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TRANSPARENCY THROUGH COMPLEX INTERDEPENDENCE: VIETNAM'S SURVEILLANCE AND REPORTING OF EMERGING INFECTIOUS DISEASES IN THE TWENTY-FIRST CENTURY

by

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Why has Vietnam, an authoritarian state, pursued a generally collaborative and transparent policy of emerging infectious disease surveillance and reporting during the last two decades? This thesis seeks to add both depth and breadth to this puzzle by analyzing Vietnam's surveillance and reporting during SARS, H5N1, H1N1, and COVID-19 against the theory of complex interdependence as the causal agent. Despite an exception during its initial H5N1 outbreak, Vietnam's surveillance and reporting during these case studies have been largely consistent in sharing epidemiological information and integrating international entities into the structure of this effort. Additionally, this behavior has accompanied the country's deepening integration into the broader global economic and political order. Ultimately, Vietnam's transparency and international cooperativeness during these four emerging infectious disease outbreaks show consistency with the internationally enmeshed tenets of complex interdependence. These findings also suggest that the country's deliberate effort to develop as a highly integrated global actor, rather than the authoritarian nature of its government, is largely determinant in driving its contemporary emerging infectious disease surveillance and reporting.

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ABSTRACT

Why has Vietnam, an authoritarian state, pursued a generally collaborative and transparent policy of emerging infectious disease surveillance and reporting during the last two decades? This thesis seeks to add both depth and breadth to this puzzle by analyzing Vietnam's surveillance and reporting during SARS, H5N1, H1N1, and COVID-19 against the theory of complex interdependence as the causal agent. Despite an exception during its initial H5N1 outbreak, Vietnam's surveillance and reporting during these case studies have been largely consistent in sharing epidemiological information and integrating international entities into the structure of this effort. Additionally, this behavior has accompanied the country's deepening integration into the broader global economic and political order. Ultimately, Vietnam's transparency and international cooperativeness during these four emerging infectious disease outbreaks show consistency with the internationally enmeshed tenets of complex interdependence. These findings also suggest that the country's deliberate effort to develop as a highly integrated global actor, rather than the authoritarian nature of its government, is largely determinant in driving its contemporary emerging infectious disease surveillance and reporting.

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LIST OF ACRONYMS AND ABBREVIATIONS

APSED	Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies
ASEAN	Association of Southeast Asian Nations
COVID-19	Coronavirus Disease 2019
DAH	Department of Animal Health
GHSA	Global Health Security Agenda
GISN	Global Influenza Surveillance Network
GOARN	Global Outbreak Alert and Response Network
HTD	Hospital for Tropical Diseases
IHR 2005	International Health Regulations
JEE	Joint Evaluation Exercise
MARD	Ministry of Agriculture and Rural Development
MBDS	Mekong Basin Disease Surveillance
MERS	Middle East Respiratory Syndrome
MOH	Ministry of Health
NIHE	National Institute for Hygiene and Epidemiology
OIE	World Organization for Animal Health
OUCRU	Oxford University Clinical Research Unit
SARS	Severe Acute Respiratory Syndrome
SEARO	South-East Asia Regional Office
VCP	Vietnamese Communist Party
WHO	World Health Organization
WPRO	Western Pacific Regional Office

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I. INTRODUCTION

Why has Vietnam, an authoritarian state, pursued a generally collaborative and transparent policy of emerging infectious disease surveillance and reporting during the last two decades? Investigating the underpinnings behind Vietnam's internationally cooperative approach is significant because it challenges the assertion that "authoritarian countries are often reluctant to admit health crises because of the threat such an admission could have on state control over society."[1] Additionally, Vietnam's surveillance and reporting approaches cannot simply be explained along the lines of purportedly authoritarian tendencies to conceal failures, broadcast (or propagandize) successes, or withhold information writ large from the international community. Highlighting exceptions to this behavior and identifying the motivations behind such deviations to an otherwise sustained pattern are also helpful in deepening an understanding of when Vietnam, or another contemporary, could potentially be expected to pursue such a course of action. Furthermore, examining the impetus for the country's chosen approach to emerging infectious disease surveillance and reporting over the span of three decades of political change affords an opportunity to better "discern continuity and change in the forms and substance of authoritarianism."[2] Finally, while the relationship between transparency and overall infectious disease response effectiveness is not necessarily the focus of this research, it can be explored indirectly by examining the outcomes of a country's overall response strategy (of which surveillance and reporting forms a key element).

This thesis seeks to add both depth and breadth to this puzzle by analyzing Vietnam's surveillance and reporting during SARS, H5N1, H1N1, and COVID-19 outbreaks against the theory of complex interdependence as the causal agent. During each of these episodes, the country pursued a response that was highly dependent on international assistance and involvement. Despite an exception during the initial H5N1

[1] Daniel W. Drezner, *Theories of International Politics and Zombies*, Revived Edition, Princeton: Princeton University Press, 2015: 60.

[2] Jonathan London, "Viet Nam and the Making of Market-Leninism," *Pacific Review* 22, no. 3 (2009): 376, https://doi.org/10.1080/09512740903068404.

outbreak, Vietnam's surveillance and reporting during these case studies was largely transparent in either sharing epidemiological information or integrating international entities into the structure of this effort. Vietnam's experiences with these emerging infectious disease outbreaks occurred in the midst of an era in which the country has remained under the authoritarian control of the Vietnamese Communist Party (VCP) while undergoing significant economic and political changes. It has been argued that with the advent of Doi Moi liberalization, Vietnam abandoned a foreign policy based on Realist assumptions and "firmly embraced the principles of complex interdependence and integration into the global economy."[3] In that vein, this thesis seeks to ascertain if a policy of internationalized information sharing during emerging infectious disease outbreaks may best be explained by a paradigm shift to complex interdependence in which "Vietnam wants to get involved in as many international organizations and regional bodies as possible."[4]

Infectious disease surveillance and reporting has been characterized as dependent on two key elements: state capacity and political will.[5] Although capacity can certainly present a very real limitation in a country's ability to detect and share information during a disease outbreak, capacity has a greatly diminished role in the utility of surveillance and reporting if political will has determined to throttle the flow of information, especially to the global community. Examining Vietnam's emerging infectious disease surveillance and reporting provides a deeper understanding of the outputs produced by an increasingly competitive form of authoritarian rule in which state capacity has increased along with the political will required to exercise it.

This thesis finds that, overall, Vietnam has demonstrated a general pattern of willingness to act as a timely and transparent reporter across the case studies of SARS, H5N1, H1N1, and COVID-19. This behavior has accompanied a broader determination to

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[3] Zachary Abuza, "International Relations Theory and Vietnam," *Contemporary Southeast Asia* 17, no. 4 (March 1, 1996): 406, 408.

[4] Abuza, 411.

[5] Sara E. Davies, Adam Kamradt-Scott, and Simon Rushton, *Disease Diplomacy: International Norms and Global Health Security* (Baltimore: Johns Hopkins University Press, 2015), 112.

adhere to international health regulations mandating reporting as well as increasing capacity to detect and track emerging infectious disease outbreaks. At the same time, Vietnam's increasing capacity for surveillance has largely been enabled by assistance from or direct involvement with international organizations which have, in many ways, augmented or even superseded the traditional role of the state in performing such functions. This shift has accompanied the country's deeper international enmeshment, suggesting that complex interdependence helps to explain why Vietnam has acted in such a manner. In short, Vietnam's surveillance and reporting has been shaped by a deliberate decision to internationally integrate itself along a litany of avenues, resulting in a complex tapestry of multiple channels connecting it to the global community.

A. LITERATURE REVIEW

Infectious disease surveillance and reporting is broadly concerned with the collection, analysis, interpretation, and communication of disease-related data.[6] Emerging infectious diseases, which are characterized as newly recognized in human hosts, new locations or reappearing after apparent elimination, pose a uniquely challenging problem for any surveillance and reporting regime by virtue of their dynamic and complicated nature.[7] Beginning with the SARS epidemic in 2003, in which Vietnam received praise "for openly and competently controlling the epidemic," the country has repeatedly been characterized as a "good-faith actor in the global public health sphere" in its surveillance and reporting of emerging infectious disease outbreaks.[8]

In addition to SARS, Vietnam also received praise for its timeliness and transparency in its handling of H1N1 and COVID-19. The case study of H5N1, however, does provide somewhat of an exception to this approach. For example, the Ministry of Agriculture and Rural Development (MARD) covered up the initial H5N1 outbreak in 2003 before the Vietnamese government adopted an overtly publicized policy of

.[6] Davies, Kamradt-Scott, and Rushton, 112.

[7] David M. Morens and Anthony S. Fauci, "Emerging Infectious Diseases: Threats to Human Health and Global Stability," *PLos Pathog* 9, no. 7 (July 2013): 1.

[8] Melissa G. Curley and Jonathan Herington, "The Securitisation of Avian Influenza: International Discourses and Domestic Politics in Asia," *Review of International Studies* 37, no. 1 (July 2010): 153.

highlighting its efforts to contain the virus.[9] Even in this case, however, Vietnamese officials ultimately "began cooperating with the WHO and international community at the point in which the outbreaks became a national (and hence potentially international) problem."[10] Thus, even in instances where a deviation has occurred, Vietnam's approach to emerging infectious disease surveillance and reporting still largely reflects themes of cooperative international engagement and information sharing with the greater international community and key entities such as the World Health Organization (WHO).

Current scholarship examining why Vietnam (and in some cases, other Southeast Asian countries) has adopted a cooperative approach to surveillance and reporting of emerging infectious disease outbreaks (or abstained from such behavior) identifies dominant drivers which can generally be grouped into broad categories: international and domestic. The sections below also reveal that subdivisions within these opposing camps differ in their identification of what specific theory provides the best explanation for Vietnam's surveillance and reporting during one or more emerging infectious disease episodes. A third body of research offers a more hybrid explanation, establishing the nexus of domestic and international interests as the explanation for Vietnam's surveillance and reporting during emerging infectious disease outbreaks over the last two decades. Ultimately, while this existing scholarship helps to more broadly illuminate a larger trend toward a growing international recognition of infectious disease as a problem without borders, it does not fully explain why Vietnam has so vigorously committed to this concept in its application of surveillance and reporting despite its seemingly incompatible form of government.

1. International Norms

Much of the international relations theory-based explanations for Vietnam's emerging infectious disease surveillance and reporting identifies international norms as the causal factor for the country's adoption of a cooperative and transparent approach. The

[9] Tuong Vu, "Power, Politics, and Accountability: Vietnam's Response to Avian Influenza," in *Avian Influenza: Science, Policy and Politics*, ed. Ian Scoones (London: Earthscan, 2010), 100.

[10] Curley and Herington, 153.

World Health Assembly's adoption of the updated International Health Regulations (IHR 2005) in May 2005 is often cited as a key event in normalizing timely and transparent surveillance and reporting through the establishment of an international health regime for global disease surveillance.[11] IHR 2005 came into force in 2007 and provided a legal framework requiring reporting and risk assessments of public health emergencies of international concern.[12] The effects of IHR 2005 have been analyzed in the context of how Southeast Asian states have complied with reporting compliance of the eight core capacities of the regulations, which include surveillance, response, preparedness, and risk communication.[13] IHR 2005's normative effects have also been associated with participation in evaluations such as the Joint Evaluation Exercise (JEE), "a voluntary process that a country requests from the WHO to conduct an external evaluation of its public health emergency preparedness and to progress toward IHR core capacities."[14] Vietnam received its first JEE in late 2016, where it was assessed as having a "high level of capacity most apparent in the areas of communication and advocacy as well as real-time surveillance."[15]

The norm life cycle model as postulated by Finnemore and Sikkink has also been identified as the underlying theory behind Vietnam's surveillance and reporting.[16] In this assessment, the formalization of IHR 2005 represented the "norm cascade" phase of the cycle, as the norm of timely and transparent reporting of outbreaks had already emerged by the early 2000s. The outbreak of SARS in 2003 served as the tipping point in this model

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[11] Michael G. Baker and David P. Fidler, "Global Public Health Surveillance Under New International Health Regulations," *Emerging Infectious Diseases* 12, no. 7 (2006): 1058.

[12] David L. Heymann, John S. Mackenzie, and Malik Peiris, "SARS Legacy: Outbreak Reporting Is Expected and Respected," *The Lancet* (British Edition*)* 381, no. 9869 (2013): 780, https://doi.org/10.1016/s0140-6736(13)60185-3.

[13] World Health Organization, *Summary of 2011 States Parties Report on IHR Core Capacity Implementation*, Report No. WHO/HSE/GCR/2012.10 (Geneva: World Health Organization, 2012), https://www.who.int/ihr/publications/WHO_HSE_GCR_2012.10eng/en.

[14] Davies, 171.

[15] World Health Organization, *Joint External Evaluation of IHR Core Capacities of Viet Nam,* Report No. WHO/WHE/CPI/2017.21, (Geneva: World Health Organization, 2017), https://www.who.int/ihr/publications/WHO-WHE-CPI-2017.21/en.

[16] Davies, Kamradt-Scott, and Rushton, 68.

because "states' perception of the norm of sovereignty, and particularly of its relationship to outbreak reporting and response, was rapidly recalibrated during the SARS crisis."[17] Within Vietnam, "the SARS outbreak, that had occurred just a few months before H5N1 made its first appearance, made government officials believe more strongly in international collaboration on health matters."[18]

While much of the commentary on IHR 2005 and the norm life cycle model emphasizes the emergence of norms at the global level, another line of research places normative behavior in emerging infectious disease surveillance and reporting at the regional level. Created in 2005 by the WHO Western Pacific Regional Office (WPRO) and South-East Asia Regional Office (SEARO), the Asia Pacific Strategy for Emerging Diseases and Public Health Emergencies (APSED) has been credited with shaping surveillance and reporting behaviors because it "facilitated regional cooperation that pushed Southeast Asian states closer to IHR compliance."[19] Furthermore, the Association of Southeast Asian Nations (ASEAN) has also been linked to reinforcing the normative power of APSED because "in Southeast Asia, state members were participating in APSED not only as individual WPRO or SEARO member states but also as ASEAN member states cognizant of their political and diplomatic commitments to ASEAN."[20]

Although international norms may indeed be a necessary component for explaining why countries have adopted a willingness to report during disease outbreaks, as a standalone element they arguably represent an insufficient explanation for the unique conditions driving Vietnam to adhere to such norms in the first place. Indeed, the existence of these norms has not uniformly resulted in their adherence by both authoritarian and non-authoritarian states alike. Furthermore, such concepts are not necessarily exclusive of other paradigms, such as complex interdependence, which recognize international regimes as procedures, rules, or institutions as governing arrangements used to regulate transnational

[17] Davies, Kamradt-Scott, and Rushton, 52.

[18] Vu, 119.

[19] Davies, 3.

[20] Davies, 165.

and interstate relations.[21] Additionally, virtually all of the literature advocating for the primacy of norms in shaping state surveillance and reporting behavior during the last two decades is largely focused on general trends at the regional or global level. The effects of organizations such as APSED will be examined in further detail in Chapter IV, and while they certainly help to paint a picture of a broader migrations toward a concept of emerging infectious diseases as an inherently international problem, they do not fully account for why Vietnam has embraced this approach. Norms may be part of the answer in explaining a broader international consensus toward shared interests in infectious disease response, but they fail to account for the internal changes that have made the country predisposed toward them.

2. Domestic Issues

Other existing literature is centered around the premise that "domestic politics and economics can easily play a decisive role in whether or not a country declares an infectious outbreak" and reports cases in a timely fashion.[22] Consequently, domestic issues serve as the primary driver regarding surveillance and reporting rather than the idea of international expectations suggested by norm proponents. Much of the work advocating this concept identifies Vietnam's initial behavior during the H5N1 outbreak, in which the WHO complained that Vietnamese authorities were "slow to report new human cases and relatively tight with epidemiological data" as evidence of the centrality of domestic-level influences.[23] In supporting this argument, the desire to protect the Vietnamese tourism industry led the MARD to initially attempt to cover up the emerging outbreak before shifting to a policy of deliberate cooperation.[24] In these arguments, domestic considerations, such as protecting a vital economic sector, constitute overarching reasons

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[21] Robert O. Keohane and Joseph S. Nye, *Power and Interdependence*, 4th ed. (Boston, Longman, 2012), 20.

[22] Nicholas Thomas, "The Regionalization of Avian Influenza in East Asia: Responding to the Next Pandemic(?)," *Asian Survey* 46, no. 6 (December 2006): 935, https://doi.org/10.1525/as.2006.46.6.917.

[23] Dennis Normile, "Avian Influenza. Vietnam Battles Bird Flu ... and Critics," *Science (American Association for the Advancement of Science)* 309, no. 5733 (July 15, 2005): 368, https://doi.org/10.1126/science.309.5733.368.

[24] Vu, 100.

why Vietnam did not report in a timely and transparent fashion. Such assertions are also more in line with the conventional wisdom expecting ambiguity or some form of cover-up from an authoritarian state.

Domestic pressures have also been identified as the causal factor for Vietnam's shift to a policy of open surveillance and reporting following the initial H5N1 cover-up. These arguments highlight the role of the press as "a major actor in determining the timing and disclosure of the epidemic's presence in Vietnam, which had until then been a state secret."[25] Empowered by greater autonomy resulting from Doi Moi liberalization, reporting by news agencies such as Tuoi Tre became the impetus for state officials to deliberately engage in a campaign of transparency with both the domestic population and international community.[26] The legacy of the Vietnamese press as a "driving force of government-issued information and an active partner in the production of norms, practices of surveillance and self-regulation" has also been linked to the Vietnamese government's surveillance and reporting strategy for the 2009 H1N1 pandemic and initial COVID-19 outbreak.[27] Although the press did not necessarily apply pressure for transparency in these later cases, they were instead leveraged by the Vietnamese government as a means of demonstrating such behavior to a domestic audience in order to strengthen regime legitimacy.

3. Converging Domestic and International Interests

A third body of academic work posits that neither international factors such as norms nor domestic politics singularly account for Vietnam's collaborative and transparent approach to emerging infectious disease surveillance and reporting. Rather, it is an overlapping set of domestic level interests and international prerogatives which have generated this response. For instance, supporters of this conclusion specifically draw a

[25] Guénel and Klingberg, 268.

[26] Vu, 100. Guénel and Klingberg, 241.

[27] Guénel and Sylvia Klingberg, 239; Le and Huy Quynh Nguyen, "How Vietnam Learned from China's Coronavirus Mistakes"; Viriginia Bacay Watson, "Five Coronavirus Success Stories: Different but the Same," *Security Nexus* 21 (June 2020): 2, https://apcss.org/nexus_articles/five-coronavirus-success-stories-different-but-the-same/.

different interpretation of Vietnam's H5N1 surveillance and reporting than their domestic politics or norm peers. Through the converging domestic and international interest lens, Vietnam's rapid policy shift during the early stages of this epidemic was two-fold: maintaining the support of international public health donors while addressing a serious internal threat to the poultry industry within the country.[28]

Granted, these arguments do not necessary discount the impact of the forces identified by the global health security norm proponents. They are, however, more apt to posit that "in the Vietnamese case, pressures from the international sphere coincided with core state interests and domestic sources of political legitimacy, such as protecting economic growth, and maintaining their reputation as competent managers of health emergencies (SARS and H5N1)."[29] More broadly, the identification of the nexus of domestic and international interests as a dominant causal factor speaks to the idea of a self-interested state, rather than a regime of global cooperation, as the dominant driver of disease response.[30] As with norms, these concepts actually fit broadly into the world of complex interdependence, in which "many issues arise from what used to considered domestic policy, and the distinction between domestic and foreign issues becomes blurred."[31]

B. THESIS OVERVIEW

Ultimately, Vietnam's approach to surveillance and reporting during SARS, H5N1, H1N1, and COVID-19 may be unsurprising given the dramatic change and significant development that the country has undergone over the last three decades. As the literature review has demonstrated, varying arguments have already been made attempting to account for Vietnam's emerging infectious disease surveillance and reporting. Existing academic literature is, however, largely limited to international theory concepts such as norms and domestic politics, providing an arguably incomplete explanation which does not

[28] Vu, 119–120.

[29] Curley and Herington, 162.

[30] Curley and Herington, 165.

[31] Keohane and Nye, 20.

consider the complexity of interdependent international relationships in a globalized world. Furthermore, existing research is generally constrained to discrete studies of specific disease outbreaks rather than a side-by-side comparison of a succession of responses allowing for the analysis of similarities and contrasts across cases amid broader changes over time.

This thesis seeks to assist in bridging this academic gap by providing an assessment of whether a foreign policy paradigm shift based on complex interdependence serves as an explanation for the country's transparent and cooperative approach to surveillance and reporting. Such an investigation holds the potential to yield a more complete answer of why Vietnam has pursued a given set of behaviors with the international community during periods of emerging infectious disease outbreaks over the last two decades. In this case, what matters is not the label associated with the country's form of government but rather the broader principles on which it has chosen to engage with the world with. Based on this hypothesis, it would be expected that Vietnam's increasing adoption of the internationally enmeshing tenets of complex interdependence would be manifested in a more participatory approach to emerging infectious disease surveillance and reporting.

To test this hypothesis, the thesis will be organized into five succeeding chapters. Chapters II through IV will provide successive detailed accounts of Vietnam's surveillance and reporting behavior during the SARS, H5N1, H1N1, and COVID-19 outbreaks. In each of these cases, contributing factors to this response and any policy decisions aligning with or deviating from the tenets of complex interdependence will be discussed. Any notable deviations in Vietnam's surveillance and reporting response as well as follow-on policy actions will also be highlighted. Chapter VI will assess these events in summation and provide an overarching evaluation for the ability of complex interdependency to account for these actions. Other paradigms identified in the literature review, if applicable, that serve as either more convincing or supplementary explanations will also be identified.

II. SARS: THE INITIAL MANIFESTATION OF GLOBAL INTEGRATION

A. INTRODUCTION

SARS was chronologically the earliest of the four emerging infectious disease cases examined during this thesis. Vietnam's surveillance and reporting approach during the SARS outbreak in 2003 was marked by an effort defined, from start to finish, by the direct participation of international organizations such as the WHO.[32] During this outbreak, Vietnam's surveillance and reporting superseded a simple willingness to share information. Rather, the country's overall response was largely conducted under the guidance and material assistance of the WHO and other international health organizations and agencies, including the U.S. CDC.[33] Overall, the transparency of Vietnam's surveillance and reporting mechanism during SARS shows consistency with the tenets of complex interdependence in accounting for this behavior.

B. BACKGROUND

SARS arrived in Vietnam in late February 2003 when an American businessman fell ill at the private Hanoi French Hospital after contracting the still-unidentified disease during a brief stay in Hong Kong.[34] A WHO epidemiologist in Hanoi was the first medical professional to diagnose the illness as a new disease syndrome as it began to rapidly spread to numerous staff members at the hospital.[35] Following a meeting between in-country WHO personnel and the Vietnamese Ministry of Health (MOH) on March 9, 2003, the vice minister of health, Nguyen Van Thuong, agreed to a number of WHO recommendations to

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[32] Ellen Nakashima, "Vietnam Took Lead in Containing SARS," *The Washington Post*, May 5, 2003, https://www.washingtonpost.com/archive/politics/2003/05/05/vietnam-took-lead-in-containing-sars/b9b97e91-b325-42f9-98ef-e23da9f257a0/.

[33] Nakashima.

[34] David P. Fidler, *SARS, Governance and the Globalization of Disease* (London: Palgrave Macmillan UK, 2004): 76.

[35] Fidler, 77.

counter the potential health crisis.[36] These measures included establishing a dedicated MOH task force and allowing an international team of experts to enter the country to gather data and provide technical assistance in responding to the emerging outbreak.[37]

This decisive action produced swift results, and within days a dozen Western epidemiologists and pathologists arrived in Vietnam to help provide oversight of the country's surveillance and reporting efforts.[38] This hand-in-glove linkage between Vietnam's SARS task force and WHO experts proved instrumental in rapidly curbing the domestic spread of the disease by facilitating material assistance and enabling critical surveillance and detection measures such as contact tracing. On April 28, 2003, the WHO announced that Vietnam had become the first country to successfully contain the epidemic after no new SARS cases were detected for 20 consecutive days.[39] Ultimately, Vietnam recorded a total of 63 confirmed cases of SARS out of a worldwide total of more than 8,400.[40] Additionally, all of the country's cases were directly traced back to the initial patient, further indicating the limited scope of the domestic outbreak.[41]

International assistance proved to be a critical element in allowing Vietnam to limit its experience with SARS to a relatively brief albeit jarring episode. However, the information originating from inside Vietnam also played a role in initiating the global surveillance and response mechanisms employed to control further spread of the epidemic. Although SARS had been circulating in mainland China since as early as November 2002, limited and often piecemeal Chinese reporting, combined with the Chinese government's rejection of WHO offers of assistance, hindered any coherent international effort to epidemiologically identity and track SARS until it began to spread internationally through Hong Kong in February 2003.[42] The simultaneous detection of H5N1, which included

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[36] Nakashima.

[37] Nakashima.

[38] Nakashima.

[39] Fidler, 99.

[40] Fidler, 3. Nakashima.

[41] Nakashima.

[42] Fidler, 74–75.

confirmed human cases in Hong Kong during the same month, exacerbated the initial difficulty in ascertaining and mapping SARS as a new emerging infectious disease.[43] Thus, the outbreak in Vietnam became one of the initial points enabling the concerted collection and international analysis of epidemiological data related to the new disease.

The WHO-coordinated Global Outbreak Alert and Response Network (GOARN) represented the functional surveillance mechanism enabling the dissemination of epidemiological data from Vietnamese SARS cases to the WHO Global Influenza Surveillance Network (GISN) and wider global medical community.[44] Established in 1997 and formalized in 2000, GOARN represented an international partnership of more than 120 national-level health agencies; SARS was the first instance in which in the network identified and responded to an outbreak with rapid international spread.[45] As an international clearing house for reports of suspected disease outbreaks, GOARN "linked some of the world's best laboratory scientists, clinicians, and epidemiologists electronically, in virtual networks that provided rapid knowledge about the causative agent, mode of transmission, and other epidemiological features."[46] In this sense, active participation in the network also demonstrated a decidedly internationalized and open approach toward disease surveillance and reporting.

Ultimately, GOARN collection of clinical and epidemiological information from Vietnam's initial SARS patients provided network laboratories with some of the first samples used to definitively rule out existing influenza viruses as a causal agent.[47] This information allowed the WHO to issue its first global alert on March 12, 2003, at which point SARS was named as a distinctive new virus and the coordinated global surveillance and response effort commenced.[48] While Vietnam was not the sole country enabling the

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[43] Fidler, 75.

[44] David L. Heymann and Guénaël Rodier, "Global Surveillance, National Surveillance, and SARS," *Emerging Infectious Diseases* 10, no. 2 (February 2004): 174.

[45] Heymann and Rodier, 173.

[46] Heymann and Rodier, 174.

[47] Heymann and Rodier, 175.

[48] Heymann and Rodier, 174.

flow of information which led to this critical milestone, its surveillance and reporting approach of partnering with entities such as GOARN were significant in accelerating global response to the emerging epidemic. Emerging infectious disease outcomes are ultimately not the focus of this study, but it is indeed worth noting that, as evidenced by the case of SARS in Vietnam, surveillance and detection approaches can and do have tangible effects at both a national and international level.

C. A "NEW WORLD" VIEW: THE ROAD TO VIETNAM'S SARS RESPONSE

The conditions enabling Vietnam's internationalized surveillance and reporting and overall response to SARS in 2003 were arguably the longer-term output of pivotal foreign policy shifts which began occurring in the country more than a decade and a half earlier. During this period, the VCP faced a potentially existential crisis as "traditional sources of legitimacy had been exhausted by the 1980s" and the country faced economic crisis, protracted military conflict in Cambodia, and political isolation in the dwindling support and eventual collapse of its Soviet partner and associated Communist satellite network.[49] In response, in 1986 the VCP-led government announced the Doi Moi reforms, an economic restructuring aimed at transitioning Vietnam from a centrally planned economy to a "socialist-oriented market economy" predicated on export-led growth.[50] As an enabling element of this economic reorientation, Vietnamese grand strategy moved toward international integration under the framework of the "New World Outlook."[51] This ideology, which was advanced by reformists within the VCP, "highlighted interdependence among states and internationalization of national life."[52]

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[49] Le Hiep, "Performance-Based Legitimacy: The Case of the Communist Party of Vietnam and Doi Moi," *Contemporary Southeast Asia* 34, no. 2 (2012): 146–147. https://doi.org/10.1355/cs34-2a.

[50] Sudhipongpracha Van, "Exploring Government Budget Deficit and Economic Growth: Evidence from Vietnam's Economic Miracle," *Asian Affairs, an American Review* 42, no. 3 (July 3, 2015): 131. https://doi.org/10.1080/00927678.2015.1048629.

[51] Alexander L. Vuving, "Strategy and Evolution of Vietnam's China Policy: A Changing Mixture of Pathways," *Asian Survey* 46, no. 6 (2006): 811. https://doi.org/10.1525/as.2006.46.6.805.

[52] Vuving, 811.

Throughout most of the 1990s, Vietnamese politics seesawed between intermittent periods of control by the integration-minded reformists and hardline ideologues advocating for an alliance with China in lieu of multilateral integration with "imperialist" powers.[53] Ultimately, this internal jockeying for power within the VCP produced a foreign policy resulting in a mix of both extremes as Vietnam became enmeshed with both China and a wide range of other international partners and organizations.[54] In less than a decade, Vietnam achieved a peaceful conclusion to its military involvement in Cambodia, normalized diplomatic and trade relations with both China and the U.S., joined ASEAN, and achieved observer status in the WTO.[55] These developments represented only a few of the dozens of milestones transforming the country from failing Cold War Communist hold-out to developing and diversely enmeshed international actor during the 1990s and early 2000s.

In the years leading up to the SARS outbreak, Vietnam's participation and engagement in international health organizations and biosecurity initiatives deepened in parallel with its increasingly complex and interwoven involvement with the global community. Granted, Vietnam's relationship with the WHO was not necessarily new, as the country technically joined in 1950 and the first WHO field office was established in Hanoi in 1977.[56] Still, Vietnam's decision to join multiple emerging global, regional, and subregional organizations dedicated to disease-related information sharing represented a tangible increase in the number of channels linking its health-sector entities to a broader international network. Furthermore, in the years leading up to the SARS outbreak in 2003, the country began recognizing the imperative of responding to disease outbreaks in a more multilateral fashion, such as during 1999 cholera outbreak along the Vietnam-Cambodia

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53 Vuving, 811.

54 Vuving, 813–816.

55 Jörn Dosch, "Vietnam's ASEAN Membership Revisited: Golden Opportunity or Golden Cage?" *Contemporary Southeast Asia* 28, no. 2 (August 1, 2006): 236. https://doi.org/10.1353/csa.2006.0016.

56 "World Health Organization in Viet Nam," World Health Organization, March 31, 2021, https://www.who.int/vietnam/about.

border which resulted in 874 cases and 56 deaths.[57] The cross-border nature of this event ultimately led to the assessment that future epidemics could be better contained "if Cambodian and Vietnamese epidemiologists and officials worked together."[58]

Partly as a result of this cholera outbreak, Vietnam became a founding member of the Mekong Basin Disease Surveillance (MBDS) network, which was formally created in 2001 by six countries with borders encompassing portions of the Mekong River.[59] The MBDS was the output of a 1997 ASEAN-WHO memorandum of understanding highlighting the need for multilateral collaboration as a means of disease prevention and control.[60] Although the MBDS operates on formal processes, it is ultimately driven by "informal trust-based relationships between MBDS member countries."[61] Thus, by the time SARS emerged in 2003, Vietnam had become tightly interwoven into what a global health regime based on the concept of information sharing as facet of interdependence as a means of detecting and curtailing the spread of infectious disease.

D. THE MULTIPLE CHANNELS OF VIETNAM'S SURVEILLANCE AND REPORTING DURING SARS

In elaborating on the tenets of complex interdependence, theorists Robert O. Keohane and Joseph S. Nye stress a paradigm in which "multiple channels connect societies," including transnational organizations and informal ties among both governmental and nongovernmental elites.[62] Arguably, Vietnam's surveillance and reporting during the SARS episode reflects this concept, as the country's overall foreign policy shift toward an approach of diverse international relationships during the preceding decade and a half became reflected in its emerging infectious disease response mechanisms. For example, the confirmation of Vietnam's initial SARS patient illustrated

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[57] Bounlay Phommasack et al., "Mekong Basin Disease Surveillance (MBDS): A Trust-Based Network," *Emerging Health Threats Journal* 6, no. 1 (January 1, 2013): 1–2

[58] Phommasack et al., 2.

[59] Phommasack et al., 1.

[60] Phommasack et al., 1.

[61] Phommasack et al., 3.

[62] Keohane and Nye, 20.

the ability of channels outside the traditional interstate domain to shape and essentially serve as the dominating force for policy decisions. In this instance, established relationships between doctors at the Hanoi French Hospital and in-country WHO team members represented the conduit by which epidemiological samples were forwarded to the U.S. CDC, collaborating labs in Japan, and the Vietnamese National Institute for Hygiene and Epidemiology (NIHE).[63]

In assessing the explanation of complex interdependence for Vietnam's behavior during SARS, this surveillance and reporting chain is noteworthy in that it functioned almost reflexively and without the involvement of the Vietnamese government. Indeed, this mechanism had been operating for more than a week before the key WHO-MOH meeting on March 9, 2003. The physical presence of GOARN-affiliated WHO epidemiologists linked into Vietnamese health entities and the global surveillance and reporting community created a dynamic in which multiple channels between international organizations and non-government entities complemented or perhaps even superseded traditional state actors in determining the given response. In essence, Vietnam pursued a transparent and cooperative surveillance and reporting strategy during SARS because its embrace of a broader foreign policy framed under international enmeshment contributed to the internationalization of this function. Zachary Abuza argues that Vietnam's embrace of an interdependent world rendered its decision-making "no longer a state-centric system," and the complex web of international relationships driving the country's surveillance and reporting during SARS seems to support this assessment.[64] Even without such institutionalization, it still seems likely that the Vietnamese government would have pursued such an outward approach on a more improvisational level given the active measures that it still did take to incorporate international involvement in its SARS response.

Although the Vietnamese government certainly still represented one of the channels connecting its SARS surveillance and reporting to the global community, it had effectively

[63] Nakashima.

[64] Abuza, 411.

already outsourced the frontline elements of this function to non-government (and non-Vietnamese) channels by the time the disease emerged in the country. It is worth noting that the WHO's meeting with the MOH effectively amounted to a discussion on the former's findings and recommendations rather than an attempt to obtain baseline information restricted through domestic channels. While there was some level of initial disagreement between the WHO and MOH, this was materially driven by differing interpretations of the nature and severity of the emerging SARS outbreak rather than a lack of transparency or unwillingness to share information.[65] As the following section will discuss, this collaborative approach to disease response differed sharply with China, the country generally identified as the most egregious defector from timely and transparent reporting during the SARS epidemic.

E. THE CHINESE COUNTERPOINT TO VIETNAM'S SURVEILLANCE AND REPORTING

In contrast to Vietnam, where GOARN-affiliated WHO epidemiologists effectively represented a de facto leading element of the country's real time surveillance and reporting, it was not until months into the epidemic that the Chinese government began officially reporting cases to the WHO despite the presence of WHO field offices in Beijing.[66] Ultimately, Chinese government attempts to suppress information about its growing SARS epidemic "did not succeed, as news of the outbreak leaked out through the Internet, e-mail, mobile phone text messaging, and the local Chinese media."[67] Even once China moved past its policy of official denial around mid-February 2003, the pattern of a lack of transparency continued with "the Chinese attempt to hide SARS patients from WHO personnel visiting Beijing hospitals to assess the real level of infection in the capital."[68]

David Fidler writes that "China's mishandling of SARS demonstrated that it had still not grasped the new context for public health governance—epidemiological

65 Nakashima.

66 Heymann and Rodier, 174.

67 Fidler, 107.

68 Fidler, 108.

information about germs does not recognize borders."[69] Although it can be argued with a fair level of certainty that Vietnam had learned and applied this lesson by the time of SARS, factoring in the effects of a grand strategy shift reflecting the paradigm of complex interdependence helps explain why Vietnam performed so differently from a country with which it is sometimes compared in politically contemporary terms. As this chapter has illustrated, the differences were much more than a simple contrast between one authoritarian state choosing to report and another choosing to conceal. Indeed, given the fairly comparable government structures of the two countries and the fact that Vietnam's path to export-led economic liberalization "in many ways parallels that of China," the divergence between the two countries is even more striking.[70] Indeed, the gulf between Vietnam and China's surveillance and reporting during the SARS period was reflective of a much broader shift that had occurred in which the former country had already forfeited this aspect of independence and sovereignty during a shift in which it embraced policies based on a broader concept of international enmeshment.

[69] Fidler, 120.

[70] Dwight H. Perkins, *East Asian Development: Foundations and Strategies* (Cambridge, Harvard University Press, 2013), 122.

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III. H5N1: STRIKING DEVIATION OR SUSTAINED COOPERATION?

A. INTRODUCTION

Vietnam's surveillance and reporting during H5N1 was characterized by an early cover-up when the disease first emerged among chicken populations in 2003. The country's approach to its first human cases in early 2004, however, reflected general consistency with the internationally supported surveillance and reporting mechanism employed during SARS. Overall, Vietnam's surveillance and reporting during its years-long battle against H5N1 reflected a policy of transparency reinforced by the principles of complex interdependence driving its previous response to SARS. Additionally, Vietnam's early defection from this policy can possibly be explained by the tenets of complex interdependence identifying issues arising from a world lacking a clearly defined hierarchy of issues. Namely, the MARD's role in leading the H5N1 response may have led to a situation where the initial avian outbreak was viewed more through the lens of a domestic issue rather than the high priority, internationalized character of SARS as a threat to human health security.

B. BACKGROUND

H5N1 emerged as a major health security issue in Southeast Asia in late 2003, immediately on the heels of the region's battle with SARS.[71] By that point, however, H5N1 had actually been present in the region for some time, with the first identified human population outbreak occurring in Hong Kong in 1997.[72] Still, it overwhelmingly remained a disease transmitted among avian species such as chicken, ducks, geese, and wild birds.[73] Following the initial Hong Kong outbreak, the virus continued to evolve and briefly

[71] Richard J. Coker et al., "Health in Southeast Asia 3: Emerging Infectious Diseases in Southeast Asia: Regional Challenges to Control," *The Lancet (British Edition)* 377, no. 9765 (February 12, 2011), 602.

[72] Ian Scoones, "The International Response to Avian Influenza: Science, Policy and Politics," in *Avian Influenza: Science, Policy and Politics*, ed. Ian Scoones (London: Earthscan, 2010), 4.

[73] Nguyen Wan, "Evolution of Highly Pathogenic H5N1 Avian Influenza Viruses in Vietnam Between 2001 and 2007," *PloS One* 3, no. 10 (2008), 3462.

reemerge in brief episodes among avian populations, including its first limited detection in Vietnam in 2001.[74] After the February 2003 incident involving human H5N1 cases in Hong Kong, avian outbreaks were reported in South Korea, Japan, Cambodia, Laos, and Thailand between November 2003 and January 2004, indicating a regional epidemic.[75]

The presence of H5N1 in Vietnam was similarly reported in January 2004 after WHO epidemiologists confirmed human cases among patients at Vietnam's National Pediatric Hospital in Hanoi.[76] Official Vietnamese government acknowledgement of the virus occurred almost simultaneously when the MARD Deputy Minister admitted in an interview with Tuoi Tre journalists that tests in August 2003 had confirmed H5N1 as the cause of massive avian deaths earlier that summer.[77] In a notable deviation from the transparency characterizing the SARS epidemic, the interview revealed that the Vietnamese government had effectively concealed its detection of H5N1 for more than four months following the August tests. Ultimately, the superseding emergence of human vice avian cases, combined with press scrutiny over the MARD's initial avian response, generated official acknowledgment.

After this early cover-up, however, Vietnam immediately pivoted to a decidedly internationalized policy of disease surveillance and reporting as it began a protracted effort to control the spread of H5N1 within its borders. In response to the initial detection of human H5N1 infections, additional WHO epidemiologists as well as a team from the U.S. CDC were permitted to enter the country and granted field-level access in investigating increasing numbers of human cases.[78] Simultaneously, the Vietnamese government switched to "a narrative that emphasized Vietnam's determination to fight avian influenza

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[74] Wan, 3462.

[75] Thomas, 923.

[76] Alan Sipress, *The Fatal Strain: on the Trail of Avian Flu and the Coming Pandemic*, (New York:Viking, 2009), 105–107.

[77] Guénel and Klingberg, 239.

[78] Sipress, 117–119.

and to cooperate with the international community" which accompanied the prime minister's direction to end the epidemic by February 2004."[79]

In many respects, Vietnam's struggle with H5N1 ultimately came to represent a significant contrast from the nature of its earlier decisiveness in containing SARS. Despite the initial bravado and optimism of the prime minister's statements, Vietnam was never able to control its H5N1 outbreak in the expeditious manner which defined its battle against SARS. SARS effectively consisted of a single cluster of human cases, and while human cases of H5N1 occurred in a similarly isolated fashion, the disease achieved widespread transmission in Vietnamese poultry populations. Additionally, H5N1 in Vietnam occurred in multiple waves of human and avian population outbreaks extending into the second decade of the twenty-first century. In January 2005, Vietnam became the country most severely affected by H5N1 in terms of spread among its human population, and by 2010 it was one of only four countries in the world still experiencing human cases.[80] All told, from 2003 to 2014 Vietnam experienced a total of 125 human cases and 62 deaths, placing it squarely in the grouping of the top three nations most affected by H5N1 in this measure.[81] Although H5N1 resulted in low human caseloads due to its bird-to-human transmission pathway, it produced mortality rates exceeding 60% among human cases, demonstrating a high level of lethality.[82]

Ultimately, the effects H5N1 had on the country's poultry population proved to be the most calamitous and difficult aspect of the epidemic to counter. One of the reasons why the initial 2003–3004 outbreak proved difficult to stem was simply the lack of a relevant model for effective avian influenza control.[83] Following this period, Vietnam struggled to contain five successive waves over the next four years by implementing varying policies

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[79] Vu, 100.

[80] Davies, Kamradt-Scott, and Rushton, 78.

[81] Davies, Kamradt-Scott, and Rushton, 79.

[82] Nguyen Wan, "Evolution of Highly Pathogenic H5N1 Avian Influenza Viruses in Vietnam Between 2001 and 2007," *PloS One* 3, no. 10 (2008), 3462.

[83] Guénel and Klingberg, 245.

of avian culling, vaccination, and restructuring of the livestock sector.[84] These actions led to the culling of millions of birds and created political conflict regarding compensation for poultry farmers.[85] At the same time, response measures across succeeding H5N1 waves "bore the hallmarks of foreign advice and were funded in large part by donors."[86]

Despite the initial cover-up, Vietnam's surveillance and reporting during its marathon battle against H5N1 demonstrated a general pattern of international cooperation and engagement. Indeed, lags in reporting during the early years of the epidemic were "generally seen as a capacity issue rather than as evidence of political interference or obfuscation."[87] At a critical juncture in June 2005, collaboration between the NIHE and a WHO fact-finding team helped to dispel fears that a mutation of the virus with higher human to human transmission (and pandemic potential) was emerging.[88] In this instance, both the WHO team's visit and the transfer of NIHE lab samples occurred at the direction of the Vietnamese deputy prime minister, allowing for independent verification of the suspected new strain of H5N1.[89] Although this engagement occurred under terms of confidentiality among the WHO and Vietnamese government to avoid inciting potentially unnecessary panic, the WHO quickly released a report confirming that H5N1 had not undergone a mutation conducive to human to human transmission.[90]

C. VIETNAM'S H5N1 COVER-UP AND THE HIERARCHY OF ISSUES

Vietnam's surveillance and reporting during H5N1, and specifically the cover-up during the latter portion of 2003, raises a few obvious questions. Perhaps most importantly, why would the country go, in a matter of a few short months, from the lauded level of transparency it demonstrated during SARS to an act of state concealment? The MARD's

[84] Vu, 100–102.

[85] Davies, Kamradt-Scott, and Rushton, 82.

[86] Vu, 102.

[87] Davies, Kamradt-Scott, and Rushton, 84.

[88] Normile, 369.

[89] Sipress, 259.

[90] Normile, 369.

investigation and subsequent confirmation of H5N1 occurred quite literally on the heels of the conclusion of Vietnam's SARS outbreak, so attributing this contrast to any larger shift in overall Vietnamese foreign policy or internal government changeover seems unlikely. What is noteworthy, however, is the difference in the agencies of the Vietnamese government leading the initial responses to SARS and H5N1. Unlike SARS, the MARD led Vietnam's initial H5N1 surveillance effort during the 2003 cover-up phase.[91] The MOH was appointed lead agency only after the January 2004 confirmation of human infections but once again was superseded by the more politically powerful MARD just a few short months later.[92] For the remainder of the epidemic, the MARD largely remained the principal government actor in Vietnam's H5N1 response, with exceptions such as the 2005 pandemic preparedness plan produced at the request of the WHO and spearheaded by the MOH.[93]

To a certain extent, H5N1 represented a different category of issue from SARS due to its relatively limited spread among human populations but massive impacts on the Vietnamese agricultural sector. Indeed, the MARD sub-agency that emerged as the focal point for the H5N1 response was the Department of Animal Health (DAH), further highlighting how differently this problem was viewed and handled when compared with SARS.[94] Thus, Vietnam's early defection from transparent H5N1 reporting may at least be partially explained by this key administrative difference combined with the nature of the MARD's investigation into H5N1 as a disease outbreak among chicken populations. As a result, information remained in channels less permeated by a web of international actors and "no officials dared to mention the name of the virus" until the MARD minister had officially notified the World Organization for Animal Health (OIE).[95] By contrast, the surveillance and reporting chain related to the initial human H5N1 cases reflected a SARS-like dynamic in which epidemiological information flowed to overseas labs from the web

[91] Vu, 100.

[92] Vu, 100.

[93] Vu, 101.

[94] Vu, 100.

[95] Vu, 100.

of in-country WHO representatives and domestic health entities such as the NIHE and Hanoi Pediatric Hospital.[96]

What then, does this essentially bifurcated result mean in examining complex interdependence as the cause for Vietnam's cooperative and transparent surveillance and reporting? Although an explanation for the early H5N1 cover-up may seem problematic in the context of Vietnam's behavior during SARS and the other emerging infectious disease outbreaks examined in this thesis, it is not necessarily inconsistent with the world of complex interdependence. Specifically, the concept of an absence of hierarchy among issues seems to at least partially account for Vietnam's lack of transparency.[97] Keohane and Nye write that in a world lacking a clear hierarchy of issues, "these issues are considered in several government departments (not just foreign offices), and at several levels. Inadequate policy coordination on these issues involves significant costs."[98]

The case of the early H5N1 cover-up seems to suggest that this type of dynamic was in play as the MARD and central government perceived the early outbreak of H5N1 to be a domestic issue due to its primary impacts in the agricultural realm. In retrospect, it effectively fell into the same bracket of international health issues such as SARS even though no human cases had yet emerged. Once this correction was made, surveillance and reporting largely followed as the struggle to control avian outbreaks assumed a skyrocketing level of internationalization via material and technical assistance and collaboration. Thus, Vietnam's defection from transparent surveillance and reporting during the early stage of H5N1 does not necessarily invalidate the argument for complex interdependence. Rather, it is more illustrative of the inherent problems that arise in a world in which relations are both driven by a wide variety of actors outside the traditional purview of the state as well as a dynamic in which the ability to discern the line between domestic and international issues is increasingly difficult.

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[96] Sipress, 105–107.

[97] Keohane and Nye, 20.

[98] Keohane and Nye, 20.

D. OTHER H5N1 DEFECTORS AND THE FALLACY OF AUTHORITARIAN COVER-UP

Further investigation also reveals that Vietnam was not the only country to defect from a policy of cooperative and transparent surveillance and reporting during H5N1. In addition to China, Vietnam's at least nominally democratic neighbors Thailand and Indonesia also demonstrated one or more instances of cover-up or lack of cooperation in reporting H5N1 cases or providing epidemiological samples to the international community.[99] The similarities between Vietnam and Thailand's actions during the initial H5N1 wave are particularly striking: despite having laboratory confirmation of H5N1 infections by late 2003, the Thai government attempted to conceal the outbreak for three months in an effort to protect its poultry and tourism industries.[100] As outbreaks continued to increase and pressure from domestic and international elements demanded an acknowledgement and response to the growing problem, in January 2004 the Thai government finally relented and launched a nationwide H5N1 surveillance program.[101] In the case of Indonesia, in 2006 the country stopped sharing H5N1 samples with GISN, citing an inequitable distribution to wealthier countries of vaccines and other benefits derived from such samples.[102]

In comparing Vietnam's overall surveillance and reporting with its two Southeast Asian neighbors, Sara E Davies, Adam Kamradt-Scott, and Simon Rushton characterize Vietnam as a state that "routinely reported" while Thailand's actions are described as "erratic" and Indonesia is categorized as a country that "explicitly challenged their reporting obligations."[103] Together, the three countries suffered among the worst H5N1

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[99] Frank L. Smith, "Insights into Surveillance from the Influenza Virus and Benefit Sharing Controversy," *Global Change, Peace & Security* 24, no. 1 (2012): 74. https://doi.org/10.1080/14781158.2012.641292; Davies, Kamradt-Scott, and Rushton, 84–86.

[100] Clare Wenham, "Regionalizing Health Security: Thailand's Leadership Ambitions in Mainland Southeast Asian Disease Control." *Contemporary Southeast Asia* 40, no. 1 (2018): 128. https://doi.org/10.1355/cs40-1f.

[101] Rachel M. Safman, "Avian Influenza Control in Thailand: Balancing the Interests of Different Poultry Producers," in *Avian Influenza: Science, Policy and Politics*, ed. Ian Scoones (London: Earthscan, 2010), 174.

[102] Smith, 71.

[103] Davies, Kamradt-Scott, and Rushton, 84.

outbreaks globally, and disputes regarding compensation for poultry farmers became domestic crises in each country.[104] Vietnam faced an additional challenge as it was trying to enter the international poultry market as H5N1 emerged, and the disease represented a serious setback to these plans.[105] Despite these commonalities and incentives for cover-up, Vietnam has still been categorized as much more timely, cooperative, and transparent in its overall surveillance and reporting during H5N1.[106] While the comparisons of these three countries during H5N1 is a topic worthy of its own body of research, one point relevant to this thesis seems clear: transparency, or lack thereof, cannot automatically be correlated to a given form of government or regime type in this example. If anything, similarity of interests or perception of the problem seems more determinant in accounting for periods when Vietnam's surveillance and reporting reflected defections similar to those of Thailand or Indonesia.

E. THE H5N1 ERA: THICKENING THE WEB OF VIETNAM'S ENMESHMENT

Overall, Vietnam's surveillance and reporting during the H5N1 period, with perhaps the exception of the initial cover-up, demonstrated a similar further intertwining of the country with the international community which had marked the decade and a half prior to the emergence of SARS. At a macro level, this reflected in the manner in which "Vietnamese policy-makers made considerable efforts to cooperate with donors on human health policies."[107] Much of this acceleration was based on Vietnam's dependence on foreign assistance in countering successive H5N1 waves through resource and expertise intensive disease control measures. At the same time, international donors, organizations, and health agencies were driven to invest in the country in these efforts due to the pandemic threat posed by H5N1.[108] Simply put, Vietnam needed the global community to help solve its H5N1 problem amid increased international recognition of the shared interests of

[104] Davies, Kamradt-Scott, and Rushton, 82.

[105] Davies, Kamradt-Scott, and Rushton, 84.

[106] Davies, Kamradt-Scott, and Rushton, 82.

[107] Vu, 102.

[108] Vu, 102.

controlling such an outbreak lest it reach pandemic proportions. Unsurprisingly, many of the larger initiatives highlighted in the literature review, such as the adoption of IHR 2005 and the creation of APSED and WPRO subdivisions, occurred in a timeframe in which H5N1 was ravaging Southeast Asia amid fears that it could and would achieve global spread. This dynamic does make a strong case for the existence and influence of some type of normative effect regarding the sharing of infectious-disease information. In the specific case of Vietnam, it also reflected both the output and necessity of further enmeshment into the global community which was already in place by SARS and further reinforced by H5N1.

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IV. H1N1

A. INTRODUCTION

Vietnam's surveillance and reporting during the H1N1 pandemic in 2009 closely adhered to international standards, including IHR 2005, which was still being implemented worldwide after its accelerated adoption during the H5N1 period. Additionally, although Vietnam instituted a rigorous surveillance program at international entry points, the country's overall response demonstrated adherence to the WHO's further emphasis on avoiding unnecessary travel restrictions and import bans. Overall, Vietnam's behavior during this emerging infectious disease outbreak demonstrated a sustainment of the same transparent and internationally cooperative tenets observed during its previous battles against SARS and H5N1. Additionally, widespread international adherence to standards of timely and transparent surveillance and reporting during H1N1 supports the notion of the rise of an international regime regarding the necessity of information sharing as a necessary response to the globalized nature of emerging infectious disease outbreaks.

B. BACKGROUND

Unlike SARS and H5N1, and contrary to many predictions in the medical community, H1N1 initially emerged as an epidemic in North America rather than Asia.[109] After manifesting as a novel strain of a virus usually found in pigs, the disease achieved rapid regional and global spread from its suspected origins in La Gloria, Mexico, in March 2009.[110] This widespread transmission led the WHO to declare H1N1 a global pandemic on June 11, 2009, the first disease of the 21st century to achieve such a status.[111] Like SARS, H1N1 arrived in Vietnam by way of international air travel: the country reported its first case on May 31, 2009, when a Vietnamese student returning from the United States

[109] Davies, Kamradt-Scott, and Rushton, 111.

[110] Davies, Kamradt-Scott, and Rushton, 93.

[111] Davies, Kamradt-Scott, and Rushton, 93.

tested positive for the disease.[112] Twelve days later, the first H1N1 case in the capital city of Hanoi was detected, and community transmission became apparent by mid-July.[113] The country spent the remainder of the year responding to an outbreak that, while much more widespread, possessed none of the lethality that made SARS, and especially H5N1, so concerning. By the end of 2009, the MOH reported 53 deaths among a total of 11,104 H1N1 cases.[114] Past the pandemic stage, H1N1 continues to circulate in Vietnam as a seasonal influenza virus.[115]

Vietnam's initial surveillance and reporting measures were implemented more than a month prior to the detection of the country's initial case and occurred essentially in lockstep with guidance issued by the WHO. On April 27, 2009, when the WHO raised their global pandemic alert level for H1N1 to Phase 4 (community-level outbreaks), the MOH implemented a disease surveillance regimen focused on arriving travelers at international airports.[116] These measures included body temperature scans, questionnaire screenings, and in-hospital isolation and testing of suspected cases.[117] Additionally, a domestic hotline was created which provided information about the new virus.[118] In response to this mobilized approach, the WHO's spokesperson in Hanoi praised the country's health officials, noting that "given previous experiences dealing with both avian influenza and SARS, Vietnam already has many surveillance and early detection mechanisms in place."[119]

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112 Tran Tinh Hien et al. "Early Pandemic Influenza (2009 H1N1) in Ho Chi Minh City, Vietnam: A Clinical Virological and Epidemiological Analysis," *PLoS Medicine* 7, no. 5 (2010): e1000277.

113 Hien et al., e1000277.

114 Hien et al., e1000277.

115 Hang K. L. Nguyen et al., "Virological Characterization of Influenza H1N1pdm09 in Vietnam, 2010-2013," Influenza and Other Respiratory Viruses 9, no. 4 (2015): 216. https://doi.org/10.1111/irv.12323.

116 Hien et al., e1000277.

117 Hien et al., e1000277.

118 Guénel and Klingberg, 239.

119 Guénel and Klingberg, 239.

Like H5N1, H1N1 also presented a potentially larger economic and agricultural issue due to its characteristics as a disease normally transmitted among swine populations. In a notable deviation from H5N1, however, the MOH constituted the lead Vietnamese government agency coordinating the country's overall response to H1N1.[120] Initially, the Vietnamese government expressed uncertainty about potentially banning pork imports but "subsequently opted not to provoke panic as they had in early 2004 during the avian influenza epidemic."[121] Instead of resorting to import bans or swine culling measures implemented in multiple countries, the Vietnamese government instead enlisted the media in a public awareness campaign to promote the safety of both imported and domestic pork.[122] This information effort also highlighted simple safety measures enabling the safe handling and consumption of pork products.[123] Ultimately, concerns over H1N1 spread among Vietnam's swine population were likely at least somewhat warranted. For example, a multinational study conducted in late 2009 using swine samples from Vietnam's Red River Delta suggested "extensive reverse-zoonotic transmission from humans to pigs with subsequent onward transmission within pig herds."[124]

C. THE H1N1 RESPONSE: RIDING THE WAVE OF INTERNATIONAL INFECTIOUS DISEASE RESPONSE

By the time Vietnam began instituting measures to counter the anticipated arrival of H1N1 at its borders, the country had been continuously responding to some form of emerging infectious disease outbreak for more than six years since the emergence of SARS in 2003. As the previous chapters have illustrated, these response measures demonstrated significant levels of dependence on and integration with the international community. Vietnam's surveillance and reporting strategy at the onset of H1N1 demonstrated the

120 Nguyen Van Binh et al., "Description of the First Pandemic Influenza A (H1N1) Cases in Vietnam, June-July 2009," *OSIR Journal*, 2016: 10.

121 Guénel and Klingberg, 239.

122 Guénel and Klingberg, 239.

123 Guénel and Klingberg, 239.

124 Karen Trevennec et al., "Transmission of Pandemic Influenza H1N1 (2009) in Vietnamese Swine in 2009–2010," *Influenza and Other Respiratory Viruses* 6, no. 5 (2012): 348. https://doi.org/10.1111/j.1750-2659.2011.00324.x

sustainment of these characteristics; the country was both keen to implement guidelines from the WHO as well as dependent on medical technology provided from international sources. For example, the two facilities in Ho Chi Minh City capable of testing for H1N1 consisted of the Pasteur Institute and the Hospital for Tropical Diseases (HTD).[125] The technical means for this capability was provided by WHO/US CDC-developed tests, of which the Pasteur Institute and HTD received primers for in May 2009.[126] From that point forward, the Pasteur Institute provided formal national diagnostic confirmation of cases while the HTD served as the main referral point for cases in the city.[127]

Given the above chronological timeline, Vietnam's surveillance and reporting during H1N1 should be assessed in the context of the late H5N1 period. Although H1N1 did not emerge in the same narrow window as the intermission between SARS and H5N1, Vietnam's prolonged battle against H5N1 was essentially still unfinished as H1N1 began emerging as a disease of pandemic proportions. Indeed, the country was still in the midst of pursuing a revamped avian vaccination program planned to last through 2009, illustrating the overlapping nature of H5N1 and H1N1 as potentially crisis-inducing health issues. In describing Vietnam's behavior during H5N1, Annick Guénel and Sylvia Klingberg write that Vietnamese authorities "sought to carry out international biosecurity agencies' recommendations to the letter. This strategy fitted with the country's general politics of global market integration."[128] Given the nearly gapless chronological timeline between H1N1 and H5N1, the same policy seems to have carried over from the former to the latter.

Thus, virtually all available evidence points to a policy of transparent and internationally cooperative surveillance and reporting during Vietnam's initial and follow-on response to H1N1. Additionally, such behavior demonstrates a sustainment of the patterns generally observed during the country's previous experiences with SARS and

[125] Hien et al., e1000277.

[126] Hien et al., e1000277.

[127] Hien et al., e1000277.

[128] Guénel and Klingberg, 251.

H1N1: integration with international health organizations through multiple channels, deliberate demonstrated compliance with guidelines promulgated from organizations such as the WHO, and a reliance on international expertise and material assistance in countering the spread of the disease. During H1N1, however, transparent and timely reporting was overwhelmingly the mean behavior of countries rather than the exception. Davies, Kamradt-Scott, and Rushton observe that "of those countries that possessed the technical capacity to detect and report outbreaks of the virus via public health infrastructure (such as influenza surveillance networks and the laboratory capacity necessary to isolate and identify influenza strain), very few failed to report transparently and openly."[129] Indeed, the high profile defections that marked SARS, and especially H5N1, were all but absent from the H1N1 period, with approximately 85 percent of countries adhering to WHO recommendations and guidelines.[130]

Considering that timely and transparent reporting was essentially the norm during H1N1, the metric of cooperativeness can arguably be extended to how well a country also adhered to additional international standards of transparency and disease response promulgated within IHR 2005. Namely, the prohibition against arbitrary and unnecessary trade and travel restrictions outlined in the regulations effectively became the yardstick of a country's international cooperativeness during the H1N1 pandemic. In assessing this measure, Davies, Kamradt-Scott, and Rushton point out that "approximately 35 of the WHO's 196 member states (i.e., slightly over 15 percent) did impose international trade and travel restrictions that seemed to contravene the behavioral expectations encapsulated in the IHR (2005)."[131] As noted earlier in the chapter, Vietnam was not one of the countries to defect from these standards and refrained from instituting pork bans, travel restrictions, or other similar measures contravening expected international intercourse in the pandemic environment of H1N1.[132] Rather, the country's surveillance measures and public awareness campaign were implemented to both functionally stem the spread of the disease

[129] Davies, Kamradt-Scott, and Rushton, 111.

[130] Davies, Kamradt-Scott, and Rushton, 103.

[131] Davies, Kamradt-Scott, and Rushton, 104.

[132] Guénel and Klingberg, 239.

while remaining within the bracket of agreed-upon international health regulations. In considering this behavior as a tangential measure of a country's transparency and cooperativeness during H1N1, Vietnam still falls into the grouping of countries demonstrating a broader adherence to internationally compliant disease response measures.

D. VIETNAM'S SURVEILLANCE AND REPORTING DURING H1N1: SIMPLY FOLLOWING THE NORM?

What, then, does Vietnam's behavior during H1N1 mean for the examination of complex interdependence as a driver for the country's seemingly unexceptional approach to surveillance and reporting? First, although the more widespread transparency of reporting during H1N1 does support the argument of norms in general and the importance of reforms such as IHR 2005 in particular, such a dynamic is not mutually exclusive of the world of complex interdependence. Instead, the international regimes identified by Keohane and Nye provide a more comprehensive explanation for why transparent surveillance and reporting, and a broader adherence to international health regulations, became widespread by the time of H1N1.[133] The gradual movement toward a global health regime emphasizing information sharing had its roots in the late twentieth century before being strengthened by the onslaught of a rapid succession of emerging infectious diseases such as SARS and H5N1 during the first decade of the twenty-first century. Thus, while norms do have a degree of explanatory power, the argument for the broader emergence of a global health regime arguably provides a more comprehensive explanation for the broader state of surveillance and reporting during H1N1.

Second, the international enmeshment which by 2009 characterized nearly two decades of Vietnamese foreign policy continued virtually unabated during the H1N1 period and the lead up to it. Although the Global Financial Crisis represented the larger (and arguably more challenging) international event occurring in the background of the H1N1 outbreak, 2009 still represented yet another noteworthy year furthering the country's economic and political integration into the global community. For example, Vietnam achieved non-permanent membership on the U.N. Security Council and was in the middle

[133] Keohane and Nye, 16.

of negotiations for a free trade agreement with the European Union during the same period it was responding to the latter stages of H5N1 and the H1N1 pandemic.[134]

Given this continued pattern of deepening involvement with a variety of international actors, the role of regional organizations highlighted in the literature review, namely APSED, can also be put into better context as an element under the broader umbrella of complex interdependence. In her book Containing Contagion: The Politics of Disease Outbreaks in Southeast Asia, Sara E. Davies argues that "in the case of APSED, regional institutions played a vital two-step role in merging the WHO goal of IHR compliance with states' interest in strengthening core capacities such as surveillance and response operations for the novel outbreaks and endemic diseases."[135] APSED, with its backing provided by the inherent informal networking of ASEAN membership, arguably provided overlapping layers of relationships reinforcing the migration toward a standard of more transparent surveillance and reporting. APSED played a role in propagating the IHR 2005-articulated norm for surveillance and reporting as part of an international health security regime, but it was the multiples channels of relationships underpinning it that also need to be recognized.

Given Vietnam's previous proclivity for this type of action, combined with its multitude of relationships anchored by ASEAN membership, the effects of APSED were ultimately more reinforcing rather than transformational in the country's surveillance and reporting during H1N1. Within the timeframe of this pandemic, Vietnam was actually preparing to assume the position of ASEAN chair in 2010, further representative of its policy of being "actively involved in ASEAN and in ASEAN's relations with other countries."[136] While H1N1 may be more notable for its globally broader adherence to transparency in surveillance and reporting, in Vietnam's case it also accompanied the perpetuation of an increasingly complex and enmeshed relationship with the international community.

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[134] Ramses Amer, "Vietnam in 2009: Facing the Global Recession," *Asian Survey* 50, no. 1 (2010): 212, 214. https://doi.org/10.1525/as.2010.50.1.211.

[135] Davies, 142.

[136] Amer, 216.

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V. COVID-19: BUILDING INTERNATIONAL STANDING THROUGH SURVEILLANCE AND REPORTING

A. INTRODUCTION

Vietnam's response to COVID-19 has received significant international recognition for its overall effectiveness in stemming the spread of the disease within the country's borders. Despite reporting some of the lowest COVID-19 caseloads and deaths in the world, virtually all assessments indicate that the country has pursued a policy of transparency in its surveillance and reporting of COVID-19 cases. Additionally, Vietnam has deepened the nature of its enmeshment in the global health regime by emerging as a "provider" of surveillance capacity during the pandemic through measures including the development and export of COVID-19 test kits. Furthermore, the Vietnamese government has explicitly made transparency a deliberate element of its domestic communication campaign in an effort to leverage the pandemic to enhance its international standing and domestic legitimacy.

B. BACKGROUND

Vietnam confirmed its first COVID-19 case on January 23, 2020, making it one of the first ten countries to officially detect the emerging pandemic within its borders.[137] Like SARS and H1N1, COVID-19 was introduced into Vietnam by international air travel. In the case of COVID-19, travelers flying to Hanoi from the emerging virus epicenter of Wuhan, China represented Vietnam's first cases, and within two weeks the country accounted for 7% of the confirmed global caseload.[138] Despite this alarming start, within a year Vietnam had garnered international attention and praise for its ability to prevent the spread of the ongoing COVID-19 pandemic and the country "ranked among the five

[137] Quang D. Pham et al., "Lessons learned from Vietnam's COVID-19 response: the role of adaptive behavior change and testing in epidemic control," *medRxiv* (December 19, 2020): 20248454. https://doi.org/10.1101/2020.12.18.20248454.

[138] Pham et al.

countries with the lowest COVID-19 disease burden, and among the three countries with lowest overall mortality."[139]

As with H1N1, planning for COVID-19 response measures had been occurring for more than a month prior to the confirmation of Vietnam's initial case. Beginning in December 2019, the MOH published seven legal documents outlining the country's response plan for the anticipated spread of the still murky influenza rapidly spreading in neighboring China, and medical screenings at border crossings were implemented in mid-January.[140] Within a week of the first case, the Taskforce Group on COVID-19 prevention and control was formed under the leadership of Vice Prime Minister Vu Duc Dam.[141] This group, consisting of representatives from 23 ministries, press organizations, and other organs of state, was formed to issue directives and decisions aimed at preventing the spread of COVID-19 at the national, provincial, and local levels.[142] Early measures, which included border closures, health declarations, and quarantine requirements, actually exceeded WHO recommendations and resulted in a rapid cessation of new cases for nearly two weeks by late February 2020.[143] In a February 15 statement, the WHO praised Vietnam's early mobilization for its emphasis on "early detection, early isolation, and active treatment," echoing the organization's assessment of the country's proactive response to H1N1 more than a decade earlier.[144]

The formation of the Taskforce Group embodied Vietnam's "whole of government" strategy adopted to combat COVID-19, with much of this approach framed

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[139] Pham et al.

[140] Tuyet-Anh T. Le et al., "Policy Responses to the COVID-19 Pandemic in Vietnam," *International Journal of Environmental Research and Public Health* 18, no. 2 (2021): 559. https://doi.org/10.3390/ijerph18020559; Nga La, "Vietnam wins first round of coronavirus fight: Deputy PM," *VNExpress*, February 25, 2020, https://e.vnexpress.net/news/news/vietnam-wins-first-round-of-coronavirus-fight-deputy-pm-4060132.html.

[141] Bui Thi Thu Ha et al., "Combating the COVID-19 Epidemic: Experiences from Vietnam," *International Journal of Environmental Research and Public Health* 17, no. 9 (2020): 3125. https://doi.org/10.3390/ijerph17093125.

[142] Ha et al. 3125.

[143] La.

[144] Thuy Quynh, "WHO lauds Vietnam response to Covid-19 epidemic," *VNExpress*, February 16, 2020, https://e.vnexpress.net/news/news/who-lauds-vietnam-response-to-covid-19-epidemic-4055918.html.

in public messaging in the context of a nationwide wartime mobilization.[145] As with earlier case studies, the core of the country's strategy has still been government-led with considerable international collaboration. Domestically, information has been a cornerstone of Vietnam's ongoing COVID-19 response, with an emphasis on leveraging advances in information technology to improve surveillance and reporting, including the extensive use of social media and smartphone technology.[146] For instance, in March 2020 the MOH worked with domestic telecom companies to launch the app NCOVI, which essentially enabled neighborhood-level reporting and contracting tracing of detected cases and infection clusters.[147] The MOH subsequently launched the app Bluezone the following month, which allowed users to identify instances of close contact with confirmed COVID-19 patients.[148] As an additional measure of its public information campaign, the MOH collaborated with the WHO in producing infographics regarding COVID-19 preventive measures during specific situations such as the use of public transportation.[149]

International collaboration and technological innovation has also been a highlight of the country's approach to improve its surveillance and reporting capability. In February 2020, as Vietnam began to mobilize its COVID-19 response, the country still relied on a manual system of tracking and reporting suspected disease cases which included transcribing case details into a manual spreadsheet for greater dissemination within the MOH and regional public health institutes.[150] Following an urgent request from the MOH to international partners to assist in developing an online system for real-time case tracking, the U.S. CDC and the international nonprofit health organization PATH collaborated with

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145 Todd Pollack et al., "Emerging COVID-19 success story: Vietnam's commitment to containment," Our World in Data, June 20, 2020. https://ourworldindata.org/covid-exemplar-vietnam.

146 Ha et al., 3125.

147 Pollack et al.

148 Thi Phuong Thao Tran et al., "Rapid Response to the COVID-19 Pandemic: Vietnam Government's Experience and Preliminary Success," *Journal of Global Health* 10, no. 2 (2020): 020502. https://doi.org/10.7189/jogh.10.020502.

149 Tran et al., 020502.

150 Tom Furtwangler and Elaine Ung, "How COVID-19 accelerated the shift from paper forms to digital data in Vietnam," PATH, last modified March 13, 2020. https://www.path.org/articles/covid-19-paper-to-digital-vietnam.

the domestic telecommunications firm Viettel, producing an online reporting system in just nine days.[151] This surveillance tool was subsequently integrated into daily MOH emergency operations center meetings and has been used to develop quarantine strategies over the course of the pandemic.[152]

C. TRANSPARENCY AND THE CAPACITY BUILDING OF THE POST H1N1 ERA

To date, Vietnam has been generally categorized as "one of the world's star performers" in its COVID-19 response.[153] Consequently, the newfound attention Vietnam has received in the press and academia has at times led to initial disbelief over the transparency and accuracy of its seemingly unbelievably low numbers of COVID-19 caseloads and deaths.[154] Yet, as Paul Schuler points out, "media outlets, international health organizations operating in Vietnam, and foreign experts formed a consensus early on that the numbers were correct."[155] For instance, the Oxford University Clinical Research Unit (OUCRU) conducted approximately 20,000 tests on site in Hanoi during the first half of 2020, with results matching the official data shared by the Vietnamese government.[156] Although the debate is only beginning as to why Vietnam (and a few other Asian countries) have prevented the spread of COVID-19 to such an exceptional degree, there seems virtually no evidence to suggest that Vietnam's reporting of COVID-19 cases has been a deviation from the transparency that has largely defined its emerging infectious disease responses during the last two decades.

In addition to the more ad hoc technological tools created during the early stages of COVID-19, Vietnam's surveillance measures unrolled at the onset of the pandemic

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151 Furtwangler and Ung.

152 Furtwangler and Ung.

153 Paul Schuler, "Vietnam in 2020," *Asian Survey* 61, no. 1 (2021): 91. https://doi.org/10.1525/as.2021.61.1.90.

154 Schuler, 91.

155 Schuler, 91.

156 Anna Jones, "Coronavirus: How 'overreaction' made Vietnam a virus success," *BBC News*, May 15, 2020. https://www.bbc.com/news/world-asia-52628283.

demonstrated a level of robustness which had matured significantly from the H1N1 era more than a decade earlier. As with much of the broader disease response capability developed during the intervening years between H1N1 and COVID-19, these advances were largely achieved in partnership with international actors, especially the U.S. CDC. For example, in 2013 Vietnam created a national emergency operations center and added multiple regional hubs three years later.[157] These sites serve both as hubs for domestic collaboration as well as a linkage back to the U.S. CDC in Atlanta.[158] Furthermore, they are staffed with graduates of the MOH's Field Epidemiology Training Program, a U.S. CDC and WHO-supported training curriculum that "trains disease detectives in the field."[159] Additionally, in 2016 Vietnam rolled out the pilot version of an "event based" surveillance program in collaboration with the U.S. CDC, expanding this initiative to the national level in 2018 due to its successful results.[160]

These specific details were largely captured in Vietnam's 2016 Joint Evaluation Exercise (JEE) conducted by the WHO. As previously highlighted in the literature review, the JEE assesses the capacity of a country's surveillance mechanisms in accordance with the standards established in IHR 2005.[161] Thus, Vietnam's JEE was significant for a few reasons. First, it reflected the burgeoning emerging infectious disease surveillance and detection capacity mechanism that would be brought to bear against COVID-19 in early 2020. In addition to the surveillance infrastructure improvements noted above, in the years immediately preceding COVID-19 Vietnam had exercised these capabilities during real world scenarios involving Ebola, Middle East Respiratory Syndrome (MERS), and avian influenza H7N9.[162]

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[157] Pollack et al.

[158] Centers for Disease Control and Prevention, "Global Health Security in Vietnam." May 18, 2016, https://www.cdc.gov/media/dpk/diseases-and-conditions/global-health-security-vietnam/global-health-security-vietnam.html.

[159] Pollack et al.

[160] Pollack et al.

[161] Davies, 171.

[162] World Health Organization, 7.

Second, as a voluntary external assessment, submitting to a JEE inherently suggests both at least some level of transparency as well as a determination to demonstrate compliance with the international readiness standards established by IHR 2005. Indeed, Vietnam was only the second country in the WHO WPRO subdivision to receive a JEE, and in the report the WHO's assessment team noted that "through the whole process of the JEE and the in-country mission, high political commitment was evident."[163] Although Vietnam certainly improved upon its domestic emerging infectious disease surveillance capabilities during the decade between H1N1 and COVID-19, the theme of deliberate international involvement and adherence to international regulations also remained consistent, if not actually increasing.

On one hand, then, the JEE may represent the further maturation of the normative effects on IHR 2005 discussed in the previous chapter. At the same time, however, it also represents the continued enmeshment of Vietnam into international health relationships overlapping the architecture of these regulations and its reinforcing organizations. Indeed, many of the JEE-identified capacity improvements resulting from Vietnam's partnership with the U.S. CDC were facilitated under the auspices of the Global Health Security Agenda (GHSA), which was initiated in 2014 "as a global effort to strengthen the world's ability to prevent, detect, and respond to infectious disease threats."[164] As a US-backed initiative, the GHSA has to date been joined by 67 countries, with Vietnam representing one of its first signatories in 2014.[165]

D. THE TWO-WAY STREET OF COMPLEX INTERDEPENDENCE

Vietnam's surveillance and reporting during COVID-19, when compared to the other emerging infectious disease outbreaks examined in this thesis, is notable in the country's ability to leverage domestic capabilities and innovation in a manner that was absent (and unavailable) during earlier responses. For example, although Vietnam

163 World Health Organization, 1.

164 Centers for Disease Control and Prevention, "Global Health—CDC and the Global Health Security Agenda," January 8, 2021. https://www.cdc.gov/globalhealth/security/index.htm.

165 Centers for Disease Control and Prevention; Pollack et al.

launched its surveillance efforts by utilizing South Korean test kits and relying on bilateral research efforts with Japan, in late January 2020 domestic efforts to develop diagnostic tests had commenced. Over the next month, Vietnamese medical researchers developed several low-cost tests kits.[166] This effort was supported by a combination of material support from the WHO as well as adapting tests kits under already developed by the U.S. CDC and WHO.[167] Ironically, despite the sustained international groundwork that had contributed toward achieving this level of capability, by early March 2020 Vietnam had developed three effective COVID-19 tests at a time when there were still none readily available in the US.[168]

Interestingly, there is also evidence to suggest that Vietnam has attempted to leverage these improved capabilities in the foreign policy realm. For example, one of the first indigenously produced COVID-19 tests, the Viet A, was quickly certified by the European Union and ultimately endorsed by the WHO in April 2020 under an emergency use listing procedure.[169] Such approvals paved the way for large-scale exports of Vietnamese COVID-19 tests, and by the time the Viet A received WHO approval Vietnam was already finalizing arrangements with 20 countries for large-scale purchase of the tests.[170] Vietnam also donated hundreds of thousands of masks and associated equipment to the U.S. and Japan as the Viet A test was receiving WHO approval in April 2020.[171]

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166 Max Walden, "How has Vietnam, a developing nation in South-East Asia, done so well to combat coronavirus?" ABC News, May 13, 2020, https://www.abc.net.au/news/2020-05-13/coronavirus-vietnam-no-deaths-success-in-south-east-asia/12237314. *VOA News*, "Vietnam Poised to Export COVID-19 Test Kits," April 30, 2020. https://www.voanews.com/covid-19-pandemic/vietnam-poised-export-covid-19-test-kits.

167 Robyn Klingler-Vidra, Ba Linh Tran, and Ida Uusikyla, "Testing Capacity: State Capacity and COVID-19 Testing." *Global Policy*, April 9, 2020. https://www.globalpolicyjournal.com/blog/09/04/2020/testing-capacity-state-capacity-and-covid-19-testing.

168 Walden.

169 Pollack et al., "Emerging COVID-19 success story: Vietnam's commitment to containment." Bich Ngoc, "WHO approves made-in-Vietnam Covid-19 test kit," *VNExpres*s, April 26, 2020. https://e.vnexpress.net/news/news/who-approves-made-in-vietnam-covid-19-test-kit-4090402.html.

170 Ngoc.

171 Nguyen Dieu Tu Uyen, "Vietnam Gives the U.S. 250,000 Locally Made Medical Masks," *Bloomberg*, April 16, 2020. https://www.bloomberg.com/news/articles/2020-04-16/vietnam-to-give-the-u-s-200-000-locally-made-medical-masks.

Thus, COVID-19 has arguably advanced the web of the country's health security relationships into a sort of two way street in which information transparency is no longer the sole good being conveyed in exchange for technical and material assistance. When compared to Vietnam's overwhelming dependency on either internationally sourced tests (such as H1N1) or international agencies to assist in the testing (SARS and H5N1), the maturation of indigenous Vietnamese emerging infectious diseases surveillance capacity bolstered by international relationships during COVID-19 is significant. While still displaying characteristic international collaboration seen during previous outbreaks, during COVID-19 the country has become an exporter of capacity as a means of reinforcing international relationships and demonstrating its standing in the global community.

E. TRANSPARENCY AS A SOURCE OF PERFORMANCE LEGITIMACY

Building on previous emerging infectious disease outbreaks, the VCP has arguably leveraged COVID-19 to transform the pandemic from a potentially disastrous calamity into an opportunity to strengthen its legitimacy both at home and abroad. For example, Australian Strategic Policy Institute analyst Huong Le Thu argues that "COVID-19 could have curtailed Hanoi's foreign policy agenda and undermined its security, but the pandemic thus far has only strengthened Vietnam's international positioning and reputation, and boosted public confidence in the government."[172] Aside from its international surveillance and reporting, the Vietnamese government has also made an effort to highlight domestic transparency as a key tenet of this strategy. Beginning in the early stages of the pandemic, official newspapers, government websites, and television broadcasts delivered continuous updates on COVID-19 cases both domestically and abroad; they also delivered MOH health messages aimed at preventing additional infections.[173] Although the VCP has continued to otherwise maintain pressure on dissidents and other protesters throughout the

[172] Huong Le Thu, "Vietnam: A Successful Battle Against the Virus," Council on Foreign Relations, April 30, 2020. https://www.cfr.org/blog/vietnam-successful-battle-against-virus.

[173] Ha et al., 3125; Schuler, 3125.

same period, "transparent information on positive cases helped to convey the image of government action toward COVID-19."[174]

Thus, not unlike previous emerging infectious disease outbreaks such as H5N1 and H1N1, Vietnam's overall reporting and surveillance behavior during COVID-19 appears to at least be driven in part by the concept of domestic considerations identified in the literature review of this thesis. Yet, in the case of COVID-19 there appears to be little of the failure to discern the blurring "distinction between domestic and foreign issues" that plagued Vietnam's early response to H5N1.[175] Rather, Vietnam's overall surveillance and reporting seems to suggest that the VCP has managed to leverage this dynamic to its advantage both at home and abroad by leveraging the transparency, capacity, and overall effectiveness of this effort.

[174] Ha et al., 3125; Schuler, 3125.

[175] Keohane and Nye, 20.

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VI. CONCLUSION

A. SURVEILLANCE AND REPORTING IN REVIEW: AN OUTPUT OF INTERNATIONAL ENMESHMENT

During the last thirty-five years, Vietnam has gone from being effectively a pariah nation to a highly integrated regional and global actor. The policy of Doi Moi economic renovation, initiated in the late 1980s, has proven to be a watershed catalyst for this evolution, with far reaching impacts in virtually every aspect of Vietnam's society, political economy, and foreign policy. As part of the Doi Moi reforms, Vietnam dramatically shifted from a centrally planned to market-based, export-oriented economy and entered into multiple bilateral and multilateral trade agreements.[176] At the same time, the country took dramatic steps to reform its image of isolated Cold War belligerent by seeking engagement and membership in a litany of regional and international organizations. This overall trend of deepening international engagement has continued and accelerated into the first two decades of the twenty-first century with parallels in Vietnam's growing partnership with international health organizations and agreements. Many of these initiatives are deliberately aimed at responding to infectious disease outbreaks in a multilaterally cooperative and transparent manner as well as providing international assistance to enhancing the surveillance capacity of developing nations.

Across four major emerging infectious disease outbreaks spanning the first two decades of the twenty-first century, Vietnam has demonstrated a largely consistent approach to transparency in its international reporting. At the same time, it has benefitted from an increasing surveillance capacity enabled and intertwined with the assistance and direct involvement of health organizations from other countries and the global community at large. Indeed, there is a body of evidence to suggest that these changes have accompanied the emergence of norms and a global health security regime focused on shaping expected behaviors in surveillance and reporting. It is, however, ultimately the broader context of

176 Ralf Emmers, "The Indochinese Enlargement of ASEAN: Security Expectations and Outcomes," *Australian Journal of International Affairs* 59, no. 1 (March 1, 2005): 73. https://doi.org/10.1080/1035771042000332057.

complex interdependence which accounts for why the VCP has bought into a policy which paradoxically seems to limit sovereign authority within their own borders. In the end, such an approach is both an output and a requirement of a broader strategy to deliberately enmesh the country internationally as a means of preserving regime survival. Given that prerogative, it is also worth remembering that engineering foreign policy based on a paradigm of complex interdependence still boils down to satisfying national interests. Former Foreign Minister Nguyen Co Thach, one of the Vietnamese policymakers credited with introducing the New World Outlook in the 1980s, essentially recognized this dynamic in a position paper arguing that "Hanoi must interlock the diverse interests of different actors into situations that are favorable to Vietnam. Officials must even create new interests for the country's opponents and then enmesh them in networks beneficial to it."[177] In the end, although the VCP has perhaps lost a bit of sovereignty in the internationalization of its infectious disease surveillance, it has gained significantly in materially increasing the country's capacity and relationships by propagating the image of a responsible global actor.

B. VIETNAM AND THE AUTHORITARIANISM (MIS)LABEL

Perhaps one of the major takeaways of nearly two decades' worth of Vietnam's surveillance and reporting is also related to both the country's unique form of governance and the broader characterization of authoritarianism in general. On one hand, the VCP has preserved a level of dominance and longevity surpassing that of many other authoritarian regimes, with scholar Jonathan London characterizing it as "an extraordinarily successful political party."[178] In his assessment, after more than eight decades of existence the VCP "shows no signs of relinquishing power and faces no organized opposition."[179] Indeed, "since 1975, after thirty years of war, people in Vietnam have largely lived in peace under a political system that in several respects has scarcely changed."[180] Consequently, the time

177 Vuving, 810.

178 Jonathan London, "Viet Nam and the Making of Market-Leninism," *Pacific Review* 22, no. 3 (2009): 395.

179 London, 375.

180 Benedict J. Kirkvliet, *Speaking Out in Vietnam Public Political Criticism in a Communist Party–Ruled Nation,* (Ithaca: Cornell University Press, 2019), 1.

frame examined during the SARS, H5N1, H1N1, and COVID-19 outbreaks are somewhat unique among countries in that in the case of Vietnam they have been marked by the unbroken dominance of a single political party. Although much has changed, the stability of the VCP's brand of intertwined authoritarianism has remained an arguably constant common denominator.

At the same time, despite this broader continuity and stability, both Vietnam and the nature of the VCP's rule underwent a major transition from the advent of Doi Moi to the 2003 emergence of SARS. This evolution, which has perpetuated into the current COVID-19 era alongside, has accompanied the VCP's continued adaptation to internal party pressures and the demands of the international and domestic environment. As previous chapters have highlighted, the "party's economic policies and their resultant economic institutions and institutionalized economic outcomes have structured interests and incentives within the Vietnamese Party state and Vietnamese social life more broadly."[181] Although VCP rule has certainly remained a constant factor during the last two decades of nearly continuous emerging infectious disease response, the gradual but sustained trend of restructuring the country "to link Vietnam's economy to the global economy by taking advantage of Vietnam's position in the global division of labor" has produced a form of authoritarian government which has evolved into a multi-positioned approach to international engagement.[182]

Consequently, the tendency to simply apply an "authoritarian" label to Vietnam fails to account for the increasingly competitive complexity of the VCP's rule wrought by the changes that the country has undergone since the mid-1980s. As Jonathan London points out, "unlike Singapore or China, a visitor to Viet Nam (and Ho Chi Minh City in particular) may well happen upon an open street protest. While the scale and frequency of these events should not be exaggerated, the very fact that they are allowed to occur indicates the nature of authoritarianism in Vietnam has its nuances."[183] At the same time,

[181] London, 395.

[182] Abuza, 408.

[183] London, 394.

it would also be misleading to try to overemphasize the amount of liberalization that the country has undergone or characterize the VCP's rule as lacking the use of repression. Indeed, recent annual reports from organizations such as the U.S. State Department and Human Rights Watch still characterize the country as "extremely intolerant of political dissent."[184] Still, the classification of Vietnam along purely authoritarian lines is an oversimplification that fails to capture the underlying causes for intriguing and seemingly surprising behavior. Kerkvliet takes this line of argument one step further in his assertion that Vietnam is best categorized as a "responsive-repressive party-state" since frequently applied labels like authoritarian are problematic because "Vietnam under Communist Party rule has never conformed well to long-standing definitions for these terms."[185]

The conclusion more germane to this thesis is that it would be a mistake to simply lump Vietnam into such a broad bracket and base predictions on state behavior for disease surveillance and reporting from such an assessment. Arguably, this investigation has found evidence countering the purportedly authoritarian tendency to cover-up failures and propagandize successes. As previously highlighted, Vietnam has shown a notable divergence from the reporting practices of China, a country often identified as sharing many parallels in terms of political system and trajectory toward economic liberalization. During the four emerging infectious disease outbreaks examined, Vietnam was largely a transparent and timely reporter amid defections by authoritarian and non-authoritarian governments alike. Furthermore, the detailed examination of Vietnam's performance as a generally transparent reporter amid a backdrop of dramatic integration into the global community has touchpoints into the line of academic work attempting to best characterize the highly complex nature (and byproducts) of the VCP's rule.

In the end, Vietnam's transparent and internationally cooperative surveillance and reporting over the last two decades is largely unsurprising, regardless of its "authoritarian" government, given the deeply enmeshed relationships the country entered into prior to and during this period. In explaining this behavior, what matters more is the litany of new non-

184 Kirkvliet, 3.

185 Kirkvliet, 4.

state actors and relationships which have increasingly defined the country's interactions with the global community as "the states' reach into Vietnamese citizens' lives has receded significantly."[186] Vietnam may indeed be authoritarian, but the label itself ultimately connotes relatively limited meaning as a determinant of how reliably it can be expected to report transparently, or respond effectively, to an emerging infectious disease outbreak.

C. COMPLEX INTERDEPENDENCE AND BLENDED FOREIGN POLICY

Ultimately, then, how well does complex interdependence explain Vietnam's surveillance and reporting across four major emerging infectious disease outbreaks over the last two decades? In general, the case studies of Vietnam's surveillance and reporting during SARS, H5N1, H1N1, and COVID-19 seem to support the notion that Vietnam's deliberate foreign policy orientation of enmeshment has at least accompanied the growth of diverse international relationships conducive to the sharing of information during emerging infectious disease outbreaks. Although these relationships were bolstered by the emergence or reinforcement of a global health regime emphasizing information sharing during such an event, the decision to position the country along such lines was still a deliberate one. Thus, the nature of Vietnam's surveillance and reporting during the last two decades aligns with many of the tenets of complex interdependence.

At the same time, the findings of this thesis do not argue that complex interdependence should necessarily serve as some sort of part and parcel replacement for the previously established explanations accounting for Vietnam's surveillance and reporting. Rather, it serves as an additional framework which is actually rather complementary of much of the academic work discussed in the literature. For instance, complex interdependence does not necessarily discount the importance of ASEAN in advancing the norm of transparency during outbreaks. Indeed, Keohane and Nye specifically identify ASEAN as an example of regional interdependence.[187] Rather, complex interdependence helps to explain the linkage of how Vietnam's larger, economically motivated buy-in into such a worldview has supported both a deliberate

[186] Kirkvliet, 2.

[187] Keohane and Nye, 226.

commitment to adherence to international norms and expectations of surveillance and reporting while producing a surveillance and reporting mechanism defined beyond the traditional relationships and authority of the state.

Furthermore, complex interdependence should potentially be considered as part of the explanation for Vietnam's surveillance and reporting rather than the sole independent variable. In describing Vietnam's changing policy toward China during the 1990s and early 2003, Alexander L. Vuving argues that this foreign policy shift represents an amalgamation of four paradigms—realism, complex interdependence, socialist internationalism, and asymmetry.[188] Although Vuving acknowledges the role of complex interdependence as part of the explanation for why Vietnam pursued a rapproachement with China during this period, he argues that this "four-way" mixture more accurately captures the imperatives advanced by the two broad integrationist and anti-imperialist camps of Vietnamese policymakers.[189] Although not explicitly stated, such a concept also implies the importance of domestic politics given that internal VCP politics ultimately drive this hybrid, at times schizophrenic worldview.

Transferring Vuving's multi-faceted concept to the realm of surveillance and reporting perhaps provides an even more comprehensive explanation for this behavior, especially in accounting for Vietnam's defection from transparency during H5N1. Although a policy driven by a worldview of complex interdependence may explain the country's internationalized disease surveillance capacity and willingness to report, it does not necessarily account well for the instances where a deviation has taken place (although the failure to discern the blurred line between domestic and international issues does offer one possibility). Rather, the presence and validity of additional paradigms may offer an even better alternative. For instance, in characterizing Vietnam and Indonesia's H5N1 defections from international transparency and cooperativeness, Curley and Herington argue that disease securitization actually "encouraged the prioritisation of domestic

188 Vuving, 806.

189 Vuving, 821.

political concerns and reinforced realpolitik in international engagements on global health issues."[190]

In the same manner that norms provide a necessary but not sufficient explanation for why Vietnam has generally been transparent, the presence of additional paradigms possibly accounts more convincingly for the forces at play during the instances when the country has deviated from such behavior. Even Keohane and Nye make the assessment that "complex interdependence sometimes comes closer to reality than does realism," acknowledging that ultimately it and all other paradigms are an attempt to model reality rather than a prescriptively exclusive formula.[191]

D. IMPLICATIONS: SURVEILLANCE AND REPORTING IN A GLOBALIZED WORLD

In characterizing globalism, Keohane and Nye describe one of its subsets as environmental globalism, a concept constituted by the "long-distance transport of materials in the atmosphere or oceans, or of biological substances such as pathogens or genetic materials, that affect human health and well-being."[192] Thus, the world of contemporary emerging infectious disease spread and response is itself representative of the globalist world "involving networks of interdependence at multicontinental distances" which, among other items, is linked through the flows of environmentally and biologically relevant substances.[193] Indeed, in providing an example of environmental globalism, Keohane and Nye cite the worldwide spread of the AIDS virus from central Africa beginning at the end of the 1970s.[194]

Given this context, if Vietnam's story is one of a country deliberately enmeshing itself into the world of globalism over the last few decades, then the emerging infectious disease outbreaks examined in this thesis are arguably a small piece of the current state of

[190] Curley and Herington, 165.

[191] Keohane and Nye, 19.

[192] Keohane and Nye, 228–229

[193] Keohane and Nye, 223.

[194] Keohane and Nye, 228.

a world in which countries and people (and pathogens) are more closely interlinked through a wider variety of means than at any point in history. Certainly, infectious diseases and their spread are an age- old problem, and Keohane and Nye assert that globalism itself "is not new."[195] Their ability to quickly achieve far-reaching spread through historically unparalleled physical networks is, however, makes them such a uniquely pressing issue in the contemporary environment. It is not an insignificant anecdote that three out of the four emerging infectious diseases examined in this thesis arrived in Vietnam via international air travel. In such an interconnected world, surveillance and reporting takes on a new level of significance given the heightened probability that emerging infectious diseases will be difficult, if not impossible, to contain within the domestic borders of its originating country. Arguably, the nature of twenty-first century emerging infectious disease response itself perhaps makes the best case for complex interdependence given the importance of channels of international information sharing required to enact meaningful response measures, even if only at the domestic level.

Considering the nearly overlapping progression of twenty-first century emerging infectious disease outbreaks culminating with the still ongoing COVID-19 pandemic, the issue of surveillance and reporting expectations and responses in an environmentally interdependent world is unlikely to recede in importance in the near term; the scrutiny given to this issue will likely only increase in the drawn-out pandemic post-mortem of the coming years. While the endgame for COVID-19 is still some ways off as well, the considerable attention Vietnam has garnered for its exceptionally effectiveness response will also likely make it the subject of considerable future academic investigation. This thesis has attempted to contribute to this dialogue in building upon previous work examining the cause behind the country's behavior as a largely consistent adherent to transparency and international standards in its surveillance and reporting during the last two decades. While complex interdependence may ultimately not provide a completely authoritative or even groundbreaking explanation in explaining why Vietnam's actions in this realm seem at first glance to defy stereotypical expectations, the paradigm does provide

195 Keohane and Nye, 237.

a better understanding of some of the indirect effects that deliberate enmeshment into the global community can produce among a previously isolated country.

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