Global health risks and cosmopolitisation: from emergence to interference
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Abstract
According to Beck’s ‘World at Risk’ theory, global risks push nations towards a cosmopolitisation of their health policy and open opportunities for a democratic turn. This article provides an empirical analysis of Beck’s theory, based on the experience of Vietnamese authorities from 2003 to 2007 in managing the emerging avian flu virus. It shows how Vietnam’s framing of avian flu has shifted, under the pressure from international organisations and the US administration, from an epizootic and zoonotic risk (or a classic risk) to a pandemic threat (or a late modern risk). Vietnam’s response was part of its overall strategy to join the World Trade Organization and it was limited by Vietnam’s defence of its sovereignty. This strategy has been successful for Vietnam but has limited the possibility of cosmopolitan and democratic transformations. The case study highlights the constructed dimension of risks of late modernity and their possible instrumentalisation: it minimises the role of a community of fear relative to a community of trade.

Keywords: avian influenza, cosmopolitisation, health, risk, Vietnam

Introduction
International health organisations and western nations are exerting growing pressure on other countries to cooperate in managing health risks such as emerging diseases, as demonstrated during the recent episodes of severe acute respiratory syndrome (SARS) and avian flu (Scoones 2010). This pressure is being exerted on countries with different perceptions of risks and with different agendas (Renn 2008, Taylor-Gooby and Zinn 2006). In this article I examine how risks defined as ‘global’ by stakeholders in the international community push nations toward a cosmopolitisation of their risk management policies, together with the mechanisms used and the intended and unintended outcomes. I use Beck’s World at Risk theory (Beck 2009) to study one empirical case: Vietnam’s management of a recent emerging disease, the highly pathogenic avian influenza (HPAI), which is associated with the avian flu virus (H5N1), and popularly known as avian flu, avian influenza or bird flu. This study covers the period from 2003 to 2007, a period of intense international activity in avian flu management. I will discuss the link between global risks and cosmopolitisation, as identified by Beck. The following sections show how avian flu has been framed by international organisations and how Vietnam has complied with this definition, under pressure from the US administration and international organisations such as the World Trade Organization.
Health Organization (WHO), the World Organization for Animal Health (OIE) and the Food and Agriculture Organization (FAO). I analyse the mechanisms of this convergence and its consequences for Vietnam. Finally, the discussion addresses the role of country reputation, national sovereignty, community of interests, community of fear and values as driving forces for a cosmopolitisation of health policy.

Materials and method

I conducted a comprehensive review of all the grey literature documents on avian flu issued by the Vietnamese ministries of health, and agriculture and rural development, of official documents on Vietnam’s strategy for avian flu (known as the ‘Red Book’ and the ‘Green Book’) and regulations adopted by the Vietnamese government, as well as expert reports from international and foreign organisations (FAO, WHO, Agrifood Consulting International and Agence Française de Développement). In-depth interviews were conducted in 2007 and 2008 with key informants involved directly in Vietnamese avian flu management. In total, 20 people were interviewed, half of whom were working in public or private Vietnamese organisations (and representing the Ministry of Agriculture and Rural Development [MARD], the Ministry of Health [MOH] and the veterinary services of two provinces, as well as representatives of the private sector). The other half were stakeholders from the international community (members of the FAO avian influenza team; experts in infectious diseases working for the WHO, members of the Partnership for Avian and Human Influenza (PAHI), representatives of foreign non-governmental organisations (NGOs) active on the topic and one member of the leadership of an international hospital). Interviewees were asked to relate the role of the different stakeholders in the avian flu management over time and the major points of debates and controversies. Most interviews were conducted in English, with a few in Vietnamese through a translator. Interviewees were guaranteed anonymity. Some people have been interviewed twice or even three times. The interviews were recorded wherever possible and transcribed for further in-depth analysis. Additional information was collected from the websites of the FAO, OIE and WHO on avian flu and SARS, on the ‘One World One Health’ strategic framework adopted by these organisations, on the International Health Regulation of the WHO, and on the Terrestrial Animal Health Code of OIE.

Global risks and cosmopolitisation

The theory of risk society (Beck 1992) describes the transition of societies from first modernity (or industrial societies) to second modernity (or late modernity). Second modernity is characterised by global risks or, more exactly, global anticipated uncertainties. For Beck (2009) global risks (or late modern risks) are both real and constructed. On the realist side, global risks are manmade, produced by industrial modernisation and linked to globalisation. They are incalculable, since their destructive potential to health and the environment may have long-term and large-scale effects.

On the constructivist side, global risks are produced by the ambition of late modern societies to anticipate and control potential catastrophes. As anticipated catastrophes, global risks take the form of contested knowledge: ‘their reality can be dramatised or minimised, transformed or simply denied according to the norms which decide what is known and what is not’ (Beck 2009: 30). Consequently, late modern societies are confronted with a diversity of
viewpoints and values from which risks can be evaluated. This situation creates the potential for new forms of risk governance involving a wide network of stakeholders and creating opportunities for an ‘involuntary democratization’ (Beck 2009: 60).

Beck’s theory has been widely criticised for its Eurocentrism, even by Beck himself (Beck and Grande 2010, Dingwall 1999, Mythen 2007). In response, Beck and his associates have developed the World at Risk theory (Beck 2009, Beck and Grande 2010). They have introduced the concept of cosmopolitan modernities in order to take into account the varieties of modernity according to specific national cultures and histories and their global interdependencies. One of the main issues addressed by the World at Risk theory is: how do countries on different paths towards modernity, and with different risk perceptions, cooperate or not, in order to confront shared global risks? This question emphasises the realist dimension of global risk, since it opposes the diversities in risk perceptions to the nature of late modern risks. Beck has been criticised for the ambiguous status of risk in his theory. According to Burgess (2006), in many works inspired by this theory, risks remain given, objectified and decontextualised, despite a proclaimed constructionist approach: their scientific and politically manufactured dimensions are often neglected. For Mythen (2007: 800, quoting Lash: 51), ‘so far as perceptions of risk are concerned Beck leans heavily towards the realist position’.

This article attempts to show that the framing of a risk as a global risk (that is, according to Beck’s definition, as a potential threat) varies according to stakeholders and over time. It will contextualise and exemplify Beck’s assertion that:

Global risks provide a basis of legitimation for political institutions and social movements that press for more humane forms of globalisation, which does not preclude, of course, that this cosmopolitan moment can be instrumentalised for ideological purposes. (Beck 2009: 20–1)

Avian flu: a classic and a modern risk

H5N1, the virus responsible for avian flu (more exactly, responsible for a HPAI) may be framed either as a classic risk or as a risk of second modernity. Experts of international organisations consider avian flu and emerging diseases in general as products of a globalised environment requiring global answers (FAO et al. 2008, OIE 2009, WHO 2007b). The virus first appeared in Hong Kong in 1997 and then re-emerged in Vietnam and China in 2003 before spreading to more than 62 other countries over the last nine years:

Today more than ever the international spread of diseases or other risks threatens health, economies, and security. No country can ‘go it alone’ in protecting its citizens from the threats. (WHO 2007b: 2)

And the director of the OIE, Dr B. Vallat (2007: 1) declared: ‘Indeed, a single country failing to control animal disease outbreaks could put the entire World at Risk’.

Is this characteristic enough to define avian influenza as a risk of second or late modernity? Different authors (Burgess 2006, Boudia and Jas 2007, Dingwall 1999, Méric et al. 2009) have criticised Beck’s claim about the newness of risks of global scale and his lack of a historical perspective. But risks of second modernity are not just global risks – they are an anticipation of threat.

Avian flu poses a three-dimensional risk. Firstly, it is an epizootic disease, that is, a disease causing high mortality in an animal population; in this case poultry raised by farmers and...
wild birds. Secondly, it is also a zoonotic disease: it can be transmitted from poultry to humans but its impact has been limited compared to other infectious diseases (352 fatalities worldwide since 2003). But thirdly, experts fear that the virus might mutate into a form that is transmissible from human to human, which could provoke a human influenza pandemic with high mortality. This mutation could be just a question of time: as Dr Nabarro, the UN coordinator for avian flu declared in answering the question ‘What is the probability of a pandemic?’ to a journalist from the Poultry Diseases network, 2007):

[W]e cannot say with any certainty at all when it would happen, where it would start, how severe it would be. So the only certainty we can share with each other is that it would happen one day.

In a joint press release on 27 January FAO et al. (2004) describe avian flu as a serious threat to humanity. Different stakeholders (such as farmers, consumers and policymakers), living on different paths of modernity with different risk cultures may focus on one dimension or another of avian flu: epizootic, zoonotic or pandemic. As an epizootic or zoonotic disease, H5N1 is a classic risk. As a pandemic threat, avian flu is a risk of second modernity, according to Beck’s definition. And that is the way international organisations have framed it.

Avian flu (H5N1) marks a new stage in the internationalisation and globalisation of action to control health. First, the management of this risk by international health organisations indicates ‘a colonisation of the future’, in the words of Beck (2003: 29). It marks the unprecedented ambition of the institutions in charge of managing human and animal health risks to prepare the world for a virus that still does not exist but which could emerge from a mutation of H5N1. Secondly, the discourses produced by international organisations mark the end of a discourse that everything is under control. In a WHO handbook on avian flu published for journalists (WHO 2005b) one can read: ‘the great unknown: why there are no certain answers for the big questions’ (p. 4) as well as, throughout the text: ‘we don’t know’ (p. 5), ‘unpredictable’ (p. 10), ‘uncertain’ (p. 10). Thirdly, H5N1 and SARS have opened the way for global health governance with an extended scope of intervention for international organisations and greater interference (see Calain 2007 for the WHO strategy). New WHO and OIE regulations encourage nations to go beyond routine measures on borders and to adopt preventive measures at the source of contamination, that is, within affected countries. Member states’ obligations have been extended to the declaration of any ‘extraordinary public health event which constitutes a public health risk to other States through the international spread of disease, and may require a coordinated international response’ (WHO 2005c: 1). Lastly, the WHO and OIE are now authorised to take note of any information source on disease outbreaks in addition to official notifications from national administrations. Dr Chan, Director-General of WHO (2007a: xv), noted: ‘This reflects a new reality in a world of instant communications: the concealment of disease outbreaks is no longer a viable option for governments’.

The framing of avian flu by international organisations (WHO, OIE, FAO) illustrates a high porosity between the spaces of international stakeholders involved in health issues and academic researchers on risk society. The new paradigm ‘One World One Health’ elaborated by international organisations (FAO et al. 2008) calls countries and actors (private, public; administration and civil society; experts of animal, human and environment health) to transcend boundaries, to progressively construct shared perceptions of health risks and to build coordinated responses to global health issues. This paradigm reflects what Beck calls a
community of fate and a community of responsibility. But the current results are far from ‘cosmopolitan moment’ (Beck 2009: 47) in which nations see themselves as parts of a community of threat and fate and voluntarily contribute to global cooperation. According to Beck (2009: 57) global risks could open up ‘a moral and political space that can give rise to a culture of responsibility that transcends borders and conflicts’ but this opportunity has not been seized in the case of avian flu.

Conversely, Scoones (2010) has shown that the new global health governance is dominated by a Northern perspective that ignores the structural inequalities of access to resources and exposure to risk. Moreover it forces poor countries to focus on a potential catastrophe when they already lack the resources to address classic infectious diseases like meningitis or malaria (Calain 2007). Global risks push for a globalisation of health governance. But global risks also presuppose the existence of international organisations that manufacture uncertainties through a performative discourse justifying an extended scope of intervention for themselves.

Did the perception and framing of avian flu by international health organisations converge in Vietnam or did it reveal a clash in risk cultures? Global risks being in Beck’s theory, a product, as well as a driving force of late modernisation, Vietnam’s experience of modernisation needs to be described before answering this question.

Asia, Vietnam and cosmopolitan modernities

Studies have been conducted to provide Beck’s risk theory with an empirical basis and to confront it with the contexts of non-western countries, including Asian countries (see Calhoun 2010 and the articles in the British Journal of Sociology 2010). These studies have underlined specific characteristics associated with modernisation in emerging Asiatic countries. Firstly, the rapidity of processes such as industrialisation, urbanisation and economic liberalisation, lead to the almost simultaneous development of first modernity and the transition to a second one, resulting in a compressed modernity (Beck and Grande 2010, Chang 2010, Kyung-Sup 2010). Secondly, ‘global risks as a driving force of second modernity are more relevant in East Asia as a result of the side effects of the rush to development’ (Han and Shim 2010: 465). Thirdly, the economic and political transition has meant ‘the protracted coexistence of socialist, capitalist or even (neo) traditionalist components of the political economy, thereby imposing an ultra-complex (compressed) modernity’ as shown by Kyung-Sup (2010: 457) in analysing China. These works focus on global risks as a structural, objective factor and do little to document their local framing and local perception.

The recent history of the Socialist Republic of Vietnam illustrates this rush to development and the transition towards an ultra-complex modernity. In the 1980s Vietnam was considered one of the world’s poorest countries (Vietnam Development Report 2004) and was economically and politically isolated. The country is now classified as a middle income country by the International Monetary Fund and is a member of numerous international organisations and forums.

Following the establishment of the communist government in 1955, the victory over American armed forces in 1974 and the invasion of Cambodia in 1978, Vietnam suffered a US trade embargo and an international boycott. Vietnam also lost considerable support following the collapse of the Soviet Union. In the 1980s the domestic economic situation was a disaster, resulting in famines. In reaction, Vietnam implemented from 1986 important economic and political reforms (known as Doi Moi). At the international level Vietnam’s objective was to become integrated in the international community. But according to Do
Hien (2004: 171, my translation), at that time, ‘winning back the confidence of the international community was an almost impossible challenge’. Nevertheless, Vietnam succeeded within a relatively short time. The country started by restoring its relationship with China following the end of the conflict in Cambodia (1989) and then by amplifying its relations with neighbouring South-East Asian countries. Vietnam made an important gesture when it agreed to cooperate with the USA over the ‘missing in action’ affair (1986). This led to the lifting of the trade embargo (1994), after which Vietnam regained access to international credit (from the Asian Development Bank and the International Monetary Fund) and was integrated into the coalition of South-East Asian countries in 1995 (Do Hien 2004). When avian flu emerged in Vietnam these successes were considered by Vietnamese authorities as steps towards a longer term objective: Vietnam’s integration into the World Trade Organization.

At the national level, the liberalisation of the former planned economy has provoked unprecedented economic growth with positive outcomes such as poverty alleviation, the reduction of malnutrition and increased wealth (Vietnam Development Report 2004). The political consequences are more complex. Bao An and de Trégodé (2004) have shown how, through these reforms and in a very pragmatic way, Vietnamese authorities combine contradictory forces: economic and social dynamics with ideological and political continuity, a project of modernisation with patriotic, historic and cultural references. According to these authors, the role of the state and the Communist Party has not been weakened by this modernisation process. The process is kept within the ruling system of a bureaucratic–authoritarian state with a single party. The state has retained its monopoly in decision-making and the party is responsible for guaranteeing the continuity of moral values throughout the economic development process. Nevertheless, the growing gap between rules and practices opens space for initiatives but without allowing the emergence of a real opposition (Bao An and de Trégodé 2004). These characteristics of Vietnam’s modernisation have affected Vietnam’s cooperation with the international community to deal with avian flu.

**Relations of definitions, relations of domination: the framing of avian flu**

The first human casualties caused by the re-emergence of the H5N1 were officially recorded in Vietnam and China in 2003. This put Vietnam, according to international organisations such as the WHO, OIE and FAO, in the front line of the war against the virus. Vietnam currently ranks second in human deaths from H5N1 (352 deaths, WHO 2012) and numerous poultry outbreaks are still being recorded (World Organization for Animal Health [OIE] 2012).

I identify two phases in Vietnam’s management of the virus. The first began with the first outbreaks of the virus in Vietnam; the second began with the arrival of the virus in Europe and the globalisation of its management.

**Phase 1: avian flu, a classic risk**

The first phase began at the end of 2003 and the start of 2004. It was a consequence of a local epidemic (in which up to nine cases of human contamination per month were being recorded), as well as the number of infected flocks (as many as 25 per cent of Vietnamese communes had contaminated poultry flocks). Avian flu was rapidly compared with SARS by experts and the media, who feared an explosive increase in human cases. The SARS virus had emerged in China in 2002, reaching Vietnam and going on to kill 774 people throughout the
world in a few months. The daily newspaper *Thanh Nien* (2004: 1) published the following headline: ‘a flu epidemic even more dangerous than SARS’.

The SARS virus is transmissible from human to human, but the mode of transmission of H5N1 to humans was then unclear. The Vietnamese authorities and the WHO had been criticised for their slow response to SARS. In the case of avian flu, Vietnamese authorities were supported by the international organisations (WHO, OIE and FAO) for a prompt answer. They took unprecedented measures: a massive culling operation of 17 per cent of all poultry in less than three months (Agrifood Consulting International [ACI] 2007), as well as the restriction of all transport of poultry across provincial and national borders:

If there had been only avian flu, people would have thought the WHO was going mad, overreacting. But before, when we had the SARS, the WHO were criticised for not acting quickly enough. (Doctor, international medical cooperation, interview, 2 May 2008)

The Vietnamese Communist Party published decrees and actively intervened in the preventative culling operation, mobilising the army as well as the party-affiliated associations of the Patriotic Front (Guénel and Klingberg 2010, Tuong 2010). The network of actors mobilised closely resembles that which is normally seen in this country in the event of floods, typhoons or even past armed conflicts:

The rapidity of Vietnam’s response can be explained by its history. This country has had to mobilise the population on numerous occasions throughout the past. I was born in peacetime, but I am imbued with this Vietnamese culture of collective struggle. (Representative from the Ministry of Agriculture, interview, 23 May 2008)

As one expert in an international organisation noted:

Vietnamese people are accustomed and prepared to face situations of emergency. They do not have to worry about media, public opinion, or sectoral interests … And they have no complexes. Moreover the chain of command, the Communist Party and the army, is very efficient. (International expert, interview, 10 December 2007)

In contrast with this initial mobilisation, avian flu lost its place on the political and media agenda a few months later. Regular outbreaks were recorded among poultry but human mortality remained low compared with the past SARS outbreak and other infectious diseases already present in Vietnam. The population’s anxiety receded: consumers resumed poultry consumption after a dramatic drop (Figuié and Fournier 2008) and poultry farmers finally perceived avian flu as just another epizootic disease (Desvaux and Figuié 2011). The problem was reduced to a veterinary problem to be managed by the Ministry of Agriculture. At the same time, developed countries were adopting national protective strategies such as the production and stockpiling of vaccines and masks (Gilbert 2007).

*Phase 2: avian flu, a modern risk*

In the last three months of 2005 the international community gave a new impetus and new orientation to the treatment of avian flu in Vietnam. In 2005 the number of countries notifying H5N1 to the OIE increased dramatically and the virus reached Europe (with the first human cases in Europe occurring in Turkey in January 2006), increasing the pandemic threat for western countries. The same year the US Congress commissioned an assessment of the actions undertaken by the international community and by the main countries affected by
the virus, including Vietnam. The report underlined numerous inadequacies in the surveillance and control of the virus. In line with the lessons learned from terrorist attacks, the US government was now convinced that it should not rely for homeland security solely on the surveillance and the protection of its own territory but that it had to increase its involvement at the international level to manage the sources of threat (Congressional Research Service [CRS] 2006). In September 2005 US President George W. Bush, addressing the United Nations World Summit, announced his country’s decision to invest in and coordinate the formation of a new international partnership aimed at preventing an influenza pandemic. The President required all countries to be transparent on their epidemiological status (Bush 2005).

In addition, the appointment of a Senior United Nations System Coordinator for Avian and Human Influenza, Dr Nabarro, marked the globalisation of avian flu management. The WHO had already reinforced its presence in Vietnam at the time of SARS and it was now the turn of the FAO to widen the scope of its local activity. Bilateral cooperation developed primarily with the USA, as well as with Japan and New Zealand. NGOs also increased their presence in Vietnam (Academy for Educational Development, Association Vétérinaires sans Frontières and CARE). The UN agencies in Vietnam supervised the coordination of the donors and demanded in the middle of 2005 a greater involvement from the Vietnamese authorities: in particular, they asked for a direct and permanent line of communication with the Vietnamese prime minister (interview).

Vietnam came under increased pressure to attend to the pandemic threat. UN agencies asked for greater involvement from the Ministry of Health and the Vietnamese government was pressed to formulate a plan for human pandemic influenza preparedness and responses (the Red Book). This was the condition for obtaining a portion of the funds that the international community had committed to this cause (interview). The US government succeeded in imposing the presence, at the WHO office in Hanoi, of one of their military experts (from the Center for Disease Control and Prevention, Atlanta) against the will of the Vietnamese authorities (interview).

Vietnamese official government declarations became more frequent and the number of articles addressing the problem of avian flu in the press reached a new peak. The Prime Minister responded to UN pressure by addressing the nation for the first time since the beginning of the epizootic disease through an official telegram (Telegram no. 1686/TTg-NN), in which he announced reinforced measures to prevent and fight against avian flu. New laws were produced with the assistance of the FAO and OIE (MARD and MOH 2010). Moreover, Vietnam agreed to an experiment with a large-scale programme of poultry vaccination under the supervision of the FAO. As noted by international experts:

At the beginning, Vietnam was a test; the rest of the world observed what happened.
(International health expert, interview, 23 April 2008)

Vietnam is a test and a model for controlling the disease.
(Animal health expert, interview, 11 December 2007)

The participation of the private sector became more widely solicited. Through new regulations, new hygiene standards, a credit policy and even local tax policies, the government consistently promoted the development of a modern industrial poultry farming sector to the detriment of small-scale farming (ACI 2007). The state even passed the role of public health protection, traditionally its own responsibility (in particular in communist countries) onto the private sector, by a Health Ministry radio announcement.
in which people were told, ‘If you don’t want to catch the virus, buy your poultry at the supermarket’.

Why did Vietnam, a country with a reputation of strong adherence to national sovereignty, adopt the international framing of avian flu as a pandemic threat? And what was the extent of their compliance as a result of this adoption? Policy transfer studies (Delpeuch 2009) have shown that policy transfer is not a purely rational process oriented towards problem-solving. Many factors come into play when selecting and reframing imported policies, such as path dependency and cognitive and cultural factors.

Global risk instrumentalisation: from local to international issues

For the Vietnamese government, there were two political issues associated with avian flu management. As noted by a European expert:

Europe came here to analyse the problem in a scientific manner and to define a strategy based on science. But the objective of the Government is completely different! It aims at keeping stability in the country and to protect its reputation. (Interview, 27 April 2008)

The first phase of avian flu management proved to be beneficial for political stability, the centralisation of power and the promotion of a nationalist project. Following the deregulatory market reforms of 1986, provincial authorities gained new economic power and autonomy from the central government. Tuong (2010) has shown that the management of avian flu became an opportunity for the central government to affirm its authority, regardless of the local reality (as with the authoritarian imposition of massive culling measures). Central authorities used avian flu to blame local authorities for all mismanagement, pointing to their incompetence and corruption. The media presented the victory over the virus as a question of national honour and as popular mobilisation behind the Party against a new common enemy (Guénel and Klingberg 2010, Tuong 2010).

In contrast, during the second phase, the virus became an opportunity for Vietnam to consolidate a 20-year period of reintegration into the international diplomatic community. When H5N1 emerged, the USA, Vietnam’s former enemy, was the last obstacle to its entry to the World Trade Organisation (WTO). Vietnam had yet to complete bilateral negotiations with the USA in order to obtain the status of a permanent normal trade relations (PNTR) nation from the US Congress (for more details see the US Association of Southeast Asian Nations Business Council 2006). These negotiations were part of a Vietnam–USA normalisation process depending on a number of key issues such as human rights, religious freedom, intellectual property rights and bird flu, as quoted by a US Congress Report (CRS 2005). There were successive visits by US officials to Vietnam in 2005 right up to the official visit by George Bush in November 2006. The US President closely linked Vietnam’s entry to the WTO in 2006 to its successful handling of the pandemic threat (Embassy of the Republic of Vietnam 2006). In complying with the requirements of the USA and the international community, Vietnam seized the opportunity to present itself as a good global citizen:

This is a question which concerns not only this country, but all the world’s countries. We must share this responsibility. Of course, the culling of chickens is a significant economic loss for the population, especially the poor, rural farmers … but the government is determined, and is also responsible to the rest of the world. (Ministry of Health representative, interview, 17 December 2007).
For one of the international experts involved since the beginning, the first phase in Vietnam’s risk management was just a mistake:

For a long period, Vietnam has been seen as an enemy for the rest of the world. But during the last 15 years, the Government’s objective has been to integrate the international community. When Vietnamese authorities understood the global dimension of the risk [HPAI], they reacted very quickly. Sure, they made some mistakes in 2004, but this did not last. (Interview, 24 April 2008)

Vietnam has been considered as being at the top of the class for complying with the requirements of the US administration and UN agencies, as confirmed by many of interviewees. But what were the real consequences of such compliance? Is it transformative cooperation or just lip-service?

**A transformative cooperation for Vietnam?**

Vietnam’s compliance with international requirements brought risks to national sovereignty. The authorities adopted the framing of avian flu as a pandemic threat (that is as a risk of second modernity) and cooperated with the international community to manage a global manufactured uncertainty. They delivered transparent information on the outbreaks (according to our interviewees) and implemented a vaccination programme. Nevertheless, changes in Vietnamese policies have remained limited. Firstly, in the field many regulations adopted by the authorities were not applied or were applied for a short period only. For example, a ban on duck breeding has never been applied and live poultry markets, however much they were prohibited, have quickly resumed. According to MARD (2007), the implementation of one major decision (Decision 394 on biosecurity measures in the avian chain) has been limited. This discrepancy between norms and practices is a common feature of Vietnamese policy, according to Bao An and de Tréglode (2004): it is a way for Vietnamese authorities to manage the contradictions of the country’s development process: in this case, contradictions between the objective of international integration and the defence of national sovereignty.

Secondly, the authorities have recognised in their national strategy for avian flu (the Red Book) the need to rely on a wide web of stakeholders in order to manage the virus (international organisations, NGOs and the private sector). However, these stakeholders have been kept away from the decision-making process: they do not take part in the National Steering Committee (NSC) for Avian Influenza Disease Control and Prevention (established by Decision No. 13/2004/QD-TTg, dated 28 January 2004). This committee brings together representatives of ministries (including agriculture, health, trade, finance, transport and the environment) but does not include any representatives of civil society and its discussions are confidential. International and foreign organisations were also excluded from this committee. Debates with these organisations, and the coordination of their numerous activities, have been the role of the Partnership for Avian and Human Influenza (PAHI), created in 2005. According to one member of this partnership, this structure (the NSC and PAHI) clearly indicates the strategy of the Vietnamese authorities vis-à-vis cooperation and protection of national sovereignty:

The functioning of the NSC demonstrates the sovereignty of Vietnam … The Vietnamese government affirms that it is completely open [and] ready to furnish any information, but
that does not mean that international organisations can intervene in the NSC. The information is divulged via the PAHI to the international organisations. (Expert from PAHI, interview, 24 April 2008)

The democratic turn that, according to Beck, could be produced by global risks did not occur in Vietnam. And the capacity of transformations potentially induced by new global risks is shown to be limited compared to path dependency effects linked to Vietnam political characteristics.

Conclusion

As mentioned by one of our interviewees, a member of the PAHI:

Vietnam plays the game because there is benefit to it. That is true that there are conditionalities linked to foreign aid. But donors are sometimes so naive. (Interview, 24 April 2008)

There were dual benefits for Vietnam at national and international levels. Modern risks are characterised by their potential for political destabilisation because they question the capacity of states to protect their citizens. But being global, they also question states’ sovereignty as well as their reputation in the eyes of the other countries over their contribution to global goods.

However, in a very clever way, Vietnam exploited a number of opportunities associated with avian flu, both keeping the international community at a safe distance while adeptly navigating the unfamiliar path of global governance, changing its image in the world from that of a carrier of a global health risk to one of a good global citizen and finally consolidating the Communist heritage at a local level while advocating greater public health control via the market. This demonstrates the varieties of modernity. The Vietnamese representatives interviewed during this research were proud to underline that, in managing avian flu, Vietnam was not like China (because Vietnam remained accountable) nor was it like Laos (because Vietnam did not relinquish its sovereignty when the avian flu broke out), and that it was not like Indonesia (because Vietnam had always shown cooperation). But Vietnam’s major success in avian flu management should be assessed from its primary result: Vietnam became the WTO’s 150th member on 11 January 2007.

This Vietnamese case has been studied using the analytical framework offered by Beck’s World at Risk theory. I have paid attention particularly to the constructed dimension of global risks, to the relations of definition as relations of domination and to the possibilities of instrumentalisation. This focus downplays global risks as structural factors that drive cosmopolitisation and democratisation. It also shows the community of fear to be a less powerful driver of cosmopolitisation than the community of trade.

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References

Agrifood Consulting International (ACI) (2007) *The Economic Impact of Highly Pathogenic Avian Influenza*. Report prepared for FAO and WHO. Bethesda: ACI.

Bao An, Y. and de Tréglodé, B. (2004) Doi Moi et mutations du politique. In S. Dovert and de B. Tréglodé (eds) *Vietnam contemporain*. Paris: Institut de Recherche Sur l’Asie du Sud-Est Contemporaine.

Beck, U. (1992) *Risk Society: Towards a New Modernity*. London: Sage.

Beck, U. (2003) La société du risque globalisé revue sous l’angle de la menace terroriste, *Cahiers internationaux de sociologie*, 1, 114, 27–33.

Beck, U. (2009) *World at Risk*. Cambridge: Polity Press.

Beck, U. and Grande, E. (2010) Varieties of second modernity: the cosmopolitan turn in social and political theory and research, *British Journal of Sociology*, 61, 3, 409–43.

Boudia, S. and Jas, N. (2007) Risk and ‘risk society’ in historical perspective, *History and Technology*, 23, 4, 317–31.

Burgess, A. (2006) Editorial. The making of the risk-centred society and the limits of social risk research, *Health, Risk & Society*, 8, 4, 329–42.

Bush, G.W. (2005) Statement of H.E. Mr George W. Bush, President of the United States of America. 2005 UN World Summit, High Level Plenary Meeting of the 60th session of the General Assembly. Available at http://www.un.org/webcast/summit2005/statements/usa050914.pdf (accessed 1 October 2012).

Calain, Ph. (2007) Exploring the international arena of global public health surveillance, *Health, Policy and Planning*, 22, 1, 2–12.

Calhoun, C. (2010) Beck, Asia and second modernity, *British Journal of Sociology*, 61, 3, 597–619.

Chang, K.-S. (2010) The second modern condition? Compressed modernity as internalized reflexive cosmopolitization, *British Journal of Sociology*, 61, 3, 446–64.

Congressional Research Service (CRS) (2005) The Vietnam–US normalization process. Congressional Research Service, Report for Congress. Available at http://www.fas.org/sgp/crs/row/IB98033.pdf (accessed 1 October 2012).

CRS (2006) U.S. and International responses to global spread of avian flu. Congressional Research Service, Report for Congress, RL33219. Available at http://www.fas.org/sgp/crs/misc/RL33219.pdf (accessed 1 October 2012).

Delpuech, T. (2009) Comprendre la circulation internationale des solutions d’actions publiques: panorama des policy transfer studies, *Critique internationale*, 2, 43, 153–65.

Desvaux, S. and Figuïé, M. (2011) Formal and informal surveillance systems. How to build bridges? *Bulletin de l’AEEMA*, 59–60, 352–55.

Dingwall, R. (1999) ‘Risk society’: the cult of theory and the millenium? *Social Policy and Administration*, 33, 4, 474–91.

Do Hien, (2004) Les relations internationales du Viêt Nam depuis 1991. In S. Dovert, B. de Tréglodé (eds) *Vietnam contemporain*. Paris: Institut de Recherche Sur l’Asie du Sud-Est Contemporaine.

Embassy of the Republic of Vietnam (2006) President Bush visits Vietnam. Available at http://vietnamembassy-usa.org/relations/president-bush-visits-vietnam (accessed 1 October 2012).

Figuïé, M. and Fournier, T. (2008) Avian influenza in Vietnam: chicken-hearted consumers? *Risk Analysis*, 28, 2, 441–51.
Food and Agricultural Organization (FAO), World Organization for Animal Health (OIE), World Health Organization (WHO) (2004) Unprecedented spread of avian influenza requires broad collaboration. FAO/OIE/WHO call for international assistance. Press Release. WHO media center. Available at http://www.who.int/mediacentre/news/releases/2004/pr7/en/ (accessed 1 October 2012).

FAO, OIE, WHO, United Nations System Influenza Coordination, United Nations Children’s Fund and the World Bank (2008) Contributing to One World, One Health. Available at ftp://ftp.fao.org/docrep/fao/011/aj137e/aj137e00.pdf (accessed 1 October 2012).

Gilbert, C. (ed.) (2007) Les Crises sanitaires de grande Ampleur: Un nouveau défi? Paris: Institut national des Hautes Etudes de Sécurité (INHES).

Guénel, A. and Klingberg, S. (2010) Press Coverage of Bird flu epidemic in Vietnam. In Liew Kai Khiun (ed.) Liberalizing, Feminizing and Popularizing Health Communications in Asia. Farnham: Ashgate.

Han, S.-J. and Shim, Y.-H. (2010) Redefining second modernity for East Asia: a critical assessment, British Journal of Sociology, 61, 3, 465–87.

Kyung-Sup, C. (2010) The second modern condition? Compressed modernity as internalized reflexive cosmopolitization, British Journal of Sociology, 61, 3, 444–64.

Ministry of Agriculture and Rural Development (MARD) (2007) Provincial summary reports on implementing Prime Minister Decision 394/QD-TTG. Hanoi: Ministry of Agriculture and Rural Development.

MARD and Ministry of Health (MOH) (2010) Avian and pandemic influenza. Vietnam’s experience. Hanoi: Ministry of Agriculture and Rural Development and Ministry of Health.

Méric, J., Pesqueux, Y. and Solé, A. (2009) La ‘société du risque’. Analyse et critique. Paris: Economica.

Mythen, G. (2007) Reappraising the risk society thesis, Current Sociology, 55, 6, 793–813.

Poultry Diseases Network, (2007) David Nabarro warns of an inevitable influenza pandemic. 18 September. Available at http://www.poultrydiseases.net/online/index.php?option=com_content&task=view&id=172&Itemid=54 (accessed 1 October 2012).

Renn, O. (2008) Risk Governance: Coping with Uncertainty in a Complex World. London: Earthscan.

Scoones, I. (eds) (2010) Avian Influenza. Science, Policy and Politics. London: Earthscan.

Taylor-Gooby, P and Zinn, J.O. (eds) (2006) Risk in Social Science. Oxford: Oxford University Press.

Tuong, V. (2010) Power, politics and accountability: Vietnam’s response to avian influenza. In I. Scoones (ed.) Avian Influenza. Science, Policy and Politics. London: Earthscan.

US Association of Southeast Asian Nations Business Council (2006) Vietnam WTO accession: permanent normal trade relations. Available at http://www.usvtc.org/trade/wto/PNTRmemo.pdf (accessed 1 October 2012).

Vallat, B. (2007) Protecting the world from emerging diseases linked to globalization. Editorial. OIE Bulletins Online, 2/2007. Available at http://www.oie.int/for-the-media/editorials/detail/article/protecting-the-world-from-emerging-diseases-linked-to-globalisation/(accessed 1 October 2012).

Vietnam Development Report (2004) Poverty 2004. Vietnam Consultative Group (ADB, AusAID, DFID, GTZ, JICA, Save the Children UK, UNDP, World Bank). Hanoi: ADB.

World Health Organization (WHO) (2005a) Introduction to the IHR 2005, World Health Organization, IHR brief, 1. Available at http://www.who.int/ihr/ihrbrief1en.pdf (accessed 1 October 2012).

WHO (2005a) Outbreak communication. World Health Organization handbook for journalists: Influenza Pandemic. Available at http://www.who.int/csr/don/Handbook_influenza_pandemic_dec05.pdf (accessed 1 October 2012).

WHO (2005b) International Health regulations. Notification and other reporting requirements under the IHR (2005), IHR brief no. 2. Available at http://www.who.int/ihr/about/en/index.html (accessed 1 October 2012).
WHO (2007a) The world health report 2007. A safer future: global public health security in the 21st century. Available at http://www.who.int/whr/2007/en/index.html (accessed 1 October 2012).

WHO (2007b) World health report 2007 press kit. Presentation. Available at http://www.who.int/whr/2007/media_centre/slides_en.pdf (accessed 6 October 2012).

WHO (2012) Influenza: cumulative number of confirmed human cases of avian influenza A(H5N1) reported to WHO. Table 26 March. Available at http://www.who.int/influenza/human_animal_interface/H5N1_cumulative_table_archives/en/index.html (accessed 6 October 2012).

World Organization for Animal Health (OIE) (2009) One World, One Health. OIE Bulletins online, 2/2009. Available at http://www.oie.int/fileadmin/Home/eng/Publications_%26_Documentation/docs/pdf/Bull_2009-2-ENG.pdf (accessed 1 October 2012).

World Organization for Animal Health (OIE) (2012) WAHID Interface. Country information. Available at http://www.oie.int/wahis_2/public/wahid.php/Countryinformation/Animalsituation (accessed 29 October 2012).