

Public accountability in public health in China

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Summary

In **chapter 1**, I present the background of food and drug safety governance in China and raise research questions about how public accountability of food and vaccine safety is debated by diverse stakeholders in China. To study this research question, I took the melamine milk scandal in 2008 and Changchun Changsheng vaccine scandal in 2018 as examples and conducted scoping reviews and qualitative studies to understand food and vaccine safety governance within the theoretical lenses of public accountability, science and technology studies and public understanding of science, which originated from the Western democratic context. In addition, in **Chapter 1**, I delineate the challenges, strategies and dilemmas when doing fieldwork in China.

In **Chapter 2**, I conduct a scoping review of Chinese academic databases in the format of document analysis. The analysis shows how Chinese scholars study and discuss public accountability of food safety in terms of risk assessment, transparency and supervision and accountability. The analysis of these scholarly debates shows how different assemblages of politics and science are proposed along the way of food safety governance. Several scholars have argued in favour of strengthening centralised power, emphasising that a unified supervisory model and a top-down approach to the governance of food safety will help alleviate challenges in establishing boundaries between responsibilities, information transparency and governments dodging blame. Others have proposed de-centralisation and argue that decentralised power was and will be able to facilitate food safety supervision and accountability as the food chain becomes increasingly complex. They argue that decentralisation supplemented with (some degree of) stakeholder participation would help overcome deficits associated with top-down governance. These deficits include the risks that accompany absolute power, corruption, and overly close ties between experts and the state. Involving other stakeholders, they argue, would promote transparency, discussion and a negotiation between diverse ways to perceive risks, thus slowly creating the required support and participation needed to work towards consensus.

In **chapter 3**, I conduct a qualitative analysis of the narratives of diverse stakeholders on the food safety crisis and the governance infrastructure a decade after the melamine crisis. I interviewed mothers, government officials, the dairy industry, journalists and experts in China during January and March 2018. The chapter shows how different stakeholders conceive of public accountability of food safety very differently. This study shows that stakeholders engaged in discussing dynamics of infant formula governance have viewed the governance and accountability landscape and its changes differently. Officials stress government reform, aiming to improve the efficiency of governance

through various means, such as the central model replacing the segmented model, strict accountability, top-down risk assessment, and segmented information disclosure facilitated by a coordination system. Academics stress the need for a decentralised forum where non-government stakeholders participate in governance and share accountability, rather than the public sphere being included nominally, a position largely shared with the young mothers we talked to. Members of the media perceive risks and benefits critically, sceptically approaching co-governance systems where and when centralised models and public participation were fused. They stress potential risks, such as the weak incentives associated with the top-down model, extremely limited capacity of public participation and the lack of authority for third parties in the decentralised market.

In **chapter 4**, I turn again to academia. I conduct a scoping review to exhibit how scholars study and discuss vaccine hesitancy in China following a series of vaccine incidents emerging over the last few decades. This chapter maps how Chinese scholars relate vaccine hesitancy to vaccine safety and its control system, to parent beliefs and to inappropriate medical conduct and which potential solutions they have put forward. This scoping review of studies is related to the governance of vaccine hesitancy that was published in China between 2007 and September 2019. The findings indicate that most studies on vaccine hesitancy have defined it as a problem related to vaccine incidents and vaccine safety. A smaller number of studies have defined it as a problem related to professional conduct, and a very small number have defined it as a problem related to parental beliefs or concerns. Accordingly, most studies have assigned the responsibility for vaccine hesitancy to governance system factors, such as an inadequate supervision and reduced participation and transparency. As solutions, they have proposed reformation of the supervision model, a strict top-down accountability system and participatory turns in crisis response. A handful of studies have ascribed vaccination hesitancy to less-responsive and less-experienced doctors and relatively outdated technical equipment at the grassroots level. Professional training, resource investment, and regulation of doctors have been called for as solutions. Studies that have focused on parental doubts and beliefs have pointed to the influence of the media and inadequate public education. These studies proposed public outreach and communication as solutions. A few studies have evaluated the new policies formulated to tackle this problem and have pointed to diverse factors that have hampered the effective implementation of these policies.

In **chapter 5**, I present an analysis of how different stakeholders consider vaccination hesitancy in China and public accountability and governance of vaccine safety. I analysed online vaccination narratives and interviews with parents, public health professionals and media professionals. In a similar way as in chapter 3, the analysis shows very different perspectives between experts and laypeople regarding vaccination hesitancy in China. CDC experts, clinicians and two of our parent respondents considered vaccines safe for the general public despite a few flaws in some

regional areas. They favoured the NIP, based on how it was logistically organised: signing informed consent, single shots of vaccines and the absence of antibody tests. They also justified past crisis responses as transparent and rational. The other half of the parent respondents and all the self-diagnosed victims presented different views. They considered vaccines unsafe and risky for their children. They also criticised compulsory signing of informed consent forms as a way to exempt doctors from responsibility for incidents. Contrary to the experts, these parents also preferred combined shots of vaccines and performing antibody tests on their children. They were not convinced by the responses of experts and public health bodies to vaccination incidents and called for more transparency and public engagement in crisis responses. A few independent experts and journalists mentioned the same risks in vaccine safety, vaccination organisations and crisis responses as these parents, and they considered parental mistrust in the NIP a result of a failure of science popularisation in China.

In **chapter 6**, I conclude that the governance of public health is steered by the state in China, and persistent public health crises in China with respect to baby food and vaccine safety have decreased public trust in the governance system of public health authorities. Different stakeholders have pointed to accountability deficits, lack of information transparency and lack of participatory governance as a source of public distrust. As solutions, they have proposed an even more stringent and centralised top-down accountability system, an information traceability system, a more symmetrical science communication mechanism between experts and the public and genuine public engagement in risk assessment practices. Compared to Western scholarship, most Chinese stakeholders in my study preferred to consider public accountability and scientific knowledge as technical instruments favouring institutional efficiency rather than as deliberative practices that serve democratic virtues.