.org/cholera-accountability/cholera-litigation
C. Refugees/IDPs (example – gender-based violence in Africa)

For reference:
   UN Convention and Protocol Relating to the Status of Refugees
   UNHCR, “Action against Sexual and Gender-Based Violence: An Updated Strategy” (2011)
   African Union Convention for the Protection and Assistance of Internally Displaced Persons In Africa (Kampala Convention)

D. Asylum
   1. In re Kasinga, 21 I&N Dec 357 (BIA 1996)

Wednesday, November 20, 2013: Global Health and Vulnerable Populations: Human Trafficking -International and National Legal Responses

A. Background

B. Trafficking Case Study
   Please read for discussion
   1. T Visa Cover Letter
   2. Redacted letter Brief-Memo in Support of T Visa Application

   Please skim the relevant forms:
   1. Form I-914
   2. Form I-914supb

   Optional reading or skim:
   1. Redacted Declaration in Support of T Visa Application

   For reference:
   1. Select statutory provisions and summaries (US law relevant to trafficking)
   2. Statutory and regulatory provisions cited in the case study
Monday, November 25, 2013: Global Health and Customary International Law


Wednesday, November 27, 2013: Course Wrap-Up and Student Presentations of Papers

Monday, December 2: Student Presentations of Papers

Wednesday, December 4, 2013: Student Presentations of Papers