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Subject:	United States Presses Priorities at the Resumed Virtual 73rd World Health Assembly
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Subject: United States Presses Priorities at the Resumed Virtual 73rd World Health Assembly

1. ~~(SBU)~~ **SUMMARY.** Secretary of Health and Human Services Alex Azar led the U.S. delegation to the resumed 73rd World Health Assembly (WHA) held in a virtual format, November 9-13, 2020. The United States achieved its key objectives for the WHA in stressing the importance of strengthening reforms for the World Health Organization (WHO) to improve transparency, accountability and improved communications; calling for greater transparency and progress in the investigation of the origins of the COVID-19 virus; advocating for Taiwan as an observer; calling for Member State reporting of health personnel under the Global Code of Practice; and delivering a joint statement on promoting women's health and strengthening the family. Member States deferred consideration of most of the planned agenda items from the 73rd WHA in May to this resumed session of the Assembly.

2. ~~(SBU)~~ During the resumed session, the Assembly considered agenda items focused on the four pillars of the WHO General Program of Work: (1) Universal Health Coverage, (2) Health Emergencies, (3) Health and Well-being, and (4) Effective and Efficient WHO Support to Countries. Throughout the meeting, other Member States expressed appreciation for WHO's leadership in the fight against COVID-19 and underscored the importance of strengthening the WHO with lessons learned from the response to the pandemic. WHO announced two new initiatives: (1) the Council on Economics of Health for All comprising top economists and health experts, will focus on investments in health, and achieving sustainable, inclusive and innovation-led economic growth and (2) a WHO Biorepository for pathogen

materials and sample sharing hosted in a Swiss Biosafety Level-4 (BSL-4). The United States also participated in the Resumed 147th Executive Board (EB) meeting that followed the resumed 73rd WHA on November 16, 2020. **END SUMMARY.**

(U) United States Pressed WHO on its Role in Responding to COVID-19

3. ~~(SBU)~~ The United States successfully engaged through a constructive and direct approach to the substantive issues of WHA73. In its remarks, the United States called out the WHO for not developing its COVID-19 origins investigation Terms of Reference (TOR) in a transparent or inclusive manner, as well as delays with the fielding the international team to China. The United States also underscored the need for independence and transparency on the part of WHO leadership, stressing that the WHO and State Parties to the International Health Regulations (2005) must improve preparedness and response and provide accurate, timely and complete information on outbreaks to WHO and other Member States. The United States also provided leadership on the WHO Global Code of Practice on the International Recruitment of Health Personnel by implicitly highlighting the failure of Cuba to report that it exports in excess of 30,000 medical professionals to 60 countries, often without proper remuneration and support.

(U) Key Outcomes of the Resumed 73rd World Health Assembly

4. (U) Over the summer 2020, the Assembly used a written procedure for the first time, approving 12 resolutions and decisions in advance of the resumed WHA meeting.

5. ~~(SBU)~~ The United States emphasized support for several adopted resolutions/decisions which the delegation co-sponsored at the 146th Executive Board meeting, including WHA73.3 *Global strategy for tuberculosis research and innovation*, WHA73.4 *Integrated people-centered eye care, including preventable vision impairment and blindness*, and WHA73.5 *Strengthening efforts on food safety*. The United States has played a critical role in advancing efforts on cervical cancer prevention and control and was supportive of the aims of the WHO Global Strategy on the Elimination of Cervical Cancer as a Public Health Problem (adopted under written silence procedure by the WHA in resolution WHA73.2). During the discussion of Pillar 1, "One Billion More People Benefitting from Universal Health Coverage," the WHA reviewed 11 health topics, and two draft resolutions on a Global Vaccine Action Plan and Epilepsy. Under this pillar, the United States delivered a national statement supporting Primary Health Care, Non-Communicable Diseases, Neglected Tropical Diseases (NTDs), Global Strategy and Plan of Action on Public Health Innovation and Intellectual Property, and the trilateral work of the World Trade Organization and the World Intellectual Property Organization in WHO. The United States also served as a co-sponsor of the Epilepsy Resolution, while endorsing and co-sponsoring the draft road map on NTDs. During the discussion of Pillar 3, "One Billion More People Enjoying Better Health and Well-Being," the U.S. delegation helped shape the revised maternal, infant and young child nutrition decision and called on the Secretariat to provide clarity regarding its efforts to prepare a comprehensive report to understand the scope and impact of digital marketing strategies for the promotion of breast milk substitutes that may not be in accordance with the International Code of Marketing of Breastmilk Substitutes. The United States also highlighted its co-sponsorship of the resolution on strengthening efforts on food safety and thanked the European Union for its

leadership on the resolution.

(U) United States Introduces Geneva Consensus on Promoting Women's Health

6. ~~(SBU)~~ The United States delivered a joint statement in partnership with like-minded countries, to enter the Geneva Consensus Declaration on Promoting Women's Health and Strengthening the Family into the official WHA record. The document was co-sponsored by the United States, Brazil, Egypt, Hungary, Indonesia, and Uganda, and co-signed by 35 countries in October 2020.

7. ~~(SBU)~~ The United States also issued an explanation of position on Resolution EB146.R10, *Strengthening Preparedness for Health Emergencies: Implementation of the International Health Regulations (2005)*. The United States disassociated from preambular paragraph 25 due to the inclusion of the term "sexual and reproductive health"; however, we aligned with the remainder of the resolution highlighting the importance of preparedness for health emergencies.

(U) Member States Call for Strengthening, Transparency, and Accountability of WHO

8. ~~(SBU)~~ In the Pillar 2 Health Emergencies discussion, the Assembly heard technical updates from the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response (IPPR), the Chair of the Review Committee on the Functioning of the International Health Regulations (IHR 2005) during the COVID-19 Response, the Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC), and the ACT-Accelerator. Notably, the IOAC reported that the WHO Health Emergencies Program has demonstrated significant operational capacity and established WHO's crucial leadership in the context of the pandemic; however, more work needs to be done to improve funding, further strengthen internal administrative systems, and reconcile Member States' expectations with WHO's authorities and resources.

9. ~~(SBU)~~ In particular, these presentations emphasized efforts to coordinate across the IOAC, IPPR, and IHR Review Committee to ensure complementarity efforts. Member States expressed broad support for reporting in all three areas, but offered varying views on what the near term priorities should be in each area. Many Member States signaled support for reforms of WHO and called for critical reflection on the current strength of IHR compliance mechanisms. Some member states also expressed support for the US-Brazil Roadmap for WHO reform. Several Member States, including the United Kingdom, discussed the necessity of a robust and independent origins investigation mission. Meanwhile, Russia asserted that some proposals may violate sovereignty and stressed their interest in more narrow reforms. The United States stressed the importance of strengthening preparedness and response, raised concerns about the lack of transparency on the Terms of Reference for the investigations into the origins of the virus, and expressed the need to include Taiwan in technical WHO discussions so that Member States can learn from their experiences and success in controlling COVID-19. Belize, Eswatini, Japan, Nicaragua, and Honduras noted their support for learning from the Taiwan model.

(U) Member States Reiterate Commitment to Influenza, Cholera, and Polio

10. ~~(SBU)~~ The Assembly also covered influenza, cholera and polio in the Pillar 2 Health Emergencies discussion. Despite COVID constraints, Member States focused on preparedness capacities, domestic investment alongside international support, water sanitation and hygiene, and integration of polio into the Expanded Program on Immunization. Notably, Member States of the African Region (AFR) called for support for integrated surveillance, affordable vaccines, and encouraged the creation of an all-inclusive data system alongside support for vaccine access. The AFR group called for support on efforts toward eradicating cholera, and reiterated its support for sustained efforts against vaccine derived polio virus, while calling for sustained domestic commitments to polio eradication. The EU suggested looking at lessons learned from the Pandemic Influenza Preparedness (PIP) framework that might apply to COVID-19. The EU, encouraged by efforts to eradicate wild polio progress, noted that polio programs form a crucial pillar of many national health systems and strategies and can be used to promote greater harmonization. China spoke about their Healthy China strategy and noted support for WHO activities in influenza, cholera and polio, including strengthening global influenza surveillance, as well as international cooperation on influenza (equitable access to treatment, diagnostics etc.). China also called on WHO to increase support for countries with weak health systems, focus on national contexts and increase financial and technical support accordingly.

(U) WHO Director-General Tedros Announces Two New WHO Initiatives

11. ~~(SBU)~~ During the closure of the Assembly, DG Tedros announced two new initiatives: (1) The Council on Economics of Health for All and (2) a WHO Repository for Pathogen Materials and Sample Sharing. The WHO is establishing a new Council on the Economics of Health for All, which will focus on the links between health and sustainable, inclusive, and innovation-led economic growth. The council will comprise leading economists and health experts and will hold its first virtual session in the coming weeks. DG Tedros also announced WHO is developing a new approach for sharing pathogen materials and clinical samples, which will include a repository for materials housed by WHO in a secure BSL-4 Swiss facility. He explained the COVID-19 pandemic has shown there is an urgent need for a globally agreed system for pathogen and clinical sample sharing to facilitate rapid development of medical countermeasures as global public goods. Sharing materials into this repository will be voluntary, and WHO will be able to facilitate the transfer and use of the materials following a set of criteria under which WHO would distribute them. [Comment: In follow-up with WHO and Switzerland, the sample repository is a new idea that is still being developed and more information will be shared in 2021. End Comment.]

(U) Political Issues

12. ~~(SBU)~~ The United States continued its support and advocacy for Taiwan's participation as an observer in the WHA. The Assembly considered a supplementary agenda item, deferred in May, to restore Taiwan's observer status to the resumed WHA and allow Taiwan to meaningfully participate in technical meetings at the WHO. The General Committee (GC), on which the United States sits, and the WHA plenary discussed the proposal during the adoption of the agenda and allocation of items. During the GC, Eswatini and Nauru participated in the debate in support of Taiwan, and the PRC and Cuba participated in opposition. During the

plenary, the Marshall Islands and Honduras spoke in support of Taiwan and the PRC and Pakistan against. The Assembly President expressed appreciation for the cooperation by stakeholders to organize the arrangement, noting the issue had been the subject of extensive consultations in the run up to the WHA. For this reconvened WHA session, the United States gathered signatures from 23 countries for a letter to WHO Director General Tedros arguing for Taiwan's inclusion as an observer to the WHA. Although Tedros ultimately did not invite Taiwan to the WHA, this was an expansion of the coalition of like-minded partners (from 15 signatories on the earlier joint letter in May) in support of Taiwan in the WHO and other UN activities. Taiwan also held a successful WHA side event on cancer research and prevention with over 100 registrants on November 12 that will help create momentum to advance Taiwan's continued participation in the International Agency for Research on Cancer (IARC).

13. ~~(SBU)~~ The Assembly deferred Agenda Item 20.2 on the Status of Collections to the May 2021 meeting of the 74th WHA via the January 2021 Executive Board meeting, avoiding an immediate debate on revoking the voting rights of countries in payment arrears. Iran had planned to propose an amendment naming unilateral coercive measures as an extenuating circumstance excusing payment arrears to the WHO and ensuring that their voting rights would continue. In consultation with interested parties in advance, the WHO Secretariat proposed the deferral to avoid political turbulence, as well as a likely vote during the session that would establish the precedent that unilateral coercive measures were an extenuating circumstance allowing for the maintenance of voting rights in spite of non-payment of arrears.

14. ~~(SBU)~~ The United States also successfully seconded Israel's call on a vote regarding a report on "Health in the Occupied Territories" for politicizing the forum and not advancing peace; 78 member states voted in favor, 14 no (including the US) and 32 abstained, which was an improvement from the vote last year on the same agenda item.

(U) Resumed 147th Session of the Executive Board

15. ~~(SBU)~~ The United States participated in the Resumed 147th Executive Board (EB) on November 16, 2020. The EB considered agenda items focused on managerial, administrative, staffing and financial matters, and reports from expert committees and the Program, Budget, and Administration Committee (PBAC) of the EB. The Chair of the EB, Dr. Harsh Vardhan, India Minister of Health and Family Welfare, Science and Technology, and Earth Sciences, called for continued solidarity, commitment, and cooperation among Member States in response to the COVID-19 pandemic. WHO DG Tedros reiterated WHO's commitment to better support Member States in responding to COVID-19, including ensuring access to a COVID-19 vaccine, once available, and getting back on track to achieve the SDG targets. Several Member States, including Germany, Botswana, Australia, the U.K., and the United States expressed frustration with delayed agenda management and meeting times that are inconsiderate to various regions. The United States joined Austria, the U.K., and WHO DG Tedros in reiterating support for holding an EB retreat aimed at improving the EB's governance and leadership role. Lastly, the United States called for the upcoming PBAC (January 13—15, 2021) and EB (January 18-26, 2021) meetings to focus on WHO strengthening and reform, especially through the U.S. proposal to add an agenda item on "Strengthening the WHO's Global Emergency Preparedness

and Response.” The 74th World Health Assembly will be held from May 24 through June 1, 2021, with many Member States expressing hopes to attend in-person in Geneva.

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Date/DTG: Jan 10, 2014 / 101225Z JAN 14
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE *ROUTINE*
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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

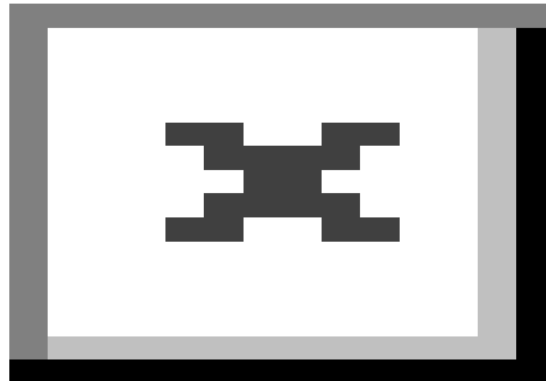
5. ~~(SBU)~~ Public health has become not just a matter of social well-being but also an important issue for China's economic development and stability. Both infectious and chronic diseases pose major threats to China's economy in terms of lost productivity and diminished revenues. For example, as estimated 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

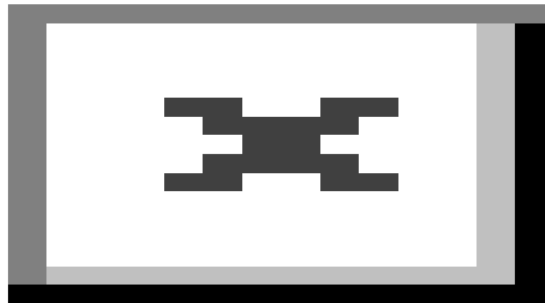


Source: National Bureau of Statistics of China, 2012

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:

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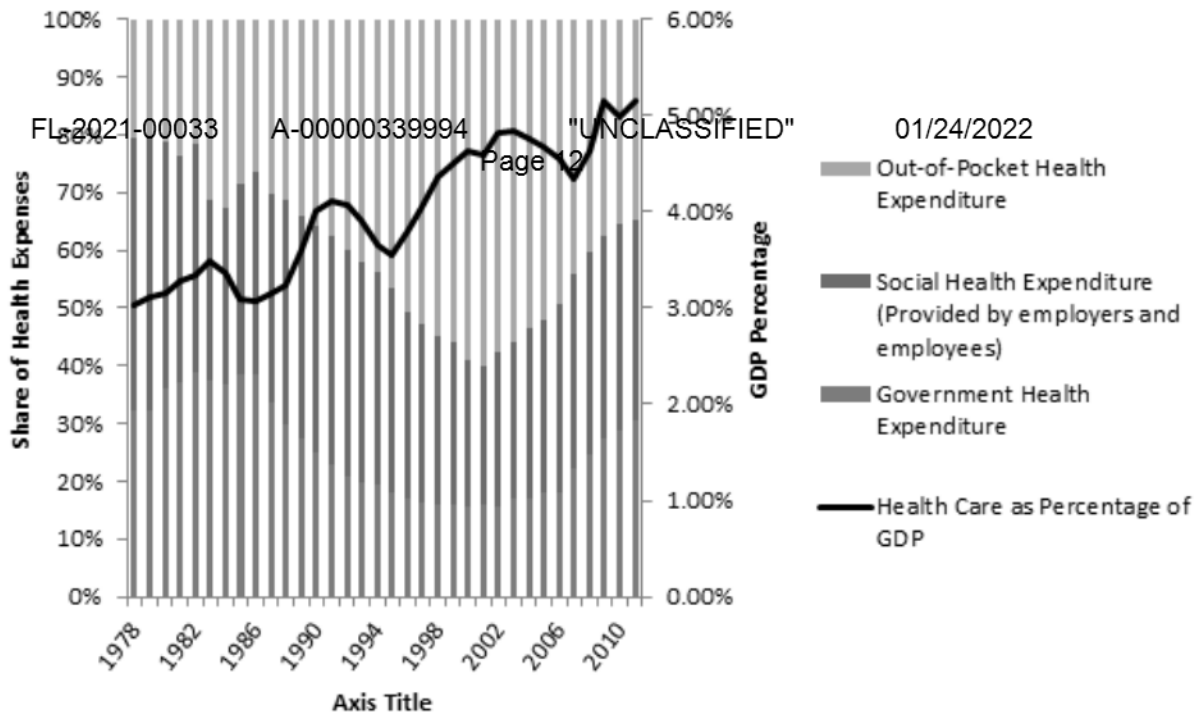
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To:	SMART Core <>
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Subject: PRC COVID-19 Response Shows Progress and Cracks in China's Emergency Preparedness

1. ~~(SBU)~~ **SUMMARY AND COMMENT.** Prior to the COVID-19 outbreak, PRC health officials expressed growing confidence in China's public health emergency response capabilities following the 2003 SARS outbreak. Health officials regularly praised China's enhanced ability to detect, monitor, and report on infectious diseases. As part of the 2018 Chinese government restructure, the PRC aimed to streamline its public health emergency response to epidemics. Various international and domestic assessments, however, indicated that the PRC still had gaps in its ability to effectively coordinate emergency responses to pandemics and other biological threats. China's response to COVID-19 further confirmed shortcomings in Chinese public health emergency preparedness and raised concerns about the PRC's ability to prevent future outbreaks. **END SUMMARY AND COMMENT.**

Significant Progress in China's Epidemic Emergency Response Since SARS

2. (U) Prior to the COVID-19 virus outbreak, the Chinese government initiated a series of self-reflective changes to its emergency response structure for preventing and controlling infectious diseases. After garnering widespread criticism for its response to the 2003 SARS epidemic, which resulted in 5,327 cases and 348 deaths in China, PRC leadership publicly recognized shortcomings in its management of the outbreak. The PRC subsequently accelerated reforms to improve its infectious disease prevention system and emergency response to epidemics,

resulting in significant restructuring and a massive build-up in its capabilities.

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, quantity, and expected expiration dates for medicine and other emergency supplies. The aid official was surprised to find NHC initially scrambling to create clear standard operating procedures for their emergency response. NHC also rushed in setting nationwide standards for personal protective equipment (PPE), medicine, medical equipment, and consumable goods, lamented the aid official.

The Chinese Interagency Art of War against COVID-19

9. ~~(SBU)~~ Despite early challenges, the PRC quickly overcame logistical hurdles and provided a rapid emergency response ensuring that food, donations, and national resources were directed to Wuhan, assessed the senior aid official. After preliminary central government involvement, the NHC clearly took the lead for the emergency response while MEM and other relevant government ministries played a supporting role. MEM Division Director Yin Mingyu, overseeing the Department of International Cooperation and Rescue, told ESTH Off MEM was providing logistical and personnel assistance to transport suspected COVID-19 patients to hospitals. MEM personnel travelled nationwide with NHC-led joint committees to assist factories and companies resume normal operations while providing instruction on health and prevention measures, elaborated Yin.

10. ~~(SBU)~~ The senior aid official spoke highly of the Chinese government's overall interagency coordination and implementation of NHC guidance. She recounted that in a briefing to provide information on China's COVID-19 interagency working group, Chinese Ministry of Commerce (MOFCOM) Department of International Trade and Economic Affairs (DITEA) Deputy Director General Liang Hong had claimed that the PRC General Administration of Customs (GAC) facilitated emergency shipment of goods far quicker than other countries that had experienced far less dire circumstances. In the briefing, Liang said that MOFCOM's DITEA worked with GAC to handle international assistance while ensuring compliance with international standards and controlling market prices. The Ministry of Industry and Information Technology (MIIT) managed medical stockpiles with support from provincial, regional, and municipal officials. [Note: Post received a request from the MEM on February 15 requesting basic information on how the U.S. managed its emergency stockpile system, indicating that the PRC's mechanism had not been fully developed or implemented. End Note.] MIIT also reviewed the quality and compliance of special medicine and emergency equipment from bilateral and multilateral partners.

Criticism of PRC Health Security Capabilities and Transparency

11. ~~(SBU)~~ During its COVID-19 response, China faced internal criticism over its limited health capabilities and international disapproval for its lack of transparency. In a Chinese medical journal, CPMA Chinese medical experts pointed out that China CDC suffered from ongoing staff shortages of infectious disease experts and an outdated IT system for reporting on infectious diseases before the COVID-19 outbreak. ESTH health contacts said that low salaries for China CDC infectious disease experts resulted in retention problems. Dr. Zhong Nanshan publicly expressed dissatisfaction, saying China CDC should be elevated beyond merely a

technical branch of NHC. Most Chinese observers agreed that China CDC needed more resources and authority to conduct infectious disease surveillance, report on public health concerns, and engage in policy planning.

12. ~~(SBU)~~ The senior aid official voiced strong concerns over officials' lack of transparency about the number of Chinese citizens requiring urgent medical, food, and financial assistance after the Wuhan lockdown. While the aid official positively assessed the NHC's timely and transparent reporting of COVID-19 cases, the official felt that China's emergency response completely ignored the need for humanitarian assistance to Chinese citizens stuck in Wuhan. The aid official also noted that they had offered to host a training session for MEM and NHC on emergency response to epidemics, but had never received a response.

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Subject:	PRC Claims of COVID Transmission via Cold Chain Food Imports Growing
Date:	Wed, 18 Nov 2020 09:39:52 GMT

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Date/DTG: Nov 18, 2020 / 180938Z NOV 20
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E.O.: 13526
TAGS: ECON, PGOV, ETRD, PREL, CDC, HHS, FDA, CN, EAGR, FAS, AGR
Captions: SENSITIVE
Subject: PRC Claims of COVID Transmission via Cold Chain Food Imports Growing

1. ~~(SBU)~~ **Summary:** Although official PRC data indicate the community transmission of COVID-19 has been largely eliminated in China, there continue to be small-scale outbreaks throughout the country. PRC authorities have implicated imported, refrigerated (i.e., cold chain) food products and packaging as the probable vector for many of these outbreaks, while the World Health Organization and UN Food and Agriculture Organization maintain that transmission of COVID via food products and food packaging is highly unlikely. Some state media appear to be using the alleged transmission via imported food to cast doubt on a Wuhan origin for COVID-19. The PRC has implemented a series of measures purportedly aimed at limiting the spread of COVID via the cold chain, including a system of disinfecting, testing, and tracing cold chain imports. To-date, the PRC has suspended food imports from 99 food companies based in 20 countries due to COVID contamination. Trading partners continue to push the PRC to make its data and analysis on cold chain transmission public, and to be transparent about testing and rules for suspended products. Likeminded contacts in Beijing advocate concerted action through multilateral organizations to push the PRC to provide data the global scientific community can use to evaluate China's claims and take appropriate mitigation measures. **End Summary.**

Science on Cold Chain COVID Transmission Still Emerging

2. ~~(SBU)~~ Following a June 2020 outbreak of COVID-19 linked to the Xinfadi wholesale food market in Beijing (Reference 20 Beijing 1022), Chinese investigators discovered the SARS-CoV-2 virus on a cutting board used for salmon. They concluded the outbreak may have been linked to imported seafood, though virus samples were also found on food products from other parts of the market. In early July, Deputy Director of the PRC State Food Safety Evaluation

Center Li Ning stated the evidence indicated there was only a very slight possibility that cold chain food could have been the source of the Xinfadi outbreak. None of the over 80,000 COVID cases previously reported in the PRC had been linked to imported food. Following an October outbreak in Qingdao, a port city on China's eastern coast, which infected 13 people including dock workers and the hospital staff treating them, the Chinese Center for Disease Control and Prevention (China CDC) announced it had detected and isolated live coronavirus on the packaging of imported frozen fish, and had found virus with the same genetic sequence in infected workers. Until the results of an epidemiologic investigation on the Qingdao cases are made known, it remains unclear whether the workers caught the virus elsewhere and transferred it to the packaging, or whether the packaging itself was the source of the infection. Following the Qingdao outbreak, several subsequent cases of individuals infected with COVID have also been attributed to imported cold chain food, including in Dalian, Tianjin, Chengdu, Yanbian, and Shanghai. Over just the past two weeks, PRC authorities also claim to have detected the SARS-CoV-2 virus on French pork in Xiamen, German pork in Shandong, Indian fish in Shanxi, Argentinian beef in Jiangsu, Brazilian beef in Wuhan, Argentinian pork in Henan, and beef from New Zealand. (Note: New Zealand has disputed the findings. End note.)

3. ~~(SBU)~~ Medical experts outside the PRC note that although Chinese research papers they have seen to-date provide some data supporting the hypothesis that the virus can be transmitted through cold chain products, the evidence is not conclusive. Chinese research on this topic is still preliminary, and it is not possible replicate the results in countries with high rates of community transmission, or in countries that are not routinely performing environmental sampling on imported products. In New Zealand, a country that has also had scattered cases and a low incidence of community transmission, scientists have not found evidence to support the cold chain transmission theory. From the Chinese research findings published so far, it is not clear whether the food on which the virus was found was contaminated as a result of improper handling in the market or somewhere else on the supply chain. It is also not clear whether virus particles on food can be aerosolized to infect people and whether there are also risks to consumers of the products. Thus far, PRC authorities have reported that only workers handling the products have been infected, not consumers. The PRC's aggressive testing campaigns following detection of cases connected to cold chain food products have determined that few workers from affected facilities tested positive. In October, China CDC announced it had found 22 positive samples out of 670,000 cold chain food packaging samples tested. This suggests the likelihood of contracting the virus via cold chain products is very low compared with human-to-human transmission via airborne particles.

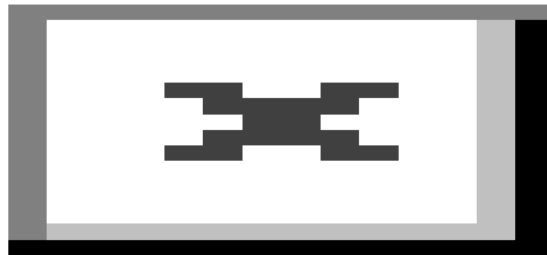
PRC Tracing and Testing Based on Weak Sources; Create Uncertain Commercial Conditions

4. ~~(SBU)~~ On November 9, following statements by China CDC and other health authorities that several recent COVID outbreaks in the PRC were linked to cold chain food imports, the State Council issued guidance requiring disinfection, testing, and traceability for all imported cold chain food products. (Note: In practice, it appears that the guidelines are being implemented unevenly at different ports. In a recent cursory review of imported cold chain products at a local grocery store in Beijing, only a small number of products on display were marked to indicate that they met inspection, disinfection, and tracing requirements. End Note.) Companies with products that test positive face import suspensions that the PRC's General Administration of Customs (GACC) calls "temporary," but which in practice have no clear end date. As of mid-November, the PRC had suspended cold chain food imports from some 99 companies based in

20 countries. Though virus samples have not been found on any U.S. imports, GACC has suspended two U.S. poultry facilities from exporting to China based on information reportedly gleaned from the internet about COVID cases among workers in those plants. Contacts from third countries have concurred that PRC authorities seem to be basing decisions to suspend imports from various facilities (whose products had not tested positive) largely on foreign news articles about outbreaks, and exporters have not received clear information on the reasons for the suspension or the process for re-certification. Exporters could also be negatively impacted by additional costs associated with mandatory disinfecting and tracing of products, and the possibility that importers may become less willing to take the risk of importing food products that could be destroyed or returned should they test positive upon arrival.

State Media Seizes on Narratives that Deflect PRC Responsibility

5. ~~(SBU)~~ No internationally peer-reviewed study supports the hypothesis that the COVID virus can be transmitted through the cold chain. Research published in Chinese scientific journals – notably in a October 27 article by Tsinghua University, China CDC, and the Chinese Academy of Medical Sciences in China’s “National Science Review” – discussed the cold chain theory as a source of possible transmission, but not as a theory for how the virus appeared in China. However, some PRC state media outlets have speculated that the source of the outbreak in Wuhan could have been imported frozen seafood, including the Global Times on November 16 and Xinhua on November 17 (see figure below for a recent example of PRC state media reporting on cold chain transmission). Contacts have argued the narrative of COVID entering China on imported cold chain food could be used by the PRC to obfuscate the origins of the virus and deflect responsibility for its botched early handling of pandemic. One informed PRC media sector contact recently opined to us that a third of China’s population believes COVID originated outside of China, either in the U.S. or a third country.



On November 16, Global Times, a State-run Media Outlet published the above outbreak timeline in an article entitled “Was Wuhan Outbreak Caused by Imported Food Products?”

<https://www.globaltimes.cn/content/1207027.shtml>

Like- Minded Partners Critical of PRC Approach on Cold Chain Transmission Issue

6. ~~(SBU)~~ During a November 11 meeting of Agricultural Counselors from 30 countries in Beijing, participants agreed the PRC’s actions to curtail cold chain transmission had not yet had a significant impact on trade, but confirmed the need to push China to share data on its findings and clarify its testing, disinfection, and certification procedures through the WTO. Participants

agreed the PRC's actions on this issue have been inconsistent and not science-based, and that improper disinfection without separating imports by product and risk type could create more food safety problems.

7. (SBU) Although some countries whose imports have been suspended complied with PRC requests for information and "video audits" of facilities, those facilities have not been re-certified, and companies alleged that some of the PRC information requests were related to corporate trade secrets, not food safety. A Brazilian contact confirmed that despite requests, the PRC has not provided a copy of the test results for the products it claimed tested positive for COVID-19. Additionally, it was unclear whether the virus samples the PRC reportedly found were of live virus or only non-viable fragments of viral RNA, which the interlocutor said was insufficient to confirm the products in question posed an infection risk.

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TAGS: PGOV, ASEC, AMGT, SHLH, AEMR, AMED, SOCI, KNCV, KHIV, CDC, HHS, NIH, TZ
Captions: SENSITIVE
Reference: A) 20 DAR ES SALAAM 394
B) 20 DAR ES SALAAM 388
C) 20 DAR ES SALAAM 384
D) 20 DAR ES SALAAM 364
E) 20 DAR ES SALAAM 356
F) 20 DAR ES SALAAM 352
G) 20 DAR ES SALAAM 338
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Q) 20 DAR ES SALAAM 222
R) 20 DAR ES SALAAM 220
S) 20 DAR ES SALAAM 216
T) 20 DAR ES SALAAM 213
U) 20 DAR ES SALAAM 172
Subject: Tanzania COVID-19 Sitrep - May 21: President Says Life (and Economy) Must Go On; Schools and Sporting Events to Open June 1

1. Key Points:

- (U) The Government of Tanzania (GoT) has not released any data on COVID-19 in Tanzania since

April 29.

- ~~(SBU)~~ On May 17, President Magufuli thanked God for Tanzania's victory over COVID-19, saying it was time for "life to go on." On May 18, the GoT lifted the suspension on commercial passenger flights and announced the re-opening of the tourism sector. On May 20, President Magufuli announced school and sporting events would re-open on June 1.
- ~~(SBU)~~ Contrary to the President's claims of "victory," health experts say that COVID-19 is spreading rapidly in other Tanzanian regions, and intensive care unit beds at Dar es Salaam hospitals remain full.

2. COVID-19 Update:

- (U) The GoT has not released any data on COVID-19 in Tanzania since April 29, so there is no current data on COVID-19 tests, cases, or deaths.
- ~~(SBU)~~ Health experts report that the COVID-19 outbreak is spreading rapidly in most Tanzanian Regions.
- ~~(SBU)~~ Despite GoT claims to the contrary, the number of critically ill patients in Dar es Salaam private hospitals has not gone down. Hospitals and clinics have reported a reduction in patients with mild cases of COVID-19. This decline is likely due to a number of factors, including people with mild symptoms staying at home, loss of confidence in testing by patients and providers due to statements by the President that tests are "fake," and possible suppression of positive test results.
- ~~(SBU)~~ On May 14, CDC, UNICEF, and WHO met with Minister of Health Ummu Mwalimu. The Minister acknowledged that testing is ongoing at the National Health Laboratory, and that new cases and new deaths are being counted internally, with the results being shared with regional authorities and hospitals. She noted that the MoH was not sharing results publicly due to the ongoing investigation.
- ~~(SBU)~~ The results of the investigation into the National Health Laboratory ordered by the President following his claims that equipment or tests may have been "sabotaged" have not been released. Contacts report that the investigation report is on hold "pending internal review."
- ~~(SBU)~~ U.S. Health experts have had little contact with the National Health Laboratory since the investigation was launched, pending release of the official report.
- ~~(SBU)~~ CDC continues to make gains supporting surveillance and risk communication activities at the regional level, despite limited national engagement.
- (U) USAID has received an additional \$2 million to strengthen laboratory capacity, risk-communications, water and sanitation, prevention and control of infections, and public health messaging. This funding, along with \$1.4 million of previously-announced new resources, totals \$3.4 million of new money for Tanzania. USAID is also redirecting \$1.9 million in existing funds, for a combined total of \$5.3 million to address COVID-19 since the outbreak began.

3. Travel and Transportation:

- (U) On May 18, the Ministry of Transport announced the re-opening of Tanzania's airspace to international commercial flights. A Notice to Airman (NOTAM) was issued the same day lifting the suspension of commercial passenger flight operations that had been in place since April 11.
- ~~(SBU)~~ To date, no international commercial airlines have restarted operations. Post has received the following updates about possible resumption of service as follows:

- Ethiopian Airlines – While the airline has yet to confirm a date for resumption of service, the Ethiopian Airlines website reservations for flights from Dar to Addis resume daily as of June 1. Actual departures may be contingent upon passenger loads.
- Emirates Airlines said it hopes to resume service to Dar es Salaam in June, subject to UAE government approval.
- Flydubai is looking to resume operations to Dar es Salaam on June 5.
- Qatar Airways plans to resume commercial flights to Dar es Salaam on July 11.
- Swiss and KLM are currently assessing demand with no definitive date to resume flights.
- ~~(SBU)~~ A local travel agency is working with Qatar Airways to arrange a special charter flight via Doha to destinations in Europe and North America to depart June 10 or 12, subject to passenger demand. The charter would be similar to the May 14 Qatar Airways charter.

4. Security Situation and Embassy Posture:

- ~~(SBU)~~ As of May 21, 62 percent of Mission staff and family members have departed on Authorized Departure or are otherwise away from Post. 211 Embassy officers, contractors or family members have departed Post on Authorized Departure, Permanent Change of Station, or were away from Post when travel restrictions went into place. 128 Mission staff and family members remain at Post, including 64 U.S. Direct Hires (USDH) Americans and 64 EFMs.
- ~~(SBU)~~ Health Unit staffing is now 1 USDH, 1 EFM physician, 2 LE nurses, and 1 medical technologist on staff.
- ~~(SBU)~~ As of May 21, Post has a cumulative 12 confirmed COVID-19 cases within the Mission Community, including three USDH and nine LES. All have now recovered. An additional three LES were diagnosed as presumptive positive based on symptoms and exposure. A USDH that had been presumed positive was determined not to have had COVID-19. One Mission member is in self-quarantine and two are under investigation for COVID-19.
- ~~(SBU)~~ Post remains on more than 90 percent telework, with personnel accessing the Embassy for mission critical duties only.
- ~~(SBU)~~ RSO has not recorded any increase in security incidents within the Mission community. Security posture remains unchanged. The RSO, one ARSO, and one ARSO-I remain at Post.

5. American Citizen Services:

- (U) The Consular section remains open for ACS emergency services only.
- ~~(SBU)~~ The Consular section facilitated the repatriation of 15 American citizens on a May 20 charter flight via London arranged by the UK government.
- ~~(SBU)~~ As of May 20, 791 Americans, Legal Permanent Residents, and Third-Country National family members present in Tanzania remain interested in learning about future repatriation opportunities, although a majority of those have said they are prepared to stay in Tanzania indefinitely.

6. Government of Tanzania (GoT) Actions:

- ~~(SBU)~~ On May 16, President Magufuli removed Deputy Minister of Health, Faustine Ndugulile

and announced that Dr. Godwin Mollel will replace him. Dr. Mollel is a medical doctor and Member of Parliament. No reason was given for Ndugulile's removal, although it follows the reassignment of the Permanent Secretary and the retirement of the former Chief Medical Officer.

- (U) On May 17, President Magufuli addressed the congregation of a Lutheran Church in his home town of Chato. During the remarks the president:
 - Claimed that God had answered Tanzania's prayers about COVID-19 and that the GoT had defeated the virus, with only a handful of people still in the hospital.
 - Reiterated that there would be no lockdown in Tanzania and that if the current trend continued, he would reopen universities/colleges and allow sporting events to resume.
 - Declared that Tanzania's economy "must come first" and that "life must go on."
 - Urged Tanzanians to continue working hard, saying next year Tanzania will be feeding its neighbors who could not grow their own food because of lockdowns.
 - Called on religious leaders to organize three days of thanksgiving prayer.
 - Called on Tanzanians to take precautions against COVID-19 and stay vigilant as some ill-intentioned people might try to deliberately infect people.
- ~~(SBU)~~ Following the President's remarks, Dar es Salaam Regional Commissioner (RC) Paul Makonda announced that bars, restaurants, and public gatherings would resume in Dar es Salaam on May 24 following three days of prayer.
- ~~(SBU)~~ On May 18, just a day after the president's remarks in Chato, the GoT announced that the April 11 suspension of commercial passenger flights would be lifted immediately and that the tourism sector was putting procedures in place to safely welcome tourists back to Tanzania in June without requiring healthy travelers to quarantine for 14 days (Ref A).
- ~~(SBU)~~ On May 19, the Director General of the National Institute for Medical Research advised residents of Dar es Salaam to wait 30 days from the last confirmed positive COVID-19 case to return to social gatherings.
- (U) On May 19, the GoT announced plans to set up laboratories on the Tanzania-Kenya border to test truck drivers in an effort to expedite cross-border trade.
- (U) On May 19, President Magufuli departed his home town of Chato to return to the capital, Dodoma. He had been in Chato since late March.
- ~~(SBU)~~ On May 20, the president announced that schools and sporting events would re-open on June 1. During his remarks, he also warned the MoH to ensure that any equipment donations be checked for COVID-19 contamination, saying the GoT would prefer cash donations over equipment.
- (U) On May 20, Minister of Foreign Affairs Kabudi publicly thanked President Magufuli for "giving him the courage" to go out of his house without a mask on.

7. East African Community (EAC) and Regional Updates:

- ~~(SBU)~~ On May 19, regional authorities in Tanzania announced they would block Kenyan citizens from entering Tanzania at land border crossings. This follows dozens of recent positive COVID-19 cases among Tanzanian and Kenyan truck drivers throughout the region, as well as the May 16 announcement by Kenya that it would close its border with Tanzania to private cross-border traffic due to the rate of imported cases of COVID-19 in Kenya from Tanzania.
- (U) On May 15, the governments of Tanzania and Rwanda agreed cargo trucks entering Rwanda will be offloaded or transshipped at the border, except for trucks carrying perishable goods and petroleum products destined for Rwanda. They also agreed that to curtail the spread of COVID-

19 across borders, GoT-facilitated testing of drivers will be mandatory, and would be conducted at starting points and at every overnight regional designated stopping center.

- (U) On May 16, Zambia re-opened the Nankonde border with Tanzania to cargo trucks following a five-day closure after the border town recorded 76 cases of COVID-19 in one day. The border is a key transit point for copper and cobalt exports and fuel imports.

8. Sociopolitical Updates, Elections Outlook:

- ~~(SBU)~~ Following the president's May 17 and May 20 remarks, religious leaders and educational institutions are starting to plan for reopening, despite lack of guidance from the government on when and how to re-open safely. The Organization of Muslim Institutions canceled large public prayers to end Ramadan on May 24 and 25, although the Sheikh of Dar es Salaam on May 21 called on mosques to open for Eid prayers.
- ~~(SBU)~~ On May 19, the East African Court of Justice (EACJ) Appellate Division announced it would hear an appeal by the GoT against a ruling in favor of the Media Council of Tanzania (MCT), the Legal and Human Rights Centre (LHRC) and Tanzania Human Rights Defenders Coalition (THRDC). The ruling challenged provisions of the Media Services Act (2019), which according to the EACJ, contravene the of freedom of expression as set forth in the Treaty for the Establishment of the East African Community.
- (U) On May 19, the Tanzania Human Rights Defenders Coalition (THRDC) called on the GoT to allow the public and other stakeholders to participate peacefully before, during, and after the October general elections. THRDC urged the National Electoral Commission (NEC) and Zanzibar Electoral Commission (ZEC) to issue permits to all NGOs that applied to provide voter education and election observation.
- (U) On May 18, the High Court ruled Section 148 (5) of the Criminal Procedure Act covering "unbailable offenses" to be unconstitutional and gave the GoT 18 months to fix the legislation. The ruling specified that failure to do so within the specified time would result in the entire section being automatically expunged. The GoT immediately announced its plans to appeal the decision to the Court of Appeal, the highest court in Tanzania.
- (U) On May 17, Parliament Speaker Job Ndugai announced that the parliament schedule has been changed (again) and that parliament will now end on June 19. The national budget will now be read on June 11. Ndugai noted the schedule could be further changed to accommodate a close of parliament speech by President Magufuli.
- ~~(SBU)~~ On May 17, opposition Chadema Party Chair Freeman Mbowe criticized the GoT for its failure to release data on the state of the COVID-19 outbreak in Tanzania, a lack of policy and fiscal tools to help mitigate the damage to Tanzania from the pandemic, and the lack of engagement with development partners, including the World Bank and IMF to tackle the pandemic together. Mbowe also decried Tanzania's increasing isolation from its East African neighbors.
- (U) On May 17, ACT Wazalendo Chairman, Seif Sharif Hamad, called out the Government of Zanzibar's (GoZ) failure to implement a lockdown in the face of a growing outbreak on Zanzibar, as well as the GoZ's unwillingness to release reliable data on COVID-19 infections on the islands.
- (U) On May 14, Speaker Ndugai ordered parliamentary security officials to bar access to 15 Chadema MPs, including Freeman Mbowe, until they provide proof they are COVID-19 free and return daily allowances they received for sessions they missed following Mbowe's May 4 call

for Chadema MPs to self-isolate for 14 days following the death of Augustine Mahiga, the third MP to die in a 10-day span.

9. Economic Impact:

- ~~(SBU)~~ As of May 20, neither the GoT nor Parliament has put forth any plans for fiscal stimulus to address the economic impact of the COVID-19 pandemic.
- (U) On May 19, a RwandAir cargo flight departed Mwanza to transport Tanzanian meat and fish to European markets. This is the second such cargo flight in two weeks.
- (U) On May 15 in remarks to Parliament, the Minister of Finance said that the economic growth will slow to 4% in 2020/2021 due to COVID-19.

10. Press and Public Response:

- (U) President Magufuli's May 17 declaration of victory over COVID-19 and his call to Tanzanians to get back to business dominated print media headlines and discussion on social media, as did the GoT's May 18 moves to open up the economy. The Minister of Natural Resources and Tourism also announced that tourists would be required to present medical proof on their COVID-19 status, but would not be subjected to a 14-day quarantine period.
- ~~(SBU)~~ Two Kenyan journalists were arrested on May 16 near Arusha while conducting interviews on the status of the COVID-19 pandemic in Tanzania. According to a May 18 statement from the Arusha Police Commander, the two journalists were arrested for entering Tanzania illegally, and the District Commissioner confirmed the arrest and charges. Contacts at the Tanzania Human Rights Defenders Coalition (THRDC) report that the two journalists were found guilty, fined a total of Tsh 2 million (\$865), and returned to Kenya. The THRDC paid the journalists' fines.

11. China Messaging and Activity:

- ~~(SBU)~~ This week, the Chinese Embassy in Tanzania (@ChineseEmbTZ) sent out several tweets with the goal of "letting facts speak for themselves". The Tweets contain text-filled slides which argue against criticisms of China's handling of COVID-19 domestically, lack of transparency, motives behind international assistance, allegations that the virus was created by Wuhan Institute of Virology, and more.
- ~~(SBU)~~ The Chinese Embassy also promoted a number of donations of personal protective equipment from the Chinese government, as well as private and state-owned Chinese companies.

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Signature:

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Cleared By:

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Captions: SENSITIVE
Subject: PRC Response to Pneumonia Cases Shows Increased Transparency Over Past Outbreaks, but Gaps in Epidemiological Data Remain

1. ~~(SBU)~~ **Summary and Comment:** China's response to an outbreak of pneumonia cases of unknown origin in Central China's Wuhan city has been marked by increased transparency compared to past outbreaks, such as the 2003 SARS epidemic. While PRC health officials have released timely and open general information about the outbreak, a lack of epidemiologic data – including an “epi curve” (a summary of dates of onset of the illness), characteristics of infected individuals, and other basic epidemiologic information – hinders better risk assessment and response by public health officials. Authorities have also not released information on how they are defining a “case”. Given these gaps in detailed information to-date, and lack of a final confirmed pathogen, the risk to the United States and global health is difficult to assess at this time. However, U.S. CDC and Mission China maintain close contact with PRC health authorities and with the World Health Organization (WHO). Mission China will continue to report on the Wuhan pneumonia outbreak as it develops and additional information becomes available. **End Summary and Comment.**

59 Cases of Pneumonia of Unknown Cause Reported in Wuhan

2. ~~(SBU)~~ As of January 7, the Wuhan Health Commission has reported 59 local cases of pneumonia with unknown cause. (Note: Wuhan, a city of approximately 11 million people, is the capital of Central China's Hubei Province. End note.) According to the Health Commission, some patients are vendors who work in the Huanan Seafood Market, which also

sells live exotic animals, including beaver, snakes, porcupines, and deer. The market, which has been sanitized and closed since January 1, 2020, is approximately one square mile in size and located near the Hankou train station, which serves as a transportation hub at the center of China's domestic train routes.

3. ~~(SBU)~~ Patients began showing symptoms between December 12 and 29. Seven patients remain hospitalized in serious condition; the remainder have stable vital signs and there have been no deaths. 163 contacts are under medical observation with no symptoms. Health officials state there has been no confirmed human-to-human transmission of the disease, and no cases among health workers. Laboratory investigations have ruled out influenza, avian influenza, SARS, MERS, and other common respiratory pathogens, and are awaiting final pathogen results. Continued investigation using nucleic acid testing, virus isolation, and culture is under way. Symptoms include fever, difficulty breathing and chest x-rays showing bilateral lung infiltrates. During an interview with a reporter for the Yanjiang Daily on January 6, the Director of the Wuhan Center for Disease Control and Prevention said they are conducting active and retrospective case finding in medical institutions throughout Wuhan. It is believed that that active case finding and retrospective investigation since the outbreak was reported on December 31 is the primary reason for the increase in the reported cases over the last week from 27 to 59.

4. ~~(SBU)~~ Suspected cases identified in Hong Kong and Singapore involved patients who had been in Wuhan and exhibited symptoms but did not have exposure to the Huanan Seafood Market. Of the suspected cases from Hong Kong with lab results, most tested positive for influenza or other common viruses, with other results pending.

5. ~~(SBU)~~ The U.S. CDC issued a Level 1 Travel Health Notice ([link](#)) on January 6, and is in the process of setting up an incident management structure. A level 1 Notice shares health information with travelers to ensure they are informed and able to travel in the safest way possible. WHO issued a statement on January 5 that it does not recommend any specific measures for travelers, or any travel or trade restrictions.

PRC's Response in Line with WHO International Health Regulations; Additional Epidemiological Information Would be Useful

6. ~~(SBU)~~ PRC officials on December 31, 2019 alerted WHO to the pneumonia outbreak. WHO contacts told Embassy officials that PRC health departments continue to provide information about the outbreak in accordance with WHO's International Health Regulations (IHR). While China has been forthcoming with standard information, WHO contacts note they have not received more detailed and potentially useful information, such as "epi curves" or other epidemiological data. The flow of official PRC information on this outbreak is limited to that coming from the Wuhan Health Commission and National Health Commission. China CDC is referring queries to the three official notices issued to-date by the Wuhan Health Commission.

7. ~~(SBU)~~ The PRC's release of information during the early stages of the outbreak has been regular and stands in contrast to past outbreaks, such as the 2003 SARS epidemic, where officials publicly denied the epidemic despite mounting infections and deaths. In the seven days since the notification to WHO of the current outbreak, the Wuhan Health Commission has

issued three official notices, and the interview with the Wuhan CDC Director is publicly available. Additionally, an editor of the China CDC Weekly (launched in November 2019 and modeled after the U.S. CDC's Morbidity and Mortality Weekly Report) informed a U.S. CDC officer that an investigator has been assigned to write a report on the outbreak. Such a report could provide additional epidemiologic data that will be useful for global public health officials to understand the cluster of cases.

8. ~~(SBU)~~ In response to the outbreak, U.S. CDC Director Robert Redfield called China CDC Director George Gao. Director Redfield offered U.S. CDC technical support; however, China CDC has not yet responded to the offer. WHO's China office told us they have daily calls with WHO Geneva and the WHO Western Pacific Regional office to share information on the outbreak. WHO is also preparing to provide technical support to the PRC if requested.

9. ~~(SBU)~~ CG Wuhan and Embassy health contacts have indicated they have been instructed not to discuss the outbreak, beyond normal government information control, and have expressed frustration regarding the lack of internal communication among the medical community. According to a local virologist, authorities will not be permitted to talk about the outbreak and have to rely on international media.

Wuhan On-the-Ground

10. ~~(SBU)~~ CG Wuhan Officers visited Huanan Seafood Market and local hospitals, observing that among the approximately 100 police guards surrounding the large market, most in the area were not wearing masks. ConGen officers also visited the city's main infectious disease treatment facility, Jinyintan Hospital, where staff were observed wearing surgical masks, gloves, gowns, and caps. Guards outside the building were wearing surgical masks. A special reception desk was set up for patients exhibiting pneumonia symptoms. Otherwise, the hospital appeared to be operating normally.

11. ~~(SBU)~~ Contacts tell ConGen Officers that patients in Wuhan are usually diagnosed in clinics, and if they show matching symptoms, are then sent to Jinyintan Hospital. Medical staff have a general questionnaire that includes whether patients have been to the Huanan market or have had contact with sick people from the market. If a patient has fever, a full blood work is done.

12. ~~(SBU)~~ ConGen Officers observed no additional medical screening at metro, train stations, or airports. Aside from the closed market, all observations and reports are that the city is operating normally.

Media and Social Media Reaction in China

13. ~~(SBU)~~ The viral pneumonia cases in Wuhan are widely covered by Chinese media. Reports are factual in nature and cover the three statements released by the Wuhan Municipal Health Commission between December 31 and January 5. A report from Xinhua on January 1 cautioned that false information about the illness was circulating online and warned that spreading rumors and disrupting social order would not be tolerated. The article also stated that

eight people were being investigated by public security for spreading rumors.

14. ~~(SBU)~~ On Chinese social media, viral pneumonia in Wuhan has been a hot topic for the past week, with the hashtag #武汉发现不明原因肺炎# (Wuhan reported mysterious pneumonia) receiving 870 million views with 77,000 discussions to date. However, it's also a heavily censored topic and has not been listed in any trending topics lists on Sina Weibo. Before SARS was ruled out as a cause of the mystery pneumonia by the Chinese government, many netizens commented that it reminded them of the SARS epidemic of 2003. Most netizen comments express concern and hope that the Chinese government can disclose information whenever possible. Some comments express confidence in the Chinese government's ability to handle the problem.

Embassy Awareness Raising and Preparedness

15. ~~(SBU)~~ In coordination with U.S. CDC, Mission China issued a MASCOT message to the general public on January 7. This message mirrored CDC Watch Level 1 guidance on prevention and actions to take if someone has symptoms and/or has been in direct contact with an infected person. Post has sent a management notice to Mission China mirroring the ACS Mascot message. The MASCOT message also appears on the Mission website. There have been no reports of affected U.S. citizens.

16. ~~(SBU)~~ The Beijing Health Unit has disseminated information on the cases to Mission China regional RMOs/MPs and will have new PCR-based respiratory disease screening capabilities starting January 10. The Health Unit is also preparing for clinical management for any Mission personnel in Wuhan that develop respiratory symptoms and for those that return from Wuhan with respiratory symptoms.

~~SENSITIVE BUT UNCLASSIFIED~~

Signature: BRANSTAD

Drafted By:

Cleared By:

BEIJING: (b)(6)

POL:

ESTH:

EXEC/LEG:

MGT/MED:

USDA/APHIS:

CONS/AG:

HHS/CDC/CGH:

HHS/OGA:

PD:

MGT:

POL:

BEIJING:

(b)(6)

Approved By:

Released By:

Info:

NATIONAL SECURITY COUNCIL WASHINGTON DC ROUTINE; CIA

XMT:

WASHINGTON DC *ROUTINE*; PACOM IDHS HONOLULU HI *ROUTINE*;
ATLANTA GA, CDC *ROUTINE*; CHINA POSTS COLLECTIVE *ROUTINE*;
ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE *ROUTINE*
CARACAS, AMEMBASSY; ST PETERSBURG, AMCONSUL

Dissemination Rule:

Archive Copy

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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 Environment, Science, Technology and Health Counsellor Rick Switzer and Consulate Wuhan Consul General Jamie Fouss 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. Li Hongying, with the EcoHealth Alliance (a New York City-based NGO that is working with the University of California, Davis to manage the PREDICT project), recently planned to visit Wuhan to meet with Shi. Li 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, she said. Li 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) -
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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

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~~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

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~~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)

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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**.

KENYON

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