I. Introduction: Political Science Concepts & Analysis

II. Principal-Agent Problems

A. Principals with Preferences & Resources
   - Examples: donors, powerful states
     (See Lee 2009; Benton 2015; Crane 2013)

B. Agents: Preferences, Cultures & Expertise
   - Examples: WHO, NGOs, local communities
     (See Lee 2009; Anderson & Patterson forthcoming; Renne 2010)

C. Example: Infectious Disease Control at the Global Level
   - WHO versus Donor Governments
     (See Youde 2012; Busby et al. 2016)
   - Ebola & Zika
     (See Patterson 2016)

D. Example: Global AIDS Responses versus Local Priorities

III. Framing of Health Issues & Prioritization

A. Ideas and Audience Matter for prioritization
   - How are issues explained? How are they understood by audiences?
     (See Shiffman & Smith 2007; Tomlinson & Lund 2012)

B. Frames Used in Global Health
   (See McGinnis et al. 2012)
   - Security
   - Economic
   - Development
   - Human Rights
   - Evidence-Based Medicine

C. Examples of Framing and Policy Prioritization
• AIDS (Security & Human Rights)  
  (See Rushton 2012; Elbe 2009; Price-Smith 2009)  
• Global Surgery Access (Economic)  
  (See Shawar et al. 2015)

IV. Incentives for States to Cooperate with Other States on Health Issues

A. Norms and Reputations (“naming and shaming”)  
  (See Kapstein & Busby 2013; Davies, Kamradt-Scott & Rushton 2015)

B. Strategic Goals  
  (See Elbe 2009)

C. Political Opportunities (“disasters, discoveries, events”)  
  (See Shiffman & Smith 2007)

**Ultimately…. Politics Matter**
Helpful Readings on Politics of Global Health
“What Can Political Scientists Add to Our Knowledge of Global Health?”
NAFSA Global Learning Colloquium for Health Professions
Denver, CO, May 31, 2016

Amy S. Patterson, Ph.D.
Department of Politics, University of the South
Sewanee, TN, aspatter@sewanee.edu


