



United States Department of State

Washington, D.C. 20520

July 25, 2022

Case No. FL-2021-00033

Gary Ruskin
4096 Piedmont Ave. #963
Oakland, CA 94611

Dear Mr. Ruskin:

As we noted in our letter dated June 24, 2022, we are processing your request for material under the Freedom of Information Act ("FOIA"), 5 U.S.C. § 552. Since our last letter, the Department of State ("Department") has processed in excess of 1,590 pages of material potentially responsive to your request. The Department has identified an additional 13 responsive records subject to the FOIA. We have determined the 13 records may be released in part.

An enclosure explains the FOIA exemptions and other grounds for withholding material. Where we have made redactions, the applicable FOIA exemptions are marked on each document. All non-exempt material that is reasonably segregable from the exempt material has been released and is enclosed.

We will keep you informed as your case progresses. If you have any questions, your attorney may contact Laurel Lum, Trial Attorney, at laurel.h.lum@usdoj.gov or (202) 305-8177. Please refer to the case number, FL-2021-00033, and the civil action number, 20-cv-08415, in all correspondence about this case.

Sincerely,

A handwritten signature in cursive script that reads "Jeanne Miller".

Jeanne Miller
Chief, Programs and Policies Division
Office of Information Programs and Services

Enclosures: As stated.

The Freedom of Information Act (5 USC 552)

FOIA Exemptions

- (b)(1) Information specifically authorized by an executive order to be kept secret in the interest of national defense or foreign policy. Executive Order 13526 includes the following classification categories:
- 1.4(a) Military plans, systems, or operations
 - 1.4(b) Foreign government information
 - 1.4(c) Intelligence activities, sources or methods, or cryptology
 - 1.4(d) Foreign relations or foreign activities of the US, including confidential sources
 - 1.4(e) Scientific, technological, or economic matters relating to national security, including defense against transnational terrorism
 - 1.4(f) U.S. Government programs for safeguarding nuclear materials or facilities
 - 1.4(g) Vulnerabilities or capabilities of systems, installations, infrastructures, projects, plans, or protection services relating to US national security, including defense against transnational terrorism
 - 1.4(h) Weapons of mass destruction
- (b)(2) Related solely to the internal personnel rules and practices of an agency
- (b)(3) Specifically exempted from disclosure by statute (other than 5 USC 552), for example:
- | | |
|----------------|---|
| ARMSEXP | Arms Export Control Act, 50a USC 2411(c) |
| CIA PERS/ORG | Central Intelligence Agency Act of 1949, 50 USC 403(g) |
| EXPORT CONTROL | Export Administration Act of 1979, 50 USC App. Sec. 2411(c) |
| FS ACT | Foreign Service Act of 1980, 22 USC 4004 |
| INA | Immigration and Nationality Act, 8 USC 1202(f), Sec. 222(f) |
| IRAN | Iran Claims Settlement Act, Public Law 99-99, Sec. 505 |
- (b)(4) Trade secrets and confidential commercial or financial information
- (b)(5) Interagency or intra-agency communications forming part of the deliberative process, attorney-client privilege, or attorney work product
- (b)(6) Personal privacy information
- (b)(7) Law enforcement information whose disclosure would:
- (A) interfere with enforcement proceedings
 - (B) deprive a person of a fair trial
 - (C) constitute an unwarranted invasion of personal privacy
 - (D) disclose confidential sources
 - (E) disclose investigation techniques
 - (F) endanger life or physical safety of an individual
- (b)(8) Prepared by or for a government agency regulating or supervising financial institutions
- (b)(9) Geological and geophysical information and data, including maps, concerning wells

Other Grounds for Withholding

- NR Material not responsive to a FOIA request excised with the agreement of the requester

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

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

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

A Brief History of China's Health Care System

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

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

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

Why Health Matters

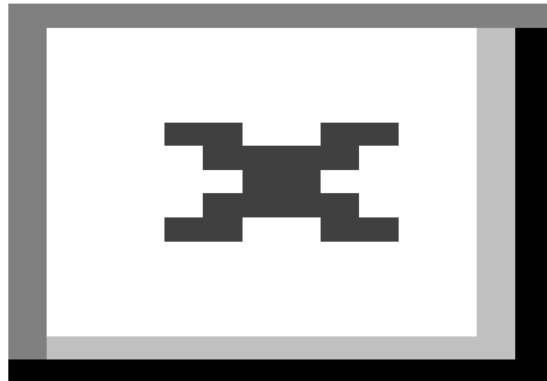
5. ~~(SBU)~~ Public health has become not just a matter of social well-being but also an important issue for China's economic development and stability. Both infectious and chronic diseases pose major threats to China's economy in terms of lost productivity and diminished revenues. For example, as estimated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

Addressing China's Health Issues

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

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

Growing Health Care Expenditures and Rising Government Subsidies

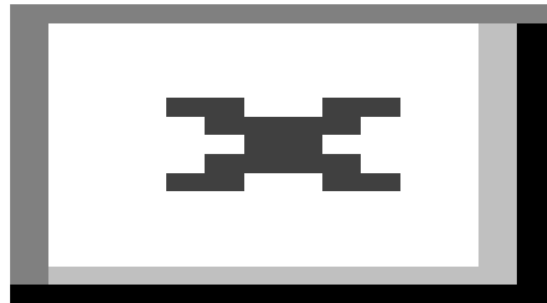


Source: National Bureau of Statistics of China, 2012

Shortfalls and Failures

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

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



Source: The World Bank, 2013

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

Signature:

LOCKE

Drafted By: BEIJING: (b)(6) (b)(6)
Cleared By: ESTH: (b)(6) (b)(6)
FCS: (b)(6)
ECON: (b)(6) (b)(6)
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Approved By: ESTH: (b)(6) (b)(6)
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Info: DEPT OF HHS WASHINGTON DC *ROUTINE*; CDC ATLANTA GA *ROUTINE*

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From:	"SMART Archive" <>
To:	SMART Core <>
Subject:	The Wuhan Watcher, May 2018 Edition
Date:	Wed, 16 May 2018 03:31:48 GMT

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MRN: 18 WUHAN 52
Date/DTG: May 16, 2018 / 160330Z MAY 18
From: AMCONSUL WUHAN
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: PGOV, PREL, SHLH, KFLU, TBIO, TSPL, KCYB, SENV, CITES, ENRG, CN
Captions: SENSITIVE
Reference: A) 18 GUANGZHOU 74
B) 16 WUHAN 76
C) 17 BEIJING 682
D) 18 GUANGZHOU 200
E) 16 WUHAN 70
F) 17 BEIJING 3106
Subject: The Wuhan Watcher, May 2018 Edition

1. (~~SBU~~) Welcome to the May 2018 edition of the Wuhan Watcher, with reporting from the United States' newest consulate in China, covering China's heartland (Henan, Hubei, Hunan and Jiangxi provinces). This edition includes a leading virology institute's explanation of the sharp downturn in H7N9 cases this past flu season, how one Chinese company is using facial recognition to control toilet paper use, and preliminary findings from the latest survey of China's critically endangered Yangtze finless porpoise population.

Health

2. (~~SBU~~) **Chicken Vaccination Program Credited for Quiet H7N9 Season:** Wuhan Institute of Virology officials credited an expanded chicken vaccination program for the successful suppression of H7N9 this past flu season (Ref A). China has reported no human H7N9 cases this past winter and spring, compared to the 2016-2017 flu season, when some 760 human infections were reported, with a nearly 40 percent fatality rate. Institute researchers also credited animal virologist Chen Hualan at the Harbin Veterinary Research Institute for her decade of work on an effective H7N9 vaccine for chicken populations. They expressed cautious optimism on curbing spread of the flu strain, but said it was premature to declare victory. "We

had success this year, but we need to wait," to observe future flu seasons, one official said.

Government

3. ~~(SBU)~~ **Wuhan Steps Up Campaign to Retain, Lure Back Talent:** Wuhan is aggressively luring talent and investment to the city with two campaigns initiated by former city Party Secretary Chen Yixin, Vice Mayor Long Liangwen told Acting DCM Jonathan Fritz in an April meeting. One effort aims to retain 1 million graduates of Wuhan's universities, and the other aims to get prominent alumni of Wuhan universities like the CEOs of Xiaomi and Gree to return to invest in the city (Ref B). On other topics, he said the city would continue to subsidize the city's only direct flight to the United States (China Southern 659, originating in Guangzhou and connecting to San Francisco three times a week), even after the United States begins issuing visas in Wuhan. He welcomed the possibility of a U.S. carrier such as Hawaiian Airlines offering a new direct flight. (*Note:* China Southern 659 is rarely full, but demand is expected to increase once Chinese travelers can obtain their visa in Wuhan. United Airlines officials have expressed some interest in a direct Wuhan-U.S. flight once U.S. visas are issued here. *End Note.*)

4. ~~(SBU)~~ **Vice Mayor Meeting (continued):** The Vice Mayor also welcomed the A/DCM's mention of the United States' long-term interest in establishing a stand-alone consulate compound near Wuhan's "Ink Lake," where city officials have encouraged U.S. officials to build a facility. South Korean diplomats have told the U.S. Consulate they are also interested in this area; the British Consulate is not currently interested. A city Foreign Affairs Office staff member told U.S. Consulate local staff that Russia is interested in opening a consulate in the same area near Ink Lake, but does not currently have the budget to do so. The U.S. Consulate's new facility on two floors of the Minsheng Bank Building is currently under construction with a planned opening in early 2019. That office will offer full consular services including U.S. visas.

Science and Technology

5. ~~(SBU)~~ **Biotechnology Park Uses Grants, Free Land, Rent Deductions to Lure Investment:** An official from the Wuhan Institute of Biotechnology, housed inside the city's "Biolake" biotechnology park, said that government incentives to biotech firms and startups to invest in Biolake included national and provincial-level grants, free land, and rent deductions. The government seldom uses preferential tax policies these days to lure firms, he said. The park, which broke ground in 2009, is home to 140 start-ups and other established companies, mostly Chinese firms (including BGI, see Ref C), as well as some U.S. firms such as Pfizer, Dupont and Thermo Fisher Scientific. Companies focus on medical devices, pharmaceutical research and logistics, veterinary vaccines, agriculture, genome sequencing, cloning, reproductive health and bioinformatics. It also provides a "service platform" with government-purchased equipment, where firms can rent lab space. The park's 2016 revenue rose 30 percent over the year prior to hit 100 billion RMB (\$15 billion), and aims to triple that number by 2020. The park boasted it had lured participation from 23 experts as part of the "[Thousand Talents Plan](#)" many of them *haigui* (sea turtles), or Chinese citizens returning from extensive study and careers abroad.

6. ~~(SBU)~~ **No-One Available to Talk to EconOff About National Cybersecurity Base:** The Wuhan Foreign Affairs Office said that it was not convenient for Wuhan's EconOff to visit the construction site for the National Cybersecurity Talent & Innovation Base and that there was no one available to talk to the Consulate about the base. The base, under construction in Wuhan's Airport Economic Development Zone, will be a national-level cybersecurity industry base including an Institute of State Cybersecurity (with a training center and research academy), a residential area with more than 1,200 apartments for "international talent" in cybersecurity, a supercomputer and cloud computing data center, and a cybersecurity science and technology incubator with room for 200 companies. According to news reports, parts of the facility will begin operation next year. Construction began in August 2017. Wuhan is positioning itself as a major national base for cybersecurity and recently hosted an international cybersecurity standards meeting.

7. ~~(SBU)~~ **Company Using Facial Recognition Technology to Control Toilet Paper Use:** Zheng Chengwei, CEO of the A Piece of Paper (Beijing) Technology Company, said his firm is developing high-tech, "intelligent toilet paper" products to meet China's need to upgrade its public sanitation facilities. One of the company's toilet paper dispenser systems limits how much paper it will dispense to 80 centimeters of paper every 30 seconds; if this limit is exceeded the dispenser "locks" for 30 seconds to a minute. Another system uses facial recognition technology (Ref D) to control toilet paper usage, by limiting usage to three pulls of a maximum 80 centimeters each, after which the dispenser "locks" and will not dispense more paper unless it recognizes a new individual using the toilet. While such products might sound like a joke, they are designed to meet a serious public sanitation problem in China, said Zheng: toilet facility owners and operators don't want to install toilet paper, because it is constantly stolen or used up. Zheng will travel to the United States this June as part of an "IVLP on Demand" on public sanitation.

Religion

8. ~~(SBU)~~ **Chinese University Forbids African Bible Study Group to Continue Meeting:** A group of more than 20 African students at Wuhan's Jiangnan University who normally meet in their dorm for a monthly Bible study group were recently told they could no longer meet for this purpose. This past December the same university had put out a notice to students and staff forbidding any Christmas-related gatherings. Jiangnan University is under the administration of the Wuhan city government. The incident in Wuhan comes as the Chinese government has released [new draft regulations](#) on foreigners' religious activities in China, a move that religious groups view with [concern](#). It also comes amid mounting [reports](#) from Christian media of a crackdown on Chinese Christians in Henan Province.

Environment

9. ~~(SBU)~~ **Yangtze Finless Porpoise Population Stable, Researchers Say:** Leadership of the Wuhan-based Institute of Hydrobiology said that according to a preliminary analysis of data from a 40-day survey of the remaining wild population this past winter, the population of the critically endangered Yangtze finless porpoise is stable at around 1,000, with some improvement in numbers seen in Hunan Province's Dongting Lake. The porpoise's traditional

range is the Yangtze River's middle reaches and two of China's largest freshwater lakes, the Poyang and Dongting. Its numbers have dwindled due to overfishing, collisions with river traffic, changes to the Yangtze River ecosystem resulting from the Three Gorges Dam, and pollution (Ref E). Separately, a foreign expert who formerly worked on-site at the Institute's dolphinarium noted that while the Institute's leadership was open-minded and had extensive contact with the foreign expert community, the dolphinarium's working-level staff was risk-averse, lacked initiative and was unwilling to implement suggestions from outsiders, even on basics such as animal nutrition. One of the dolphinarium's captive Yangtze finless porpoises is due to give birth in the next couple months; institute staff admitted that they had had many difficulties with keeping newborn porpoises alive, mainly due to insufficient nutrition in the first few months of life.

10. ~~(SBU)~~ **National Carbon Market Split to Two Cities for "Balance"**: An official with the Hubei Carbon Exchange said China's planned national carbon market (Ref F) was split to two locations, Shanghai and Wuhan, to provide some "balance" between China's current seven pilot carbon markets, and in recognition of the Hubei market's leading role in terms of trade volume. As currently planned, Shanghai will host the national market's electronic trading center, while Wuhan will host the "registry" which will register and issue carbon emissions allowances to companies nation-wide. The national government picked Wuhan to host the registry on Dec. 19 last year. The official said the next steps for the national market are to establish the registry system in Wuhan, develop the electronic trading system, and go through a "testing" stage of that system, including with international investor participation. He confirmed that the national carbon market's "test" phase will cover only the power sector initially.

Signature: MOBLEY

Drafted By:	(b)(6)	(b)(6)
Cleared By:	ESTH: (b)(6)	
	ESTH: (b)(6)	(b)(6)
	MGT: (b)(6)	(b)(6)
	PD: (b)(6)	
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Subject:	SIERRA LEONE: CHINESE CONTRIBUTIONS TO EBOLA RESPONSE
Date:	Thu, 25 Sep 2014 10:21:35 -0400

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MRN: 14 FREETOWN 620
Date/DTG: Sep 25, 2014 / 251422Z SEP 14
From: AMEMBASSY FREETOWN
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: PREL, ECON, EAID, SHLH, CDC, WHO, LI, CH, GV, SL
Captions: SENSITIVE
Reference: A) 14 FREETOWN 616
B) 14 FREETOWN 610
C) 14 FREETOWN 606
Subject: SIERRA LEONE: CHINESE CONTRIBUTIONS TO EBOLA RESPONSE

1. ~~(SBU)~~ Summary: China was a latecomer to the Ebola response effort in Sierra Leone, but is increasingly asserting itself and has loudly publicized its contributions. This is a list of those contributions to date based on information from local newspapers, Chinese officials in Sierra Leone, and the World Health Organization. End Summary.

China Contributes Funds, Personnel to Ebola Fight

2. ~~(SBU)~~ The Chinese Center for Disease Control and Prevention chartered two planes carrying a team and mobile laboratory to Freetown in September. The team consists of 59 personnel including 29 Chinese CDC laboratory experts. The remaining 30 are healthcare workers from the 302 Military Hospital of China. The team will run a holding center at the Jui China Friendship Hospital in Freetown for six months. The Chinese Ambassador and Sierra Leonean Ministers of Transportation and Foreign Affairs were present at Lungi Airport for the planes' arrival.

3. ~~(SBU)~~ According to a local newspaper, Chinese Ambassador to Sierra Leone Zhao Yanbo announced to Deputy Foreign Minister Strasser-King on September 22 a relief package worth \$3 million. The contribution will consist of \$2 million in food supplies and \$1 million in cash. The ambassador stated China had committed identical packages to Liberia and Guinea and is sending \$800,000 worth of medical supplies to other countries in the region.
4. ~~(SBU)~~ China gave \$1.6 million to the Sierra Leonean government for case management, infection control, and psychosocial support.
5. ~~(SBU)~~ A local newspaper reported on July 14 that the Chinese Chargé d'Affaires Fan Xiaodong signed a protocol with the Ministry of Foreign Affairs and International Cooperation (MFAIC) on April 10. The protocol laid out the framework for a deployment to Sierra Leone of a 16th Chinese medical team to replace the team working in Kingharman Road Hospital.
6. ~~(SBU)~~ Chinese Deputy Chief of Mission Fan Xiaodong told Chargé that the workers from the Chinese Railway Company involved in road construction were sent home for the rainy season. He did not know if they would be coming back or whether they could be used for infrastructure projects for the response.

U.S. CDC Meets with Chinese Counterpart

7. ~~(SBU)~~ Our CDC team visited the Chinese Friendship Hospital and met with the Chinese CDC. George Fu Gao, the Deputy Director General for Research and Lab Management, is very engaging and anxious to plug into the response in a meaningful way. He told Chargé on September 23 that China is under significant pressure to do more.

Much Ado About Giving

8. ~~(SBU)~~ Chinese representatives in Sierra Leone have gone to great lengths to advertise their contributions to the Ebola response effort. The Chinese government reportedly paid journalists to travel to Lungi Airport to cover the arrival of its chartered flights. Chinese Ambassador Zhao Yanbo participates in donor briefings for high-level visitors and always seats himself as close to President Koroma as possible in Presidential Task Force meetings. He repeats the same list of contributions and has claimed that China was the first country to offer assistance in the form of personal protective equipment (PPE) in April. (Note: This is not true. The United States has been involved in the response effort since March, providing laboratory support, PPE, and other supplies. End Note.)

9. ~~(SBU)~~ Comment: (b)(5)

(b)(5)

(b)(5)

End Comment.

Signature:

FITZGIBBON

Drafted By: FREETOWN: (b)(6)
Cleared By: Executive (b)(6)
Approved By: Executive
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From:	"SMART Archive" <>
To:	SMART Core <>
Subject:	PRC Response to Pneumonia Cases Shows Increased Transparency Over Past Outbreaks, but Gaps in Epidemiological Data Remain
Date:	Tue, 07 Jan 2020 10:35:24 GMT

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MRN: 20 BEIJING 74
Date/DTG: Jan 07, 2020 / 071033Z JAN 20
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: SHLH, KPAO, KMDR, CDC, HHS, NIH, CN, PGOV, SENV, PREL
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.

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Subject: PRC Making Progress in Race to Develop a COVID-19 Vaccine

1. ~~(SBU)~~ **Summary and Comment:** Chinese biomedical companies CanSinoBIO, Sinopharm and Sinovac Biotech have developed three out of six of the COVID-19 vaccine candidates worldwide that have been approved to begin phase III clinical trials, the final step required by most regulatory organizations to secure official approval for public use. Given the low rate of COVID-19 infection in China, Sinopharm and Sinovac Biotech began phase III clinical trials overseas in July, making them the only two Chinese companies to enter the final phase of human testing for a COVID-19 vaccine. Despite not having yet undergone phase III clinical trials, CanSinoBIO's vaccine candidate received one-year special approval for military use from the Central Military Commission (CMC) Logistic Support Department Medical Services Directorate. Sinopharm also began to vaccinate employees of state-owned enterprises and at-risk members of the Chinese public. Some Chinese public health contacts have expressed uncertainty about the potential effectiveness of Chinese vaccine candidates, speculating the coronavirus may mutate over the fall and winter months making it more resistant to vaccine treatments. While senior PRC officials have vowed to share COVID-19 vaccines as "global public goods" – notably with low- and middle-income countries – experience gained during the 2009 H1N1 pandemic showed that high income countries negotiated advanced orders of vaccines, which crowded out low-income countries from the market. Subsequent donations from high-income countries were only made after they had covered their own populations. It remains to be seen if and how China follows through on donating PRC-produced vaccines to other countries while having to cover its own massive population. **End Summary and**

Comment.**Chinese Biomedical Companies Lead in COVID-19 Vaccine Development**

2. ~~(SBU)~~ Chinese biomedical companies are making significant progress in global vaccine development efforts to treat COVID-19. According to the World Health Organization, eight out of over twenty vaccines for COVID-19 currently in human clinical trials around the world are being developed in China. Most of these Chinese vaccine candidates are in phase I and II of clinical trials, although three have already been approved to enter phase III, the final step required by most regulatory organizations to secure official approval for public use. To date, only six vaccine candidates worldwide are in phase III trials. [Note: Phase I trials involve groups ranging from 20 to around 100 patients to check a vaccine for negative side effects. Phase II trials include hundreds of patients who are tested to determine the safety and efficacy of the vaccine. Phase III trials contain thousands of participants who are tested to better understand the effectiveness of the vaccine, the benefits, and the range of possible adverse reactions. **End Note.**] Four Chinese biomedical companies relied on well-established technology to create inactivated vaccines, which contain killed virus particles meant to induce an immune response in the vaccine recipient. In addition, the People's Liberation Army (PLA) was working with Chinese vaccine developer Walvax Biotechnology to explore new technology that could produce mRNA vaccines using a synthetic version of the genetic code that the coronavirus uses to form proteins designed to induce immunity.

CanSinoBIO Developed the First Chinese Vaccine Candidate

3. ~~(SBU)~~ Chinese biomedical company CanSino Biologics Inc (CanSinoBIO) developed the first vaccine candidate against COVID-19 in China – known as Ad5-nCoV – in collaboration with the Beijing Institute of Biotechnology, which is subordinate to the PLA Academy of Military Science (AMS) Academy of Military Medical Sciences (AMMS). [Note: Ad5-nCoV is a viral vector vaccine that uses a harmless virus called adenovirus type-5 (Ad5) to carry genetic material from the novel coronavirus (nCoV) into the body to induce an immune response. **End Note.**] PLA Major General Chen Wei, a top epidemiologist and virologist at AMMS who led the phase I clinical trial for Ad5-nCoV, reported the vaccine candidate results were encouraging and had no "serious" side effects, but admitted more research needed to be done. On March 20, Chen was reportedly the first to be injected out of 108 volunteers. Neutralizing antibodies increased significantly among the 108 participants at day 14 and peaked 28 days post-vaccination. [Note: Neutralizing antibodies are part of the body's immune response that protects against infections. **End Note.**] Moreover, no serious adverse events were noted within 28 days post-vaccination. However, some vaccine recipients reported mild to moderate symptoms including fever (54 percent), while patients also experienced fatigue (44 percent), headaches (39 percent), and muscle pain (17 percent). Results from phase II trials begun in April with 508 participants from Wuhan found that the Ad5-nCoV vaccine was safe and induced significant immune response of neutralizing antibodies at day 28 in the majority of recipients after a single immunization.

4. ~~(SBU)~~ At that time, CanSinoBIO still needed to broaden its testing pool to conduct phase III trials and determine the effectiveness of the vaccine before it could be licensed for public use in

China. However, the low rate of COVID-19 infections in China made it difficult to conduct large-scale domestic vaccine trials, stated Chinese public health experts. Consequently, CanSinoBio partnered with the National Research Council of Canada in May and was preparing to conduct phase III clinical trials of Ad5-nCoV with Canadian volunteers in the near future. CanSinoBio also entered discussions with Russia, Brazil, Chile, and Saudi Arabia about launching phase III human clinical trials among their populations, said CanSinoBio co-founder and executive director Qiu Dongxu on July 11. On August 9, Saudi Arabia announced phase III clinical trials on around 5,000 people would begin soon using CanSinoBio's vaccine candidate while discussions remain ongoing in the other three countries. Separately, Mexico signed a memorandum with CanSinoBio and Walvax Biotechnology to conduct human testing trials of Ad5-nCoV between September and January 2021, said Mexican Foreign Minister Marcelo Ebrard during an August 11 news conference. On the same day, the PRC National Intellectual Property Administration issued China's first COVID-19 vaccine patent approval to CanSinoBio for Ad5-nCoV. CanSinoBio Executive Director Qiu revealed that 40,000 volunteers would be recruited for upcoming trials and a new factory in China with the capacity to produce 100-200 million doses of COVID-19 vaccines per year by early 2021 was under construction.

Sinopharm and Sinovac Biotech Enter Phase III COVID Trials

5. ~~(SBU)~~ The state-owned China National Pharmaceutical Group (Sinopharm) and Sinovac Biotech began phase III clinical trials overseas in July, making them the only two Chinese biomedical companies to-date to enter the final phase of human testing for a COVID-19 vaccine. Sinopharm Chairman Liu Jingzhen told a state-run media outlet in late May that 180 recipients of Sinopharm's inactivated vaccine candidate, including himself, developed antibodies with a 100 percent protective rate against COVID-19 during phase I clinical trials. Following phase II clinical trials on more than 1,000 volunteers, Sinopharm released an official statement in late June saying the vaccine candidate was safe and effective with adverse reactions far lower than other vaccines undergoing trials. Phase III trials were currently underway in the United Arab Emirates with around 15,000 participants as of July 15 using two different inactivated vaccine types. Sinopharm also announced in late July an agreement with Parana Technology Institute (Tecpar) to begin vaccine trials in Brazil soon. In Bahrain, phase III clinical testing was scheduled to begin on August 10 with 6,000 volunteers over the next 12 months, reported the Bahrain Ministry of Health. Sinopharm announced August 20 that Peru, Morocco, and Argentina approved phase III clinical trials on volunteers in their countries. During a July 22 interview, Sinopharm Chairman Liu estimated phase III trials would be completed in three months. **[Note:** Following completion of the phase III clinical trial, the company would need to apply for regulatory approval before the product would be available to the domestic market. **End Note.]** Partnering with Sinopharm, the Beijing Biological Products Institute and the Wuhan Institute of Biological Products both developed two different inactivated vaccines that were expected to be available by the end of December at the price of RMB 1,000 (USD 144). Sinopharm was also preparing to expand its annual production capacity to a combined 220 million vaccine doses.

6. ~~(SBU)~~ Chinese vaccine developer Sinovac Biotech also produced an inactivated vaccine candidate called CoronaVac that has entered phase III human testing trials and is projected to begin production early next year. **[Note:** During the outbreak of SARS in 2003, Sinovac was the

only Chinese firm to enter phase I vaccine trials; however, research ended following the SARS pandemic. Sinovac was able to build on this earlier research given the similarity between COVID-19 and SARS. **End Note.**] Sinovac said phase I and II trials for CoronaVac showed favorable immunogenicity and safety profiles, and no severe adverse events were reported. Sinovac Biotech experts noted that two doses of the vaccine candidate were needed to immunize one person, but observed the reduction of neutralizing antibodies 14 days after the vaccination. **[Note:** There are still knowledge gaps about COVID immunity; however, reduction in neutralizing antibodies may suggest a possible waning of immunity over time. **End Note.]** Sinovac Biotech had already begun phase III clinical trials by July in Brazil and committed to sharing 60-100 million doses through a collaboration with São Paulo-based Instituto Butantan (Ref A). Sinovac Biotech CEO Yin Weidong disclosed on July 11 that his company was “actively in discussion with several countries” in Asia, including Indonesia, Turkey, and Bangladesh, about conducting phase III trials and was exploring options to carry out human trials in Europe. Since then, the Bangladesh Medical Research Council (BMRC) approved phase III clinical trials on July 22, which were to be conducted by International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) on 4,200 volunteers in seven hospitals specialized in COVID-19 treatment. Indonesian state-owned company Bio Farma also partnered with Sinovac Biotech and began carrying out phase III clinical testing on August 14 that will ultimately involve as many as 1,620 patients in Indonesia. Yin explained that Sinovac Biotech aimed to produce 300 million doses per year.

PRC Authorities Approve Vaccine for Special Use

7. ~~(SBU)~~ Despite not having undergone phase III clinical trials, the Central Military Commission (CMC) Logistic Support Department (LSD) Medical Services Directorate issued one-year special approval for CanSinoBIO’s Ad5-nCOV as a “military-specially-needed drug” on June 25. With this special designation and approval, CMC could begin pharmaceutical production of Ad5-nCoV solely for limited military use among Chinese armed forces. **[Note:** Major General Chen Jingyuan, the Director of the CMC LSD Medical Services Directorate, announced during a March 3 press conference that the Chinese military has reported zero cases among its personnel. **End Note.]**

8. ~~(SBU)~~ With approval from the State-owned Assets Supervision and Administration Commission of the State Council, Sinopharm also began inviting employees of state-owned enterprises to take the vaccine. More than 1,000 Sinopharm employees were voluntarily vaccinated without any adverse effect, reported the biomedical company in June. China TravelSky, a Chinese state-owned civil aviation and information technology company, prioritized its research and development (R&D) staff and airport terminal workers for vaccination, but also offered to vaccinate overseas travelers, medical staff members involved in COVID-19 prevention efforts, and residents from medium and high-risk communities in Beijing. Media reports also indicated that PetroChina employees were asked to take the Sinopharm vaccine. Separately, Chinese Center for Disease Control and Prevention (China CDC) Director Gao Fu revealed during a webinar on July 26 that he had been injected with an experimental COVID-19 vaccine. Gao explained, “Everybody has suspicions about the new coronavirus vaccine. If even we didn’t do it, how can we persuade...the public to be vaccinated.” Gao refused to disclose details about the vaccine he took, saying he did not want to

appear to be "doing some kind of propaganda." [Note: Gao coauthored a paper in June on an "inactivated" vaccine candidate developed by SinoPharm leading some to speculate he was injected with the same vaccine. **End Note**]. However, a few Chinese public health contacts expressed doubts over the effectiveness of Chinese vaccine candidates, speculating that the coronavirus may mutate over the fall and winter months making it more resistant to vaccine treatments. [Note: If this problem were to occur, the impact would not be limited to Chinese vaccine candidates. **End Note**.]

Senior Chinese Leaders Pledge to Share Vaccines

9. (SBU) Chinese Communist Party Chairman Xi Jinping announced on May 18 during a virtual speech to the World Health Organization that China would make its COVID-19 vaccine a "global public good" ensuring it is accessible and affordable in developing countries. Subsequently, PRC Foreign Minister Wang Yi said in late July that China pledged a \$1 billion loan to help Latin American and Caribbean countries access COVID-19 vaccines once available during a virtual conference with his Latin American counterparts. China CDC Director Gao also emphasized during a July 31 virtual seminar that the vaccine needed to be shared in low and middle-income countries unable to afford it. On August 24, Premier Li Keqiang Li stated during the third leaders meeting of the Lancang-Mekong Cooperation (LMC) organization that any Chinese-produced COVID-19 vaccine would be provided to Mekong countries "on a priority basis."

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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 ESTHOff 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.

~~SENSITIVE BUT UNCLASSIFIED~~

Signature: Branstad

Drafted By: BEIJING (b)(6) (b)(6) (h)(6) (b)(6) (h)(6)
 (b)(6) (h)(6) (b)(6) (h)(6) (b)(6)
 (h)(6) (b)(6) (h)(6) (b)(6) (h)(6)
 (h)(6) (Chengdu); (b)(6) (b)(6)
 (b)(b)(6) (h)(6) (b)(6) (h)(6) (b)(6)

Cleared By: ESTH: (b)(6) (b)(6)
 HHS/CDC/IRD: (b)(6) (b)(6)
 ECON: (h)(6) (b)(6)
 POL: (b)(6)
 ESTH: (h)(6)
 HHS/OGA: (b)(6) (b)(6)

Approved By: PD:A/DCM: (b)(6) (b)(6)

Released By: BEIJING: (b)(6)

Info: NATIONAL SECURITY COUNCIL WASHINGTON DC *ROUTINE*; ATLANTA
 GA, CDC *ROUTINE*; DIA WASHINGTON DC *ROUTINE*; CIA WASHINGTON
 DC *ROUTINE*; PACOM IDHS HONOLULU HI *ROUTINE*; CHINA POSTS
 COLLECTIVE *ROUTINE*; ENVIRONMENT SCIENCE AND TECHNOLOGY
 COLLECTIVE *ROUTINE*

XMT: CARACAS, AMEMBASSY; ST PETERSBURG, AMCONSUL

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Sender:	"SMART Archive" <>
Recipient:	SMART Core <>

From:	"SMART Archive" <>
To:	SMART Core <>
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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~~SBU~~

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MRN: 20 BEIJING 2226
Date/DTG: Nov 18, 2020 / 180938Z NOV 20
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE *ROUTINE*
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.

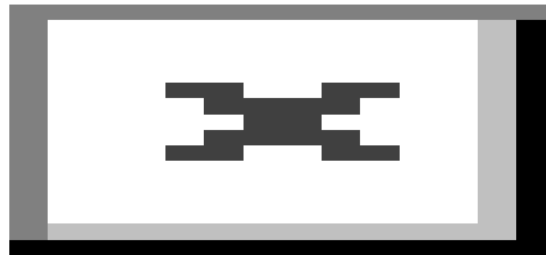
PRC Tracing and Testing Based on Weak Sources; Create Uncertain Commercial Conditions

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.

~~SENSITIVE BUT UNCLASSIFIED~~

Signature: FORDEN

Drafted By: BEIJING: (b)(6) (b)(6)
Cleared By: USTR: (b)(6) (b)(6)
USDA/APHIS: (b)(6) (Beijing)
HHS/CDC: (b)(6) (b)(6)
PD: Sand, (b)(6) (b)(6)
USDA/FAS: (b)(6) (b)(6)
(b)(6)
USDA (b)(6) (b)(6)
Approved By: ESTH: (b)(6) (b)(6)
Released By: BEIJING: (b)(6) (b)(6)

Info: WHITE HOUSE WASHINGTON DC *ROUTINE*; PACOM IDHS HONOLULU HI *ROUTINE*; DEPT OF COMMERCE WASHINGTON DC *ROUTINE*; CHINA NATIONAL SECURITY COUNCIL WASHINGTON DC *ROUTINE*; CHINA POSTS COLLECTIVE *ROUTINE*; ENVIRONMENT SCIENCE AND TECHNOLOGY COLLECTIVE *ROUTINE*
XMT: CHENGDU, AMCONSUL; CARACAS, AMEMBASSY; ST PETERSBURG, AMCONSUL

Dissemination Rule: Archive Copy

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Sender:	"SMART Archive" <>
Recipient:	SMART Core <>

From:	"SMART Archive" <>
To:	SMART Core <>
Subject:	Malaysia: Wildlife Trafficking Year-End Progress Report
Date:	Fri, 13 Nov 2015 09:53:45 GMT

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~~SBU~~

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MRN: 15 KUALA LUMPUR 978
Date/DTG: Nov 13, 2015 / 130952Z NOV 15
From: AMEMBASSY KUALA LUMPUR
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: SENV, ETRD, ASEC, ECON, PREL, EAID, CITES, KPAO, KCRM, KJUS, MY
Captions: SENSITIVE
Reference: 15 STATE 125092
Pass Line: OES/ECW: MATT STEED
Subject: Malaysia: Wildlife Trafficking Year-End Progress Report

1. ~~(SBU)~~ **Summary:** Embassy Kuala Lumpur has worked on Countering Wildlife Trafficking (CWT) over the past year with some concrete success. Thanks in part to the U.S.-sponsored ASEAN Regional Forum (ARF) Workshop on CWT hosted by Ambassador Yun, ASEAN countries adopted a proposal to treat wildlife trafficking as a serious crime under the purview of the ASEAN Senior Officials Meeting on Transnational Crime (SOMTC). Ambassador Yun also led the first National Environmental Justice Seminar to focus on CWT issues with the Malaysian judiciary. The PA section collaborated with conservation NGOs and state governments to raise CWT awareness through cultural events and educational programs, and the RSO section worked closely with International Law Enforcement Academy (ILEA) to strengthen Malaysia's CWT enforcement capacity. Embassy Kuala Lumpur will continue to build on this year's momentum to push CWT priorities in 2016. **End Summary.**

Policy Advocacy

2. ~~(SBU)~~ A major 2015 CWT policy goal was to encourage the ASEAN SOMTC to recognize wildlife and timber trafficking as a new priority area under its purview. Obtaining Malaysian support was one of the major challenges to achieving that goal, as the Ministry of Natural Resources and Environment (NRE) initially opposed inclusion under the ASEAN SOMTC. As part of the effort to convince Malaysia, the U.S. Embassy partnered with the NRE to hold the March ASEAN Regional Forum (ARF) Workshop on Combating Wildlife Trafficking in Kota Kinabalu, Sabah. Ambassador Yun co-hosted the event and Under Secretary of State for Economic Growth Novelli gave opening remarks. Government agencies and NGOs from each

ASEAN country as well as China attended and agreed to urge the adoption of the SOMTC proposal.

3. ~~(SBU)~~ Embassy Kuala Lumpur kept up pressure on Malaysia through communications and demarches to NRE and the Ministry of Home Affairs (MHA) throughout the summer. After extensive lobbying by the USG, the MHA overruled the NRE, voting in favor with the rest of ASEAN to adopt the proposal at the September ASEAN Ministerial Meeting on Transnational Crime. This is an important step forward for combatting wildlife trafficking in Southeast Asia as law enforcement authorities, not just environmental officials, will have a large stake in CWT.

4. ~~(SBU)~~ In September during the Malaysia-hosted International Anti-Corruption Conference (IACC) in Kuala Lumpur, the Bureau of International Narcotics and Law Enforcement (INL) held the first-ever IACC workshop session to discuss combatting corruption that facilitates wildlife trafficking. Speakers from TRAFFIC, UNODC and independent crime researchers highlighted the importance of treating wildlife and timber trafficking as serious crimes that should be the target of corruption investigations.

5. ~~(SBU)~~ The Department of Justice's (DOJ) Office of Overseas Prosecutorial Development, Assistance and Training (OPDAT), along with the Malaysian Judiciary, organized a National Environmental Justice Seminar in October. The four-day workshop was the first time in Malaysia that judges and key bilateral stake holders in the environmental justice sector came together to discuss issues of common interest in the administration of environmental justice and CWT. Ambassador Yun and the Chief Justice of Malaysia Tun Arifin Zakaria presided over opening ceremonies.

Donor Coordination

6. ~~(SBU)~~ With \$58,000 in R-Priority funding, the Wildlife Conservation Society (WCS) developed environment conservation English learning and activity modules used by 100 American Fulbright English Teaching Assistants (ETA) across six Malaysian states, reaching more than 40,000 middle and high school students. One of the core modules focuses on teaching the importance of wildlife conservation. PA has slated the program continue to run in 2016.

7. ~~(SBU)~~ PA provided a \$10,000 grant to the Future Alam Borneo Society for the August Borneo Rimba Rhythms festival in Sandakan, Malaysia, a two-day outdoor music festival that brought together wildlife conservation organizations and scientists from around the world. Three thousand people attended the festival that was covered by eight local newspapers, two radio stations and one TV station.

8. ~~(SBU)~~ PA provided a \$12,500 grant to the October Borneo Eco Film Festival that showcased environmental films including prominent wildlife conservation pieces. The screenings attracted two thousand people in the span of three days. Ten local newspapers, two radio stations and two TV stations covered the event.

9. ~~(SBU)~~ USAID funds the \$2 million Infectious Disease Emergence and Economics of Altered Landscapes Program (IDEEAL) in partnership with EcoHealth Alliance. The initiative investigates how changes to landscapes, including hunting of endangered species, contribute to disease emergence in Sabah, Malaysia. EcoHealth Alliance has conducted a series of outreach sessions with international businesses connected to the palm oil industry, teaching the importance of avoiding interaction with wildlife to stop the spread of disease and reduce the

chances of outbreaks.

Training

10. ~~(SBU)~~ RSO coordinates with the International Law Enforcement Academy (ILEA) to send officials from NRE and Customs to capacity building training courses in Thailand. By the end of the year Malaysia will have sent seven participants to two courses, building management and investigation capacity.

11. ~~(SBU)~~ Thanks to meetings during a visit to the State of Sabah by Under Secretary Novelli in March, Sabah Parks began discussions with the U.S. National Park Service to host park rangers at Yosemite and marine parks to gain insight on conservation and CWT techniques. Rangers are expected to travel to the United States in February or March 2016.

12. ~~(SBU)~~ Post sent two candidates from the Sabah Wildlife Department on wildlife-focused International Visitor Leadership Program (IVLP) trips in 2015.

Public Diplomacy

13. ~~(SBU)~~ It the March ARF Workshop on CWT, Malaysian actress and wildlife conservation activist Michelle Yeoh lent her star power to draw attention to the wildlife trafficking issue, delivering a special keynote during the opening ceremony. Fourteen national and local media outlets covered the event, resulting in prime time TV news coverage and more than twenty news articles and op-eds.

14. ~~(SBU)~~ In addition to the PA funded events above, wildlife issues featured prominently in the Ambassador's "Go Green Lah" week-long bicycle tour from Kuala Lumpur to Singapore in June. The 20-person Embassy bike team conducted environmentally-themed events in towns along the way including a presentation by WCS on conservation initiatives to save big animals in peninsular Malaysia. The event was featured in Malaysia media and received thousands of Facebook likes each day of the ride.

15. ~~(SBU)~~ In 2014 Ambassador Yun joined the NGO Shark Savers demand reduction campaign to stop shark fin consumption in Malaysia through a media outreach campaign which continues into 2015.

2016 Events

16. ~~(SBU)~~ Embassy KL is planning another conservation-themed bike ride in May, 2016. This time the Ambassador will lead a team on a week-long trip from Kuala Lumpur to Penang. In addition, the PA section will continue to fund all of the donor coordination events listed above.

Signature: YUN

Drafted By: KUALA LUMPUR: (b)(6)

Cleared By: PA - (b)(6) (b)(6)

ECON: (b)(6)

Approved By: EXEC: (b)(6)

Released By: KUALA LUMPUR: (b)(6)

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Sender:	"SMART Archive" <>
Recipient:	SMART Core <>

From:	"SMART Archive" <>
To:	SMART Core <>
Subject:	HHS/CDC ATD # 19950 CONDUCTING PUBLIC HEALTH RESEARCH IN CHINA, FY20
Date:	Fri, 24 May 2019 16:02:12 GMT

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MRN: 19 CDC ATLANTA GA 1224
Date/DTG: May 24, 2019 / 241601Z MAY 19
From: CDC ATLANTA GA
Action: BEIJING, AMEMBASSY *ROUTINE*; GLOBAL FINANCIAL SERVICES, USOFFICE *ROUTINE*
For Addressee(s) Only
TAGS: XTAG, TBIO, SHLH, KSCA, CDC
Captions: SENSITIVE
Pass Line: BEIJING FOR MGT
BEIJING FOR PCHONG
SECSTATE FOR EAP/EX
HHS FOR OGA GGRIGSBY
Subject: HHS/CDC ATD # 19950 CONDUCTING PUBLIC HEALTH RESEARCH IN CHINA, FY20

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 project is **Conducting Public Health Research in China**. CDC has collaborated with China on domestic health priorities (i.e. HIV, influenza, TB, emerging infections, malaria, immunizations, the Field Epidemiology Training Program [FETP], emergency response, and laboratory) for more than 30 years. CDC provides technical support, advocacy, and modest funding to address critical domestic health issues in China that have global implications (i.e. detection and response to emerging infectious diseases and pandemic preparedness). China's reduced reliance on receiving foreign assistance in health, and growing provider of public health assistance to other countries, particularly in Africa, has elevated the strategic value of this partnership. Continuing collaborations on domestic health priorities

strengthens China's emerging role as a global health leader.

2. ~~(SBU)~~ Funding/Performance Period information: \$50,000 to be awarded to the Chinese Center for Disease Control and Prevention management office to ensure completion and close out of three carry-over research projects; Award Date: September 30, 2019; Project Period: September 30, 2017 to September 29, 2022; Principal Researcher: Chinese Center for Disease Control and Prevention (CDC) - Beijing, China.

3. ~~(SBU)~~ Purpose of the Project

There are three carry-over research projects for Year 3 of this award:

- a. Pilot Study on evaluating the effectiveness of using SMS and hotline service provided by **12320 Health Hotline** to improve pulmonary tuberculosis (PTB) patients treatment compliance in Yunnan and Gansu provinces. 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 12320 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.
- b. The Development of Norovirus Laboratory Network in China (**CaliciNet China**) - A study to develop a network of provincial and local level CDCs aimed at collecting and analyzing strain and epidemiologic data obtained from norovirus outbreaks. Findings will be used to identify emerging strains of norovirus and epidemiologic characteristics of large outbreaks. Findings can also be used to develop an effective norovirus vaccine.
- c. Linking human and animal **brucella surveillance** data

to describe human health risks - A study aimed at investigating the spatial-temporal distribution and related risk factors for human brucellosis occurring in Liaoning and Shandong Provinces. The project involves the analysis of surveillance case data from 2008 to 2017, molecular characteristics (strain and biovars) of both human and animal cases along with county level data on population demographics and livestock density. Initial hot spot analysis has identified shifting foci of human cases during the ten year project period. Project findings will be used to promote the One Health (cross-sectoral) approach to brucellosis prevention and control.

4. (U) Human subjects: All projects have been reviewed and approved by ethical boards within Chinese Center for Disease Control and Prevention in Beijing and the U.S. Centers for Disease Control and Prevention in Atlanta.

5. (U) Animal information: N/A

6. (U) Contacts Information

Principal Investigator: (b)(6)
Director, China-U.S. Collaborative Program on
Emerging and Re-Emerging Infectious Diseases,
27 Nanwei Road, Xuanwu District, Beijing
1000050, CHINA

For additional information, please contact (b)(6)

(b)(7)(C) Project Manager, China-U.S.

Collaborative Program on Emerging and Re-
Emerging Infectious Diseases: (E-mail)

(b)(6) (Phone) (b)(6)

(b)(6)

CDC Project Officer: (b)(6) CGH/DGHP;

(b)(6)

(b)(6) Email: (b)(6) Phone: (b)(6)

(b)(6)

CDC Grants Management Specialist: Manal Ali,
OCCO/OFR/OGS; 1600 Clifton Road NE, Mailstop
K-75, Atlanta GA 30329; Email: hfo8@cdc.gov;
Phone: 770 488 2706

7. ~~(SBU)~~ Grant funds should be awarded by September 30, 2019. If no response is received by September 15, 2019, CDC will assume Embassy has no objection to funds being awarded.
8. (U) In order to ensure prompt receipt of cable response at CDC, please transmit cable reply or cable request for additional information directly to RUEHPH/CDC ATLANTA GA attn.: Heidi Williams
9. (U) CDC appreciates Embassy consideration and reply.
10. (U) If additional information is needed, please contact: Stephanie Gonsahn, Phone: 404-728-8934, Email: sxs5@cdc.gov.

Drafted By: ATLANTA GA:ROSE, MICHELLE
Cleared By: KUMAR, LATA CDC/CGH/OD
WILLARD, ANGIE CDC/OCOO/OFR
Approved By: ATLANTA GA:Gonsahn, Stephanie X
Released By: ATLANTA GA:Gonsahn, Stephanie X
Info: WASHDC, SECSTATE ROUTINE; DEPT OF HHS WASHINGTON
DC ROUTINE; (U)(b)(6) (Beijing | CDC) ROUTINE

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Sender:	"SMART Archive" <>
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To:	SMART Core <>
Subject:	HHS Secretary's China Visit Advances Cooperation on Health
Date:	Mon, 21 Sep 2015 10:08:52 GMT

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MRN: 15 BEIJING 3498
Date/DTG: Sep 21, 2015 / 211007Z SEP 15
From: AMEMBASSY BEIJING
Action: DEPT OF HHS WASHINGTON DC *ROUTINE*; WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: SHLH, XY, XA, OVIP, CH
Captions: SENSITIVE
Subject: HHS Secretary's China Visit Advances Cooperation on Health

1. ~~(SBU)~~ Summary: Health and Human Services Secretary Sylvia Mathews Burwell visited China from September 10-11 to advance bilateral cooperation in domestic and global health goals, including in development and global health security. The leaders of both the National Health and Family Planning Commission (NHFPC) and the Chinese Center for Disease Control and Prevention (China CDC) emphasized the importance of enhancing bilateral health partnerships in infectious disease and non-communicable disease. NHFPC Minister Li Bin supported collaboration in African countries and making global health security a priority with Asia and Pacific partners and at the G20. China CDC Director Wang Yu proposed cooperating in Sierra Leone in research and public health capacity building and jointly supporting the Africa Centers for Disease Control and Prevention (Africa CDC). Ministry of Commerce (MOFCOM) Minister Gao Hucheng agreed on the value of bilateral and multilateral cooperation on development and health, advising HHS to work directly with NHFPC to finalize health outcomes for President Xi Jinping's state visit. While China CDC identified specific work we could do jointly in Sierra Leone and to advance the Global Health Security Agenda (GHS), MOFCOM and NHFPC supported health cooperation broadly, with the only explicit support being for joint work on the African Union CDC and West African "public health security." The visit demonstrated that while there is a unique opportunity to leverage U.S.-China cooperation in West Africa, some Chinese agencies are cautious about moving forward as China is still developing its approach and internal coordination on international health work. End Summary.

Secretary Burwell's Meeting with NHFPC Minister Li Bin

2. (SBU) NHFPC Minister Li Bin agreed with Secretary Burwell that global health security was a priority, stating that China would support this with Asia-Pacific and African partners and for the G20 in 2016. Noting the recent threat of MERS in nearby Korea, Li stated China and the United States "have converging interests and mutual responsibility in safeguarding global health security." However, while they see the Global Health Security Agenda (GHSA) as closely related to development, political stability, economic growth, and livelihood, it was only one component of the broader effort to achieve global health security. Minister Li also supported collaboration in Africa in health and development, including in West Africa and to support the Africa CDC. However, she proposed that this cooperation should "be under the principle of being led by recipients," quipping that "1+1+1 would be much greater than 3." Minister Li suggested Burwell ask Minister of Commerce Gao to prioritize global health collaboration between the United States and China, especially support for the Africa Union CDC. Li also acknowledged that the Global Fund to Fight AIDS, Tuberculosis, and Malaria had helped China, and China thus supported it. However, she was not in a position to respond to the U.S. request for a specific financial contribution to the fund, but would report the Secretary's ideas to "relevant departments."

3. (SBU) Minister Li agreed on the importance of NHFPC, HHS, China CDC, and U.S. CDC joint work to address policy and technical elements to accelerate progress toward shared health goals. Li emphasized she hoped we would further broaden our health partnership on emerging infectious diseases, non-communicable diseases, and health workforce development. Li also noted she hoped that the countries' Presidents would discuss implementation of the post-2015 development goals, which included health interests, when they meet in late September. Minister Li closed by noting China wanted to learn from U.S. partners and build on existing collaboration with the National Institutes of Health to establish its own platform that integrates and advances medical science and technology.

Visit to China Center for Disease Control and Prevention

4. (SBU) China CDC Director Wang Yu called its cooperation with the U.S. CDC across "every aspect of China CDC's work" the "gold standard" in public health collaboration. In particular, Wang considered U.S.-China collaboration in response to the Ebola outbreak a solid foundation for long-term cooperation and proposed two next steps for collaboration:

- Enhance cooperation in Sierra Leone where China had Ebola emergency response experience. He proposed focusing on joint laboratory research and supporting Sierra Leone's creation of its own CDC to build Sierra Leone's public health capacity, including a strong health care workforce. Wang advised that China CDC had already applied to MOFCOM to fund this proposal, though he declined to clarify the budget. He felt the proposal to MOFCOM would "be successful" and added that China CDC expected to hear back within weeks.
- Support establishment of the African Union CDC by developing its surveillance system, combining the U.S. event-based surveillance approach with China's indicator-based surveillance. Both sides agreed there was senior-level support for standing up the African Union CDC and that

conversations could continue with African partners on the details.

5. ~~(SBU)~~ Burwell and Wang agreed that our countries must continue to collaborate on domestic health issues, which had global implications. Both sides observed that collaborations on non-communicable diseases through smoking cessation and salt reduction, and building domestic field epidemiology capacity for influenza and HIV/AIDS not only improved U.S. and Chinese citizens' lives, but also generated lessons, knowledge, and relationships that could address global health needs.

Secretary Burwell's Meeting with MOFCOM Minister Gao Hucheng

6. ~~(SBU)~~ Minister Gao said, "Health is a broad ranging area where we can intensify cooperation" and that "the world faces public health security challenges." However, he noted that any U.S.-China development cooperation would have to hold to the principle that initiatives must be raised by, agreed to, and led by recipient countries. He emphasized the value of multilateral frameworks, noting the roles of the World Health Organization (WHO) and the G20, even asserting that, "Cooperation between our two sides under a multilateral international framework would meet the international community's expectations and is an important component of the new model of major power relations." He observed three lessons about U.S.-China collaboration in development learned from the Ebola outbreak response: (1) we both desire to lead and promote efforts on global/regional public health threats and are both striving to move in that direction; (2) we have complementary advantages; and (3) even though we had not yet agreed on principles, the fact was that recipients welcomed our cooperation." Gao agreed to the importance of joint collaboration on the African Union CDC and support for post-Ebola collaboration. Gao affirmed the value of external reviews Burwell had suggested, particularly as a funding agency, but cautioned that different countries have different needs and circumstances.

7. ~~(SBU)~~ Gao urged HHS to work with NHFPC directly, as technical experts, to identify and report up suggested joint deliverables for President Xi's visit. He noted NHFPC "knows better the realities of our work and capacity. For technical issues, it's good for you to communicate with NHFPC Minister Li Bin." MOFCOM's role is to provide guidance "on the rules and financing side ... My job is to foot the bill for NHFPC procurements. We're consulting with USAID on the rules."

Roundtable on Science and Innovation

8. ~~(SBU)~~ Secretary Burwell participated in a roundtable discussion on science and innovation with health care leaders from academia, industry, and hospitals. Health care leaders shared their views on the Chinese health care system, health care reform, and challenges they faced. They noted many similarities between the United States and China, with opportunities to cooperate and develop innovative approaches to our domestic health challenges. These opportunities included partnering to advance precision medicine, coordinating research funding, increasing access to primary care, and spurring the use of innovative technology.

9. ~~(SBU)~~ Comment: Secretary Burwell's conversations in China elicited general agreement on the importance of bilateral health collaboration, including in third countries, but also hesitation at the

ministerial level to make specific commitments. The NHFPC is forward-leaning on both GHSA and partnering in Africa, and China CDC's proposals for joint work in Sierra Leone and on the GHSA closely align with the U.S. proposals. However, all of this work is dependent upon MOFCOM for funding, and NHFPC has recently closely mirrored and deferred to MOFCOM's more cautious position on committing to health collaboration in Africa and for the GHSA. Regardless, both sides agreed to the importance of expanding health collaboration, including for global health security. HHS will continue to advance priority collaborations such as post-Ebola recovery in West Africa. End comment.

Signature: LEE

Drafted By:

BEIJING: (Beijing)

Cleared By:

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Beijing: (RDMA/Beijing)

ECON: (b)(6) (Beijing)

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Subject:	China/Ebola: Engaging China on Enhanced Ebola Assistance
Date:	Mon, 22 Sep 2014 07:21:34 -0400

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MRN: 14 BEIJING 3720
Date/DTG: Sep 22, 2014 / 221121Z SEP 14
From: AMEMBASSY BEIJING
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E.O.: 13526
TAGS: SHLH, EAID, WHO, CH, XY
Captions: SENSITIVE
Reference: A) 14 BEIJING 775
B) 14 STATE 106346
C) 14 STATE 110802
D) 14 STATE 112062
Subject: China/Ebola: Engaging China on Enhanced Ebola Assistance

1. ~~(SBU)~~ SUMMARY: China's response to the Ebola crisis in West Africa thus far has been measured and has increased gradually, with the most recent tranche of RMB 200 million (approximately USD 32 million) in assistance announced September 12. Although China has dispatched 174 health workers and related staff to affected countries, none of those staff have yet participated in the direct treatment of Ebola patients. Rather, Chinese personnel are reportedly providing Ebola triage, longer-term assistance, clinical care for non-Ebola patients, and staffing laboratory facilities. China appears to take the Ebola crisis seriously, and top-level leaders have called on the international community to do more to support Ebola relief. China, however, has historically been reluctant to respond to U.S. calls to work bilaterally in third

countries on disaster and development assistance, preferring instead to work through multilateral organizations, like the World Health Organization (WHO), or in direct response to requests from affected countries. COMMENT: (b)(5)

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END

SUMMARY AND COMMENT.

China's Contributions to Date in Fighting Ebola

2. (SBU) China has provided three tranches of aid to West Africa since April, according to the website of the National Health and Family Planning Commission (NHFPC), China's health ministry. First, in April, the Chinese Red Cross delivered emergency medical supplies worth roughly RMB 1 million (approximately USD 163,000) each to Guinea, Liberia, and Sierra Leone. In early August, China provided to each of the three countries an additional RMB 10 million (USD 1.6 million) in medical supplies as well as a 19-person medical team. Most recently, on September 12, China announced new aid worth RMB 200 million (approximately USD 32 million) for the affected countries. MFA officials told Post on September 17 that China would use these funds to provide Guinea, Liberia, and Sierra Leone each a USD 1 million grant for direct budgetary support and USD 2 million through the UN World Food Program. Funds from this allocation would also go to support a new 59-member Chinese medical team dispatched to Sierra Leone on September 17.

3. (SBU) The new Chinese medical team reportedly will be based at the China-Sierra Leone Friendship hospital in Freetown. Staff members will include four public health and epidemiological experts, 25 lab staff for a mobile biosafety level 3 (BSL-3) laboratory, and 30 clinicians, including doctors and nurses, from the People's Liberation Army 302 Military Hospital, a unit specializing in infectious diseases established after the 2002 SARS outbreak, according to NHFPC. They will join 33 previously dispatched Chinese medical workers who are still in the region. Since the beginning of the current epidemic, China has sent a total of 174 medical workers to Sierra Leone, Liberia, and Guinea, including the new team of 59 to Sierra Leone. Of note, none of the medical personnel dispatched to date have been involved in the direct care of Ebola patients. Rather, Chinese personnel are providing Ebola triage, longer-term assistance, clinical care for non-Ebola patients, and staffing laboratory facilities.

(b)(5)

Sierra Leone requested China to dispatch staff to treat Ebola patients. China reportedly has not yet agreed to this request.

4. ~~(SBU)~~ All of China's assistance to date, except the USD 6 million sent through the UN World Food Program, appears to have gone through bilateral channels rather than through the WHO or the UN. (b)(5) China selected Sierra Leone as its target country based on a variety of factors, including information provided by the WHO; discussions with the governments of the affected countries; information gathered by the first three-person Chinese teams deployed to each country; and China Centers for Disease Control and Prevention (CCDC) Director Wang Yu's own investigative visit. China and Sierra Leone are currently working on a memorandum of understanding (MOU) to govern China's operations in country. The Sierra Leone government requested this assistance through the Chinese Embassy in Freetown.

Understanding the Agencies Involved

5. ~~(SBU)~~ China's bureaucratic framework for public health and aid to foreign countries may present challenges for U.S. efforts to encourage China to increase its assistance (ref A). China's lead technical agency on infectious diseases is the CCDC. CCDC is a component of the NHFPC. However, China's aid to foreign countries is administered by MOFCOM, which controls all disbursements for aid programs overseas. For example, the recently announced RMB 200 million in assistance came in the form of a one-time allocation from MOFCOM; CCDC does not have resources to dedicate to operations of this scale. In addition, because China traditionally allocates disaster relief on the basis of direct requests from affected countries, the Ministry of Foreign Affairs (MFA) plays an intermediary role between the capitals of the affected countries and the rest of the Chinese bureaucracy.

6. ~~(SBU)~~ U.S. CDC representatives permanently assigned to the Embassy in Beijing, who enjoy close working relationships with their CCDC counterparts, have served as the Embassy's main conduit of information related to China's Ebola response. In addition to this active working-level coordination, U.S. CDC Director Tom Frieden has spoken several times directly to his Chinese counterpart, CCDC Director Wang Yu, concerning Ebola. Post has also engaged with other relevant Chinese agencies to deliver points in reftels B-D. MFA officials have expressed a willingness to engage with the U.S. on Ebola relief. For example, during a September 17 meeting with Deputy Pol Counselor, MFA Americas Counselor Dai Bing stressed that the Chinese Government agreed that combating the spread of Ebola was an excellent area in which to strengthen U.S.-China cooperation. MFA Americas Director General Cong Peiwu reiterated this commitment to work closely with the U.S. on Ebola during a September 19 meeting with the DCM. MOFCOM, however, which controls the foreign aid budget, has historically resisted U.S. approaches to cooperation on global development goals. Post is also continuing outreach efforts with MOFCOM on Ebola coordination.

7. ~~(SBU)~~ Lower-level officials from MFA and MOFCOM have told Embassy officers that they are focusing their Ebola relief efforts in response to direct requests for bilateral aid made to their embassies in the respective African capitals. For example, an official with MOFCOM's Department of Foreign Aid told EconOff September 17 that China was working closely with

Guinea, Liberia, and Sierra Leone and would ensure that its aid “reflected the needs as expressed by those countries” in their regular communication with China’s Embassies in country. Further, officials at both MFA and MOFCOM advised that PRC support for multilateral initiatives (including the WHO) was coordinated through relevant Chinese Missions in New York and Geneva. This is consistent with the message delivered to UK officials, who were told that China’s engagement with the WHO was best coordinated through their representatives in Geneva.

China’s Capabilities and Constraints

8. ~~(SBU)~~ Accurately assessing the focus and scope of China’s current activities in West Africa, as well as its broader capabilities to contribute to the Ebola response, remains challenging -- both because China has not participated in similar relief operations in the past and due to China’s general lack of transparency. Because the medical practices of Chinese staff may not align with international standards in areas such as laboratory methodologies, infection control, and medical training, their ability to fully participate in international relief efforts may be accordingly limited. It may also be difficult for China to deploy trained medical personnel with sufficient knowledge of English or other appropriate languages. Moreover, rapidly increasing China’s personnel contributions to the Ebola response may carry risk. For example, if Chinese medical workers were to contract Ebola in the process of combatting the current outbreak, China might withdraw its personnel or become less willing to participate in future international responses to infectious disease outbreaks. We have noted that some Chinese netizens are already questioning why China is sending experts to the region, both because of fear for their safety as well as concerns they may bring the disease back to China.

9. ~~(SBU)~~ On the other hand, the existing strong relationship between U.S. CDC and CCDC, and China’s desire to gain clinical experience, may provide a base of cooperation on which we can build. CCDC will likely look to U.S. CDC for best practices and technical guidance. China is also eager to learn from the United States about how to structure and run Emergency Operations Centers, and wants to better understand international laboratory norms and standards. For example, the Chinese have expressed interest in, and appreciation for, lists of clinical conditions that might be difficult for their team currently in West Africa to differentiate from Ebola. Since there have been no confirmed cases of Ebola hemorrhagic fever yet in China, and China has not participated in relief operations for previous smaller Ebola outbreaks in Africa, China likely does not have practical experience diagnosing or treating this highly fatal disease. Therefore, the chance to gain clinical experience through working with U.S. or other experienced teams may impact their willingness to be more engaged clinically in the future. Finally, China has experience with rapidly constructing new health infrastructure, particularly in response to the country’s experience with the 2002 SARS outbreak. China has already built health care facilities in West Africa, including the hospital in Sierra Leone where the newly dispatched Chinese medical team is based. This capability may present the most promising options for China to contribute meaningfully to Ebola response.

Focusing our Engagement with China

10. ~~(SBU)~~ COMMENT: (b)(5)

(b)(5)

11. ~~(SBU)~~ COMMENT CONTINUED: (b)(5)

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(b)(5)

END COMMENT.

Signature:

BAUCUS

Drafted By:

BEIJING: (b)(6) (b)(6)

Cleared By:

(b)(6) (b)(6)

POL: (b)(6) (b)(6)

POL: (b)(6) (b)(6)

ECON: (b)(6)

ESTH: (b)(6)

CDC: (b)(6) (b)(6)

Approved By:

EXEC: (b)(6) (b)(6)

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BEIJING: (b)(6) (b)(6)

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From:	"SMART Archive" <>
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Subject:	China's Interest in the Global Virome Project Presents an Opportunity for Global Health Cooperation
Date:	Thu, 28 Sep 2017 07:55:10 GMT

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MRN: 17 BEIJING 2458
Date/DTG: Sep 28, 2017 / 280753Z SEP 17
From: AMEMBASSY BEIJING
Action: WASHDC, SECSTATE *ROUTINE*
E.O.: 13526
TAGS: PREL, SHLH, TBIO, KGHI, CDC, AID, CN
Captions: SENSITIVE
Subject: China's Interest in the Global Virome Project Presents an Opportunity for Global Health Cooperation

1. ~~(SBU)~~ **Summary and Comment:** The proposed Global Virome Project (GVP), an international non-governmental organization built on a decade-long prototype initiated by the U.S. Agency for International Development (USAID), seeks to address vulnerability from emerging diseases by creating a global database of viruses of animal origin and identifying those pathogens with greatest potential to jump to humans through sequencing their genomes, understanding the ecology involved in transmission, and assessing risk to humans. This knowledge could then be used to devise treatments and countermeasures. In the months leading up to the planned January 2018 launch of the Global Virome Project to codify this “proof of concept” into an international organization, China has expressed considerable interest in becoming a leader of this nascent global effort by contributing to collaborative academic papers, hosting symposia, participating in international activities, and by proposing its own associated China Virome Project. While the GVP will have to navigate complex issues concerning sharing of specimens and data across national borders, China’s interest in the Global Virome Project, represents a positive indication that health cooperation, safeguarding global health security, and advancing innovation in science remain priorities for China and presents new ground for potential U.S.-China collaboration. Absent U.S. government leadership in GVP agenda-setting, governance, and funding the Chinese government could likely take a leading position in this potentially path breaking endeavor undermining years of USG leadership and considerable investment in this critical field of public health.

2. ~~(SBU)~~ By continuing to work with other nations, including China, and playing a leading role in the Global Virome Project, the United States would benefit from the advances in health science, intellectual property, and commerce that will come from it. U.S.-China collaboration on the Global Virome Project is an opportunity to lead innovation in science, collaborate with China, and potentially contribute to scientific breakthroughs. **End Summary and Comment.**

Health Security is a Global Agenda

3. ~~(SBU)~~ The Global Virome Project as proposed could be an important scientific contribution to the Global Health Security Agenda (GHSA). Launched in February 2014, the GHSA is a multi-sectoral effort aiming to accelerate implementation of the World Health Organization's International Health Regulations (IHR) in order to make the world safe and secure from infectious disease threats, whatever their source. Under the Global Health Security Agenda, the United States assists 31 countries and the Caribbean Community, including \$1 billion for 17 at-risk countries to strengthen global health security through a whole-of-government effort to prevent, detect, and respond to disease outbreaks at the local, subnational and national levels.

Pandemic Disease is a Global Threat

4. ~~(SBU)~~ A component to the overall Global Health Security Agenda is reducing the threat of pandemic disease, which is a widespread epidemic of naturally emerging deadly infectious pathogens. According to "The Global Virome Project," a collaborative paper written by several of the foremost experts on pandemic health issues, viruses of animal origin have caused significant outbreaks, such as SARS, influenza, MERS, Ebola, HIV, and Zika. Outbreaks such as these have had major economic and geopolitical impact and have threatened global security. There are an estimated 1.6 million such viruses worldwide. Scientists have estimated that only 1% of the potential viral threats have been identified and hundreds of thousands of unknown viruses in wildlife have the potential to infect people. However, less than 0.1% of all viruses with the potential to pose a threat to global health are estimated to have spilled over from animals to humans. With growing populations, reduced animal habitats and increasing international travel and trade, these types of emerging infectious diseases pose increasing risks of a global nature.

The Global Virome Project's Beginnings as a U.S. Investment

5. ~~(SBU)~~ GVP grew out of the PREDICT project of USAID, which has, over its seven year history, received \$130 million in U.S. funding and has thus far sampled over 56,000 wild animals and identified about 1000 new viruses. PREDICT hosts the GVP Secretariat at University of California-Davis. The GVP concept was validated at a gathering of international stakeholders in 2016, which included scientists and public health practitioners from the public and private sectors. Its first follow-up meeting was held in Beijing in early 2017, including a half-day session to initiate the associated China National Virome Project (CNVP). GVP expects to be incorporated as an international not-for-profit organization prior to its official launch, which is planned for January 30, 2018 in Thailand at the Prince Mahidol Awards Conference.

The Global Virome Project's Audacious Agenda

6. ~~(SBU)~~ The Global Virome Project is, by the project leadership's own admission, ambitious. Over the course of ten years and at an estimated cost of \$1 billion (\$100 million a year for ten years), the Global Virome Project aims to sample 63% of global mammalian diversity to find 71% of mammalian viromes. The projected costs cover sample collection and laboratory analysis, with phases including countries with the highest diversity of mammalian species. Phase One includes 10 countries and 1562 mammals, Phase Two, 16 countries and 970 mammals, Phase Three with 23 countries and 447 mammals. GVP also expects to collect samples from 740 waterfowl species.

7. ~~(SBU)~~ GVP's core principles include embracing an international scope while fostering local ownership, promoting equitable access to data and benefits, instilling transparency, building national capabilities for prevention, detection, and response for emerging viral threats, and encouraging global ownership through an international alliance. If successful, this initiative will provide a wealth of publicly accessible unbiased data, which should enable innovative research on the mechanisms and ecology of disease transmission, and informatics focusing on virus families as opposed to individual viruses. Such research could accelerate the development of new diagnostics, vaccine technologies, and risk mitigation strategies against whole families of emerging viral diseases.

Like all Risky Endeavors Failure is a Possibility

8. ~~(SBU)~~ GVP looks to the Human Genome Project as a model, in which a comprehensive, ambitious approach led to the development of new technologies and a vast data resource now available to all. Unlike the Human Genome Project, GVP is by design not 'owned' by an institution or specific country, because of its international sampling scope. Its infrastructure will also be distributed globally. Thus GVP faces significant challenges as it transitions from a start-up to an independently operating foundation: Who will own the samples that are collected from many countries? Where will they be analyzed? Will all GVP data be freely available to the public? GVP expects to grapple with these legal and ethical issues very early, but it will take time for policies to be proposed and approved by the many countries that will be either allowing sample collection or storing specimens and data.

GVP Enjoys Strong Chinese Government Support in Principle and in Kind

9. ~~(SBU)~~ The Chinese government has shown strong interest in the Global Virome Project and is not shy about expressing interest in funding projects where Chinese scientists will take a lead. The new Director of China Center for Disease Control and Prevention (China CDC), Dr. George Gao, a distinguished virologist, told EmbOffs that the Global Virome Project is a priority project that China CDC must push hard on to get stakeholders involved and organize funding. He stated that China's involvement in this project is a good follow-up to the August 21 World Health Organization dialogue meeting at which Health and Human Services Secretary Price and US Ambassador Branstad where both sides agreed on the need for increased U.S.-China collaboration against growing health threats at the intersection of animal and human health. In February 2017, Gao led a symposium proposing a China virome project, however the specific details of how the two will integrate was left undefined.

10. ~~(SBU)~~ The Beijing Genomics Institute (BGI), now based in Shenzhen, made a blanket offer to conduct 30% of the sequencing for GVP, but did not provide details on how that sequencing would take place or where the subsequent data would be housed. Its current leader, Yang Huanming, was instrumental in China's involvement in the Human Genome Project in the 1990s, and is a proponent of sharing data. BGI's commitment (as opposed to Yang's commitment) to GVP's values of open, free access to data has not yet been officially stated however. [Note: The BGI group has enjoyed significant funding from the Chinese government. BGI Genomics became a publically-traded company in July 2017.]

11. ~~(SBU)~~ The GVP expects to raise its \$1 billion ten-year budget from a variety of sources, both public and private. Roughly \$5 million per year will cover operations of the non-governmental organization, to include working groups, sample and data standardization and management, and technical assistance to participating country field operations. However, specifics on funding commitments have not been publicly announced.

Both the U.S. and China Strongly Support GVP-related Collaborative Research

12. ~~(SBU)~~ Beyond creating the database of viral sequences which carries the \$1 billion price tag, GVP recognizes the importance of research on the mechanisms and ecology of infectious disease transmission. This type of research already enjoys strong support in both China and the United States, and scientists are increasingly collaborating with each other.

13. ~~(SBU)~~ Shi Zhengli, a senior scientist at the Wuhan Institute of Virology, Chinese Academy of Sciences (CAS) who studied mechanisms of transmission of SARS between species, stated that CAS has already allocated funding for GVP-related research. Wang Zhengwu, Department of International Affairs at CAS, stated that CAS is working on a process and mechanism to support Chinese scientists with backing from the Ministry of Sciences and Technology and The National Natural Science Foundation of China (NSFC) for Global Virome Project type research. He noted that CAS encourages Chinese scientists to take part in or lead international research projects and that CAS has a budget for seed funding to incubate research projects, workshops, and collaboration that can be used for the Global Virome Project. Significant USG support for GVP-related research already exists, including the Ecology and Evolution of Infectious Diseases (EEID) program, which is jointly supported by NIH, USDA, and NSF, is actively seeking collaboration in China, and plans to host a joint workshop supported by NSFC and CAS in early 2017.

Global Virome Project Provides China a Platform for International Collaboration

14. ~~(SBU)~~ It is encouraging that China, along with other countries, is ready to take what started as a U.S.-led initiative and proof of concept to a global scale. The GVP still awaits a commitment of funding for its viral sampling and processing infrastructure. It is likely that the Chinese government will engage both with funding and with in-kind support, which will likely give China a large voice in GVP governance and data-sharing policies. While U.S.-based NGOs and academics are likely to provide some leadership for the GVP, it will be important for the USG to remain engaged in significant ways with the GVP, to ensure that U.S. interests are

adequately reflected in this effort, which will facilitate the development of countermeasures against future threats (pandemic preparedness), and enable rapid detection of viral threats and increase the capacity to handle them.

Signature: BRANSTAD

Drafted By: BEIJING: (b)(6) (Beijing)

Cleared By: USAID: (b)(6) (Beijing)

HHS/OGA: (b)(6) (Beijing)

CDC: (b)(6) (Beijing)

NSF: (b)(6) (Beijing)

Approved By: ESTH: (b)(6) (Beijing)

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MRN: 18 BEIJING 138
Date/DTG: Jan 19, 2018 / 190739Z JAN 18
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E.O.: 13526
TAGS: SHLH, ETRD, ECON, PGOV, CN
Captions: SENSITIVE
Reference: 17 WUHAN 48
Subject: China Opens First Bio Safety Level 4 Laboratory

1. ~~(SBU)~~ **Summary and Comment:** The Chinese Academy of Sciences (CAS) has recently established what is reportedly China's first Biosafety Level 4 (BSL-4) laboratory in Wuhan. This state-of-the-art facility is designed for prevention and control research on diseases that require the highest level of biosafety and biosecurity containment. Ultimately, scientists hope the lab will contribute to the development of new antiviral drugs and vaccines, but its current productivity is limited by a shortage of the highly trained technicians and investigators required to safely operate a BSL-4 laboratory and a lack of clarity in related Chinese government policies and guidelines. China must invest in the development of the technical and scientific expertise needed to safely and efficiently operate this facility if it wishes to become a fully-engaged and collaborative global partner in infectious disease research and control. In addition, government BSL research decision-making processes need to be more transparent so that international partners and Chinese scientists are confident that the government is providing informed oversight that meets the highest global standards. To achieve full operation of this facility, China is likely to need additional technical assistance and advice from the international community. **End Summary and Comment.**

China Investing in Infectious Disease Control

2. (U) Between November 2002 and July 2003, China faced an outbreak of Severe Acute Respiratory Syndrome (SARS), which, according to the World Health Organization, resulting in

8,098 cases and leading to 774 deaths reported in 37 countries. A majority of cases occurred in China, where the fatality rate was 9.6%. This incident convinced China to prioritize international cooperation for infectious disease control. An aspect of this prioritization was China's work with the Jean Merieux BSL-4 Laboratory in Lyon, France, to build China's first high containment laboratory at Wuhan's Institute of Virology (WIV), an institute under the auspices of the Chinese Academy of Sciences (CAS). Construction took 11 years and \$44 million USD, and construction on the facility was completed on January 31, 2015. Following two years of effort, which is not unusual for such facilities, the WIV lab was accredited in February 2017 by the China National Accreditation Service for Conformity Assessment. It occupies four floors and consists of over 32,000 square feet. WIV leadership now considers the lab operational and ready for research on class-four pathogens (P4), among which are the most virulent viruses that pose a high risk of aerosolized person-to-person transmission.

Unclear Guidelines on Virus Access and a Lack of Trained Talent Impede Research

3. ~~(SBU)~~ In addition to accreditation, the lab must also receive permission from the National Health and Family Planning Commission (NHFPC) to initiate research on specific highly contagious pathogens. According to some WIV scientists, it is unclear how NHFPC determines what viruses can or cannot be studied in the new laboratory. To date, WIV has obtained permission for research on three viruses: Ebola virus, Nipah virus, and Xinjiang hemorrhagic fever virus (a strain of Crimean Congo hemorrhagic fever found in China's Xinjiang Province). Despite this permission, however, the Chinese government has not allowed the WIV to import Ebola viruses for study in the BSL-4 lab. Therefore, WIV scientists are frustrated and have pointed out that they won't be able to conduct research project with Ebola viruses at the new BSL-4 lab despite of the permission.

4. ~~(SBU)~~ Professor Zhengli Shi, one of the few Chinese scientists with BSL-4 lab training, commented that NHFPC's decision-making process regarding virus research permission is not transparent. Dr. Shi primarily studies coronaviruses including SARS and Middle East Respiratory Syndrome (MERS). As a result, WIV requested permission to work on SARS in the new lab. NHFPC denied this request without providing a clear reason, according to Professor Zheng. Thus, while the BSL-4 lab is ostensibly fully accredited, its utilization is limited by lack of access to specific organisms and by opaque government review and approval processes. As long as this situation continues, Beijing's commitment to prioritizing infectious disease control - on the regional and international level, especially in relation to highly pathogenic viruses, remains in doubt.

5. ~~(SBU)~~ During interactions with scientists at the WIV laboratory, they noted that the new lab has a serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory. University of Texas Medical Branch in Galveston (UTMB), which has one of several well-established BSL-4 labs in the United States (supported by the National Institute of Allergy and Infectious Diseases (NIAID of NIH)), has scientific collaborations with WIV, which may help alleviate this talent gap over time. Reportedly, researchers from GTMB are helping train technicians who work in the WIV BSL-4 lab. Despite this, technicians at the WIV lab stated that they would welcome more help from U.S. and international organizations as they establish "gold standard" operating procedures and training

courses for the first time in China. As China is building more BSL-4 labs, including one in Harbin Veterinary Research Institute subordinated to the Chinese Academy of Agricultural Sciences (CAAS) for veterinary research use (according to WIV scientists), the training for technicians and investigators working on dangerous pathogens will certainly be in demand.

Despite Limitations, WIV Researchers Produce SARS Discoveries

6. ~~(SBU)~~ The ability of WIV scientists to undertake productive research despite limitations on the use of the new BSL-4 facility is demonstrated by a recent publication on the origins of SARS. Over a five-year study, Drs. Shi and Cui Jie (and their research team) widely sampled bats in Yunnan province with funding support from NIAID/NIH, USAID, and several Chinese funding agencies. The study results were published in PLoS Pathogens online on Nov. 30, 2017 (1), and it demonstrated that a SARS-like coronavirus isolated from horseshoe bats in a single cave contain all the building blocks of the pandemic SARS-coronavirus genome that caused the human outbreak. These results strongly suggest that the highly pathogenic SARS-coronavirus originated in this bat population. Most importantly, the researchers also showed that various SARS-like coronaviruses can interact with ACE2, the human receptor identified for SARS-coronavirus. This finding strongly suggests that SARS-like coronaviruses from bats can be transmitted to humans to cause SARS-like disease. From a public health perspective, this makes the continued surveillance of SARS-like coronaviruses in bats and study of the animal-human interface critical to future emerging coronavirus outbreak prediction and prevention. It is interesting that WIV scientists are allowed to study the SARS-like coronaviruses isolated from bats while they are precluded from studying human-disease causing SARS coronavirus in their new BSL-4 lab until permission for such work is granted by the NHFCP.

1. Hu B, Zeng L-P, Yang X-L, Ge X-Y, Zhang W, Li B, et al. (2017) Discovery of a rich gene pool of bat SARS-related coronaviruses provides new insights into the origin of SARS coronavirus. PLoS Pathog 13(11): e1006698. <https://doi.org/10.1371/journal.ppat.1006698>

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