

From:	"SMART Archive" <>
To:	svcSMARTBTSP07 <svcSMARTBTSP07@state.gov>
Subject:	Treating the Symptoms without Curing the Disease in China's Health Care Reform
Date:	Fri, 10 Jan 2014 07:25:29 -0500

UNCLASSIFIED

~~SBU~~



MRN: 14 BEIJING 122
Date/DTG: Jan 10, 2014 / 101225Z JAN 14
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: SHLH, TSPL, CDC, HHS, NIH, CH
Captions: SENSITIVE
Reference: 13 BEIJING 1951
Subject: Treating the Symptoms without Curing the Disease in China's Health Care Reform

1. ~~(SBU)~~ SUMMARY: This cable is the first in a series focusing on the ongoing reform of China's health care system. Subsequent cables will address China's public health insurance schemes, fee-for-service health care system, the nation's distribution of doctors, and opportunities for the private sector in public hospital reform.
2. ~~(SBU)~~ The elimination of the Maoist system of "barefoot doctors" in the late 1970s left a gap in China's health care services that excluded, either by cost or accessibility, much of China's populace. Health care reforms initiated in 2009 have expanded insurance coverage to the majority of China's population, but the nation faces serious challenges as it attempts to address problems in controlling both the demand for and the provision of health care services. END SUMMARY.

A Brief History of China's Health Care System

3. ~~(SBU)~~ China's current health care reform efforts are rooted in the vacuum left after waves of reform distanced China's economy from Maoist concepts, wiping out the country's system of "barefoot doctors" in the late 1970s. Despite minimal training and limited resources, these doctors established a general standard for basic rural care and doubled life expectancies in China from 32 years in 1949 to 65 years in 1976. The end of barefoot doctors meant that China's health care system quickly became unaffordable to the majority of its population. For the two decades following China's reform and opening in the late 1970s, the government set prices of basic health care services below cost in order to maintain access for the poor. To offset this shortfall for service providers, the government allowed a 15 percent profit margin on drugs, encouraging health care

providers to overprescribe. By 2001, 60 percent of total health expenditures in China were out of pocket, and 90 percent of China's populace lacked insurance coverage.

4. ~~(SBU)~~ China's households face the daily threat of destitution resulting from unanticipated catastrophic medical expenses. A survey by the Development Research Centre of the State Council in 2004 found that disease and injury were the leading cause of impoverishment in rural areas. Consequently, many households commit a substantial portion of their income towards household medical savings. Improved health care insurance and prevention systems might shift remove the threat of catastrophic medical expenses. Such a transformation could provide a powerful stimulus to China's economy as it seeks to encourage the development of its nascent service sector [ref A] and shift household preferences away from these savings patterns in order to promote more sustainable consumption-led growth.

Why Health Matters

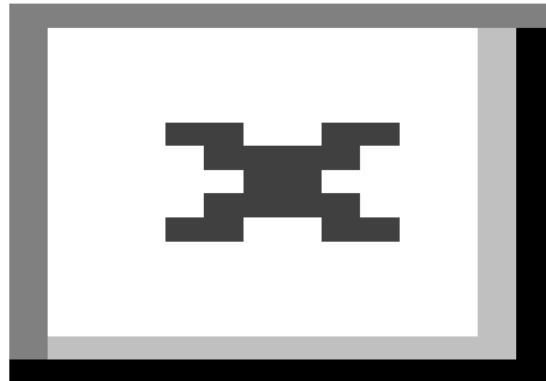
5. ~~(SBU)~~ Public health has become not just a matter of social well-being but also an important issue for China's economic development and stability. Both infectious and chronic diseases pose major threats to China's economy in terms of lost productivity and diminished revenues. For example, as estimated by the U.S.-based National Academy of Sciences, the 2002-2003 outbreak of Severe Acute Respiratory Syndrome (SARS) led to global losses of \$40 billion, a cost borne largely by mainland China and Hong Kong.
6. ~~(SBU)~~ High sodium diets and widespread tobacco use are leading to a rapid rise in the prevalence of noncommunicable diseases (NCDs) in China. The Disease Prevention and Control Bureau under the Ministry of Health and the Chinese Center for Disease Control and Prevention published findings in 2011 that stated deaths from chronic diseases accounted for 85 percent of total deaths in China each year. A study published in the *Journal of the American Medical Association* in 2013 estimated 11.6 percent of adults in China have contracted diabetes. These 114 million diabetics account for one-third of global sufferers of the disease, but only one-third of Chinese patients were aware of their condition and even fewer were taking sufficient steps to control their blood sugar.

Addressing China's Health Issues

7. ~~(SBU)~~ In 2009, the Chinese government began a health care reform program in an effort to strengthen the state's role in the provision and management of health care. The main outcome of this effort was the expansion of health care insurance coverage more broadly to China's populace, especially rural and migrant populations. China's government pledged 850 billion RMB (\$128 billion) to this effort over three years, setting five major goals:
 - Expanding insurance coverage to more than 90 percent of both urban and rural residents through community and rural medical services.
 - Establishing a national essential medicines system to cover the entire process of drug selection, production, supply, and medical insurance reimbursement.
 - Improving the primary care delivery system to provide basic health care and to manage referrals to specialist care between village clinics, urban community health care centers, and urban hospitals.
 - Making public health services available and equal for both urban and rural residents.
 - Piloting public hospital reforms.
8. ~~(SBU)~~ Four years into the reform effort, Chinese officials trumpet the coverage of 95 percent of

citizens under the country's various basic health insurance schemes alongside expanded coverage of essential drugs, improved local and rural medical service delivery, and progress in public hospital reform.

Growing Health Care Expenditures and Rising Government Subsidies

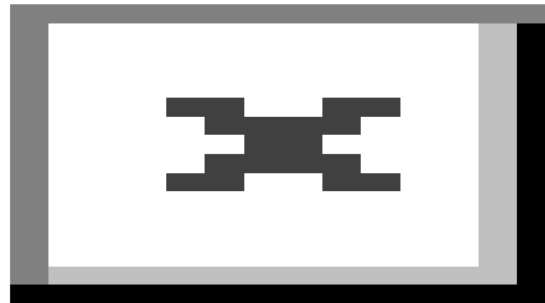


Source: National Bureau of Statistics of China, 2012

Shortfalls and Failures

9. ~~(SBU)~~ Reform strategies announced over 2012 and 2013, including an increase of general practitioners and an expansion of China's essential drugs list, advance the processes established in 2009 and indicate China's long-term commitment to health care reform. However, the majority of Chinese patients still prefer to seek treatment at the nation's best-staffed and best-equipped urban hospitals, and these hospitals continue to generate the bulk of their revenues through a system incentivized on the over-provision of health care. [Note: Septel cables focused on China's doctors and China's fee-for-service system will address these issues at length.] The next stages of China's reform process will require a more fundamental transformation based not only on expanding the supply of Chinese health care delivery and coverage, but also on determining how to best manage demand.
10. ~~(SBU)~~ Overcoming bureaucratic obstacles to health care reform also remains a serious issue. China's health care reform efforts are fragmented across a range of ministries and across different levels of government. For example, when China was formulating its 2009 reform plan, 18 separate ministries and commissions fed in to the process. The State Council, China's highest government cabinet body, leads health care reform on the national level, setting top line priorities and determining the responsibilities of other ministries. Line ministries then generate operational plans

for implementation at the provincial and county levels. While the National Development and Reform Commission (NDRC) handles health planning, investing, and pricing, the National Health and Family Planning Commission (NHFPC) shares financing responsibilities with the Ministry of Finance (MoF) and two other insurers: the Ministry of Human Resources and Social Security (MOHRSS) and the Ministry of Civil Affairs (MOCA). Even the Ministry of Agriculture has a say in health care reform due to its role in protecting rural residents' welfare. Determining which government agency and which level of supervision is best suited to ensure accountability remains an important and unresolved decision in the long-term reform process.



Source: The World Bank, 2013

11. ~~(SBU)~~ China aims to achieve universal population coverage by 2020 and is attempting to resolve ongoing challenges through new initiatives in the current 12th Five-Year Plan (2011-2015) and upcoming 13th Five-Year Plan (2016-2020). While the structure of reform allows innovation on the local level, a lack of laws and regulations for guidance of local authorities has led to a chaotic rollout of various pilot plans. Conflicts of interest are unavoidable due to the dual role of local health bureaus, which serve as both regulators and providers of health services. New national reforms attempt to address this problem by introducing the separation of regulation and management of health care services as well as the separation of the prescription and delivery of pharmaceuticals.
12. ~~(SBU)~~ COMMENT: Achieving near-universal coverage of a populace of nearly 1.4 billion people is a laudable accomplishment for China's health care reforms. However, bureaucratic hurdles and incentives that conflict with the goals of cost-reduction continue to make China's health care system an inefficient and costly weight on the country's economy. Only through overcoming these challenges and implementing a system that focuses on controlling costs while maintaining treatment quality will China be able to lower the savings rates of its citizens while reducing its health care expenditure burden – both actions that would help China reach its economic growth goals. END COMMENT.

Signature:

LOCKE

Drafted By: BEIJING;
Cleared By: ESTH;
FCS;
ECON;
ESTH;
Approved By: ESTH;
Released By: BEIJING;
Info: DEPT OF HHS WASHINGTON DC *ROUTINE*; CDC ATLANTA GA *ROUTINE*

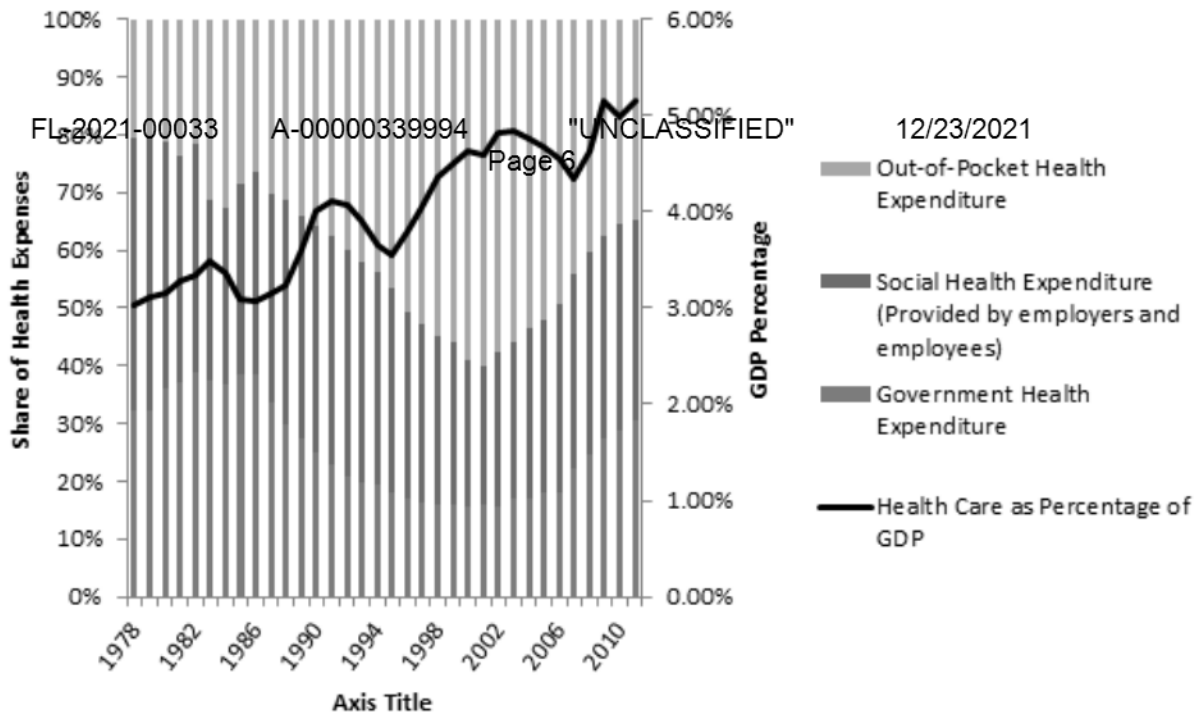
(b)(6)

Dissemination Rule: Archive Copy

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~~SBU~~

Sender:	"SMART Archive" <>
Recipient:	svcSMARTBTSP07 <svcSMARTBTSP07@state.gov>



UNCLASSIFIED~~SBU~~

MRN: 18 WUHAN 38
Date/DTG: Apr 19, 2018 / 190551Z APR 18
From: AMCONSUL WUHAN
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: SHLH, PGOV, CN, PREL, TBIO, KGHI, CDC, EAID, KHIV, IN, JP, TW, TSPL, PINS, SENV
Captions: SENSITIVE
Reference: A) 18 BEIJING 138
B) 17 BEIJING 2458
C) 11 MUMBAI 630
D) 17 TOKYO 716
E) 13 SEOUL 790
Subject: China Virus Institute Welcomes More U.S. Cooperation on Global Health Security

1. ~~(SBU)~~ **Summary with Comment:** China's Wuhan Institute of Virology, a global leader in virus research, is a key partner for the United States in protecting global health security. Its role as operator of the just-launched Biosafety Level 4 (or "P4") lab -- the first such lab in China -- opens up even more opportunities for expert exchange, especially in light of the lab's shortage of trained staff (Ref A). Given the legacy of SARS and the likelihood that the next global pandemic will originate in China, the United States should prioritize expanding our already significant cooperation with this institute. This should include partnering with the institute on basic science research and the Global Virome Project (Ref B), and possibly trilateral U.S.-China-EU projects, building on the institute's strong ties with France. **End Summary with Comment.**

2. (U) Wuhan Institute of Virology researchers and staff gave an overview of the lab and current cooperation with the United States to visiting (b)(6) Counsellor (b)(6) and Consulate Wuhan (b)(6) in late March. In the last year, the institute has also hosted visits from the National Institutes of Health (NIH), National Science Foundation, and experts from the University of Texas Medical Branch in Galveston. The institute reports to the Chinese Academy of Sciences in Beijing.

P4 Lab is Open and Transparent, Officials Emphasize

3. ~~(SBU)~~ The Wuhan P4 lab, referring to labs with the highest level of safety precautions, became fully operational and began working with live viruses early this year. Institute officials said they believed it is the only operational P4 lab in Asia aside from a U.S. Centers for Disease

Control (CDC)-supported facility in Pune, India (Ref C). China plans to stand up a second P4 lab in Harbin. Institute officials said Japan's biosafety labs are "old" and lack cutting-edge equipment, so they consider Japan's labs to be "P3 Plus" (*Note: the Japanese government says it has one P4-level lab in the Tokyo suburbs, though its activities are limited, and Japan is building a new P4 lab in Nagasaki, see Ref D. Taiwan operates at least one P4 lab. South Korea was close to opening a P4 lab as of last year, see Ref E. End Note.*) Wuhan's lab is located about 20 miles from the city center in Zhengdian district, and the institute plans to gradually consolidate its other training, classroom and lab facilities at that location.

4. (U) Officials described the lab as a "regional node" in the global biosafety system and said it would play an emergency response role in an epidemic or pandemic. The lab's English brochure highlighted a national security role, saying that it "is an effective measure to improve China's availability in safeguarding national bio-safety if [a] possible biological warfare or terrorist attack happens."

5. ~~(SBU)~~ Institute officials said there would be "limited availability" for international and domestic scientists who had gone through the necessary approval process to do research at the lab. They stressed that the lab aimed to be a "worldwide, open platform" for virology. They said they welcomed U.S. Centers for Disease Control (CDC) experts, noting that the Chinese Academy of Sciences was not strong on human disease expertise, having only focused on it in the last 15 years, after the SARS outbreak. A Wuhan-based French consulate official who works on science and technology cooperation with China also emphasized that the lab, which was initiated in 2004 as a France-China joint project, was meant to be "open and transparent" to the global scientific community. "The intent was to set up a lab to international standards, and open to international research," he said. French experts have provided guidance and biosafety training to the lab, which will continue, the French official said. Institute officials said that France provided the lab's design and much of its technology, but that it is entirely China-funded and has been completely China-run since a "handover" ceremony in 2016.

6. (U) In addition to French assistance, experts from the NIH-supported P4 lab at the University of Texas Medical Branch in Galveston have trained Wuhan lab technicians in lab management and maintenance, institute officials said. The Wuhan institute plans to invite scientists from the Galveston lab to do research in Wuhan's lab. One Wuhan Institute of Virology researcher trained for two years at the Galveston lab, and the institute also sent one scientist to U.S. CDC headquarters in Atlanta for six months' work on influenza.

NIH-Supported Research Revises SARS Origin Story

7. (U) NIH was a major funder, along with the Natural Science Foundation of China (NSFC), of SARS research by the Wuhan Institute of Virology's Shi Zhengli and Cui Jie. The researchers spent five years of investigation and genome sequencing to show that a population of bats in a cave in Yunnan Province harbored a virus with all the "building blocks" of SARS. This lends weight to the theory that SARS originated in bat populations before jumping first to civet cats (likely via bat feces) and then to humans, after people transported the civet cats from Yunnan to Guangdong Province animal markets. The results were published late last year in *Nature* and other publications. Shi said that U.S. scientist Peter Daszak, a leading expert on emerging

diseases and president of the New York-based EcoHealth Alliance, was a "strong partner." Daszak's team has provided support in statistical modeling to assess the risk of more coronaviruses like SARS crossing over to human populations.

Ready to Help with the Global Virome Project

8. (U) Institute officials expressed strong interest in the Global Virome Project (GVP), and said Chinese funding for the project would likely come from Chinese Academy of Sciences funding already earmarked for One Belt, One Road-related initiatives. The GVP aims to launch this year as an international collaborative effort to identify within ten years virtually all of the planet's viruses that have pandemic or epidemic potential and the ability to jump to humans. "We hope China will be one of the leading countries to initiate the Global Virome Project," one Wuhan Institute of Virology official said. China attended a GVP unveiling meeting in January in Thailand and is waiting for more details on the initiative. The officials said that the Chinese government funds projects similar to GVP to investigate the background of viruses and bacteria. This essentially constituted China's own Virome Project, officials said, but they noted the program currently has no official name.

9. ~~(SBU)~~ The Wuhan Institute of Virology's Shi Zhengli is the China Country Coordinator for the USAID-funded PREDICT project, which is designed to show "proof of concept" and be a forerunner to the Global Virome Project. (b)(6)

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(b)(6) noted that China has expressed interest in building the GVP database, which would put China in a leadership position. Other countries have confidence in China's ability to build such a database, but are skeptical on whether China could remain transparent as a "gatekeeper" for this information. (b)(6) (b)(6) expressed frustration with the slow progress so far in launching GVP, noting that the effort lacked funding sources, needed to hire a CEO, and would have to boost its profile at G7, G20 and other high-level international meetings.

U.S.-China Workshop Explores Research Partnerships

10. (U) The Institute also has ongoing collaboration with the U.S. National Science Foundation, including a just-concluded workshop in Shenzhen, involving about 40 scientists from the United States and China, on the topic of the "Ecology and Evolution of Infectious Diseases." Co-sponsored by the Natural Science Foundation of China (NSFC), the Chinese lead for this workshop was the Wuhan Institute of Virology's Hu Zhihong, and the U.S. co-chair was the University of Oklahoma's Xiao Xiangming. The workshop explored opportunities for U.S.-China research cooperation in areas like using "big data" to predict emerging infectious diseases, climate change's effect on vector-borne diseases, and pathogen transmission between wildlife, domestic animals and humans.

11. ~~(SBU)~~ Some workshop participants also expressed skepticism about the Global Virome Project's (GVP) approach, saying that gaining a predictive understanding of viruses with pandemic potential would require going beyond the GVP's strategy of sample collection, to take an "ecological" approach that considers the virome beyond vertebrate systems to identify

mechanisms driving pathogen evolution. A follow-on workshop will be held in June at the University of Berkeley. NSF and NSFC hope to jointly announce a funding call for collaborative projects later this year.

Signature:	FOUSS
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Drafted By:	WUHAN: (b)(6)
Cleared By:	ESTH: [Redacted] NSF: [Redacted] USAID: [Redacted] HHS/NIH: (b)(6) ESTH: [Redacted] HHS: [Redacted] CDC: [Redacted]
Approved By:	EXEC/ (b)(6) -
Released By:	WUHAN: (b)(6)
Info:	CHINA POSTS COLLECTIVE ROUTINE
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Dissemination Rule:	Archive Copy

UNCLASSIFIED
~~SBU~~

From: SMART Archive
Sent: Fri, 26 May 2017 06:19:54 GMT
To: SMART Core
Subject: Malaysia Launches Joint Five-Year Zoonotic Research Project with U.S. Funding

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MRN: 17 KUALA LUMPUR 344
Date/DTG: May 26, 2017 / 260619Z MAY 17
From: AMEMBASSY KUALA LUMPUR
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: SENV, SHLH, NIH, WHO, PHS, KGHI, MY
Captions: SENSITIVE
Subject: Malaysia Launches Joint Five-Year Zoonotic Research Project with U.S. Funding

1. (U) Summary: The U.S. Defense Threat Reduction Agency (DTRA) launched a five-year, \$3.9M zoonotic research project in collaboration with the Malaysian Ministry of Health (MOH), the Department of Wildlife and Natural Parks (DWNP), and other stakeholders. Funded entirely by DTRA, the project will improve Malaysia's capacity to detect and respond to zoonotic disease starting with targeted surveillance of bats in Malaysia for viruses that could potentially spillover to humans and other animals. This project also supports the White House's Global Health Security Agenda, which identifies Malaysia as a partner country in efforts to strengthen global capacity to detect, prevent, and respond to emerging infectious disease threats. End Summary.

Malaysia's 1999 Nipah Virus Outbreak and the "One Health" Approach

2. (U) The 1999 Nipah virus outbreak in Malaysia and Singapore originated in bats, was transmitted to pigs, and ultimately spilled over to infect humans. It caused 105 human deaths and had a devastating impact on the pork industry in Malaysia. The government paid USD \$35 million in compensation for the 1.1 million pigs it destroyed and lost an estimated USD \$105 million in tax revenue. Increased urbanization, land use change, and human encroachment on wildlife habitats have led to more interactions between people and wildlife, resulting in increased potential for zoonotic disease transmission like the Nipah virus. In response, international health researchers have adopted the "One Health" model, which recognizes human health is connected to the health of animals and the environment and integrates these sectors to prevent, detect and respond to disease threats. In 2009, the United States Agency for

International Development (USAID) launched the ongoing Emerging Pandemic Threats PREDICT program, which aims to integrate wildlife surveillance into the public health infrastructure to create an early warning system for zoonotic disease spillover. The New York-based EcoHealth Alliance (EHA) is the One Health lead implementer for PREDICT Malaysia and partners with the Ministry of Health, Department of Wildlife and National Parks, Sabah Wildlife Department, and Department of Veterinary Services.

Malaysia Is Building Its Capacity to Detect and Respond to Zoonotic Viruses

3. (U) In collaboration with EHA and the Government of Malaysia, the DTRA project, launched on May 4th, will investigate zoonotic transmission risks by conducting biological surveillance of henipaviruses and filoviruses in bats, livestock and humans. It will track the distribution and spillover of these viruses at local agricultural operations and among aboriginal communities in peninsular Malaysia. Virus samples collected will be screened, and additional targeted surveillance in wildlife, livestock and people in indigenous communities and on farms will occur. Once the samples are analyzed and catalogued, the Malaysian government will receive this information before they are published. In coordination with USAID's PREDICT program, it will also fill critical gaps in Malaysia's "One Health" capacity by engaging all three sectors of wildlife, livestock, and human health through a coordinated surveillance strategy. By strengthening the integration between those sectors, disease detection, diagnosis and reporting will become streamlined and expedited, speed up decision-making, and reduce unnecessary duplication of infrastructure and communication.

4. (U) Malaysian government officials have identified better coordination on surveillance between human and animal health officials as a priority for the country's participation in the Global Health Security Agenda (GHSA). Current efforts in this regard include a Zoonosis Technical Working Group consisting of the Ministries of Health and Natural Resources and Environment (NRE). Following the DTRA project launch, Econoffs visited NRE's new National Wildlife Forensic Laboratory (NWFL), a state-of-the-art facility opened in 2015 to conduct forensic investigations of wildlife crime. The lab aims to become a global leader in wildlife disease and DNA research. NWFL holds over 17,000 virus samples in its Wildlife Genetic Resource Bank and collaborates with the U.S. Fish and Wildlife Service's pathology lab in Oregon and the Wildlife Forensic Network initiative run by UK-based TRACE to combat international wildlife trafficking. DTRA researchers noted the newly-outfitted lab's impressive apparatus and one visiting U.S. Army medical researcher remarked, "this place makes my lab look like a run-down garage."

Further Gaps in "One Health" Approach Remain

5. (SBU) Comment: Malaysia has relatively high animal and human spillover risks due to its biodiversity, climate and close proximity of animals to humans. Therefore, the DTRA project and its "One Health" focus is a promising start and focuses on a subset of sampling sites, chosen to best illustrate potential zoonotic spillover risk. However, future work will have to include broader sampling - both in geographic area covered and species sampled (outside peninsular Malaysia and beyond bats) - in order to paint a complete picture of the risk of zoonotic spillover and its effects on human health. Close and continuing coordination among public health and

zoonotic officials and laboratories can provide insights into where additional resources need to be focused and areas for future action, such as field and laboratory training, equipment, SOPs, legislative support for disease surveillance, and coordination and communication among government departments. The GHSA identifies zoonotic health as an action package, focusing on practices that minimize the spillover of zoonotic diseases from animals into human populations. In GHSA discussions, the Malaysian Health Ministry has identified greater coordination between human and animal health officials as a top priority for building its global health security capacity. Post will continue to work with Malaysian government agencies to ensure this "One Health" approach remains at the forefront of combating infectious disease threats. End Comment.

Signature: LAKHDIR

Drafted By:	KUALA LUMPUR: (b)(6)
Cleared By:	EXEC (b)(6)
	ECON
Approved By:	EXEC
Released By:	KUALA LUMPUR (b)(6)
Info:	DTRA ALEX WASHINGTON DC ROUTINE; ATLANTA GA, CDC ROUTINE

Dissemination Rule: Archive Copy

UNCLASSIFIED
~~SBU~~

From: SMART Archive
Sent: Mon, 21 Aug 2017 03:33:20 GMT
To: SMART Core
Subject: HHS/CDC ATD # 17957 CONDUCTING PUBLIC HEALTH RESEARCH IN CHINA, FY 2017

UNCLASSIFIED

~~SBU~~

MRN: 17 CDC ATLANTA GA 2334
Date/DTG: Aug 21, 2017 / 210333Z AUG 17
From: CDC ATLANTA GA
Action: BEIJING, AMEMBASSY *ROUTINE*
TAGS: XTAG, SHLH, TBIO, OSCI, TSPL, CDC
Captions: SENSITIVE
Pass Line: BEIJING FOR MGT OFFICER
SECSTATE FOR EAPS/EX
HHS FOR OGA GGRIGSBY
Subject: HHS/CDC ATD # 17957 CONDUCTING PUBLIC HEALTH RESEARCH
IN CHINA, FY 2017

1. ~~(SBU)~~ The Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) respectfully requests U.S. Embassy clearance from the standpoint of American foreign policy objectives and its responsibilities under Title V of the International Relations Authorization Act, to make a grant award to the: Chinese Center for Disease Control and Prevention. The title of the Grant is Conducting Public Health Research in China.
2. Funding/Performance Period information: \$1,046,976 **Award Date: September 30, 2017**; Project Period: September 30, 2017 to September 29, 2022; Principal Researcher: Chinese Center for Disease Control and Prevention (CDC) – Beijing, China, CHINA
3. ~~(SBU)~~ Purpose of the Project

There are seven research projects:

- a) The Development of Norovirus Laboratory Network in China (CaliciNet China): This project aims to develop and implement CaliciNetChina in a selected number of sentinel sites in six provinces. This new project can help better evaluate the emergence of new strains as well as improve our understanding of the temporal trends and transmission routes of norovirus that result in outbreaks.
- b) Spatio-temporal Study of Human Brucellosis in Liaoning and Shandong, The long-

term goal is to improve the understanding of human brucellosis prevalence in the study areas and to identify high-risk hotspots areas. This information can help to improve national strategies on prevention and control of human brucellosis in China.

- c) Pilot Study on evaluating the effectiveness of using SMS and hotline service provided by 12320 health hotline to Improve PTB patients Treatment Compliance in Yunnan and Gansu: This pilot project has three specific aims: 1) Estimate the impact of using 12320 Health Hotline interventions on: a. the percentage of patients missing TB medication and b. Treatment dropout rate (over time), 2) Evaluate the increase of patient's awareness/knowledge following Health Hotline interventions. 3) Assess the acceptability and feasibility of the 12320 Health Hotline services from perspective of TB patients and doctors participating in the project.
- d) Identifying the Etiology of Acute Febrile Illnesses - a Multi-Sentinel Site Surveillance; Project in Guangdong and Yunnan Provinces, China: 1. Determine whether Zika virus is circulating or co-circulating with other infections 2. Assess which pathogens are most likely to cause of symptomatic AFI (and those more likely to circulate among asymptomatic persons). 3. Evaluate the performance of TAC compared to the Trioplex platform as a surveillance tool for identification of Zika, dengue, and Chikungunya viruses as well as other AFI related etiologies.
- e) Active surveillance for respiratory illness associated with influenza among pregnant women in Suzhou, China: The long-term goal is to understand the risk of laboratory-confirmed influenza virus infection and illness development among pregnant women during influenza season in Suzhou, China.
- f) Influenza illness and hospitalizations averted by influenza vaccination among young children in Suzhou, China: This study's specific aims are: To estimate the direct effect of influenza vaccination for children aged <5 years in Suzhou, China in terms of averted number of influenza cases, including hospitalized cases, cases who received outpatient medical care, and influenza like illness cases who did not seek care, from 2011-2016; To evaluate direct and indirect costs associated with influenza illness among children < 5 years to estimate the averted economic burden of influenza-associated ILI cases who did not seek medical attention, medically attended influenza cases and hospitalizations in this age group from 2011–2016 from the societal perspective; and To maintain SARI surveillance for future averted outcome, averted cost and cost-effectiveness analyses for influenza associated pediatric hospitalizations.
- g) Laboratory Capacity Building and Follow-up on Congenital Cytomegalovirus

Infection in China: this project are designed to examine geographic variations in congenital CMV infection, characterize permanent sequelae from congenital CMV infection, and delineate CMV shedding during pregnancy.

4. Human subjects: All projects have been reviewed and approved by ethical boards within Chinese Center for Disease Control & Prevention, Beijing, China and the Centers for Disease Control & Prevention, Atlanta, Georgia.
5. Animal information: N/A

6. **Contacts Information**

Principal Investigator: (b)(6) Director, China-U.S.
Collaborative Program on Emerging and Re-Emerging Infectious
Diseases, (b)(6)

For additional information, please contact (b)(6) Project
Manager, China-U.S. Collaborative Program on Emerging and Re-
Emerging Infectious Diseases:

E-mail: (b)(6)
Phone: (b)(6)

CDC Project Officer: (b)(6) Division of Global Health Protection; (b)(6)
(b)(6) Email: (b)(6) Phone: (b)(6)
(b)(6)

7. Grant funds should be awarded by September 30, 2017. If no response is received by September 15, 2017, CDC will assume Embassy has no objection to funds being awarded.
8. In order to ensure prompt receipt of cable response at CDC, please transmit cable reply or cable request for additional information directly to CDC ATLANTA GA attn.: Patrick Chong
9. CDC appreciates Embassy consideration and reply.
10. If additional information is needed, please contact: Stephanie Gonsahn, phone 404-718-8934, email sxs5@cdc.gov.

MARTIN

Drafted By: ATLANTA GA:KUMAR, LATA
Cleared By: CDC/OCOO/OFR:BOUNDS, DIONNE
Approved By: CDC/OGH/OD:KUMAR, LATA
Released By: ATLANTA GA:Gonsahn, Stephanie X
Info: WASHDC, SECSTATE *ROUTINE*; DEPT OF HHS WASHINGTON
DC *ROUTINE*

Dissemination Rule: Archive Copy

UNCLASSIFIED

~~SBU~~

From: SMART Archive
Sent: Fri, 11 Jul 2014 09:39:52 -0400
To: svcSMARTBTSP08
Subject: HHS/CDC EMERGING INFECTIOUS DISEASES RESEARCH COOPERATIVE AGREEMENT, CHINA, FY 15 ATD # 140310

UNCLASSIFIED

~~SBU~~

MRN: 14 CDC ATLANTA GA 2140
Date/DTG: Jul 11, 2014 / 111340Z JUL 14
From: CDC ATLANTA GA
Action: BEIJING, AMEMBASSY *ROUTINE*
TAGS: XTAG, SHLH, OSCI, TBIO, CDC, CH
Captions: SENSITIVE
Pass Line: BEIJING FOR MANAGEMENT OFFICER
BEIJING FOR CDC
SECSTATE FOR EAP/EX
HHS FOR OGA (b)(6)
Subject: HHS/CDC EMERGING INFECTIOUS DISEASES RESEARCH
COOPERATIVE AGREEMENT, CHINA, FY 15 ATD # 140310

1. The Department of Health and Human Services, Centers for Disease Control and Prevention (CDC) respectfully requests U.S. Embassy clearance from the standpoint of American foreign policy objectives and its responsibilities under Title V of the International Relations Authorization Act, to make a grant award to the Chinese CDC; title of the projects are
 - a. Etiology of Community-acquired Pneumonia in Adults: Use of TAC Multiple Pathogen Detection Platform in the International Emerging Infections Program (IEIP) Sites (known as TAC hereafter)
 - b. Fudan University Cooperative Program
 - c. Development and evaluation of detection methods for multiple diarrheal pathogens
 - d. Laboratory Testing and Follow-up on Congenital Cytomegalovirus Infection
 - e. Evaluation of rubella seroconversion using measles-rubella vaccine among infants 8 months of age in China
 - f. Immunogenicity and safety of concurrent administration of measles vaccine with live attenuated Japanese encephalitis SA 14-14-2 vaccine in Chinese infants 8 months of age
2. Funding/Performance Period information: \$ 1,346,724
Award Date: September 15, 2014; Project Period: September 15, 2012-September 14, 2017; Principal Researcher: Chinese Centers for Disease Control and Prevention (CDC) – Beijing, China, CHINA
3. Purpose of the Projects
TAC: The TAC project is an epidemiological and pathogen study in China to evaluate the performance of TAC as a surveillance tool for identification of multiple

pathogens and potential co-infections among adult patients hospitalized with CAP. The purpose of this project is a continuation of the prospective study following the hospital-based case-control study (second year) aimed at further understanding the etiology of SARI among adults in China using TAC multiple pathogen detection platform.

Fudan University Cooperative Program: The Fudan University project will be conducted to: (1) understand influenza associated disease burden and economic burden of children under 5-years old based on Severe Acute Respiratory Infection (SARI) surveillance system in Suzhou; and (2) assess influenza vaccine effectiveness in preventing laboratory confirmed influenza in two districts of Suzhou.

Development and Evaluation of Detection Methods for Multiple Diarrheal

Pathogens: This project will: (1) evaluate the current commercial diagnosis kits available for multi-pathogens of diarrhea; (2) optimize the real-time PCR methods; and (3) conduct a field evaluation for different rapid diagnosis methods using stool samples from patients among sentinel hospitals. The purpose of the project is to build two rapid diagnosis systems to use for the routine diarrhea surveillance and pathogen detection during foodborne outbreaks.

Laboratory Testing and Follow-up on Congenital Cytomegalovirus Infection

The following are the objectives of this study :1. Examine the incidence and clinical manifestations of congenital CMV infection in China; 2. Assess the physical, mental, and hearing development in children with congenital CMV infection; 3.Examine the incidences of active CMV infection and shedding in women of reproductive age.

Immunogenicity and safety of concurrent administration of measles vaccine with live attenuated Japanese encephalitis SA 14-14-2 vaccine in Chinese infants 8 months of age

The primary objective of the study is to: 1) Demonstrate non-inferiority in seroconversion rates between concurrent administration of MCV and LJEV compared to MCV given alone among infants aged 8 months. The secondary objective of the study is to:2) Evaluate the reactogenicity and adverse events between concurrent administration of MCV and LJEV compared to MCV given alone among infants aged 8 months.

4. Human subjects: All projects pending ethical review by Chinese Centers for Disease Control & Prevention, Beijing, China and the Centers for Disease Control & Prevention, Atlanta, Georgia.
5. Animal information: N/A
6. **Contacts Information**

Principal Investigator: (b)(6) Director, China-U.S. Collaborative Program on Emerging and Re-Emerging Infectious Diseases, (b)(6)

(b)(6)

For additional information, please contact (b)(6) Project Manager,
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7. Grant funds should be awarded by: **15 September 2014**. If no response is received by **August 1, 2014**, CDC will assume Embassy has no objection to funds being awarded.
8. In order to ensure prompt receipt of cable response at CDC, please transmit cable reply or cable request for additional information directly to ATLANTA GA, CDC attn.: LaQuanda C. Lewis.
9. CDC appreciates Embassy consideration and reply.
10. If additional information is needed, please contact: **Stephanie Gonsahn**, phone **404-718-8934**, Email **sxs5@cdc.gov**.

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