The diffusion of international models in China's Urban Employees' Social Insurance

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Abstract

This study seeks to explain why China's Urban Employees' Social Insurance (UESI) features models that can be considered internationally mainstream in three of its branches (pensions, work accidents and unemployment), but fringe models in the other two (healthcare and maternity). Focusing on learning as a mechanism of diffusion, it compares the five insurance programmes of the UESI regarding the influence of domestic and international factors on the outcomes. Compared to previous work on Latin America, the study identifies new factors influencing learning processes, such as economic transition in the case of unemployment insurance. Furthermore, the study finds deviations from previously established connections between the complexity of policy subsystems and the synthesis of different policy options. Nevertheless, the results largely corroborate previous arguments about complexity: policy subsystems with a smaller number of international models are more conducive to adopting simple, neat policy models.

Keywords

China, diffusion, healthcare, lesson drawing, pensions, social insurance, unemployment

Introduction

As it began to implement its reform and opening policies, the People's Republic of China (PRC) found itself confronted with the challenge of adapting its system of company welfare. The programmes for urban workers' pensions, healthcare, work accidents and maternity risks entered a phase of gradual decline and change through experimentation (Leung and Nann, 1995; Wong, 1998). The late 1990s and early 2000s then saw the formation of a new system of five social insurance programmes for the urban formal sector:

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pensions (Frazier, 2010), healthcare (Duckett, 2011), unemployment (Solinger, 2005), work accidents and maternity. In some cases, the policy models chosen for these insurance systems coincide with global trends: work accident insurance resembles the globally dominant social insurance model (Liu, 2018; Liu and Leisering, 2017); unemployment insurance was a typical choice for economies transitioning from state planning to markets (Orenstein, 2001: 13); and pension insurance is in line with the global trend towards mixed pension systems (Hu, 2012; Orenstein, 2008). However, two branches feature fringe models: health insurance was one of the few systems to employ capital-based medical savings accounts (MSAs) and combine them with social pooling; and separate maternity insurance could only be found in a few comparatively poor African countries (Social Security Administration, 2002a, 2003a) This study aims to explain why the PRC chose global mainstream models in some branches of social insurance, but fringe models in others.

Qualitative policy diffusion studies have focused on explaining the choices of governments in developing countries when designing social protection arrangements. The focus here is on learning as a mechanism of the diffusion of specific policy models (Weyland, 2007: 18). Learning is defined as a goal-oriented attempt to address clear, pre-existing problems, which is constrained to varying degrees by decision-makers' reliance on cognitive heuristics[1] (Weyland, 2007: 6ff). As Weyland's research on Latin America illustrates, in the area of pensions, the heuristics explain the rapid diffusion of the Chilean model of pension privatisation. In such areas of comparatively low complexity, coherent, simple and initially successful models should diffuse more broadly – especially if these models become dominant in the international context (see also: Orenstein, 2008). Their form should also remain relatively unchanged. In the more complex field of healthcare, according to Weyland, the absence of a clear, coherent international reform model limited the effectiveness of the heuristics.[2] Therefore, small-scale and incremental processes should produce mixed or idiosyncratic models. The literature focusing specifically on China has produced contradictory findings regarding international influences, with some authors seeing Chinese social policy as influenced by East Asian productivism[3] (Mok et al., 2017; Wei et al., 2017), and others diagnosing coercive influence of the World Bank (Hu, 2012). More detailed analysis is in order to assess the degree to which these approaches can explain model selection in the Urban Employees' Social Insurance (UESI).

The remainder of this study is structured as follows: The following section provides an analytical framework to study diffusion of social policy models to China, where it is difficult to directly observe cognitive heuristics in the decision-making of central government leaders. Instead, we draw inspiration from conceptual approaches to diffusion and policy learning. The empirical sections from unemployment to maternity insurance present the case studies of the five insurance programmes. Our main sources are Chinese administrative documents and academic publications. Regarding the latter, we gave priority to senior scholars at the intersection of politics and research, and some of the rare studies offering insights into central processes of decision-making. We also draw on a larger scale research project, which includes fieldwork conducted in China. Due to disparities in the state of research on the five insurance types, the volume of material used differs for each field. Rather than explaining each case in full, the study conducts a

structured, focused comparison of the theoretically meaningful aspects of the different programmes, which is organised following a most similar systems design (Gerring, 2007). The final empirical section provides a comparative analysis of the cases, and is followed by the conclusion.

In particular, our argument that the complexity of the international subsystem is key to explaining China's fringe models complements the existing literature. In the more chaotic subsystem of healthcare and maternity, the government had a harder time orientating itself, and model selection was determined more by domestic factors: bureaucratic conflict and consensual decision-making. While Weyland's approach can explain the fringe model in healthcare, it is less well suited to explain unemployment and maternity insurance.

Research design

This section outlines our analytical framework for learning as a mechanism of diffusion, first summarising it briefly, and then providing more detailed descriptions of its respective elements. Due to the authoritarian context of China, directly observing key decision-makers and their cognitive biases as Weyland did was not feasible. To compensate, we construct a stages heuristic of the diffusion process (Kuhlmann et al., 2020) taking inspiration from the lesson drawing approach (Rose, 1993; see also: Porto de Oliveira and Pimenta de Faria, 2017). For each of our three stages, we identify a core independent variable, as depicted in the operationalisation below. First, dissatisfaction emerges as a 'stimulus' for policy-related action (Rose, 1993: 50–76); second, the government scans the international environment for potential policy solutions – a search that may be heavily influenced by cognitive biases (Rose, 1993: 77–142; Weyland, 2007); and third, a process of cooperation and conflict between opposing policy networks develops, which ultimately leads to a collective decision (Kuhlmann et al., 2020). Our dependent variable is the policy model adopted, for which we analyse whether it is a 'mainstream model' – that is, one commonly used in other countries – or a 'fringe model' in the international context. In addition, we analyse the 'type of lesson' (Rose, 1993: 30): some policies are adopted wholesale, either as direct copies or as adaptations of international models; others constitute syntheses of different international policies. So overall, there are three independent variables and one outcome to analyse, and Table 1 in the comparative analysis section provides an overview of these for each case study.

First, in Stage 1, we operationalise the 'stimulus' for government action as threat perception. As authoritarian regimes are concerned with their own survival, their social policy focuses on critical support groups (Mesquita et al., 2005).[4] In China, critical support groups beyond civil servants and the military included urban state-owned enterprise (SOE) workers, who were privileged in terms of social protection, and who have now been replaced by the emerging urban middle class, which in turn strongly overlaps with formal employees (Duckett, 2011; Jiang et al., 2018). The stimulus for action in social policy is thus the perceived threat of destabilisation connected to the respective social problems each programme is targeting (Variable 1). This stimulus will increase in importance if it concerns a critical support group. Furthermore, we use relative differences in coverage of each programme before extension to the private sector – illustrated

Table 1. Overview of insurance programmes.

		Unemployment	Pensions	Health	Accidents	Maternity
Context	Target group	Critical support groups: Urban SOE workers and formal employees				
	Historical context	Transition from labour planning and employment guarantees to labour markets in urban China				
Independent variables	1. Perceived threat	High	High	Low	Low	Low
	2. International subsystem	Contested	Hegemonic	Chaotic	Hegemonic	Chaotic
	→number of models	Small	Small	Large	Small	Large
	→dominant model	No	Yes	No	Yes	No
	3. Bureaucratic turf war	No	No	Yes	Yes	Yes
Outcomes	Model	Mainstream	Mainstream	Fringe	Mainstream	Fringe
	Type of lesson	Adaptation	Synthesis	Synthesis	Adaptation	Adaptation
Year of enactment	For public sector	1986	1991	(1993)	1996	1994
	For private sector	1999	1997	1998	2003	(2010)

SOE: state-owned enterprise.
Note: For a description of the variables, see the Section 'Research design'. Years are in brackets if insurance systems were regulated not through specific documents, but in overarching laws or government plans also including the other systems.
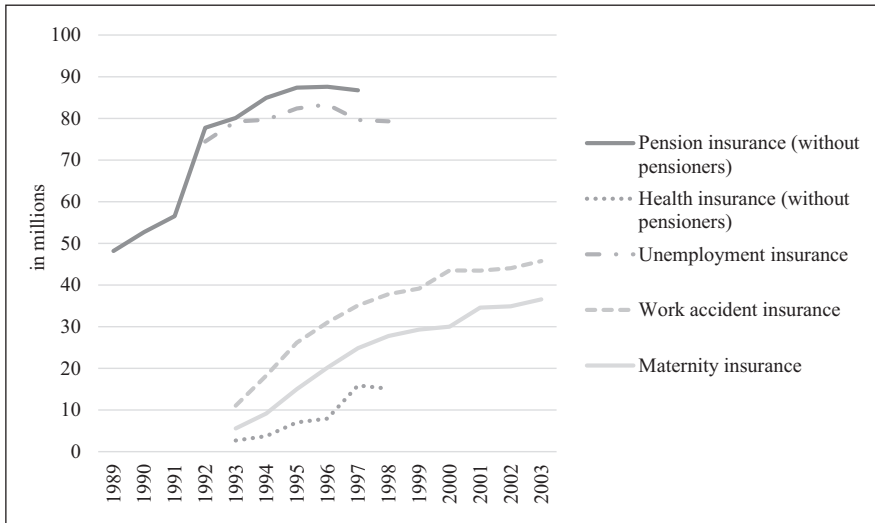
Figure 1. UESI coverage before extension to private sector.
Sources: MoHRSS, 2019; MoLSS, 2001
Note: Before their respective extension to the private sector, the programmes were applied primarily to SOEs and collective enterprises and were thus more comparable. Public sector companies take orders directly from government actors, and if they extend one programme but not another, this reflects political priorities.

by Figure 1 – as a proxy for the political priority the government assigns to the different insurance programmes.

For Stage 2 (scanning), we classify the corresponding factor – the international policy environment – for each type of insurance according to the heuristic by Howlett and Ramesh (1998) shown in Figure 2, distinguishing hegemonic, fractious, contested and chaotic subsystems. The heuristic integrates the key factors of complexity and dominant models identified as crucial in the literature (Orenstein, 2008; Weyland, 2007), and it classifies policy subsystems in terms of the number of international models and whether or not one model dominates (Variable 2). Here, policy models refer to overall policy design as defined by the Social Security Administration and the International Social Security Association. The number of models points to the complexity of the policy field, which previous studies have identified as critical (Weyland, 2007). Pensions, unemployment and work accident insurance feature a small number of models. Pensions are primarily systems for monetary social protection, as are work accident and unemployment insurance. For healthcare and maternity, the situation is more complicated, because here social protection cannot be meaningfully separated from the provision of services in kind and the infrastructures providing those services. The international policy subsystem thus features many models.

We classify a model as dominant if it covers a clear absolute majority of all systems – operationalised here as 55% of the cases. We found both pensions and work accident insurance to be governed by dominant models, while unemployment insurance was

Number of models		
	Small	Large

Dominant model — Yes:

Hegemonic:
Pensions
- Social insurance
  - o   Only: 59.2%
  - o   Mixed systems: 24.3%
- Provident fund: 5.9%

Work accidents
- Social insurance
  - o   Only: 64.5%
  - o   Plus universal scheme: 5.3%
- Employer liability: 14.2%

Fractious:
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Dominant model — No:

Contested: Unemployment
- No programme: 47.3%
- Social insurance (only): 26.6%
- Social assistance 5.3%
- Severance pay: 7.1%

Chaotic: Healthcare and maternity
Social insurance:
- Cash and health benefits: 37.9%
- Cash benefits only: 8.9%
- Plus universal scheme: 12.4%
Maternity insurance only: 5.9%
Provident fund: 1.2%
None: 11.2%

Figure 2. International policy subsystems.
Sources: Howlett and Ramesh, 1998; calculation based on: Social Security Administration, 2002a, 2002b, 2003a, 2003b
Note: We used the basic classifications of the Social Security Administration and bundled some of the smaller categories into groups (such as mixed systems). Percentages were calculated as the share of a group among 169 units: 167 states recognised by the UN, along with Hong Kong and Taiwan.

contested. The health and maternity subsystem was chaotic, featuring the diffusion of normative principles, such as universal access, but an absence of neat, coherent policy models. Following Weyland (2007: 142f), in chaotic subsystems we expect more syntheses; while in hegemonic and contested subsystems, we expect direct copies or adaptations of dominant models. This is in line with Rose (1993: 30), who distinguishes between synthetic models fusing characteristics of different policies, and adaptations of policies with minor changes.

Third, in Stage 3, for the factor cooperation and conflict at domestic level (Variable 3), we consider whether the adoption of a model has been accompanied by bureaucratic conflict between government ministries and related policy networks, which is a proxy for political conflict in the PRC (Heilmann, 2008; Lieberthal and Lampton, 1992; Müller, 2017). In our analysis, bureaucratic conflict about authority over a programme – rather than type of model – was particularly important, and thus became the primary variable of consideration. In

social policy, we distinguish two competing policy networks: one with the Ministry of Labour (MoL)[5] at its centre, in which expert knowledge on social protection was concentrated and which was strongly in favour of social insurance systems; and a competing network in favour of productivist and market-oriented models, in which top leader Zhu Rongji and commercial insurance companies played important roles. Actors from these networks also engaged in scanning the international environment, but, due to the opacity of the regime, these processes are difficult to observe directly. Therefore, we constructed a close proxy – the 'academic learning horizon' of mainland China – presented in Appendix 1. It captures the number of Chinese academic papers written on each social problem or form of social protection in different countries. These numbers constitute a proxy for the degree of attention policymakers devote to different countries, because Chinese scholars are often part of policy networks and have symbiotic relations with ministries or politicians.

To isolate the influence of the international policy subsystems on model selection, we turn to established comparative case study research. We chose a most similar systems design, comparing the five branches of the UESI, and analysing how international models influenced the choice of policy models using theory-guided process tracing (Gerring, 2007). The five branches target the same critical support group, which was significantly affected by SOE reforms and the transition from labour planning to labour market in the 1990s.[6] Furthermore, the five insurance programmes were piloted and implemented between the 1980s and the early 2000s, ensuring similar exposure to historical variation in global social protection trends. Domestic variation is thus concentrated on just two independent variables: threat perception and bureaucratic conflict. This most similar systems design minimises the variation of domestic explanatory factors, thus facilitating the analysis of international influences on the selection of policy models.

Unemployment insurance

This section presents our first case – unemployment insurance – proceeding step by step through the stages and variables described above. The creation of unemployment insurance is a somewhat atypical case, as there was no corresponding branch of labour insurance in the early 1980s, and its policy process proceeded more smoothly than those described in the following sections. Open unemployment had largely disappeared from urban China before 1979. Rural reforms, rural-to-urban migration and urban labour market reforms, however, led to rising open unemployment in the mid-1980s (World Bank, 1992). Large-scale open unemployment constitutes a potential threat to political stability (Variable 1; Yang, 2015).

Thus, the government began scanning the international environment for policy options. This subsystem was contested (Variable 2), with most countries not having a protective system, a substantial minority operating social insurance and small minorities having severance pay or social assistance systems. Since 1990, Colombia has operated a severance account system for unemployment, and Chile adopted a similar model in 2002 (Social Security Administration, 2003b). But unlike in pensions and healthcare, these models were not readily available in China's immediate neighbourhood and were not global success cases when policies in China were made. China's immediate neighbourhood was dominated by productivist welfare regimes, where unemployment protection was minimalist and geared towards ensuring employability, rather than providing people with an independent livelihood (Estevez-Abe,

2008; Holliday, 2000). However, the context of economic transition was a game changer, given the threat a massive unemployment crisis could pose to political stability – and thus to the economic reforms themselves (see also: Orenstein, 2001: 13). Notably, in a report on China's overall reform strategy issued in 1985, the World Bank (1985) recommended an overhaul of its social security system, explicitly emphasising the importance of unemployment. Although the international subsystem was contested and lacked a dominant model, the strong threat perception of the government and international organisations made it easier to reach a political consensus on unemployment insurance.

Among the domestic factors, the apparent absence of significant political and bureaucratic conflict (Variable 3) is striking, compared to the other cases discussed below. The government thus skipped policy experimentation and in 1986 created its first unemployment insurance directly by decree (State Council, 1986). It was funded solely by employer contributions. Its benefit structure emphasised income replacement over job training, and thus resembled conventional unemployment insurance. Economic reformers backed unemployment insurance because large-scale unemployment was a major threat to the entire reform project (Zhou and Zhang, 2015: 143–164). Alternative models at the time could not have provided the same level of protection: pooling above company level was imperative, as a bankrupt SOE might not be able to conduct severance payments anymore; and economic transition induced a prolonged fiscal crisis, which strongly limited the protective capacity of tax-based options such as social assistance.

In 1999, new regulations (State Council, 1999) officially renamed the system 'unemployment insurance' and extended it to private and foreign-invested enterprises (Duckett and Hussain, 2008; Solinger, 2005). The new regulations also demanded premiums from the employees. The 1999 system thus constitutes an adaptation of a global model of unemployment insurance based on social insurance. It is difficult to clearly attribute the system to any single country, but the most well-researched foreign unemployment insurance was Germany's, as the learning horizon illustrates (Appendix 1). Overall, unemployment insurance diverges from Weyland's expectations due to the high threat perception during economic transition. Once the economic reforms were consolidated, unemployment insurance gradually transformed towards more productivist spending priorities and its coverage decreased relative to the other insurances (Tian, 2016).

Pension insurance

Regarding pensions, Maoist China had operated a Soviet-inspired 'labour insurance' system under the jurisdiction of the MoL, in which workers paid no premiums and received benefits in pensions, healthcare, work accidents and maternity.[7] In the 1950s, about one third of pension funds were pooled above company level, but pooling was abolished during the Cultural Revolution. Companies now paid social expenditures directly from their welfare funds. With the introduction of market competition in the 1980s, company welfare gradually lost its protective function. Employees in the new private sector often had no old-age provision at all; and state-owned and collective enterprises with older staff were at a competitive disadvantage in the market due to higher social expenditure, which rendered many reluctant to pay pensions (Li, 2014: 283; see also: West, 1999; Whiteford, 2003). By 1980, there were already two million Chinese workers who had reached

pension age, but whose employers were not allowing them to retire (Chen and Wang, 2010: 14). Consequently, there were frequent protests and even suicides as SOEs and other public companies failed to pay pensions (Frazier, 2010). The risk of such events spreading across the country raised the government's threat perception and the political priority of pensions (Variable 1), as the high coverage in Figure 1 indicates.

The international policy subsystem featured a dominant model (Variable 2): most countries adopted a social insurance approach for pensions, which was also recommended by the International Labour Organization (ILO); and since the 1990s, the World Bank's (1994) three tier model has combined this approach with private and market-based provisions (Orenstein, 2008). When China started scanning the international environment for policy solutions, social insurance was the dominant policy approach. As the academic learning horizon (Appendix 1) illustrates, most research analysed the pension systems in Germany and the United States, both social insurance systems with earnings-related benefits; or in Japan, a two-tiered social insurance system involving flat-rate and earnings-related benefits (Social Security Administration, 2002a, 2002b, 2003b). Finally, there were influential capital-based pension systems, including the Chilean model and the provident fund system of Singapore. The former had a stronger presence in the learning horizon. The latter was directly available in China's immediate neighbourhood, more accessible due to a common language, and was seen by politicians as representing successful economic development.

These international influences inspired local policy experimentation in China, which typically precedes the adoption of national programmes. In 1981, the MoL issued a joint plan with the People's Insurance Company of China (PICC) to develop pension insurance systems for collective enterprises. Subsequently, the MoL promoted experiments with social insurance, also cooperating with the ILO, which opened an office in Beijing in 1985. These experiments were later extended to the state-owned sector. In addition, since 1989, the Economic System Reform Commission (ESRC) supported experiments with individual pension savings accounts supplementing social insurance (Hu, 2012). Most importantly, political conflict here was centred on the content of the model, rather than on which ministry was to manage the programme, so there was no turf war between ministries (Variable 3).

The government ultimately geared its collective decisions towards a mainstream model, discarding life insurance as a functional equivalent for social pension insurance. In 1991, the State Council (1991) decided on a synthesis of social insurance and individual accounts – a compromise between the two policy networks – as the model for the public sector. Both models were widely available in nearby countries, such as Japan and Singapore. The synthesis came a year before the World Bank's heavy involvement in pensions (Weyland, 2007: 71), which subsequently elevated this approach to a global model. Therefore, we treat it as a synthesis rather than an adaptation.[8] In 1997, this model was extended to all urban employees with a formal labour contract, and integrated payment and benefit standards were imposed on the previously fragmented patchwork of provincial pension systems (State Council, 1997; ten Brink et al, 2020).

Health insurance

This section presents our third case study – health insurance. Unlike the case of pensions, the government's threat perception here was low in the 1980s. As with pensions, effective protection by company insurance was being eroded, but serious health issues such as

medical bankruptcies affected only a small and widely dispersed share of workers every year,[9] thus providing less fertile ground for collective action than old age or unemployment.[10] But threat perception (Variable 1) changed in the wake of the 1989 protests and the rise of Falun Gong and other spiritual groups in the late 1990s. First, many urban workers had participated in the 1989 demonstrations, and subsequent surveys revealed that healthcare was a major concern for urban workers (Duckett, 2011: 87f). Second, practices of health preservation were central to Falun Gong's recruitment strategies.[11] So, while health issues provided little direct potential for collective action, they were indirect driving forces of two serious crises.

When the Chinese government scanned the chaotic international subsystem, it found orientation more difficult than in pensions (Variable 2). There was a much larger number of models, none of which was dominant. Many countries used social insurance systems, but their benefits differed widely: some merely paid income-replacing cash-benefits during illness, whereas others paid for medical treatment with substantial variation regarding the type of services covered. Furthermore, redistributive norms in healthcare conflicted with the policy preference for pacifying critical support groups. For example, the World Bank recommended focusing state spending on the poor (Kaasch, 2015), while some 80% of the government's healthcare budget was spent on healthcare coverage for only 8.5 million state cadres (Huang, 2013: 67). The ILO emphasised social health insurance for workers (Kaasch, 2015), but its Chinese collaboration partner – the MoL – failed to play a strong leadership role in the policy process, as described below. Facing a chaotic international subsystem, the Chinese government thus focused on the cases available in the region which it saw as representing successful economic development (cf. Weyland, 2007).[12] In contrast to the other international subsystems, the high number of fringe models in healthcare facilitates the demonstration of this point: as noted below, MSAs – available in nearby Singapore and Malaysia[13] – became highly influential in China.[14]

In terms of cooperation and conflict at domestic level, the policy process was characterised by a turf war between two ministries (Variable 3). Unlike in pensions, this was not a fundamental conflict between the ministries over the basic policy model (see also: Aitchison, 1997: 84–135; Duckett, 2011: 75–88). Rather, the two ministries competed over managerial authority – an issue less easily solved by compromise. The MoL oversaw labour health insurance, and the Ministry of Health (MoH) oversaw health protection for state cadres. The initial impetus for pooling workers' health costs came from company projects, rather than government projects, in 1987 (Aitchison, 1997: 139–152). In 1988, the State Council assigned the MoH the leadership role in a larger health reform process. The MoH initiated a series of health reform experiments, including insurance programmes run by local governments as well as insurance companies, and also featuring Singaporean-style MSAs (Chen, 1989). Overall, there was a fragmented landscape of health protection programmes and experiments under the two ministries in the 1980s, which largely resembled the situation in neighbouring South Korea and Taiwan at the time (Wong, 2004). Health protection was about to be integrated and consolidated under the MoH, which placed the MoL under pressure to protect its turf and retain control over health insurance for workers (Duckett, 2011: 75–88).

The events of 1989 interrupted the policy process, and the MoH's leadership role was subsequently called into question as it was perceived as being too close to the interests of

the medical profession (Duckett, 2011: 83f, 88). In the following years, there was a power vacuum, but the MoL failed to play a strong leadership role. When China returned to economic reform, both the MoH and the MoL submitted competing proposals for health reform in March 1992 (Zheng, 2002: 135–138), and the State Commission on Restructuring the Economic System was assigned the leadership role in the process in May (Aitchison, 1997: 84). At this point, top leader Zhu Rongji intervened in the policy process and made MSAs a core part of the health insurance model of the Socialist Market Economy strategy (Central Committee, 1993). Both the MoH and the MoL opposed MSAs in health insurance, which was Zhu's personal pet project (Aitchison, 1997: 84–135). Through policy experimentation, the ministries attempted to slow down implementation, and potentially reverse the decision (Duckett, 2011: 84), but to no avail.

In 1998, the Urban Employees' Basic Medical Insurance was enacted (State Council, 1998). It integrated health insurance for workers and cadres under the MoL and extended the insurance system to the private sector. This decision strongly resembled the trend in South Korea and Taiwan to integrate and universalize previously fragmented health insurance systems (Wong, 2004). Moreover, as in pension insurance, the synthesis of MSAs and pooling corresponds to the consensus-based modes of decision-making, under which the pension compromise may also have facilitated a similar compromise in health insurance.

Accident insurance

Much like healthcare, work accidents were not perceived as a significant threat by the Chinese government in the 1980s. As with pensions and healthcare, effective protection by company insurance was being eroded, in this case due to outdated compensation standards, a lack of social pooling above company level, and implementation gaps (Zhou and Zhang, 2015: 209–211). Consequently, serious accidents often resulted in social unrest and company bankruptcies (Hu, 2009: 322). However, work accidents were highly concentrated in specific regions and sectors,[15] and therefore less likely to spill over into nationwide unrest, which in turn reduced the perceived threat (Variable 1).[16] Like in healthcare, it was therefore business, rather than the government, that initiated the policy process to manage the financial risks related to work accidents and workers' compensation (Zhou and Zhang, 2015: 84). A key role was played by foreign-invested enterprises and the Hong Kong Min'an Insurance Corporation, which proposed a commercial system to government authorities in Guangdong in 1984 (Xiang, 2008).

As noted above, work accident insurance was a hegemonic international subsystem (Variable 2), in which a social insurance model dominated, and the World Bank did not officially promote an alternative. Employer liability insurance systems are in a minority globally, but the model was available in Hong Kong (Social Security Administration, 2002a). Due to the early involvement of commercial actors, the model gained influence in China (Xiang, 2008; Zhou and Zhang, 2015: 208–217). As the learning horizon indicates, academic research on work accidents concentrated on Germany, followed by Japan and the United States (Appendix 1). The limited research on employer liability insurance was focused on Hong Kong, Britain and the United States. The model ultimately selected by the State Council in 2003 was an adaptation of the dominant international social insurance model, most strongly influenced by the German model (Liu and Leisering, 2017). This

wholesale adaptation was facilitated by the international subsystem, which featured very few mixed models that could have served as a blueprint for compromise.

In some respects, the international factors here resembled those influencing pensions, but the course of domestic events bears closer resemblance to what was seen in healthcare. The MoL was late on the scene, not mobilising researchers in its policy network to study international accident insurance systems until 1986, drafting a reform for social accident insurance in 1988 and subsequently selecting various cities for policy experiments (Hu, 2009: 333f; Xiang, 2008). For the development of a regulatory framework, specialist medical knowledge was required, for which the MoL depended on cooperation with the MoH (see: Zheng, 2008: 267–277). However, the MoL and the MoH also found themselves in a turf war: the State Council had assigned the leadership role to the MoL, but the MoH independently established a leading body for coordinating the reform (Aitchison, 1997: 97). At the same time, local experiments proceeded with both social insurance and commercial models (Zhou and Zhang, 2015: 208–217). Given the conflicts about administration and the policy model, the policy process ran into a stalemate: the Socialist Market Economy strategy and the 1994 labour law both stipulated a work accident insurance system (Central Committee, 1993); but the draft regulations for public sector accident insurance submitted by the MoL to the State Council were repeatedly revised in 1993 and 1994. The ministries could not agree on the details of social pooling and administration (Xiang, 2008). The MoL ultimately had to issue regulations independently, which were not as binding or authoritative (MoL, 1996).

While there is less detailed data about the domestic policy process available here than in health insurance, the similarities are striking. There was a political consensus about the necessity of accident insurance, but the State Council could not agree on a regulation. The legislative process stagnated while Zhu Rongji was vice premier (1993–1998) and premier (1998–2003). During this time, commercial insurance gained in importance as a business field of the PICC and other domestic insurance companies (Peng, 1996). The PICC was linked to Zhu Rongji through its ties with the People's Bank of China (Müller, 2017). Tellingly, a decision by the State Council on social accident insurance for the public and private sector followed within weeks of Zhu stepping down in 2003, as the new Hu and Wen administration's policy stance was closer to that of the MoL (State Council, 2003; Xiang, 2008, 2009). Increased international media coverage of mining accidents also raised the pressure to conclude the reform process at this point (MAC, 2006).

Maternity insurance

The emergence of an independent maternity insurance in urban China is the most ambiguous case of the UESI. We analyse maternity insurance in the context of the closely related policy processes for health and accident insurance. As in these fields, the old labour insurance protection eroded, and there is little evidence that the government saw urban women's maternity issues as posing a threat of collective action (Variable 1). With marketisation, the company insurance model led to fewer female workers being hired in the formal sector to cut costs (Zheng, 2002: 280), thus gradually diminishing the share of women in the regime's urban support group.

Internationally, maternity protection is usually integrated with health protection (Variable 2). Although the World Bank promoted separate programmes for maternity protection, these usually targeted marginalised rural populations, rather than formal sector employees (Weyland, 2007: 158–168). A separate social insurance system for both financial and in-kind maternity benefits in the formal sector only existed in 10 countries in francophone Africa with no other health protection arrangements (Social Security Administration, 2003a). The learning horizon indicates that Chinese researchers devoted more attention to the Global South in maternity – and birth planning in particular – than in any other field. But this path of diffusion somewhat contradicts our theoretical expectation, and we found no direct empirical evidence in Chinese research and policy documents pointing to African influences. Alternatively, maternity insurance could also be a lesson drawn from China's own past, which would make it an exception from the other cases. One way or another, it constitutes a fringe model in the international context.

The origins of maternity insurance lie in the policy process for healthcare in the 1980s discussed above: a fragmented architecture of separate programmes for different groups, and a turf war between the MoL and the MoH (Variable 3). Only a few months after the MoH assumed leadership of health reform in 1988, the first pilot for social pooling in maternity insurance was launched in Jiangsu Province under local departments of the MoL (Zheng, 2002: 280). The framing of the policy invoked declining labour insurance protection and the ILO's agenda of women's rights and their social protection (Zheng, 2002: 275, 280). Indeed, maternity insurance had higher coverage than health insurance until the late 1990s, thus protecting some urban women who otherwise might have been without protection. However, it is not clear why the model of a separate maternity insurance system per se would have any advantages for the insured. For the MoL, a separate maternity insurance guaranteed continued control over funds for a small set of comparatively easy-to-manage medical benefits. The turf war is thus the most plausible underlying cause for the creation of independent maternity insurance.

This interpetation is further supported by the continuously low political support for maternity insurance at national level. The Socialist Market Economy strategy explicitly legitimated all urban social insurance schemes except for maternity (Central Committee, 1993), and the 1994 labour law only mentioned maternity benefits. As in accident insurance, the MoL issued its own regulations for public sector maternity insurance (MoL, 1994), and then prepared numerous drafts of nationwide regulations before the government transitions in 1998 (Hu, 2009: 394f) and 2003 (Zheng, 2002: 283). But these efforts were to no avail, and maternity insurance remained in regulatory limbo. It was not until 2010 that the social insurance law provided it with a legal basis. In recent years, the State Council has called for its integration with health insurance (State Council, 2019). What remains unclear – and deserves further scrutiny – is why maternity insurance was not integrated into health insurance in 1998, like, for example, health protection for state cadres.[17]

Comparative analysis

The previous five sections describe the policy process in each of our case studies, following the three stages – threat perception, scanning of environment, and cooperation and conflict – and their corresponding variables introduced in the research design. This

section provides a comparative analysis of the findings, with a summary in Table 1. Overall, the structure of the international policy subsystem proved decisive when it came to the government opting for either a mainstream model of social insurance, or a fringe model. To be precise, the government was better able to orientate itself in international subsystems with a limited number of models (hegemonic or contested), and adopted mainstream models in unemployment, pension and work accident insurance. Conversely, it found it harder to orientate itself in the chaotic healthcare policy subsystem, and adopted fringe models in health and maternity insurance. This is largely in line with Weyland's (2007) theoretical considerations.

Contrary to Weyland's expectations, however, we do not find a strong connection between chaotic international subsystems and syntheses or incremental forms of learning and policy change (see also: Leisering et al., 2017). Unemployment and accident insurance were adaptations of international mainstream models, but the synthesis in pensions was created shortly before the World Bank became heavily involved in this area. In health insurance, the synthesis matches Weyland's (2007) expectations, whereas maternity insurance is an outlier as there was no model available in the region. Weyland's original expectations may have resulted from his case selection, and they may have been met had we looked at rural areas and fringe groups instead of urban employees in healthcare and maternity. Studying reform in China provided a rare opportunity for a more rigid case study design: analysing five programmes targeting the same group of citizens, we were able to show that in the face of complexity at the international level, domestic factors become more important vis-à-vis international factors of influence.

The various domestic variables did not determine the decision between mainstream and fringe models per se, but they strongly influenced the policy processes and the structure of fringe models, where these were chosen. The perceived threat of destabilisation and the bureaucratic turf war between the MoL and the MoH were important intervening variables. In unemployment and pension insurance, government actors took the initiative to develop policies early due to the high perceived threat of social destabilisation. Conversely, healthcare, maternity and work accidents were not initially perceived as a threat to social stability. Here, the government tolerated a protracted bureaucratic turf war, which significantly hampered the policy process.

Conclusion

The aim of this study was to explain the Chinese government's choice of mainstream models in some, but fringe models in other branches of its social insurance for urban employees. To this end, we created a framework to analyse learning as a mechanism of diffusion in three stages: threat perception, scanning the international environment and cooperation and conflict. Our study then provides a systematic account of how the interplay of domestic and international factors affected model selection. In subsystems with a limited number of neat and coherent policy models, the government ultimately adopted a global mainstream model, with government threat perception and domestic cooperation and conflict merely speeding up or delaying the process. In chaotic international subsystems with many policy models, the government had a harder time orientating itself. It thus designed fringe models in accordance with the

interests of core domestic stakeholders. While the former finding coincides with existing research, the latter calls some of Weyland's (2007) interpretations into question and points to a need for more research on the effects of complexity on government decision-making.

With our focused comparison of theoretically relevant aspects of five insurance systems in urban China, we shed light on choices of social policy models and link them to the general patterns observed in the international environment. One limitation of this approach is that we cannot provide a comprehensive description of each individual case, especially regarding the analysis of the international environment. Nonetheless, given the substantial imbalance in the state of knowledge on each case, this study provides crucial information on the less-researched cases, while reviewing and discussing the well-researched ones. Another limitation is that with our focus on policy decisions at national level, the concurrent local implementation of policy experiments and potential agency of the recipients in those experiments was largely omitted. Furthermore, more research is needed to analyse the reform process in maternity insurance in more depth. Last but not least, due to space constraints, we chose to exclude saving fund schemes for housing and other social risks often connected to the UESI, and more research is needed here as well.

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Notes

1. Cognitive heuristics are inferential shortcuts, which allow people to take decisions in the face of complexity and overabundant information, but which may also undermine the quality of those decisions by introducing biases and distorting conclusions.
2. Here, normative pressure and conditionality of international organisations facilitated the diffusion of normative principles, rather than policy models.
3. Productivism refers to the idea of making social policy subordinate to the imperatives of socio-economic development, usually with a prioritisation of health and education, and low levels of social redistribution (Holliday, 2000).
4. While this is, in principle, no different from democracies, universal suffrage facilitates broader support groups and – potentially – more inclusive and redistributive social policy than in authoritarian regimes.

5. In 1998, the MoL was transformed into the Ministry of Labour and Social Security (MoLSS). For simplicity, we continue to refer to it as MoL hereafter.
6. This strong similarity is much more informative for isolating specific influences than a comparison of any of these programmes with initiatives for the urban poor or for the rural population.
7. For social protection before 1949, see: Dillon (2015).
8. For the World Bank's role, see: Béland and Yu (2004: 278).
9. As of 2000, 4.3% of the Chinese population was affected by 'catastrophic' health expenditures every year, with 2.6% being forced into poverty as a result (Xu et al, 2010: 20).
10. Healthcare and maternity problems are less likely to spark collective action than pensions or unemployment, because they are more evenly distributed across society – spatially, temporally and regarding different sectors of the economy. The affected individuals are less likely to know each other and, thus, less likely to engage in collective action.
11. See also: Müller, 2017.
12. This is also reflected in the high number of studies on Japan in the learning horizon (see Appendix 1).
13. Singapore operated a mixed model, with the provident fund paying for medical care. Malaysia and Nigeria were the only countries running pure provident fund models.
14. See also: Lim and Horesh (2016).
15. These included manufacturing companies in the Pearl River Delta and mining regions in particular.
16. Protests connected to work accidents depend on spatially and temporally localised trigger events, and thus have less potential to spread beyond the local context. For comparison, in the early 1980s, elderly workers across China faced similar problems in not being able to retire. A pension-related protest event in one city could be replicated more easily in another due to similar underlying conditions, independent of specific trigger events.
17. Problems regarding the benefit package do not provide a satisfactory answer, because rural health insurance started out with a similar combination of MSAs and pooling in the 2000s and still managed to integrate maternity benefits (Müller, 2016). Nor does the use of maternity insurance funds for birth planning, because in areas where maternity insurance was not established, such funds were taken from health insurance (Hu, 2009: 395).

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Appendix 1. Academic learning horizon.

	Time span:	Pension (yanglao) 1979–1997	Healthcare (yiliao) 1979–1998	Unemployment (shiye) 1979–1999	Work accident (gongshang) 1979–2003	Maternity (shengyu) 1979–2010	Life insurance (renshen baoxian) 1979–1997	Employer liability insurance (guzhu zeren baoxian) 1979–2003
Anglo-Saxon	USA	32 (3)	827 (2)	258 (2)	33 (3)	287 (2)	30 (2)	2
	England	7	158	120	10	56	13	2
	Australia	3	86	15	7	43	5	0
	Canada	6	155	44	6	65	2	0
East Asian	Japan	46 (2)	1073 (1)	142 (3)	56 (2)	395 (1)	42 (1)	0
	South Korea	0	47	28	4	72	4	0
	Taiwan	0	129	19	3	142	14 (3)	0
	Hong Kong	3	138	39	13	45	12	2
	Singapore	14	77	33	4	28	2	0
European	Germany	47 (1)	208 (3)	278 (1)	61 (1)	48	1	1
	France	15	152	140	9	69	8	0
	Italy	3	29	33	2	54	0	0
	Sweden	7	73	75	15	24	1	0
Emerging economies	Brazil	5	15	14	1	66	0	0
	India	2	43	30	1	180 (3)	1	0
	Mexico	0	16	12	1	42	0	0
	Chile	25	7	0	1	6	0	0
Developing countries	Africa	1	18	4	2	52	1	0

Source: China Academic Journals database.
Notes: The table shows the number of Chinese academic papers found using the search terms for the respective social problems and forms of protection and key countries and regions, published between 1979 and the year of the final policy decision. The search was conducted on the China Academic Journals database in the second quarter of 2020.