

# **Authoritarian Responsiveness: Online Consultation with ‘Issue Publics’ in China**

Yoel Kornreich  
The University of British Columbia

yoel.kornreich@gmail.com

**Abstract:** In recent years, public consultation has become a standard feature of policymaking in authoritarian regimes. Despite increasing attention to this institutional innovation, we know little about whether autocrats are responsive to consultative input. To answer this question, this paper presents the first systematic analysis of Chinese central government policy responsiveness to online consultative input, focusing on a major recent policy reform. In 2008, the Chinese government unveiled a blueprint for healthcare reform, inviting the public to post their opinions online. Having collected 27,899 online comments, the government subsequently published a revised draft. This paper analyzes a random sample of 2% of this corpus of comments, assessing the effect of comments on revisions while controlling for both media content and bureaucratic preferences. The findings demonstrate that public comments have an impact upon policy revisions and suggest that the Chinese government is more responsive to street-level implementers than to other social groups.



## Introduction

Authoritarian regimes engage citizens in public consultation quite frequently. Through the introduction of consultative procedures, autocrats can reap three benefits. First, public consultation enhances regime legitimacy (Balla, 2014, 2017; Dickson, 2016; He & Warren, 2011; Kornreich, 2016; Noesselt, 2014; Truex, 2014). Second, consultative forums serve as channels for soliciting information on public opinion (Dimitrov, 2014; Distelhorst & Hou, 2017; Stockmann, 2013; Truex, 2016). Third, the conduct of consultation via quasi-democratic institutions, such as legislatures, facilitates cooptation of influential societal groups (Gandhi, 2009; Gandhi & Przeworski, 2006; Lust-Okar, 2006; Malesky & Schuler, 2010; Truex, 2014, 2016; Tsai, 2017).

China is one of the prominent examples of an authoritarian regime that actively engages citizens in consultation. Since the 1980s, the Chinese government has introduced a host of participatory procedures to reach out to diverse segments of society, such as business and professional elites (Manion, 2016; Truex, 2016), experts (Chen & Naughton, 2016), and non-governmental organizations (Weller, 2008, 2012; Teets, 2013, 2018). These consultative practices were officially endorsed by both Hu Jintao and Xi Jinping (Dickson, 2016; Horsley, 2009).

The Chinese government not only targets elite groups, however, but also makes strenuous efforts to include the general public in policymaking processes. In the Report to the Seventeenth Party Congress, it is stipulated that public consultation should take place in the drafting processes of policies that directly relate to the people's interests (Hu, 2007). Following this pronouncement, in 2008, the Chinese government standardized the procedure for online consultation, in which initial drafts of policy plans are presented and the public is invited to post

comments on policy blueprints (Balla, 2017; Horsley, 2009; Noesselt, 2014).

Even though public consultation is now commonplace in China, we still do not know whether the Chinese government is actually *responsive* to citizen input generated through consultation. We also do not know *why* the Chinese government might be responsive to citizen input. In recent years, several studies of online consultation in China have been published, but none systematically evaluated government responsiveness. The authors of these publications contend that because decision-making practices in China are opaque, it is difficult to assess the impact of online consultation on policymaking (Balla & Liao, 2013; Truex, 2014). Balla and Liao (2013) and Horsley (2009) speculate that online consultation has an impact on policymaking, but their studies do not provide concrete evidence of government responsiveness to consultative input. Although some analysis has focused on responsiveness to citizens' grievances at the local level (Chen, Pan, & Xu, 2016; Distelhorst & Hou, 2017; Su & Meng, 2016), these studies do not account for the outcome of online consultations conducted by the central government.

This paper represents the first systematic analysis of authoritarian responsiveness to input generated through online consultation in China. It engages in content analysis of citizen input on China's healthcare reform from 2008 based on manual coding of a random sample of citizens' comments, consisting of 2% of an entire corpus of 27,899 comments. The analysis controls for media input and bureaucratic preferences to avoid confounding responsiveness to citizens' demands with elite influence over policymaking. The paper also explores the mechanisms generating authoritarian responsiveness by examining variation in government responsiveness across five social groups that participated in the online consultation: grassroots medical personnel, migrants, patients, laid-off workers, and pharmaceutical industry insiders.

This paper finds that the Chinese government is responsive to citizen input generated through consultation. In the policy reform analyzed, this paper demonstrates that the likelihood of a policy revision increases with the number of public comments demanding that revision. The paper also finds some indications that the government pays more attention to consultative input when the commenters consist of a high proportion of grassroots medical personnel.

The findings have broader implications for our understanding of authoritarian politics. They establish that the Chinese government is responsive to consultative input. The results further demonstrate that online consultation serves as an outlet of communication between an authoritarian government and social groups that were previously excluded from direct participation in policymaking. The analysis also generates two hypotheses regarding the potential mechanism undergirding responsiveness. First, it proposes that an authoritarian bureaucracy might use the aggregate number of comments as a heuristic for adjudicating responsiveness. Second, it suggests that bureaucrats might deploy online consultation to gain *policy-specific* legitimacy from street-level implementers. Both explanations entail that bureaucrats' goals and organizational routines should be considered in the study of authoritarian responsiveness. These mechanisms also show that grassroots groups are viewed as important constituencies by authoritarian regimes.

### **Why Might Autocrats Not Be Responsive to Citizen Input?**

There are good reasons to expect that autocrats will not be highly responsive to input generated through public consultation. In democracies, responsiveness is linked to electoral competition (Soroka & Wlezien, 2010; Wlezien & Esiasson, 2017). However, in authoritarian systems, where electoral mechanisms are absent, citizens might not have the capacity to retrospectively punish

autocrats for failure to address demands articulated in consultation. As a result, autocrats may have few incentives to revise policies in accordance with citizen feedback.

Autocrats may have reasons to be more concerned about opposition emanating from elite groups than about discontent among the general public. Authoritarian leaders might recognize that elites possess diverse resources to facilitate the launch of oppositional action against an authoritarian regime. To stave off this possibility, autocrats establish quasi-democratic institutions, such as legislatures, that enable the negotiation of policy concessions with elite groups (Gandhi, 2009; Lust-Okar, 2006; O'Brien, 2008; Truex, 2016). Non-elites, however, lack equivalent resources to establish an effective resistance movement against the regime. Hence, autocrats might be less concerned about the grievances of these social groups, opting to satisfy the demands of elites over responding to citizen input voiced in consultation.

### **Why Might Autocrats Be Responsive to Citizen Input?**

Meanwhile, there are also good reasons to expect that authoritarian regimes might well be responsive to citizens' demands. Autocrats promote participatory procedures to enhance regime legitimacy (Balla, 2014, 2017; Truex, 2014a). Yet, once these outlets are in place, citizens expect that their voices will be heard and that the authorities will incorporate their suggestions. Failure to address citizen feedback is likely to undermine a regime's credibility, which could incentivize autocrats to respond to consultative input (Horsley, 2009).

Informational benefits associated with public consultation might also motivate authoritarian responsiveness. Autocracies do not regularly hold elections, and strict limitations are placed on the freedom of expression, so these regimes lack conventional channels of information on public opinion (Wallace, 2016). To compensate for this liability, autocrats open up alternative information outlets (Dimitrov, 2014, 2014a; He & Thøgersen, 2010; Manion, 2016; Stockmann,

2013), which also include online portals. Failure to respond to netizen input might dampen citizens' motivation to participate in consultation. Autocrats might thus evince a high level of responsiveness to online input because low public participation would deprive the authorities of an important information-gathering outlet (Distelhorst & Hou, 2017).

Autocrats might also be responsive when faced with the prospect of collective action. Authoritarian leaders dread the specter of collective citizen action against the regime (King, Pan, & Roberts, 2013; Minard, 2015). Therefore, risk-averse authoritarian officials are more likely to display a high degree of responsiveness when citizen demands are backed by collective action threats (Cai, 2004; Chen et al., 2016; Su & Meng, 2016).

Although the abovementioned approaches shed light on some of the conditions under which authoritarian responsiveness occurs, they are insufficient in two respects. First, these studies examine responsiveness from a binary perspective of autocrats versus society, in which the former deploy responsiveness to consolidate their dominance over the latter. Existing approaches, which focus on autocrats' motivations, fail to explore the incentive structure of bureaucrats—who are directly in charge of administering responsiveness—to address citizen demands voiced in consultative outlets. Whereas autocrats might seek to use consultation for asserting control over society, bureaucrats may endeavor to harness consultative feedback for ensuring improved policy implementation. Second, other studies have found that authoritarian responsiveness in China is selective across demographic groups, establishing that local officials are less likely to consider requests made by marginalized groups, such as migrants and ethnic Muslims (Distelhorst & Hou, 2014; Su & Meng, 2016). However, these studies do not explore how the central government in an authoritarian system may deploy responsiveness to online input for the purpose of social inclusion.

## **The Function of Online Consultation and Responsiveness under Authoritarianism**

I argue that authoritarian regimes use online consultation and responsiveness to reach out to and accommodate the demands of grassroots groups that were previously excluded from direct participation in policymaking. The literature on quasi-democratic institutions in authoritarian regimes contends that autocrats use legislatures to coopt elite groups (Gandhi, 2009; O'Brien, 2008; Truex, 2016; Tsai, 2017) and that these regimes take advantage of a commercialized media to gain the trust of the urban middle class (Reilly, 2013; Stockmann, 2013). Legislatures and media are deployed for engaging privileged groups, but authoritarian regimes introduce online consultation to reach out to grassroots groups who were previously excluded from participation in policymaking processes.

Thornton (2011) argues that authoritarian regimes can both reach out and respond to grassroots concerns through public opinion surveys. That said, autocrats use online consultation for an end that is qualitatively different from public opinion surveys. They rely on public opinion surveys to obtain a representative sample of the opinion of the entire population, but in conducting online consultation, they seek to learn about the policy preferences of a limited set of grassroots groups with an intense interest in an issue.

Here, Converse's concept of 'issue publics'—though drawn from the study of democratic pluralism—provides leverage. Converse used the term 'issue publics' to denote the fragmentation of mass public opinion into divergent social groups. Members of a given issue public pay close attention to an issue, either because their direct interests are involved or because of deeply held values (Converse, 2006; Krosnik, 1990; Sides & Karch, 2008). Converse posits that issue publics are more likely than others—groups only diffusely invested in a given

domain—to engage in political activity to affect policies relevant to this issue (Converse, 2006; Kinder, 2006; Stockmann, 2013).

I posit that the Chinese government uses online consultation to communicate with the issue publics that are most relevant to a given policy and respond to their suggestions. Online consultation is a particularly good way to reach an issue public because members of this social group are more likely than others to devote time to writing online comments about a policy. I propose two possible mechanisms to account for these patterns of authoritarian responsiveness.

First, responsiveness strengthens regime legitimacy among relevant issue publics. If a government policy fails, the failure can erode regime support. Yet, the impact of a policy failure would differ across different segments of the population. It is primarily the relevant issue public—which often consists of those affected in the most concentrated way by the policy—who are likely to harbor negative sentiments towards the government. To avoid this predicament, autocrats instruct bureaucrats to collect and analyze the grievances of the issue public and duly respond. Even though autocrats mandate bureaucratic response to netizens' demands, however, they do not specify how responsiveness is to be carried out. In the absence of clear instructions, bureaucrats resort to the aggregate number of comments as a heuristic for adjudicating responsiveness. A recurring policy suggestion is more likely to capture the attention of bureaucrats than one that appears rarely. Once bureaucrats' attention is focused on specific policy suggestions, they are more likely to revise policies accordingly. For this reason, the higher the number of comments in favor of a given policy, the greater the probability of a policy revision.

The first mechanism emphasizes regime level legitimacy, but the second mechanism underscores policy-specific legitimacy. We can begin to see how policy-specific legitimation

works by taking up a key insight of Warren's (2009) framework of *governance-driven democratization*. Warren argues that bureaucrats—in both democratic and authoritarian systems—use participatory procedures to obtain policy legitimacy from relevant societal stakeholders within the policy subsystem.

Building on Warren, I propose that by responding to citizen input, authoritarian regimes target a specific group within the relevant issue public—professional and technical grassroots stakeholders. Even though this group might not pose an immediate threat to regime resiliency, failure to garner its policy approval is likely to result in loss of cooperation and thus possibly impede policy implementation. Because the support of these street-level implementers—such as low-tier medical staff—is more crucial for policy success than that of other demographic groups, the bureaucracy is likely to evince a higher level of responsiveness towards them. Both proposed mechanisms point to grassroots stakeholders as especially important constituencies for authoritarians to respond to.

### **Empirical Analysis: Online Consultation on China's Healthcare Reform**

To test for authoritarian responsiveness, this paper examines the case study of China's healthcare reform. In October 2008, the Communist Party of China (CCP) Central Committee and the State Council released a first draft of a plan for a comprehensive healthcare reform that was intended for open public consultation. The document was subsequently posted on the National Development and Reform Commission (NDRC) website, and the government invited the public to comment on the content of the proposed reform blueprint. From October 14 to November 15, a total of 27,899 online comments regarding the draft were posted at the NDRC website (Kornreich, Vertinsky, & Potter, 2012; Thompson, 2009). In the vast majority of cases of

Internet consultation conducted in China, the content of online input is not publicly disclosed, but this time, all comments were made publicly available via the NDRC portal. Later, in April 2009, the CCP Central Committee and the State Council unveiled the final draft of the healthcare reform. Analyzing the contents of these comments, I assessed whether the likelihood of a policy revision increased with the number of online comments calling for that revision.

According to Chinese media reports, there are several examples of a fit between the contents of netizens' comments on the healthcare reform and policy revisions. For instance, 42% of all sample comments were focused on the low salary and poor benefits of grassroots medical staff, and 41% of all comments concentrated on the need to improve oversight in public hospitals. These demands were met in the final draft. Medical staff participating in the online consultation portal also implored the government to make efforts to rectify doctor–patient relations, bolster the morale of medical staff, and strengthen medical accident insurance. These suggestions were also endorsed in the final draft, reportedly in response to medical sector input (Kornreich et al., 2012; Zhou, Jie, & Yi, 2009). These examples may prompt conjecture that the government is responsive to public consultation. In the next section, this paper moves beyond this impressionistic evidence, providing a systematic analysis to test authoritarian responsiveness.

### **Data and Sources**

The analysis is based on a random sample of the online comments. In addition to this sample of the comments—which are used to construct the independent variable—this paper relies on documentary evidence of policy revisions for creating the dependent variable. In measuring policy changes, this paper draws on Wang's book (2009), in which the pre- and post-consultation blueprints are compared and all revisions are highlighted. In the proceeding analysis, I test the

potential effect of the following variables—number of comments, media content, and bureaucratic preferences—on policy amendments.

Coding Scheme and Procedures. This paper is based on coding of a random sample representing 2% (558 comments) of the entire corpus of online comments (27,899). The online portal originally contained seven sections of comments, each one including comments corresponding to one of the seven chapters of the healthcare reform draft. Because the comments in each section were numbered in their order of appearance, it was possible to select a random list of numbers for each section representing 2% of the total comments.<sup>1</sup>

The comments consist of complaints regarding issues pertaining to China's health system and recommendations—concrete prescriptions for the courses of action that the government should pursue. This paper analyzes the latter. The recommendations contain clear guidelines regarding what the government needs to do, making them more valid indicators of potential correlations between public input and policy revisions. The dataset contains 878 separate instances in which commenters made recommendations.

To construct the 'comments' variable, I coded individual policy recommendations rather than comments. Across the 878 instances of recommendations, there were 162 unique policy revisions requested (for a detailed list of policy recommendations, see Appendix B). Each distinct revision request is considered an observation. The 'comments' variable is thus a *count* of the number of comments made per a given policy revision. We can think about the structure of the resulting data as consisting of the following types of observations: 1) observations with a high number of online recommendations and corresponding policy revisions, 2) observations

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<sup>1</sup> I generated the random list of comments via the online application *random.org*.

with a high number of online recommendations and no corresponding revisions, and 3) observations with low number of comments and corresponding policy revisions. The dataset excludes a fourth category, changes that netizens did not request for policies the government did not alter. I also excise observations from a sizeable fifth category—49 netizen recommendations that the government had already endorsed in the pre-consultation draft and retained in the post-consultation draft. It is worth noting that observations from both the fourth and fifth categories would arguably have at least modestly strengthened support for the claim of government responsiveness: category 4 represents non-revisions consistent with citizen non-demands, and category 5 represents a substantial number of policy decisions consistent with citizen preferences but made prior to the expression of online preferences. In focusing only on the direct impact of comments on actual policy revisions, the analysis thus represents a relatively conservative test for authoritarian responsiveness.

Although major policy documents in China tend to be abstract and thin in content, the paucity of concrete details in central government documents does not necessarily entail that responsiveness is merely symbolic. Rhetorical changes within official documents do have an impact on implementation on the ground. Because the language of official documents is parsimonious, the meaning of every word is significant. If revisions to the document occur, local officials and bureaucrats are likely to take cues from these words to interpret the intentions and shifting priorities of the central government and Party leaders. Underlings who act in a contrarian manner to the language of official documents could be held accountable for violations of central directives.

Potential Measurement Error: Censored Comments. There is also a chance that the contents of online comments were subject to censorship. However, this seems unlikely. In their analysis of

Internet censorship, King et al. (2013) found that the Chinese government deletes online pieces that could prompt citizens to engage in collective action. Because healthcare reform was not an issue with a collective action potential, it is less likely that censorship of online consultation was heavy-handed. Nonetheless, it is still possible that comments on health-related issues with a collective action potential—such as the Wenchuan Earthquake and the Sanlu Tainted Milk Incident (Zhu, Dan, & Hu, 2009)—might have been censored. Yet, such comments often discuss specific incidents. They are less likely to include concrete policy recommendations, which is what are this paper’s coding scheme measures. Therefore, their omission from the dataset is less likely to produce a large measurement error.

Potential Confound: Interest Group Capture of Online Consultation. The potential capture of consultation outlets by organized interest groups might be a confound for the measurement of authoritarian responsiveness to public input. Such supposition is supported by studies of ‘Notice and Comment’ procedures in the context of administrative rulemaking in the United States (Golden, 1998; West, 2005; Yackee, 2005; Yackee & Yackee, 2006). In China’s case, however, dominant interest groups do not participate in online consultation because they have alternative channels of access to decision-makers. Evidence from this paper’s analysis of media contents demonstrates that two of the most influential stakeholders in China’s healthcare system—elite medical personnel and pharmaceutical associations—shaped the discourse of press reports in the official and finance media, respectively. Qualitative data from field interviews and additional studies also reveal that both interest groups have an ability to informally contact decision-makers (Interviews 3, 4, 5; Kornreich et al., 2012; Wang & Fan, 2013). A senior informant within China’s public medical sector confided to me that both public advocacy efforts and private

communication with officials reinforce each other (Interview 6). An official from the MOH admitted that revisions in the post-consultation draft regarding drug procurement policies were enacted in response to lobbying activities organized by the pharmaceutical associations (Interview 7). Because powerful interest groups can easily access policymakers and affect government policies, they lack incentive to participate in online consultation. As a result, grassroots groups can use this communication channel to relay their concerns upwards and ultimately elicit responsiveness from the authorities.

Overlap with Parallel Consultation Procedures. Overlap is also possible between the contents of online consultation and concomitant formal consultative procedures, to which I do not have access. Concurrent with the online consultation—in late 2008—the Ministry of Health (MOH) solicited feedback from 73 central government units. The MOH also launched a ‘research and investigation’ tour (*diaoyan*), in which the Minister of Health and 9 members of the Ministry’s Party Committee formed separate small groups, each visiting different parts of the country. This *diaoyan* included consultations with health departments at the provincial, municipal, and prefectural levels (MOH, 2008). These consultative procedures, however, differ from online consultation. In their case, feedback was solicited from the bureaucracy, either at the central or local level, whereas online consultation served the purpose of gathering information from the relevant issue public. Because the composition of participants in these consultative fora differs, it is likely that the contents of input voiced within these outlets would diverge.

The analysis may also underestimate the effects of Chinese People’s Consultative Conference (CPPCC) input, which is not publicly available, over revisions. From March 3 to 13, 2009—near the completion of the final blueprint of the healthcare reform on March 17—the

annual ‘Two Meetings’ of the NPC and CPPCC took place. Reportedly, in the final days of revisions, policymakers inserted two new clauses in response to CPPCC members’ suggestions (Chai, 2009; Liu, 2009). Nonetheless, the CPPCC often represents the views of elites, either high-level medical professionals or economists, whereas online comments mirror grassroots concerns.

Coding Scheme and Criteria for Media Selection. Mass media content is used here as a control variable. Numerous media reports on healthcare reform were published concomitantly with the Internet consultation (14 Oct to 15 Nov, 2008) and thus could act as a potential confounder. If a correlation between a high number of comments and policy revisions exists, it is possible that policymakers amended policies in response to media feedback, or broader social preferences reflected in the media, rather than in response to online comments. We know that Chinese government units regularly collect and analyze media content (Interview 1; LAO, 2010) and that the media features interviews with leading academics, whose views are highly regarded by policymakers (Interview 1). The Chinese media also represents the opinions of powerful interest groups that have exerted influence over health policies, such as the pharmaceutical associations (Kornreich et al., 2012; Wang & Fan, 2013) and directors of leading public hospitals (Interviews 3, 4, and 5).

A sample of 121 media reports—published concomitantly with the conduct of online consultation—was coded using the same scheme applied to the sample of online comments and revisions. The sample includes media outlets subsumed under three distinct categories—official, business/finance, and popular. Outlets belonging to each of these categories typically reflect the positions of particular stakeholders in relation to the healthcare reform. Official media represent

the views of elite administrators within the public sector, such as directors at urban tertiary hospitals. The finance press articulates the opinions of the private sector (Zhao, 2008), notably the pharmaceutical associations in the context of healthcare reform. Popular papers, which consist of both commercialized and semi-official newspapers (Stockmann, 2013), are likely to give voice to the concerns of the urban middle class. For full details on the criteria for the selection of media outlets, see Appendix C.

Two publications, *People's Daily* and *China Youth Daily*, were included in the Official category with a total of 35 reports; another two publications, *Caijing* and *21<sup>st</sup> Century China Business Herald* represent the Business/Finance category with 29 total reports; and four publications—*Beijing Times*, *Southern Metropolis Daily*, *Xinmin Evening News*, and *Yangzi Evening News*—form the Popular category, with 57 reports.

**Table 1. Summary Statistics**

| <b>Variable</b>                 | <b>Mean</b> | <b>Std. Dev</b> | <b>Min</b> | <b>Max</b> |
|---------------------------------|-------------|-----------------|------------|------------|
| Policy Revisions                | 0.46        | 0.49            | 0          | 1          |
| Comments Per Policy Item        | 5.42        | 8.08            | 0          | 59         |
| Media                           | 1.00        | 1.94            | 0          | 15         |
| <b><u>Policy Categories</u></b> |             |                 |            |            |
| Public Hospitals                | 0.25        | 0.43            | 0          | 1          |
| Grassroots Facilities           | 0.19        | 0.39            | 0          | 1          |
| Insurance                       | 0.16        | 0.36            | 0          | 1          |
| Public Health                   | 0.09        | 0.29            | 0          | 1          |
| Pharmaceuticals                 | 0.14        | 0.35            | 0          | 1          |

### **Bureaucratic Preferences**

|                                |      |      |   |   |
|--------------------------------|------|------|---|---|
| Controversial Policy Areas     | 0.48 | 0.50 | 0 | 1 |
| Non-Controversial Policy Areas | 0.29 | 0.45 | 0 | 1 |

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*Note:* N=162 Distinct Observations of Policy Items

### **Results**

To test the impact of comments on policy revisions, I estimate five logit models, each specified somewhat differently (Table 2). In Model 1, we estimate the association between the number of comments and policy changes. This association is positive and statistically significant. The effect of comments on policy revisions remains positive and significant after adding the media variable, as in Model 2. These results imply that even after controlling for media reports, which potentially feature elite views, netizen input still has an impact on policy revisions.

In Model 3, ‘Policy Categories’ are added as additional control variables. These dummy variables are derived from the healthcare reform blueprint, which is divided into the following thematic chapters: Public Hospitals, Grassroots Medical Facilities, Insurance, Public Health, and Pharmaceuticals. The assumption underlying Model 3 is that policy amendments might be driven by government intention to prioritize some policy areas while delaying progress in others. It is possible that revisions might be shaped by government preference for moving forward in certain policy domains rather than by the number of online comments. However, even after adding Policy Categories as control, the results in Model 3 still show an association between the number of comments and responsiveness.

We can also consider the possibility of bureaucratic manipulation of citizen input.

Policymaking in China is often beset by bureaucratic competition (Lieberthal & Lampton, 1992;

Lieberthal & Oksenberg, 1987; Mertha, 2009). It is plausible that contending bureaucracies may leverage online comments to gain the upper hand in issues of intra-government dissensions. If either one of the bureaucratic parties manufactured comments that support its particularistic interests, the number of comments would be endogenous to bureaucratic preferences. To test for this possibility, I identified policy areas with intense bureaucratic cleavages from records of intra-government ‘research and investigation’ tours (*diaoyan*) associated with healthcare reform (HPSP, 2007). These documents, which feature interviews with government officials, reveal that officials from four of the key health system bureaucracies in China held contradictory positions regarding healthcare reform. Based on consulting these sources, two new variables are added to the analysis. ‘Controversy’ is composed of three policy categories of bureaucratic disagreements: ‘Public Hospitals’, ‘Pharmaceuticals’, and ‘Insurance’, whereas ‘No Controversy’ consists of two policy areas of relative agreement: ‘Public Health’ and ‘Grassroots Facilities’.

The results in Model 4 suggest that the above findings are not an artifact of bureaucratic manipulation. Even after controlling for controversial topics, the relation between the number of comments and revisions remains positive and significant. Meanwhile, controversial issues are negatively associated with policy revisions. This finding implies that rival bureaucracies either did not leverage or were unsuccessful in leveraging online content for prevailing in inter-departmental feuds.

Model 5 estimates the odds ratio to demonstrate the substantive effect size of the number of comments within the sample, which represents 2% of the total corpus of comments. The results show that each increase in one comment—while controlling for both media content and policy categories—enhances by 11% the odds of policy revisions over no revisions. Applying the

sample results to the entire corpus of comments, the Model predicts that each addition of 50 comments increases the odds of revision by 11%.

**Table 2. Number of Comments and Draft Revisions**

| <b>DEPENDENT VARIABLE: POLICY REVISIONS</b> |                    |                    |                    |                    |            |
|---|--------------------|--------------------|--------------------|--------------------|------------|
| <b>Variable</b>                             | <b>(1)</b>         | <b>(2)</b>         | <b>(3)</b>         | <b>(4)</b>         | <b>(5)</b> |
| Comments                                    | 0.088***<br>(0.03) | 0.06**<br>(0.03)   | 0.105***<br>(0.04) | 0.09**<br>(0.3)    | 1.111***   |
| Media                                       |                    | 0.15<br>(0.11)     | 0.25*<br>(0.14)    | 0.24*<br>(0.12)    | 1.291*     |
| Controversy                                 |                    |                    |                    | -1.58***<br>(0.46) |            |
| No Controversy                              |                    |                    |                    | -0.52<br>(0.46)    |            |
| Policy Categories                           |                    |                    | Yes                |                    | Yes        |
| Constant                                    | -0.61***<br>(0.21) | -0.66***<br>(0.21) | 0.266<br>(0.486)   | 0.02<br>(0.33)     |            |

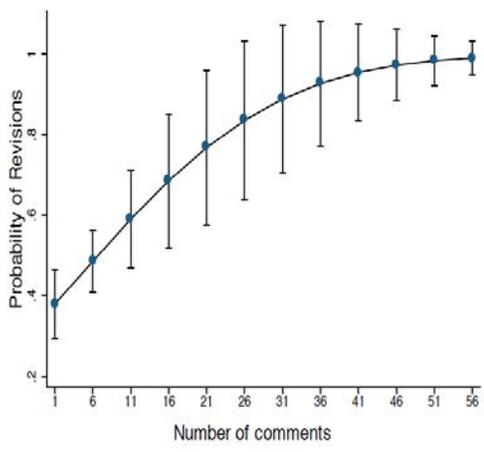
*Note:* N=162 Distinct Observations of Policy Items

\*P<0.1, \*\*P<0.05, \*\*\*P<0.01

To give further meaning to these results, we test the changing probability of policy revisions with every increase in five comments in favor of a given potential revision within the sample (Figure 1). The findings suggest that there is a steep ascendance in the likelihood of revisions with each addition of five comments between 1 to 21 comments (or from 50 to 1050 for the entire corpus of comments). Beyond 21 comments, there are decreasing returns to each increase

in five comments. There is a possible explanation for this outcome. When the number of comments exceeds the high threshold of 21 comments (1050 for the entire corpus), officials might begin to pay heightened attention to the proposed policy item and thus be more likely to pursue revisions. Any addition of comments is not likely to dramatically increase their attention to this policy item.

**Figure 1. Predictive Margins for 5-Comment Increases**



### **Demographic Groups and Revisions**

In the previous analyses, we discovered that the Chinese government is responsive to online comments. Nevertheless, there is little reason to assume that the Chinese central government responds to the mere number of comments. It is possible that some social groups are more likely than others to elicit responsiveness from the authorities. In particular, the bureaucracy might be more willing to accommodate suggestions from professional and technical grassroots stakeholders—such as grassroots medical personnel in the case of the healthcare—because successful policy implementation depends on the cooperation and support of this group. Testing this assumption, however, poses a challenge, because the majority of commenters (68%) do not divulge their social position in the body of comments. While netizens were required to fill in

their demographic information prior to participating in the online consultation, the Chinese government did not make these details public.

Nevertheless, we can leverage information in the 32% of comments in which netizens did disclose their social position to create a coding scheme for those in which social identities are not disclosed. The identified comments reveal that group identities are associated with types of policy recommendations: members of each social group raise issues that directly relate to their interest in healthcare reform. For example, low-tier medical staff complain about the inferior working conditions, including low remuneration, and lack of access to welfare provisions, while migrants implore the government to facilitate access to health insurance in their physical place of residence (full details of the coding scheme can be found in Appendix D). For the remaining 68% of the sample in which netizens do not disclose their identity, I impute commenters' group identity based on the content of comments.

Deploying this imputation strategy, I divide the comments into six distinct demographic categories: Grassroots Medical personnel, all employees within medical facilities, such as urban community, rural clinics, and township hospitals, who are engaged in clinical roles (55% of all comments in the sample); Patients (12%); Migrants (4.8%); Laid-off Workers (2.1%); and Other (23.8%).

**Table 3 . Summary Statistics of Number of Comments by Social Groups**

| <b>Variable</b>  | <b>Mean</b> | <b>Std. Dev</b> | <b>Min</b> | <b>Max</b> |
|------------------|-------------|-----------------|------------|------------|
| Policy Revisions | 0.45        | 0.49            | 0          | 1          |
| Medical Staff    | 3.81        | 6.35            | 0          | 45         |
| Patients         | 0.33        | 1.04            | 0          | 8          |
| Migrants         | 0.28        | 1.25            | 0          | 11         |

|                  |      |      |   |    |
|------------------|------|------|---|----|
| Pharma           | 0.92 | 0.33 | 0 | 2  |
| Laid-off Workers | 0.02 | 0.15 | 0 | 1  |
| Other            | 0.89 | 1.68 | 0 | 13 |

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*Note:* N=162 Distinct Observations of Policy Items

### **Results with Clustering and Revisions**

Having clustered comments according to imputed social identities, we then examine variation in government responsiveness to online comments across demographic groups (Table 4). In Model 1, we find a positive and statistically significant association between the likelihood of revision and the number of recommendations on the issue received from Medical Staff. The addition of media input as control in Model 2 has little effect on the robustness of this association. The results in Model 2 could be explained through the divergence in the identities of medical cohorts taking part in the online consultation and the media. Although the majority of medical personnel participating in online consultation are employed in grassroots medical facilities, press interviews feature the opinions of medical staff from China's elite, urban hospitals. These two groups work under starkly different conditions, so they articulate divergent demands.

After inserting the Policy Categories variables in Model 3, the association between Medical Staff and policy revisions is close to significant at the 0.01 level ( $P=0.019$ ). The results in Model 3 are stronger than those in Models 1 and 2 because Model 3 is more specified than its counterparts. Model 3 contains one of the Policy Categories variables, 'Public Hospitals', which includes policy recommendations for structural reforms in public hospitals. This issue is the core controversy within China's health system bureaucracy (HPSP, 2007), so revisions in this policy domain are less likely to take place. Medical staff are more likely than any other demographic group to discuss policy items pertinent to 'Public Hospitals' because these issues have direct

implications for both their working conditions and income. ‘Public Hospitals’ is negative and statistically significant; thus, the absence of this variable in Models 1 and 2 dampens the effect of comments from medical staff. With this control variable in place, however, as in Model 3, we can more accurately measure the impact of medical staff on policy revisions.

As Table 2 and Figure 1 illustrate, a high number of comments is associated with policy revisions. Meanwhile, the analysis presented in Table 4 indicates the possibility that the government might be more responsive to comments from medical staff. Another way to assess this possibility is to estimate an interaction between the number of comments and the proportion of medical personnel making those comments (PMP). The results in Model 4 suggest that an interaction between the number of comments and the PMP potentially affects the degree of

**Table 4. Demographic Groups and Revisions**

| <b>Dependent Variable: Policy Revisions</b> |            |            |            |            |
|---|------------|------------|------------|------------|
| <b>Variable</b>                             | <b>(1)</b> | <b>(2)</b> | <b>(3)</b> | <b>(4)</b> |
| Medical Staff                               | 0.07*      | 0.07*      | 0.13**     |            |
|   | (0.04)     | (0.04)     | (0.05)     |            |
| Patients                                    | 0.10       | 0.08       | -0.03      |            |
|   | (0.20)     | (0.20)     | (0.25)     |            |
| Migrants                                    | 0.22       | 0.18       | 0.14       |            |
|   | (0.16)     | (0.17)     | (0.19)     |            |
| Pharma                                      | 0.62       | 0.50       | -0.35      |            |
|   | (0.69)     | (0.69)     | (0.81)     |            |
| Laid-off Workers                            | 0.02       | -0.17      | -0.83      |            |

|                   |          |          |        |          |
|-------------------|----------|----------|--------|----------|
|                   | (1.07)   | (1.10)   | (1.22) |          |
| Other             | 0.07     | 0.01     | 0.00   |          |
|                   | (0.15)   | (0.18)   | (0.22) |          |
| Number Media      | No       | 0.14     | 0.30** | 0.37**   |
|                   |          | (0.12)   | (0.15) | (0.15)   |
| Policy Categories | No       | No       | Yes    | Yes      |
| #Comments         |          |          |        | -0.12    |
|                   |          |          |        | (0.12)   |
| Proportion of     |          |          |        | -2.77*** |
| Medical Personnel |          |          |        | (0.64)   |
| (PMP)             |          |          |        |          |
| PMP*Comments      |          |          |        | 0.39**   |
|                   |          |          |        | (0.16)   |
| Constant          | -0.63*** | -0.66*** | 0.36   | 1.15     |
|                   | (0.21)   | (0.21)   | (0.50) | (0.56)   |

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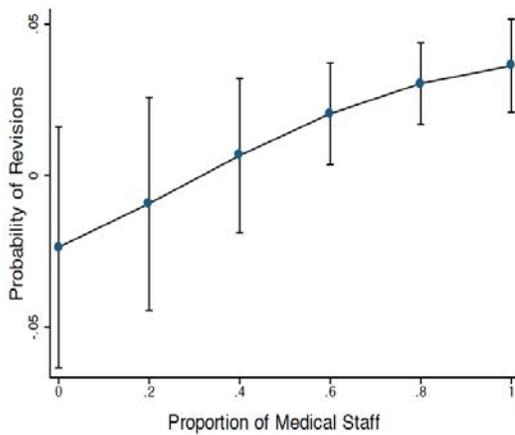
*Note:* N=162 Distinct Observations of Policy Items

\*P<0.1, \*\*P<0.05, \*\*\*P<0.01

To further explore the results in Model 4, I test the conditional average marginal effect (AME) of the number of comments—at different levels of PMP—on the probability of policy revision. We can observe a general upward trend of an increase in the AME of number of comments on the probability of revisions as the PMP rises from 0 to 1 (Figure 2). When the PMP reaches above 0.6, the AME of an additional comment becomes both positive and statistically significant. These results show that the higher the rate of participation by

medical personnel, the greater the impact of the number of comments on the probability of policy revisions. Above the 0.6 level, the rise in the AME is relatively moderate. Possibly, after the PMP reaches a certain level, bureaucrats recognize that the issue is of strong concern to medical personnel and thus warrants a revision. Any increase in the PMP above this threshold may not substantially alter these bureaucrats' perception of the need to amend the policy.

**Figure 2. Average Marginal Effect of the Interaction on Policy Revisions**

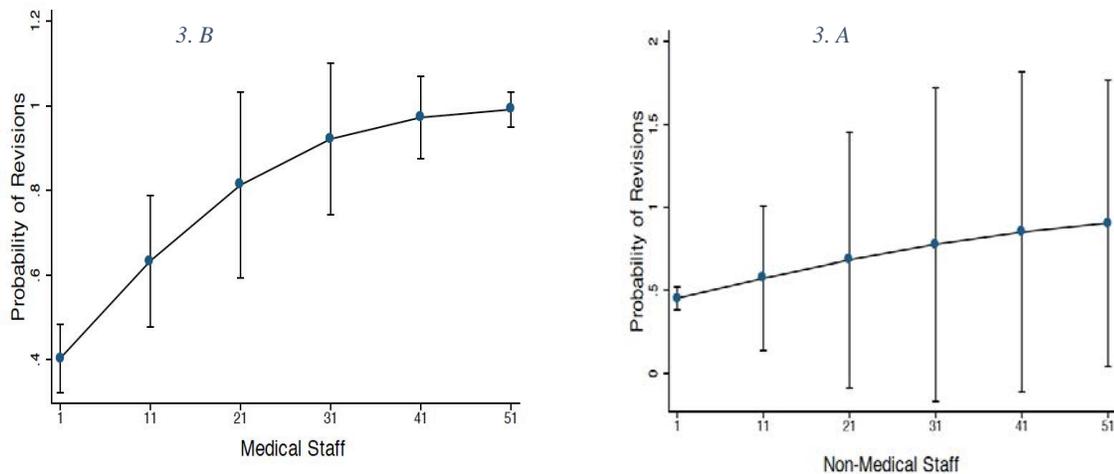


A test of the predicted probabilities of policy revisions and the number of comments voiced by medical staff lends further credibility to the assumption of government responsiveness to this demographic group (Figure 3A). Each addition of one comment in the random sample—when the number of comments ranges from 1 to 20—is likely to steeply enhance the probability of revisions. Once the number of comments authored by medical personnel reaches 20, the probability of revision is at the 80% level. These calculations are based on a random sample consisting of 2% of the entire corpus of comments, so if we multiply the results by 50, when the number of comments made by medical personnel reaches 1,000, then the probability of revision is approximately 80%.

A test of the effect of comments written by non-medical personnel on the probability of policy revisions demonstrates that a slight increase in probability with each additional comment,

much less than for medical personnel (Figure 3B). Meanwhile, the Margins model also shows that the confidence intervals for a high number of comments made by non-medical staff are wide; the reason is the few observations in which the number of comments is high and the proportion of commenters who are non-medical staff is also high. In most observations, a high number of comments is coupled with a high PMP value, making it difficult to confidently parse the effect of the number of comments from that of the PMP. The results leave the possibility that the aggregate number of comments alone, rather than the proportion made by medical staff, is the best of predictor of policy change.

**Figure 3. Predictive Margins for Medical Staff and Non-Medical Staff (A and B)**



### **Qualitative Evidence: Authoritarian Responsiveness to Online Comments**

The quantitative analysis above identifies a correlation between people’s online demands and policy revisions, holding media content, policy categories, and bureaucratic preferences constant. We can further probe this result by leveraging qualitative evidence of policymaking processes. If the association represents a concrete phenomenon of authoritarian responsiveness, we would also

expect to observe evidence that handling online comments and responding to them are part of the organizational routines of government bureaucracy in China.

Multiple cues suggest that online comments play a key role in policymaking in China. According to a manual for handling online comments published by the Legislative Affairs Office of the State Council, all government units are required to conduct statistical analysis of online consultative input and arrange public suggestions into thematic categories. The manual also instructs bureaucracies to adopt netizens' opinions and compile a report detailing how they responded to citizens' suggestions (LAO, 2010). There is also direct evidence to demonstrate that government units compiled statistical reports of online input, specifically in relation to the healthcare reform. In 2006, the government administered a first round of online consultation over healthcare reform, and the MOH arranged descriptive statistics reports on netizens' top policy recommendations (HPSP, 2007). The government also engaged in analysis of comments in the second round of online consultation over healthcare reform, the focus of this paper. During this consultation, the NDRC was responsible for compiling statistical reports on the content of public input. Subsequently, it circulated the reports among relevant government units and explicitly asked them to make revisions accordingly. Officials then held meetings to discuss possible revisions (Interviews 2).

An equivalent process of handling public comments also takes place at the NPC. The Legal Affairs Committee arranges aggregate reports on commenters' key suggestions. These reports are then made available to NPC Standing Committee members. In the Committee's meeting, its members often cite statistical reports of online feedback to advocate for revisions to be made accordingly (Interview 1). In short, in addition to the conditional associations between comments and revisions reported above, there is considerable qualitative evidence suggesting that

processing online feedback is an integral part of the institutional routines for administering revisions of policy pronouncements.

### **Conclusion**

This paper provides the first systematic evidence of the impact of online consultation on policy revisions by China's central government. The analysis also yields some clues to the possibility of an especially high degree of responsiveness to technical and professional stakeholders, such as low-tier medical personnel. An intensive focus on one case study enabled the author to engage in a granular analysis of the content of comments and their impact on policy revisions. Nevertheless, additional studies are needed to assess the generalizability of this paper's findings. One potential avenue for further research is to study authoritarian responsiveness in the context of the NPC, where official records of NPC Standing Committee deliberations over public input are available.

The paper proposes two mechanisms—policy legitimacy at the regime level and policy-specific legitimacy—to account for authoritarian responsiveness to Internet consultation. The existing dataset does not provide sufficient evidence to disentangle the effect of the number of comments from that of the proportion of street-level implementers. One strategy for making this distinction is to conduct a study of citizen input from online consultation on China's education reform in 2010 (Ma, 2011). It is plausible that in this case, both teachers and concerned parents participated in large numbers. It is also possible that within the most frequently recurring policy recommendations, the proportion of participating parents was relatively high. This setup might enable future research to parse the general effect of the aggregate number of policy suggestions from the impact of the proportion of the commenting professionals—teachers in this specific case—on policy revisions.

In both proposed mechanisms, bureaucrats' organizational routines and objectives figure prominently. Responsiveness, as this paper suggests, is shaped by either bureaucrats' selection of heuristics to adjudicate decision on policy revisions or bureaucratic goals of eliciting cooperation in policy implementation. Future studies should further explore the role of bureaucrats in affecting authoritarian responsiveness.

### **Appendix A. List of Interviewees**

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1. Official at the NPC, Beijing, July 26, 2016.
  2. Official, Ministry of Human Resources and Social Security, Beijing, November 24, 2015.
  3. Researcher at a think tank, Beijing, December 23, 2013.
  4. Consultant to pharmaceutical association, Beijing, January 6, 2014.
  5. Researcher, Beijing, February 25, 2014.
  6. High level administrator and medical staff, Beijing, July 22, 2016.
  7. Official, Ministry of Health, Beijing, July 13, 2010.
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