

## COURSE SYLLABUS

### **PUBLIC HEALTH POLICY AND PRACTICE IN CHINA (Core Program Course)**

Alliance for Global Education  
Public Health Policy and Practice Program

**Suggested U.S. semester credit hours:** 3 credits  
**IFSA-Butler/Alliance course code:** PUBH 315 / POLS 315  
**Course length:** Summer Term  
**Delivery method:** Face to face

#### COURSE DESCRIPTION

Tremendous progress has been made in public health policy and practice in China as the country experienced rapid and profound economic, social and political changes in the past decades. This course provides students with an overview of the evolution and current status of public health in China including its health care system development, recent reforms, the role of government and issues related to public health policy and practice from the angle of health system components—from the national population policy to the prevention and control of epidemics. Topics include the former One Child Policy and family planning, caring for an aging population, child and maternal health, health literacy, and regional and urban/rural variations in health.

Readings and resources from health sciences and political science foster an interdisciplinary structure to the course. The setting of Shanghai, a city in transformation, provides a dynamic learning environment and “laboratory” for local examination of national issues and cultural practices.

#### STUDENT LEARNING OBJECTIVES

- Understand the definition and basic theory of health systems and health policy.
- Analyze the major challenges of health systems in China.
- Review the present status of health care in China in terms of needs and availability of services and the responses of health, hospital and pharmaceutical sectors.
- Discuss the general characteristics of Chinese health system.
- Become familiar with the contemporary issues in health policy at national and local levels.
- Understand the past and current legislation relating to Chinese health care delivery systems.
- Recognize commonly used jargon, abbreviations and terminology in health care delivery.
- Deliberate on potential paths to meet the public health challenges in China individually and collectively.
- Become familiar with resources available for research on public health policy and practice in China.
- Demonstrate understanding of the cultural considerations surrounding study of public health policy and practice in China.

## **COURSE SYLLABUS**

- Make connections between learning in this course and other learning experiences in the Alliance for Global Education Program in Public Health Policy and Practice.

## COURSE SCHEDULE

### **Session 1: An overview of the concept of health system and health policy (Xie Zheng)**

- Definition of health system
- Six blocks of health system
- Data and statistics on health system
- Definition of health policy

#### Required readings:

1. WHO. Health System Financing: the Path to Universal Coverage. World Health Report 2010. [http://www.who.int/whr/2010/whr10\\_en.pdf?ua=1](http://www.who.int/whr/2010/whr10_en.pdf?ua=1).
2. Margaret Elizabeth Kruk, Lynn P. Freedman. Assessing health system performance in developing countries: A review of the literature. *Health Policy*, 2008, 85(3): 263-276.
3. Vivian Lin, Yan Guo, David Legge, Qunhong Wu. *Health Policy in and for China*. Peking University Medical Press. 2010.

### **Session 2: Introduction to Chinese health system and health policy (Xie Zheng)**

- Health development status in China
- Evolution of Chinese health system
- Health policy making in China
- Recent health system reform in China

#### Required readings:

1. Jiwei Qian and Åke Blomqvist (2014) *Health Policy in China: Introduction and Background*. *Health Policy Reform in China*: pp. 3-24.
2. Ministry of Foreign Affairs of the People's Republic of China, United Nations System in China, 2013. *China's Progress Towards the millennium development goals, 2013 report*, Beijing.  
(<http://wcm.fmprc.gov.cn/preview/eng/zxxx/P020130922717154941911.pdf>)
3. Yip WCM, Hsiao WC, Chen W, Hu SL, Ma J, Maynard A. Early Appraisal of China's Huge and Complex Health-Care Reforms. *Lancet*. 2012, 379(9818):833-42.

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### Session 3: Field Visit

### Session 4: HIV/AIDS in China (Tang Kun)

- Contextual background of the HIV/AIDS epidemic in China
- Major trends and interventions
- Emerging and involvement of international and local grass-root NGOs

#### Required readings:

1. Wu Z, Sullivan SG, Wang Y, Rotheram-Borus MJ, Detels R. Evolution of China's response to HIV/AIDS. *Lancet*. 2007, 369 (9562):679-90.
2. Qian ZH, Vermund SH, Wang N. Risk of HIV/AIDS in China: subpopulations of special importance. *Sexually Transmitted Infections* 2005, 81: 442-447.
3. Bates Gill, Jennifer Chang, Sarah Palmer. China's HIV Crisis. *Foreign Affairs*. 2002, 81(2): 96-110.

### Session 5: Global Health Policy (Shivani, Yin Hui)

- Definitions of global health and global health governance
- Five element of global health governance
- Aid effectiveness
- China's involvement in global health development aid

#### Required readings:

1. Richard Skolnik. Chapter 15: Working together to improve global health. In *Global health 101* (pp. 355-365).
2. Frenk J (2010) The Global Health System: Strengthening National Health Systems as the Next Step for Global Progress. *PLoS Med* 7(1): e1000089. <https://doi.org/10.1371/journal.pmed.1000089>
3. Fidler DP (2010) Negotiating Equitable Access to Influenza Vaccines: Global Health Diplomacy and the Controversies Surrounding Avian Influenza H5N1 and Pandemic Influenza H1N1. *PLoS Med* 7(5): e1000247. <https://doi.org/10.1371/journal.pmed.1000247>
4. People's Health Movement, Medact, Global Equity Gauge Alliance. Global health watch 2: an alternative world health report. Zed Books, London, 2008. <http://www.ghwatch.org/ghw2/report-summary>
5. Richard D Smith, Rupa Chanda, Viroj Tangcharoensathien, Trade and Health 4: Trade in health-related services. *The Lancet*, 2009. Vol. 373, Iss. 9663, 593 – 601.
6. Ilona Kickbusch. Action on global health: Addressing global health governance challenges. *Public Health*, 2005,119(11):969-973.

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7. Nicole A. Szlezák, Barry R. Bloom, Dean T. Jamison, Gerald T. Keusch, Catherine M. Michaud, Suerie Moon, William C. Clark. The Global Health System: Actors, Norms, and Expectations in Transition, *PLoS Medicine*, 2010,7(1):e1000183.

### Session 6: National NCD prevention and control program (Zhang Juan)

- Disease pattern in China
- Epidemic of NCD, behavior and biological risk factors of NCD
- National program for NCD prevention and control
- Performance of National program for NCD prevention and control

Required readings:

1. Huang C, Yu H, Koplan JP. Can China diminish its burden of non-communicable diseases and injuries by promoting health in its policies, practices, and incentives? *Lancet*. 2014, 384(9945):783-92.

2. Yang, G., Wang, Y., Zeng, Y., Gao, G. F., Liang, X., & Zhou, M., et al. (2013). Rapid health transition in china, 1990-2010: findings from the global burden of disease study 2010. *Lancet*, 381(9882), 1987-2015.

3. Lv, J., Liu, M., Jiang, Y., & Li, L. M. (2013). Prevention and control of major non-communicable diseases in china from 1990 to 2009: results of a two-round Delphi survey. *Global Health Action*, 6(1), 1-10.

### Session 7: National maternal and child health program (Yin Hui)

- IMR, Under 5 MR, MMR trend and disparity
- National MCH policy: achievements and experiences
- Determinants and challenges
- Mid-term examination

Required readings:

1. Guo Yan, Yin Hui. Reducing child mortality in China: successes and challenges [J]. *Lancet*, 2016 Jan 16;387(10015):205-7.

2. WHO. Success factors for women' s and children' s health: Policy and Programme highlights from 10 fast- track countries. WHO, 2014. (<http://www.who.int/pmnch/successfactors/en/index2.html>)

3. Xinglin FENG, Guang SHI, Yan WANG, Ling XU, Hao LUO, Juan SHEN, Hui YIN, and Yan GUO. An Impact Evaluation of The Safe Motherhood Program in China. *Health Economics* [J]. 2010. DOI:10.1002/hec.1593. PMID:20803630

### Session 8: Healthy lifestyle and health promotion in China (Yin Hui)

- Health literacy: trend and challenges
- Lifestyle transition and health promotion

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- National policy and program on health education and health promotion (e.g. Tobacco control, healthy cities movement, M-health)

### Required readings:

1. Karen Glanz, Barbara K. Rimer, K. Viswanath. Health behavior and health education. Theory, research, and practice (5th edition). Jossey-bass: 2015.
2. Gao Y, Griffiths S, Chan EY. Community-based intervention to reduce overweight and obesity in China: a systematic review of the Chinese and English literature. *J Public Health*. 2008, 30(4):436-48.
3. Xinying Sun, Juan Chen, Yuhui Shi, Qingqi Zeng, Nanfang Wei, RongXie, Chun Chang, Weijing Du. Measuring health literacy regarding infectious respiratory diseases: a new skills-based instrument. *PLoSOne*, 2013 May 28;8(5):e64153. Doi:10.1371/journal.pone.0064153.

### Session 9: Primary health care in China (Wang Yu)

- Historic development of primary care system in China
- Model, function and feature of China's current community health service
- Case study of analyzing residents' access to CHS

### Required readings:

1. Yip W, Hsiao W C. The Chinese health system at a crossroads. [J]. *Health Affairs*, 2008, 27(2): 460-468.
2. Blumenthal D, Hsiao W C. Lessons from the East — China's Rapidly Evolving Health Care System [J]. *The New England Journal of Medicine*, 2015, 372(14): 1281-1285.
3. Mathers N, Huang Y C. The future of general practice in China: from 'barefoot doctors' to GPs? [J]. *British Journal of General Practice*, 2014, 64(623): 270-271.

### Session 10: Field Visit

### Session 11: National Population Policy (Chen He)

- Review of national family planning policy
- Demographic transition
- New trend of national family planning policy

### Required readings:

1. Athar Hussain. Demographic transition in China and its implications. *World Development*. 2002; 30 (10): 1823–1834.
2. Therese Hesketh, Li Lu, and Zhu Wei Xing. The effect of China's one-child family policy after 25 years.

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New England Journal of Medicine, 2005; 353:1171-1176.

3. Hesketh T; Zhou X; Wang Y. The end of the one-child policy: Lasting implications for China. JAMA. 2015;314(24):2619-2620.

4. Wang Feng, Yong Cai, Baochang Gu. Population, policy and politics: how will history judge China's one-child policy? Population and Development Review. 38(supplement):115-129.

### Session 12: Policies supporting the elderly (Chen He)

- Ageing trend
- Health insurance
- Pension
- Long-term care

#### Required readings:

1. He Chen, Tuohong Zhang. Population aging: Social consequences and challenges. In Mu Li, Yangfeng Wu. Ed. Urbanization and Public Health in China. Imperial College Press. 2015.

2. T Liu. Super-aging and social security for the most elderly in China. Z Gerontol Geriat.2016. doi:10.1007/s00391-016-1062-9.

3. Wei Hui. Population Aging and Long-Term Care Policy in China and the United States. Culminating Projects in Gerontology. Paper 3.

### Session 13: Disability and prevention (Chen He)

- Disability: prevalence and trends
- Disability: causes
- Prevention of disability

#### Required readings:

1. Jufen Liu, Iris Chi, Gong Chen, Xinming Song, Xiaoying Zheng. Prevalence and correlates of functional disability in Chinese older adults. Geriatr Gerontol Int. 2009 Sep;9(3):253-61. doi: 10.1111/j.1447-0594.2009.00529.x.

2. Zheng X, Chen G, Song X, Liu J, Yan L, Du W, et al. Twenty-year trends in the prevalence of disability in China. Bulletin of the World Health Organization. 2011;89(11):788-97. doi: 10.2471/BLT.11.089730.

3. Lixiong Yang. Disability policy. In Kinglun Ngok and Chak Kwan Chan (ed.). China's Social Policy. 2016. New York: Routledge.

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### Session 14: Final presentations

- Presentations of students
- Concluding questions and comments

## ASSIGNMENTS AND EVALUATION METHODS

### Participation:

Students are expected to attend all sessions of the course unless there are emergencies or medical reasons. For each class session, students must complete the required readings. All students shall participate actively and intelligently in class discussions. Thoughtful comments, interesting questions, and provocative insights will be highly valued. Participation grades include attendance, engagement in discussion, civility and respect.

### Midterm and Final Exam:

Students will write a midterm exam and a final exam. Students will have some choice of questions to answer. The format will be “open book”, “take home.” The instructor will give possible questions to students at least one week in advance.

### Research Project (includes a Presentation and a Paper):

Students will complete a research project for which they will give an in-class presentation of about 20 minutes during the final week of the course and write a paper of 10 to 12 pages (Times New Roman, 12 font, double-spaced). This research project will enable students to learn in greater depth about particular public health policy and practice topics that interest them. Students will use published materials, as well as hands-on field research in China. A grading rubric for the Research Project (including a Presentation and a Paper) will be provided by the instructor during class.

### Grading:

Your performance in this course will be assessed through the following, and your final grade will be determined by the percentages indicated:

Class Preparation, Discussion and Participation - 15 %

Midterm Exam –20 %

Final Exam - 25 %

Research Project - 40 %

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Alliance programs utilize the follow standard grading policy well accepted by most US institutions.

Excellent	A	93-100%	Good	B+	87-89%	Acceptable	C+	77-79%	
	A-	90-92%		B	83-86%		C	73-76%	
				B-	80-82%		C-	70-72%	
						Unsatisfactory	D+	67-69%	
							D	63-66%	
							D-	60-62%	
							Failing	F	<60%

## COURSE POLICIES

### Deadlines:

All work must be completed and handed-in on time in order to receive full credit. If you are ill and are not able to hand an assignment in on time, you should notify the instructor by email before the deadline, and we will make alternative arrangements.

### Academic Integrity:

Any academic endeavor must be based upon a foundation of honesty and integrity. Students are expected to abide by principles of academic integrity and must be willing to bear individual responsibility for their work while studying abroad. Any academic work (written or otherwise) submitted to fulfill an academic requirement must represent a student's original work. Any act of academic misconduct, such as cheating, fabrication, forgery, plagiarism, or facilitating academic dishonesty, will subject a student to disciplinary action.

Please refer to the Alliance for Global Education Code of Academic Integrity for a full description of Alliance standards of academic integrity, procedures for upholding these standards, and processes for violations of academic integrity. The Code of Academic Integrity is available at [http://allianceglobaled.org/files/upload/pdf/code\\_of\\_academic\\_integrity.pdf](http://allianceglobaled.org/files/upload/pdf/code_of_academic_integrity.pdf).

### Exams and Assignments:

Students are required to take all regularly scheduled exams in courses for which they are registered, and to submit all assignments on time. Any compelling academic, personal, or medical reason that might justify a rescheduled exam or assignment must be brought up to both the Resident Director and



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course faculty. Failure to take scheduled exams or submit the requisite assignments for a course will adversely affect your grade as per the stated grading criteria for each course.

### Classroom Conduct:

Student punctuality is extremely important in China. Please do not be late for classes or other activities, as it is considered impolite to do so. It is improper to eat in class, to engage in other activities such as texting, or to slump or nap. Students are expected to be alert and engaged as a sign of respect for their professors.

### Attendance:

Everyone benefits by learning from each other; if students are not present, it affects everyone and negatively impacts the program. Attendance is required for all classes and mandatory field visits; attendance will be recorded. Students must notify their instructors and the Resident Director ahead of their absence from class or class-related activities. Class participation is expected and is a contributing factor to students' final course grades. Students' grades will be reduced one grade increment for more than two unexcused absences.