

【Name】 Chan Chi Ming Victor

【Organization】 (at the time of the grant): Ritsumeikan Asia Pacific University

【Title of Research】

State and International Public Health:

the Cases of SARS Control in Peoples' Republic of China, Singapore and Vietnam

【Purpose of Research】

This research aims for examining the role of state in containing infectious disease with specific to the cases of Severe Acute Respiratory Syndrome (SARS) control in the Peoples' Republic of China (PRC), Singapore and Vietnam. The outbreak of SARS in late 2002 on the one hand demonstrated the infectious risk of a highly globalized world and posed a doubt to the capability of state in managing infectious disease crisis on the other. However, the experiences of SARS control restored the importance of state in contributing international health cooperation against infectious disease. In other words, weak or even failed state such as PRC during the early outbreak of SARS is the epicenter of trouble. Instead of solely focusing on the in-depth and essential participation of non-state actor in policy process, strengthening state capacity is the nub for effective and highly-motivated international health cooperation. In this research, I am going to (1) reexamine the controversial debate on the role of state within the unchallengeable wave of globalization since late 20th century; (2) delineate the significance of SARS in international health; (3) conceptualize the concept of state capacity and argue for the importance of "capable state" in relation to supply international health cooperation; and (4) scrutinize the cases of SARS control in PRC, Singapore and Vietnam.

This research endeavors to go beyond the debate between "state-centrism" and "global governance" and hence explore the important of 'capable state' in international public health cooperation. The debate seems to examine the actual scope and function one state should perform. However, both approaches ignore the capacity of state institutions in policy process. In this research, Capable state, which is able to collaborate upward with international organizations, steer downward with local governments, and coordinate outward with non-state actors, in fact, can provide a middle-range approach as it not only revitalizes state's role but also includes the interactions with non-state actors.

This research enables our society to reshape our understanding on public health. Public health is no longer a lesser important issue. We should pay considerable attention to public health. Domestically, the trend of privatization and decentralization in health care system is prevalence but the responsibility of state cannot simply be ignored. Effective national health system is a must for the success in economic development. Internationally, state with sufficient capacity is much more willing to cooperate with international community so as to contain infectious diseases effectively and efficiently.

【Content/Methodology of Research】

There are extensive literatures about the role of state and public health in East Asia. It is essential to review the updated published books and journal articles. I have spent part of research grant to purchase latest books on SARS (both in English and Chinese) and photocopy journal articles so that I am able to scrutinize them and hence reinforce my literature review. Large numbers of documents have been obtained from the official websites of governments and related organizations such as the World Health Organization (WHO). It is also very imperative to include statistical information compiled by various national,

regional and international players. In Vietnam's case, I have recruited a Vietnamese student to help me translate some Vietnamese materials related to SARS control. Statistical analysis is also occasionally used throughout the research in order to illustrate the significance of the severity of SARS on domestic economies and international community.

This research is a qualitative-in-depth analysis of state capacity and international public health with specific to health governance and Severe Acute Respiratory Syndrome (SARS) control in Peoples' Republic of China (PRC), Singapore and Vietnam. State capacity always relates to the steering ability over the network including societal actors and international players. In order to deeply understand what actually happened, it is better for me to conduct in-depth interviewing. Since October 2005, I totally carried out three fieldtrips – two in China and one in Singapore. In the following, I am going to delineate the details of each trip. However, some of interviewees' names are not provided as following their requests.

The first field trip was conducted in early November, which lasted for a week. The target territory was Guangzhou, the capital of Guangdong province. Since Guangdong was the origin of SARS virus, it was a must to visit the areas and interview with all related informants. I went to Guangzhou Health Bureau and visited its infectious control unit. I spent three days there and interviewed 6 officials totally. All of them were working in an emergency team against SARS in 2003. My questions were related to three areas: (1) how to respond to first SARS outbreak; (2) how to work with other levels of officials; and (3) how to stimulate and gain support from the general public. These questions allowed me expanding my understanding of local governments' capacity in SARS control. Another group of informants is from mass media. It was commonly regarded that there was not sufficient information during SARS outbreak. The local governments seemed to strict the coverage of potential unknown disease outbreak. But, various kinds of mass media like newspaper ignored the restrictions and continued to disclose the news. So, I interviewed two reporters formerly working in these newspapers. My questions were related to (1) why they still insisted to report; (2) how to deal with the pressures given by governments; (3) whether there were any changes after April 2003 when the central government decided to be more transparent related to SARS control. The final group of informants in this trip was some semi-social organizations including some resident committees. Civil society in China was still immature. Societal interests were reflected by resident committees', which were organized by government and party. I talked with four members of resident committee in various areas of Guangzhou. My questions were related to (1) whether there were sufficient information released by the government on SARS prevention; (2) how to respond in the early outbreak; and (3) how to work along with government.

The second fieldtrip was completed by early December, which lasted for a week. The target territory was Beijing, the national capital of China. As it was the national capital and one of serious SARS affected areas, it was essential to conduct interviews with informants in Beijing. The first group of informants of course was government officials working in central level (Ministry of Health and National CDC) and in municipal level (Beijing Health Bureau and Beijing CDC). I interviewed totally 6 officials in this trip. The questions basically were related to the process and problems of inter-ministerial coordination as well as central-local collaboration. Of course, questions related to government-society relations in SARS control were also covered substantially. Another group of informants were some civil society organizations like China Red Cross. I interviewed 3 informants, who involved in raising fund and delivering necessities to affected persons and families. The questions basically were concerned about the relationship between government and them in SARS control. In other words, were they merely an arm of government or more autonomy in planning SARS voluntary work?

The last fieldtrip was conducted in January 2006, which lasted for a week. The target area was Singapore. This country was severely affected by SARS virus but relatively succeeded in SARS eradication. It was commonly regarded it as an example of authoritarian state like China. It may be a good example to learn for Chinese leaders. I visited Ministry of Health

and talked with four officials, who were responsible for planning, implementing, and evaluating SARS control processes. My questions were similar to the set, which I used in Beijing and Guangzhou. It may be good for me to conduct comparative analysis later. Apart from government officials, I did also interview some informants in society. I talked with an ordinary citizen, who designed and maintained a website for SARS updates related to Singapore. The questions related to his motives and government supports were covered.

Three members of local community committees were also interviewed.

In conclusion, the grant received by the Foundation was very useful for me to deeply understand the state-society relationship of SARS control in selected countries.

【Conclusion/Observation】

Based on the interviews conducted, it is concluded that the key of SARS eradication in the selected countries is the quality of state capacity – whether state institutions are able to steer a network, which may consist of non-state actors in a given issue area to achieve certain aims and goals. In the case of China, the SARS eradication level was substantial depended on the ability of state's steering capacity. In local level, Guangzhou health officials admitted that they missed to do some necessary actions during the early outbreak though SARS was an unknown disease to the world. They unanimously stated that they should report to central government earlier so that it could make early responses. In terms of medial control, the officials argued that it was necessary at the time because this could avoid spreading public panic. But, the working relationship with the mass media particularly newspaper could be improved by giving more necessary updates of SARS contagion in the province. The reporters however were not very dissatisfied with local officials in terms of SARS because the officials merely were concerned about their political interests. They had to bear all political risks in reporting the news. But, when the central government intervened to SARS control, more and more information were released. In central level, officials from Ministry of Health also admitted that they were too passive in working out a plan and cooperating with WHO officials. The situation gradually improved when they realized the seriousness of SARS contagion. National CDC informants also expressed that they could feel the changes in senior management towards SARS control. These changes enhanced eventually eventual eradication in China.

In the case of Singapore, the situation of handling early outbreak was very different from its counterpart in China. Singapore's Ministry of Health though lack of information still respond quickly by restructuring its crisis management team to face SARS challenge. A relatively centralized team mentioned by the informants energized the entire SARS containment processes. With relatively strong steering capacity of state institutions, societal organizations though relatively powerless were very supportive by recruiting many volunteers for educating people and cleaning. The most remarkable volunteer was the one who designed and maintained the website for SARS in Singapore. He expressed strongly that he did it not for himself but for the country. Without any government support, he insisted to run this website so that more information would be released in a timely manner.

Overall speaking, the information received from the research activities funded by the Foundation can help me confirm the hypothesis which state the relationship between state's steering capacity and SARS eradication.