3. (U) Within a decade, international experts praised China for its revamped pandemic emergency response system that demonstrated enhanced risk communication, infection prevention, control measures, and clinical management, particularly in its response to the 2013 H7N9 epidemic. From 2003 to 2012, Chinese government annual public health funding increased more than 10-fold from $1.28 billion to $17.46 billion RMB. In those 10 years, the PRC established a nationwide infectious disease surveillance system with over 3,000 outposts, including Chinese Centers for Disease Control and Prevention (China CDC) branches, disease prevention and control laboratories, and public health supervision institutions throughout the country. The PRC's 2006 "National Contingency Plan for Public Health Emergency Response" created an emergency management system that streamlined information flow, promoted interagency coordination, and required timely public notification.

Centralizing and Reforming Management of Public Health Emergencies

4. (U) After the government reshuffle in 2018, the National Health Commission (NHC) was reorganized and granted clear authority over the formulation of infectious disease control and prevention policy to optimize China's response to public health emergencies. Chinese government ministries and provincial authorities were expected to implement NHC guidance at the local and regional level. In contrast, the newly created Ministry of Emergency Management (MEM) assumed responsibility for emergency responses to natural disasters, but also took over workplace safety and certain health functions that slightly overlapped with NHC's responsibilities. According to the "National Contingency Plan for Public Health Emergency Response," however, NHC retained responsibility to lead and coordinate interagency responses to epidemics.

Assessing Epidemic Emergency Preparedness with Chinese Characteristics

5. ~~(SBU)~~ In 2019, the Johns Hopkins Center for Health Security released its Global Health Security Index (GHSI) assessing global emergency preparedness for catastrophic biological risks. The GHSI classified China as "more prepared" for a pandemic than most nations, ranking it 51 out of 195 countries evaluated for health security capabilities. China scored slightly below average in its ability to prevent the emergence of zoonotic diseases. [**Note:** Most Chinese and international experts agree that COVID-19 is a zoonotic disease. The source remains unknown, but some data have suggested bats or pangolins as the possible origin and intermediary. **End Note.**] However, China received the lowest possible score in the following public health areas that hold major implications for its emergency response during the current COVID-19 outbreak:

- Conducting emergency preparedness and response exercises.

- Linking public health and security authorities for rapid response.

- Overseeing dual-use research involving dangerous pathogens with pandemic potential.

- Carrying out a WHO Joint External Evaluation (JEE) to highlight critical gaps in capacity preparedness. [**Note:** China has not participated in a JEE, a process which enables countries to determine their gaps and weaknesses in preparing for and responding to infectious disease risks. More than 100 countries, including the United States, have voluntarily completed a JEE. The JEE is a key aspect of implementing the International Health Regulations (IHR), an agreement signed by all WHO member states, including China, to work together for global health security. The United States has encouraged China to conduct a JEE since 2005 but China has only participated as a technical observer to other country JEEs and has never agreed to conduct their own. **End note.**]

6. ~~(SBU)~~ During discussions with U.S. Department of Health and Human Services officials in 2018, NHC Director General of the Health Emergency Response Office Xu Shuqiang admitted that China needed to improve its diagnostic and treatment capabilities. Yet, he confidently asserted that China centered its emergency response system on joint prevention and control mechanisms, web-based reporting, rapid testing, human capacity, and strong interagency coordination. Publishing their own assessment, however, NHC-affiliated medical experts from the Chinese Preventive Medicine Association (CPMA) complained that China had excessively focused on improving medical treatment while failing to develop preventative measures against infectious diseases.

Seeking Truth from Facts: China's COVID-19 Response

7. ~~(SBU)~~ China received mixed reviews over its initial emergency response to COVID-19, ranging from praise from the World Health Organization (WHO) for its "unprecedented" containment efforts, to domestic criticism over delayed risk communication. In reference to the Wuhan lockdown, a senior official at an international humanitarian aid organization told ESTHOff that the PRC initially reacted like it had never dealt with an epidemic, suggesting the primary reasons for its stunted response were a lack of clarity on areas of responsibility following the government reshuffle, and central government intervention. The aid official said the PRC decision to seal off Wuhan on January 23 came too late as 5 million people had already left the city for the Chinese New Year. [**Note**: Other health officials noted that the containment measures helped slow transmission. Prominent Chinese epidemiologist Zhong Nanshan publicly claimed the number of confirmed COVID-19 cases would have tripled if China had not implemented these severe control measures. The WHO stated that PRC containment measures were "buying the world time" to handle the outbreak. **End Note.**]

8. ~~(SBU)~~ At the beginning of the COVID-19 outbreak, Chinese government ministries appeared slightly confused about their emergency response functions, noted the aid official. NHC and MEM were still adjusting to their new responsibilities, the official observed, and fell short in emergency preparedness and response capabilities. Although the PRC was actively seeking supplies and aid needed to respond to the outbreak, the aid organization said that the NGOs the government designated to receive international donations appeared to be completely oblivious to international standards for making such requests. The aid organization worked closely with the designated NGOs to develop standards for requesting contributions, such as including the type,