

**City University of Hong Kong  
Course Syllabus**

**offered by Department of Asian and International Studies  
with effect from Semester B 2018 / 19**

---

---

**Part I Course Overview**

<b>Course Title:</b>	<b>Death and Disease</b>
<b>Course Code:</b>	<b>AIS4142</b>
<b>Course Duration:</b>	<b>One semester</b>
<b>Credit Units:</b>	<b>3</b>
<b>Level:</b>	<b>B4</b>
<b>Proposed Area:</b> <i>(for GE courses only)</i>	<input type="checkbox"/> Arts and Humanities <input type="checkbox"/> Study of Societies, Social and Business Organisations <input type="checkbox"/> Science and Technology
<b>Medium of Instruction:</b>	<b>English</b>
<b>Medium of Assessment:</b>	<b>English</b>
<b>Prerequisites:</b> <i>(Course Code and Title)</i>	<b>Must have completed at least three core courses for the ASIS major or equivalent</b>
<b>Precursors:</b> <i>(Course Code and Title)</i>	<b>NIL</b>
<b>Equivalent Courses:</b> <i>(Course Code and Title)</i>	<b>NIL</b>
<b>Exclusive Courses:</b> <i>(Course Code and Title)</i>	<b>NIL</b>

## Part II Course Details

### 1. Abstract

*(A 150-word description about the course)*

This course aims to provide students with an introduction to the implications of diseases from historical times to the present, and to develop their skills in analysing the political, economic and social impacts of threats to health. After a broad inter-disciplinary introduction, the course considers pandemic outbreaks (Plague, SARS, H5N1, H1N1, HIV/AIDS) as well as a range of epidemics (smallpox, polio, syphilis and cholera). Towards the end of the course the threats posed by non-communicable diseases (cancer, obesity, diabetes) are also considered in a comparative perspective. Cutting across all cases this course will compare and contrast the roles played by states, societies, market actors and international organizations. Empirically-driven this course will range across the major infectious disease outbreaks of the 20<sup>th</sup> and 21<sup>st</sup> centuries. Although this course is international in scope, it will more specifically draw upon Asian examples and issues.

### 2. Course Intended Learning Outcomes (CILOs)

*(CILOs state what the student is expected to be able to do at the end of the course according to a given standard of performance.)*

No.	CILOs <sup>#</sup>	Weighting* (if applicable)	Discovery-enriched curriculum related learning outcomes (please tick where appropriate)		
			A1	A2	A3
1.	Show familiarity with the major communicable and non-communicable diseases	20%	✓	✓	✓
2.	Assess the challenges posed by such diseases	20%	✓	✓	
3.	Analyse response strategies made by different actors	20%	✓	✓	✓
4.	Identify and explain the roles played by medical and non-medical perspectives towards health threats	20%	✓	✓	✓
5.	Show an awareness of such diseases on Hong Kong society in historical and contemporary times	20%	✓	✓	
		100%			

\* If weighting is assigned to CILOs, they should add up to 100%.

<sup>#</sup> Please specify the alignment of CILOs to the Gateway Education Programme Intended Learning outcomes (PILOs) in Section A of Annex.

**A1: Attitude**

*Develop an attitude of discovery/innovation/creativity, as demonstrated by students possessing a strong sense of curiosity, asking questions actively, challenging assumptions or engaging in inquiry together with teachers.*

**A2: Ability**

*Develop the ability/skill needed to discover/innovate/create, as demonstrated by students possessing critical thinking skills to assess ideas, acquiring research skills, synthesizing knowledge across disciplines or applying academic knowledge to self-life problems.*

**A3: Accomplishments**

*Demonstrate accomplishment of discovery/innovation/creativity through producing /constructing creative works/new artefacts, effective solutions to real-life problems or new processes.*

### 3. Teaching and Learning Activities (TLAs)

(TLAs designed to facilitate students' achievement of the CILOs.)

TLA	Brief Description	CILO No.						Hours/week (if applicable)
		1	2	3	4			
1	Lectures: the instructor will present overviews of key cases and issues	√	√	√	√			
2	Group Discussions: students will analyse weekly readings and discuss their findings	√	√	√	√			
3	Oral presentations: Students will work in groups to lead class discussions and structured question and answer sessions on relevant topics	√	√	√	√			
4	Research: students use relevant materials to write a paper as set by the instructor	√	√	√	√			
5	Participation: students will engage in active learning groups to develop deeper understandings of key texts and real-world challenges.	√	√	√	√			

### 4. Assessment Tasks/Activities (ATs)

(ATs are designed to assess how well the students achieve the CILOs.)

Assessment Tasks/Activities	CILO No.						Weighting*	Remarks
	1	2	3	4	5			
Continuous Assessment: ____%								
Attendance and participation	√	√	√	√	√		10	
Essay (2,500 words)		√	√	√	√		30	
Fieldwork project presentation	√	√	√	√	√		20	
Quiz (approximately 2 hours)	√	√	√	√	√		40	
Examination: ____% (duration: _____, if applicable)								

\* The weightings should add up to 100%.

100%
------

## 5. Assessment Rubrics

(Grading of student achievements is based on student performance in assessment tasks/activities with the following rubrics.)

Assessment Task	Criterion	Excellent (A+, A, A-)	Good (B+, B, B-)	Fair (C+, C, C-)	Marginal (D)	Failure (F)
1. Presentation (20%)	Relevance to question, degree of analysis, mix of oral to visual presentation, sources, coherence with other presenters, ability to answer questions, quality of visual materials, oral communication skills.	Demonstrates high level of conceptual thinking reflected in presentation. Evidence of ability to fully comprehend and critique lecture and reading material through demonstrable written and oral communication. The student is able to utilise theoretical concepts in critically explaining case study materials and extrapolate these materials into new areas. Able to answer questions to a high level and strong coherence with the rest of the group.	Demonstrates good ability to think critically and performs well in presentation. Student is able to recognise important characteristics of the theoretical models and case studies but may not be fully able to analyse them or apply them to new situations. Able to answer questions and coherence with the rest of the group. High level oral skills. No spelling or grammatical mistakes in relevant text.	Demonstrates incomplete/marginal ability to critically analyze theoretical and case study material. The student may struggle with understanding the models. Student's oral performance in the presentation has shown minimal appreciation of the subjects beyond a discursive level. Unable to answer questions in a comprehensive way and only limited coherence with the rest of the group. Reasonable oral skills. Some spelling or grammatical mistakes in relevant text.	Indicates that the student has comprehended little understanding of the theories and case studies. Tin general a poor performance in the presentation. Unable to answer questions and little coherence with the rest of the group. Poor oral skills. Frequent spelling or grammatical mistakes in relevant text.	Indicates that through poor learning or lack of effort, the student has failed to demonstrate even a minimal capacity to analyze concepts and theories. Unable to answer questions and no coherence with the rest of the group. Very poor oral skills. Spelling or grammatical mistakes in relevant text.
2. Participation (10%)	Engages in group discussions, able to answer questions, an incorporation of theory and case studies. Does not miss any classes.	The student has not missed any classes and has regularly contributed to discussions at a high level.	The student has missed 1-2 classes without explanation and/or has regularly contributed to discussions but only at a discursive level.	The student has missed 2-3 classes without justified explanation and has infrequently contributed to discussions at a discursive level.	The student has missed three classes without justified explanation, but has generally to contributed to discussions and/or simulation. Or the student has not missed more than three classes without justified explanation, but has failed to contribute to discussions.	The student has missed more than three classes without justified explanation, generally failed to contribute to discussions.

3. Term paper (30%)	Theoretical basis for writing, Incorporation of case study materials, Engagement with key readings and secondary literature, spelling and grammar, Analysis of topic	Demonstrates high level of analytical thinking. Evidence of ability to fully comprehend and critique materials. The student is able to utilise theoretical concepts in critically explaining case study materials and extrapolate these materials into new areas. No spelling or grammatical mistakes. Excellent range of source materials.	Demonstrates good level of analytical thinking. Evidence of ability to fully comprehend and critique materials. The student is able to utilise theoretical concepts in critically explaining case study materials and extrapolate these materials into new areas. No spelling or grammatical mistakes. Good use of source materials.	Demonstrates poor level of analytical thinking, mostly descriptive. Evidence of ability to partially comprehend and critique materials. The student is able to utilise theoretical concepts in a limited way in explaining case study materials and has a restricted ability to extrapolate these materials into new areas. Some spelling or grammatical mistakes. Restricted and/or inappropriate references.	Demonstrates very limited or no analytical thinking, largely descriptive. Limited ability to comprehend and critique materials. The student is unable to utilise theoretical concepts in explaining case study materials and has a restricted ability to extrapolate these materials into new areas. Spelling or grammatical mistakes. Highly restricted or inappropriate references.	Demonstrates no analytical thinking, entirely descriptive. Limited ability to comprehend and critique materials. The student is unable to utilise theoretical concepts in explaining case study materials. Spelling or grammatical mistakes. Highly restricted and inappropriate references.
4. Quiz (40%)	Quality of argument, Reference to texts covered in course, Reference to cases covered in class discussions	Excellent analytical argument, excellent structure, clear incorporation of texts covered in course, clear use of case studies to illustrate argument, no spelling or grammatical mistakes	Good analytical argument, good structure, good incorporation of texts covered in course, good use of case studies to illustrate argument, no spelling or grammatical mistakes	Largely descriptive argument, adequate structure, minimal incorporation of texts covered in course, minimal use of case studies to illustrate argument, some spelling or grammatical mistakes	Descriptive argument, poor structure, minimal or no incorporation of texts covered in course, minimal or no use of case study materials to illustrate argument, frequent spelling or grammatical mistakes	Descriptive argument, poor structure, no incorporation of texts covered in course, no use of case study materials to illustrate argument, frequent spelling or grammatical mistakes.

### **Part III Other Information** (more details can be provided separately in the teaching plan)

#### **1. Keyword Syllabus**

*(An indication of the key topics of the course.)*

Human security, disease, pandemics, plague, polio, syphilis, cholera, SARS, HIV/AIDS, avian influenza, swine flu, non-communicable diseases, health governance, medical ethics.

#### **2. Indicative Reading List**

McInnes, Colin and Kelley Lee (2012). *Global Health and International Relations* (Cambridge, UK: Polity Press), pp. 130-157.

Fidler, David P. (2010). *The Challenges of Global Health Governance* (New York: Council on Foreign Relations), pp. 1-31.

Wilson, Kumanan (2004). "The Complexities of Multi-Level Governance in Public Health," *Canadian Journal of Public Health* 95(6): 409-412.

Heymann, David (2010). "Public Health, Global Governance, and the Revised International Health Regulations," in David Relman, Eileen Choffnes and Alison Mack (eds.) *Infectious Disease Movement in a Borderless World: Workshop Summary* (Washington, DC: Institute of Medicine, The National Academies Press), pp. 182-195.

Banchoff, Thomas (2005). "Path Dependence and Value-Driven Issues: The Comparative Politics of Stem Cell Research," *World Politics* 57(2): 200-230.

Morin, Jean-Frédéric and Amandine Orsini (2014). "Policy Coherency and Regime Complexes: The Case of Genetic Resources," *Review of International Studies* 40: 303-324.

Fitzgerald, Maureen H. (2004). "Punctuated Equilibrium, Moral Panics and the Ethics Review Process," *Journal of Academic Ethics* 2: 315-338.

Huang, Yanzhong (2010). "Pursuing Health as Foreign Policy: The Case of China," *Indiana Journal of Global Legal Studies* 17(1): 105-146.

Leon, Joshua K. (2013). "The Regime Complex for Global Health: Is Bigger Worse?" Paper Presented at the Western Political Science Association Meeting, Hollywood, California, US.

Holzscheiter, Anna (2014). "Restoring Order in Global Health Governance: Do Metagovernance Norms Affect Interorganizational Convergence?" *CES Open Forum Series #23, 2014-2015*: 1-30.

Roger, Charles and Peter Dauvergne (2016). "The Rise of Transnational Governance as a Field of Study," *International Studies Review* 18(3): 415-437.

Lomas, Jonathan (1998). "Social Capital and Health: Implications for Public Health and Epidemiology," *Social Science and Medicine* 47(9): 1181-1188.

ASEAN Network for Drugs, Diagnostics, Vaccines and Traditional Medicine Innovation (2013). *Strategic Business Plan* (Taguig City, Philippines: ASEAN-NDI), pp. i-157.

Haas, Ernst B. and Philippe C. Schmitter (1964). "Economics and Differential Patterns of Political

- Integration: Projections about Unity in Latin America,” *International Organization* 18(4): 705-737.
- Sridhar, Devi et al. (2014). “Global Rules for Global Health: Why We Need an Independent, Impartial WHO,” *BMJ* 348: g3841.
- Frenk, Julio and Suerie Moon (2013). “Governance Challenges in Global Health,” *The New England Journal of Medicine* 368(10): 936-42.
- Kickbusch, Ilona and David Gleicher (2012). *Governance for Health in the 21st Century* (Copenhagen: WHO/Europe), pp. v-107.
- Altenstetter, Christa (2005). “Bridging European and Member State Implementation: The Case of Medical Goods, In Vitro Diagnostics and Equipment,” in Monika Steffen (ed.) *Health Governance in Europe: Issues, Challenges and Theories* (London: Routledge), pp. 81-112.
- Moon, Suerie et al. (2017). “Post-Ebola Reforms: Ample Analysis, Inadequate Action,” *BMJ* 356: j280.
- Shah, Sonia (2016). *Pandemic: Tracking Contagions, From Cholera to Ebola and Beyond* (New York: Sarah Crichton Books), pp. 179-199.
- Taubenberger, Jeffery K. and David M. Morens (2006). “1918 Influenza: The Mother of All Pandemics,” *Emerging Infectious Diseases* 12(1): 15-22.
- Watts Sheldon (1999). *Epidemics and History: Disease, Power and Imperialism* (New Haven and London: Yale University Press), pp. 1-39.
- Yip, Ka-che (2012). “Segregation, Isolation, and Quarantine: Protecting Hong Kong from Diseases in the Pre-War Period,” *Journal of Comparative Asian Development* 11(1): 93-116.
- Peckham, Robert (2016). *Epidemics in Modern Asia* (Cambridge, UK: Cambridge University Press), pp. 250-300.
- Rodriguez-Garcia, Rosalia (2001). “The Health-Development Link: Travel as a Public Health Issue,” *Journal of Community Health* 26(2): 93-112.
- King, Brian (2010). “Political Ecologies of Health,” *Progress in Human Geography* 34(1): 38-55.
- Rossi, John and Samuel A. Garner (2014). “Industrial Farm Animal Production: A Comprehensive Moral Critique,” *Journal of Agricultural and Environmental Ethics* 27(3): 479-522.
- Benard, Marianne and Tjard de Cock Buning (2013). “Exploring the Potential of Dutch Pig Farmers and Urban-Citizens to Learn Through Frame Reflection,” *Journal of Agricultural and Environmental Ethics* 26(5): 1015-1036.
- Klein, Jakob A. (2013). “Everyday Approaches to Food Safety in Kunming,” *The China Quarterly* 214: 376-393.
- Pimentel, David et al. (1998). “Ecology of Increasing Disease,” *Bioscience* 48(10): 817-826.
- Kealhofer, Lisa (2002). “Changing Perceptions of Risk: The Development of Agro-Ecosystems in Southeast Asia,” *American Anthropologist* 104(1): 178-194.
- Fauci, Anthony S. and David M. Morens (2016). “Zika Virus in the Americas - Yet Another Arbovirus

Threat,” *The New England Journal of Medicine* 374: 601-604.

Mlakar, Jernej et al. (2016). “Zika Virus Associated with Microcephaly,” *The New England Journal of Medicine* 374: 951-958.

Kettel, Bonnie (1996). “Women, Health and the Environment,” *Social Science and Medicine* 42(10): 1367-1379.

Musso, D., E. J. Nilles and V. M. Cao-Lormeau (2014). “Rapid Spread of Emerging Zika Virus in the Pacific Area,” *Clinical Microbiology and Infection* 20(10): O595-O596.

Nikogosiana, Hail and Vera Luiza da Costa e Silva (2015). “WHO’s First Global Health Treaty: 10 Years in Force,” *Bulletin of the World Health Organization* 93: 211.

Fang, Xiaoping (2014). “The Global Cholera Pandemic Reaches Chinese Villages: Population Mobility, Political Control, and Economic Incentives in Epidemic Prevention, 1962–1964,” *Modern Asian Studies* 48(3): 754-790.

Gerwin, Leslie E. (2011). “Planning for Pandemic: A New Model for Governing Public Health Emergencies,” *American Journal of Law and Medicine* 37(1): 128-171.

Bentley, Jeffery W. et al. (2012). “Travelling Companions: Emerging Diseases of People, Animals and Plants Along the Malawi-Mozambique Border,” *Human Ecology* 40: 557-569.

Krech, Rüdiger (2012). “Working on the Social Determinants of Health is Central to Public Health,” *Journal of Public Health Policy* 33(2): 279-284.

Bhutta, Zulfiqar A. (2013). “Conflict and Polio: Winning the Polio Wars,” *JAMA* 310(9): 905-906.

Asad, Asad L. and Tamara Kay (2015). “Toward a Multidimensional Understanding of Culture for Health Interventions,” *Social Science and Medicine* 144: 79-87.

Prasad, Amit et al. (2015). “Prioritizing Action on Health Inequities in Cities: An Evaluation of Urban Health Equity Assessment and Response Tool (Urban HEART) in 15 Cities from Asia and Africa,” *Social Science and Medicine* 145: 237-242.

Mutatkar, R. K. (1995). “Public Health Problems of Urbanization,” *Social Science and Medicine* 41(7): 977-981.

Elbe, Stefan (2006). “Should HIV/AIDS Be Securitized? The Ethical Dilemmas of Linking HIV/AIDS and Security,” *International Studies Quarterly* 50: 119-144.

Lo, Catherine Yuk-Ping (2015). *HIV/AIDS in China and India: Governing Health Security* (New York: Palgrave Macmillan), pp. 45-64.

Knutsen, Wenjue Lu (2012). “An Institutional Account of China’s HIV/AIDS Policy Process from 1985 to 2010,” *Politics & Policy* 40(1): 161-192.

Abraham, Thomas (2004). *Twenty-First Century Plague: The Story of SARS* (Hong Kong: Hong Kong University Press), pp. 51-79.

Schwartz, Jonathan (2012). “Compensating for the ‘Authoritarian Advantage’ in Crisis Response: A Comparative Case Study of SARS Pandemic Responses in China and Taiwan,” *The Journal of Chinese*

Political Science 17: 313-331.

Fidler, David P. (2010). "Viral Sovereignty, Global Governance, and the IHR 2005: The H5N1 Virus Sharing Controversy and Its Implications for Global Health Governance," in David Relman, Eileen Choffnes and Alison Mack (eds.) *Infectious Disease Movement in a Borderless World: Workshop Summary* (Washington, DC: Institute of Medicine, The National Academies Press), pp. 210-228.

French, P. Edward and Eric S. Raymond (2009). "Pandemic Influenza Planning: An Extraordinary Ethical Dilemma for Local Government Officials," *Public Administration Review* 69(5): 823-830.

Mason, Katherine A. (2016). *Infectious Change: Reinventing Chinese Public Health After an Epidemic* (Stanford, California: Stanford University Press), pp. 143-180.

Imperato, Pascal James (2016). "The Convergence of a Virus, Mosquitoes, and Human Travel in Globalizing the Zika Epidemic," *Journal of Community Health* 41: 674-679.

McCoy, Charles Allan (2016). "SARS, Pandemic Influenza and Ebola: The Disease Control Styles of Britain and the United States," *Social Theory and Health* 14(1): 1-17.

Monson, Sarah (2017). "Ebola as African: American Media Discourses of Panic and Otherization," *Africa Today* 63(3): 3-27.

Robbins, Anthony and Ruth Berkelman (2015). "Lessons from the Public Health Response to Ebola," *Journal of Public Health Policy* 36(1): 1-3.

Akhtar, Aysha (2013). "The Need to Include Animal Protection in Public Health Policies," *Journal of Public Health Policy* 34(4): 549-559.

Yang, Seongwoo and Sung-Il Cho (2017). "Middle East Respiratory Syndrome Risk Perception Among Students at a University in South Korea, 2015," *American Journal of Infection Control* 45(6): e53-e60.

Youde, Jeremy (2015). "MERS and Global Health Governance," *International Journal* 70(1): 119-136.

Cui, Dan et al. (2017). "Use of and Microbial Resistance to Antibiotics in China: A Path to Reducing Antimicrobial Resistance," *Journal of International Medical Research* 45(6): 1768-1778.

Neu, Harold C. (1992). "The Crisis in Antibiotic Resistance," *Science* 257(5073): 1064-1073.

Blouin, Chantal and Laurette Dube (2010). "Global Health Diplomacy for Obesity Prevention: Lessons from Tobacco Control," *Journal of Public Health Policy* 31(2): 244-255.

Christiani, Yodi et al. (2016). "Inadequate Collaboration: A Challenge to Reaching Global Targets for Non-Communicable Disease Control and Prevention," *Journal of Public Health Policy* 37(1): 114-117.

Mariner, Wendy K. (2016). "Beyond Lifestyle: Governing the Social Determinants of Health," *American Journal of Law and Medicine* 42: 284-309.