



# Departmental linkage analysis of Healthy China Action -Based on the 2019-2023 policy analysis

Xiaoxiao Zhang

School of HNU-ASU Joint International Tourism College, Hainan University, Hainan, China

zhangxx20030711@163.com

**Abstract.** Based on the official documents of the Chinese government, descriptive statistical analysis was used to explore the policy integration and departmental linkage in the Healthy China action from the perspective of attention distribution, taking 15 special actions as the classification criteria. The statistical results show that there is a large gap between the current linkage of departments and the policy expectations. The number of departmental participations mostly showed a downward trend during 2019-2023, and departmental collaboration was hindered in practice by limited allocation of government resources, weak common motivation of departments, and insufficient leadership of leading departments. We need to focus on the reasons for the absence of these sectors in order to better direct resources, formulate policies, and promote their greater participation.

**Keywords:** Healthy China Initiative; Allocation of attention; Departmental linkage; Policy integration.

## 1 Introduction

Since the new medical reform, China's health has made great progress and attention has been constantly changing. As people's lifestyles change, health issues gradually come to the fore, and people realize that they should shift their attention from "treatment" to "prevention", from "cure" to "health governance", and from "prevention" and "health governance" to "prevention" and "health management". In August 2016 General Secretary Xi Jinping pointed out the need to prioritize people's health in the strategic position of development<sup>[1]</sup>. The Party and State's attention to health issues has gradually been put on the policy agenda. In October of the same year, the CPC Central Committee and the State Council issued the *Outline of the "Healthy China 2030" Plan*<sup>[3]</sup> (hereinafter referred to as *the Outline*). The Outline points out the goal of "integrating health into all policies"<sup>[2]</sup>. Based on the requirements of policy and reality, extensive multi-departmental participation, effective linkage and collaborative governance have become important guarantees for promoting the construction of a healthy China, addressing the needs of reality, contributing to attention shifts and making the shifts sustainable.

© The Author(s) 2024

Y. Chen et al. (eds.), *Proceedings of the 3rd International Conference on Culture, Design and Social Development (CDSO 2023)*, Advances in Social Science, Education and Humanities Research 834,  
[https://doi.org/10.2991/978-2-38476-222-4\\_13](https://doi.org/10.2991/978-2-38476-222-4_13)

Effective cross-departmental coordination is the key to the implementation of "health into all policies". Health is the result of a combination of factors such as healthcare, public health, working environment and so on<sup>[4]</sup>. The complexity of these issues requires the joint efforts of multiple sectors. However, the policy system of the Healthy China Initiative, as a large and complicated systematic livelihood project, cannot easily realize the effective and positive linkage of various departments. In the implementation of the fifteen special actions for a healthy China, a number of sectors are involved, with a relatively large proportion of marginalized departments. Interdepartmental cooperation is limited by barriers at the practical level, such as the institutional environment, departmental functions and work priorities<sup>[18]</sup>, resulting in cross-departmental cooperation mechanisms not being brought into full play. Sectoral collaboration has been mentioned repeatedly in the policy, but few studies have focused on the sectoral participation and linkage of the Healthy China Initiative since its inception. Therefore, this paper attempts to fill this research gap by clarifying the current stage of the Healthy China policy, analyzing the departmental linkages of the Healthy China policy in the current context, and exploring how and why the number of departmental participations has changed since the policy was launched. Based on this, this paper attempts to address these issues from an attention allocation perspective.

## 2 Literature Review

### 2.1 Healthy China Initiative

The Healthy China Initiative is based in part on the systematic system formed by the Patriotic Health Movement. Launched in 2016, the "Healthy China Initiative" signaled the Chinese government's commitment to emphasizing the integration of health into all policies. In July 2019, the State Council released the "*Action for a Healthy China (2019-2030)*", specifying fifteen special actions to refine and improve the policies and measures of *the Outline*. It implements a health impact evaluation system, formulates anticipatory, advocacy and binding assessment indicators, and clarification of target indicator values. At the same time, the China Health Action Promotion Committee was set up to be responsible for the promotion, supervision and assessment of the implementation of the Healthy China Action. The committee is responsible for promoting, supervising and evaluating the implementation of the Healthy China Initiative, forming a "great synergy" between the legislative, executive and judicial branches on health issues.

Currently, there are two types of research related to the Healthy China Initiative: one is to study the policy system; the other focuses on the health influencing factors and outcomes under the Healthy China Initiative, and in this way, provides practical experience and implementation paths, and most of the research is based on empirical studies.

## 2.2 Health in All Policies in a Cross-Sectoral Perspective

At present, the Healthy China Initiative has carried out a series of theoretical and practical research, and Health in All Policies is one of the research branches. The idea of "Health in All Policies" (HiAP for short) was introduced in 1978<sup>[5]</sup>. The Finnish government adopted the HiAP approach in 2006 and integrated it into national health policy. Health in All Policies is not a specific approach (as presented more recently by WHO), Shankardass et al. argue that the multiple programmatic projects included in HiAP need to be fostered jointly by multiple departments and levels of government. In the United States, HiAP policies typically involve collaboration between various government departments. Collaboration between the health sector and other government sectors such as education, housing, and transportation is key to the implementation of HiAP policies<sup>[14]</sup>.

Academician Zhu Chen's keynote speech, "*Health in All Policies*," delivered at the 2013 China Health Forum, formally introduced the idea of "integrating the concept of health into all policies" to China<sup>[4]</sup>. In addition to the influence of foreign developed countries, it is closely related to the various types of diseases such as chronic non-communicable diseases caused by China's current industrialization and other national conditions.

On a practical level, China based on the experience of Finland and Australia, and also based on the actual health situation of the country, plans to carry out fifteen special action work led by the WSJKW and jointly by multiple departments. *The Outline* clearly sets out the goal of strengthening cross-departmental synergies and cooperation. According to Wu, health action requires synergy between the health sector and the Government<sup>[13]</sup>. In recent years, a government-led, sectoral and community-wide model has taken shape, a cross-departmental and wide-ranging network of work from the central to the local level has basically taken shape. The State Council has set up the Healthy China Action Promotion Committee, chaired by Vice Premier Sun Chunlan and composed of many departments, to establish the Healthy China Action Plan together with other departments, issue work highlights, formulate an assessment system, and deploy various tasks. Director Mao Qunan believes that the implementation of health action is gradually shifting from relying only on the health department to the whole society<sup>[6]</sup>.

In terms of research, most researchers emphasize "how to do" and "how to achieve", but there are few articles that study the policy mechanism itself and departmental linkage from the perspective of attention.

## 2.3 Departmental Linkage Differences in Attentional Perspective

Multi-departmental cooperation in the Healthy China Initiative has become an important tool for the Chinese government to promote the implementation of the Healthy China Initiative. However, under China's unique administrative system, each department has its own established functions, attributes, goals, and tasks.

and tasks. Therefore, the question of how to realize one's own departmental tasks while leveraging departmental linkage to promote the implementation and integration

of healthy China policies is essentially a practical extension of the differences in attention of different departments.

The issue of attention allocation was addressed in Simon's early articles. He believed that the key to organizational decision-making is the allocation of attention<sup>[10]</sup>. Due to the scarcity of attention and other characteristics, the subject of action, faced with the constraints of information overload and limited rationality, needs to make a rational allocation of the distribution of attention in time and space<sup>[7]</sup>. Dynamic changes in the allocation of attention can directly affect government behavior, and the severity and breadth of the problem is an important factor in evoking attention<sup>[8]</sup>. Lewis and Wiggett (1981) proposed the analytical framework of "attention embedding- layering- synchronization". They argued that attention allocation involves the layering and synchronization of attention in order to maintain the continuity of decision-making<sup>[9]</sup>.

With limited attention resources, governments usually prioritize issues that are most relevant to their own responsibilities and objectives<sup>[11]</sup>. Policy attention is the extent to which policy actors pay attention to relevant issues. The more attention the government pays to a policy or action, the more attention it pays and the more incentives it provides, the easier it is to obtain resources and the smoother it goes. Attention allocation affects the questions of "what", "when" and "how much" of policy implementers, providing a new perspective for research.

On the whole, the development of health in China has experienced an expansion from unidimensional to multidimensional, from individual health to family, organizational, community, urban, and national health.

### **3 Healthy China Initiative Cross-Departmental Conjoint Analysis**

#### **3.1 Data Sources and Research Methods**

The source of statistical data for this paper is mainly the official website of the Chinese government, including but not limited to the official documents of the Chinese government including the State Council and the National Health Commission. In this paper, we mainly extracted the "*Healthy China Action (2019-2030)*"<sup>[21]</sup>, workplan and work highlights for 2019-2023<sup>[20]</sup>.

In the study, we used the fifteen special actions as the dividing criteria for the descriptive statistical analysis of policy changes.

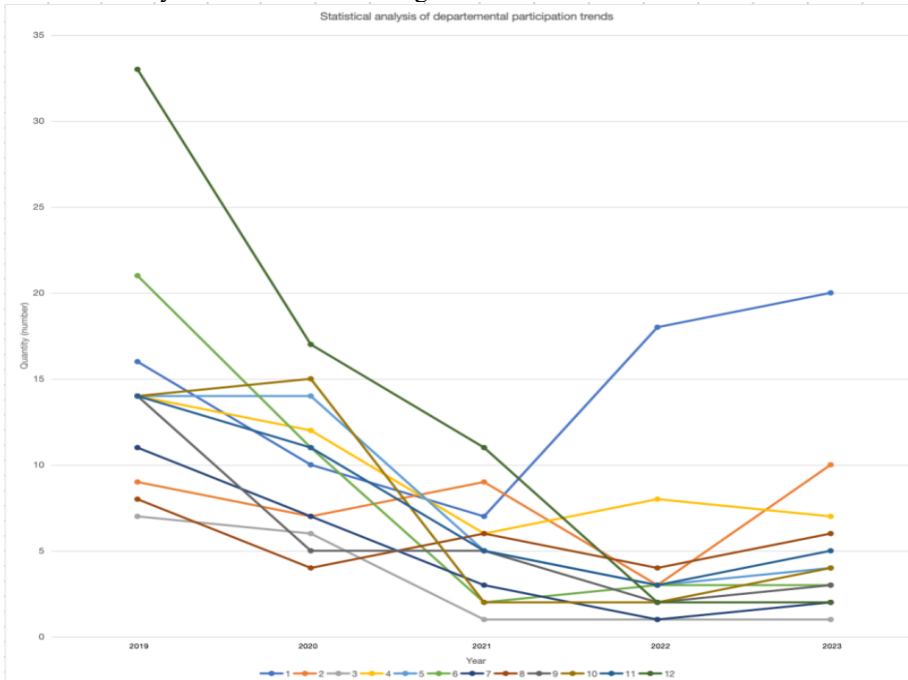
#### **3.2 Statistical analysis of trends in departmental participation**

This section focuses on statistics, comparisons and trend analysis of departmental data for each of the years 2019-2023. Since the participating departments are not explicitly reflected in the working points of the Healthy China Action in 2019, we use the data of the "*Healthy China Action (2019-2030)*"<sup>[21]</sup> as the benchmark indicator in 2019<sup>[20]</sup>, and analyze the changes with 2020. After 2020, the statistics of departmental data in the

working points of the current year are used as the benchmark indicator to make comparisons.

Overall, the trend of change in each year shows the following two characteristics: First, there is a general trend of decrease in the participating departments in the previous period. Second, some actions continue to be in a decreasing or unchanged trend. Some actions have gradually increased in the number of participating departments in 2023.

The summary data is shown in the figure 1 below:



**Fig. 1.** Departmental Participation Trends<sup>[20][21]</sup>

Note:

- 1 Action on Health Literacy;
- 2 Action on Fitness for All;
- 3 Action on Tobacco Control;
- 4 Action on Mental Health Promotion;
- 5 Action on Healthy Environment Promotion;
- 6 Action on Maternal and Child Health Promotion;
- 7 Action on Health Promotion in Primary and Secondary Schools;
- 8 Action on Occupational Health Protection;
- 9 Action on Health Promotion for the Elderly;
- 10 Action on Cardiovascular and Cerebrovascular Diseases, Cancer, Chronic Respiratory Diseases, Diabetes Prevention and Control;
- 11 Action on Prevention and Control of Infectious and Endemic Diseases.

**3.3 Comparative analysis on the changes before and after the number of departmental participations**

On the basis of the previous systematic analysis for each annual work point, we will continue to analyze in depth the trend of changes in departmental participation in the Healthy China Policy from the initial policy design to five years after implementation.

We use the "*Healthy China Action (2019-2030)*"<sup>[21]</sup> as the baseline indicator, and do a comparative analysis with the specific implementation situation of the departments in highlights of work in 2023<sup>[20]</sup>. Through the comparative analysis, we found that: in nearly 86.7% of the special actions, the actual number of departmental participation has decreased compared to the expected number, difficulties in the practical implementation of departmental linkages. And only "Action on Health Literacy" and "Action on Rational Diet" have increased compared to the expected number of departmental participation. Exploring the reasons for these changes is key to realizing effective departmental linkage and synergy. These are shown in the following Table 1:

**Table 1.** Changes in the Number of Participating Departments<sup>[20][21]</sup>

Specialized Actions	Expected Number of Departments	Actual Number of Participants in 2023	Change
Action on Health Literacy	16	20	25.0% increase
Action on Rational Diet	9	10	11.1% increase
Action on Fitness for All	7	1	85.7% decrease
Action on Tobacco Control	14	7	50.0% decrease
Action on Mental Health Promotion	14	4	71.4% decrease
Action on Healthy Environment Promotion	21	3	85.7% decrease
Action on Maternal and Child Health Promotion	11	2	81.8% decrease
Action on Health Promotion in Primary and Secondary Schools	8	6	25.0% decrease
Action on Occupational Health Protection	14	3	78.6% decrease
Action on Health Promotion for the Elderly	14	4	71.4% decrease
Action on Cardiovascular and Cerebrovascular Diseases, Cancer, Chronic Respiratory Diseases, Diabetes Prevention and Control	14	5	64.3% decrease
Action on Prevention and Control of Infectious and Endemic Disease	33	2	93.9% decrease

3.4 Summary analysis

After comparing the before-and-after summaries, we can find the following characteristics: with the exception of "Action on Health Literacy" and "Action on Rational Diet", the number of departmental participation in the other actions showed a general downward trend. The change in the number of departments involved in "Action on Health Literacy" showed a larger increase than that of "Action on Rational Diet", and although there was a small decrease, the overall departmental linkage was significantly better than that of the other actions.

Based on this pattern, we have categorized the 15 special initiatives into the following three groups. The details are shown in Table 2 below:

**Table 2.** The Characteristics of the Number of Departments Participating in Special Actions<sup>[20][21]</sup>

Specialized Actions	Characteristics of Changes in the Number of Departmental Participants
Action on Health Literacy	-The number of participating departments is generally on an increasing trend and is growing at a faster rate. the number of participating departments in 2023 has doubled in comparison to 2020.
Action on Rational Diet	-The overall number of participating departments is relatively stable, but changes significantly in 2022, decreasing sharply to one-third of the expected number.
Other Specialized Actions	-A number of specialized actions, such as Action on Fitness for All, Action on Tobacco Control, peaked in 2020, similar to the expected number or a higher number of participants. There has been a general decline since 2021. -The overall trend of changes in Action on Health Promotion in Primary and Secondary Schools is not significant, with a slight decline. - Action on Occupational Health Protection shows a significant downward trend, with low departmental participation. - Action on Prevention and Control of Infectious and Endemic Disease continues to decline from 2020 onwards, reaching their lowest point in 2022.

3.5 Explanation of the categorization of departmental linkage situations

Table 3 shows the department interaction:

**Table 3.** The Linkage of Specialized Actions Departments<sup>[20]</sup>

	High degree of departmental linkage	Low level of departmental linkage
Fifteen Specialized Actions	WSJKW, JYB (involved in all fifteen special operations) ZYXCB, ZYWXB GDZJ, ZYYJ, KJB FZGGW and so on	QXJ, TYJRB, QGGSL ZFCXJSB, MHJ, JYB STHJB, LCJ, SLB and so on

Through the statistics on departmental participation, we have identified the following characteristics:

1. There is a big difference between the actual implementation departments and the expected plan departments. Some departments did not participate in the work of 2020-2023, or the degree of participation or linkage is low. At the same time, some years will make appropriate adjustments (increase/decrease) to the participating departments according to the work plan.

2. Most of the departments with a high degree of linkage have a close relationship with the health sector in terms of treatment, prevention, publicity and education, while the departments with a strong orientation in their functional areas have a weaker ability to participate in the linkage, making it difficult to realize effective departmental linkage in the short term.

#### **4 Explaining differences in cross-departmental linkages from an attentional perspective**

Competing priorities between the same departments is a key issue that challenges cross-departmental linkage in the implementation of the Healthy China Initiative. The government may face competition from different sectors in resource allocation and policy formulation, such as economic revenue and expenditure, social stability, etc., which makes health issues receive different attention and resources in the government's agenda at different stages. For example, in the two years since the COVID-19 outbreak in late 2019, the number of departments involved in Action on Prevention and Control of Infectious and Endemic Disease has been much higher than 2023. At the same time, the balance between long-term investment and short-term benefits is also a challenge. Because the Healthy China Initiative requires long-term and sustained investment, many sectors may be more prone to focus on short-term tangible results, especially in marginalized sectors. Data and statistics show that departments closely related to the health sector, such as the WSJKW, are more engaged in the Healthy China Initiative, but marginal sectors like the HSZH are more difficult to integrate. Policy implementation is essentially a process of redistributing benefits, but the roles played by each



department in the policy implementation process are different, and different roles mean that there are differences in the benefits received by each department<sup>[15]</sup>.

Focusing on their own areas and lack of incentives, cross-departmental collaboration in health literacy faces a lack of motivation and weak cross-departmental co-motivation"<sup>[16][19]</sup>. Every department views the problem under study first and foremost through the lens of its own mission" (2008). Under conditions of limited attention, departments usually prioritize the policy areas most relevant to their functions. The lack of sufficient incentives for policy drives the department to focus its attention on health. This is an important reason for the low level of marginal departmental linkage. Functionally oriented departments such as the SLB, for example, do not have major responsibilities that are directly linked to the health sector. Departments will invest more energy in the areas that are most relevant and familiar to them than in health integration. This, coupled with the lack of clear policy incentives, has led to a lower level of participation in the Healthy China Initiative. Fragmentation of policy development without overall coordination and communication may also make departments more inclined to focus on areas they are familiar with. Departments formulate policies independently without overall coordination, failing to recognize their own relevant roles in the Healthy China Initiative and ignoring the importance of the overall health goals.

Insufficient leadership and coordination in the lead department. China's implementation of the HiAP approach is mainly led by the health department and cooperates with other health-related departments, but the actual situation is that the health department is at the same level as other departments, the health department lacks leadership and coordination, and the participating departments lack trust in the health department and have a weaker willingness to work, resulting in the function of cross-departmental cooperation agencies not being fully utilized<sup>[12]</sup>. For example, when the health and wellness department proposes to build more public fitness facilities in the city to promote residents' health, the finance department may be more concerned about the allocation of funds and economic benefits. The differences in peer relationships and functions make coordination more difficult.

## 5 Conclusion

This paper clarifies the policy integration situation at the current stage and provides explanations on the reasons for the emergence of the departmental linkage dilemma under the perspective of attention allocation. In order to break down departmental linkages and achieve effective collaboration, the Government needs to integrate policymaking and resource allocation, shape a sense of cooperation, strengthen information sharing, explore cross-departmental allocation of process contributions, and regularly assess the sharing of responsibilities among departments<sup>[17]</sup>. Efforts should be made to realize the goal of "all-round, full-cycle" people's health protection with the participation of all departments.

This article needs to be improved in the following two points: first, the data in this article covers a shorter time span, only 2019-2023, a longer time span can more effec-

tively analyze the trend of departmental linkage and policy integration. Second, insufficient depth of explanation and recommendations for measures to address departmental linkage dilemmas. At the same time, as an exploratory study, this paper also leaves some questions for future in-depth discussion and analysis. For example, in terms of the reasons for the absence of the department and the specific action plan, the information and data as well as the in-depth explanations are relatively limited, and more in-depth data as well as research studies can provide more comprehensive analysis and answers for subsequent scholars to study and confirm. Future research could also focus on issues such as social awareness and participation in different specialized actions.

## References

1. Chinese government network, 2016. The National Health and Wellness Conference was held in Beijing from January 19 to 20.
2. [https://www.gov.cn/xinwen/2016-08/20/content\\_5101024.htm](https://www.gov.cn/xinwen/2016-08/20/content_5101024.htm).
3. Xinhua Net, 2016. The CPC Central Committee and The State Council issued the Outline of Healthy China 2030.
4. People's Online - People's Daily, 2022. The patriotic health campaign has achieved remarkable results - the per capita health status has been greatly improved and the environmental health indicators have been significantly improved. <http://society.people.com.cn/n1/2022/0408/c1008-32393873.html>.
5. Guo J., Huang Z.B. (2020) The value implication and realization path of "Integrating health concept into all policies" [J]. *Academic Journal of Zhongzhou*, 06:76-82.
6. WHO. (1978) Report of the International Conference on Primary Health Care, Alma-Ata, USSR[R/OL]. <https://www.who.int/publications/i/item/9241800011>
7. [http://www.xinhuanet.com/politics/2016-10/25/c\\_1119785867\\_6.htm?winzoom=1](http://www.xinhuanet.com/politics/2016-10/25/c_1119785867_6.htm?winzoom=1).
8. Health Commission network, 2019. Healthy China Initiative. [https://www.gov.cn/xinwen/2019-07/15/content\\_5409694.htm](https://www.gov.cn/xinwen/2019-07/15/content_5409694.htm).
9. Simon, Herbert A. (1997) *Administrative Behavior: A Study of Decision-Making Processes in Administrative Organizations*. 4th ed. New York: Free Press.
10. Chen S.C., Meng Q.G. (2016) Research on the mechanism of leaders' attention change: A Study based on the instructions in Paragraph 2614 of Mao Zedong's Yearbook [J]. *Journal of Public Administration*, 9:148-176+189-190.
11. Li Z.C., Lu W.C. (2020) Research on the difference of implementation of domestic waste classification policy -- qualitative comparative analysis based on attention perspective[J]. *Comparative Economic & Social Systems*, 05:132-142.
12. People's Daily Online, 2021. Healthy China action goes deeper. <http://health.people.com.cn/n1/2021/0303/c14739-32041307.html>.
13. Shankardass K, Renahy E, Muntaner C, O'Campo P. (2015) Strengthening the implementation of Health in All Policies: a methodology for realist explanatory case studies. *Health Policy Plan*, 30:462-73.
14. Liu J.Q., Wang L., Wang Z.H., Yang J.X. (2019) Research on barriers and countermeasures of interdepartmental cooperation in health care[J]. *Medicine & Philosophy*, 40:43-45.
15. Health Commission website, 2021. The NHC answered questions on the progress and effectiveness of the Healthy China campaign.
16. [https://www.gov.cn/xinwen/2021-07/17/content\\_5625615.htm](https://www.gov.cn/xinwen/2021-07/17/content_5625615.htm).

17. Hu J.D., Jiao G. (2021) The dilemma of inter-departmental coordination in policy implementation and its solving strategy[J]. *Leadership Science*,18:97-99. doi: 10. 19572/ j. cnki. ldkx. 2021.18.028.
18. Gagnon F., Turgeon J., & Dallaire C. (2008) *Health Impact Assessment in Quebec: When the Law becomes a Lever for Action*. Montreal, Quebec: National Collaborating Centres for Public Health.
19. Xu Y.N., Shi L.J., Wu D. (2023) American practice and Chinese approach to health integration and collaborative governance from the perspective of intergovernmental relations[J]. *Sports Culture Guide*,10: 57-65.
20. Office of the Healthy China Action Promotion Committee. (2019-2023). Notice on issuing the work points of the Healthy China Action. <http://www.nhc.gov.cn/wjw/index.shtml>.
21. Central Government of the People's Republic of China. (2019). Healthy China Action (2019-2030). [https://www.gov.cn/xinwen/2019-07/15/content\\_5409694.htm](https://www.gov.cn/xinwen/2019-07/15/content_5409694.htm).

**Open Access** This chapter is licensed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (<http://creativecommons.org/licenses/by-nc/4.0/>), which permits any noncommercial use, sharing, adaptation, distribution and reproduction in any medium or format, as long as you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license and indicate if changes were made.

The images or other third party material in this chapter are included in the chapter's Creative Commons license, unless indicated otherwise in a credit line to the material. If material is not included in the chapter's Creative Commons license and your intended use is not permitted by statutory regulation or exceeds the permitted use, you will need to obtain permission directly from the copyright holder.

