Will China Respond to the Next Novel Infectious Disease Better?

China's public health emergency response reforms after the Wuhan outbreak

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Few events have tested the quality of governance as starkly as the COVID-19 pandemic, caused by a novel coronavirus named the SARS-CoV-2. For China, the shock was not simply that the outbreak was first detected in Wuhan. It was also that the outbreak occurred in a country that had spent the years after the SARS crisis of 2003 trying to build a stronger disease-surveillance and emergency-response regime. After 2003, China expanded the notifiable-disease reporting system, built automated alert functions, and layered additional surveillance channels onto the post-SARS architecture.[1]

By the late 2010s, preparedness had also become an explicit theme in official rhetoric and emergency planning. In July 2019, the National Health Commission organized a national emergency exercise around an imported acute infectious-disease scenario. In Hubei, authorities prepared for the World Military Games with tabletop and field exercises built around imported MERS and other acute respiratory epidemic contingencies, including reporting, quarantine, transfer, diagnosis, and interagency coordination.[2]

On paper, then, China looked unusually well prepared for another coronavirus-type emergency. Yet that appearance was misleading. The sophisticated post-SARS architecture remained embedded in a Party-state in which authority was territorially fragmented, reporting lines were layered, and political incentives could still prioritize social stability and favor information control over rapid public warning. In other words, the missteps and delays during the Wuhan outbreak were not from the collapse of an empty system. It was the failure of a system that had been built, at considerable political and financial cost, precisely to prevent another SARS.

This chapter proceeds from that paradox. China entered the Wuhan outbreak with serious public-health capabilities, but those capabilities did not produce an effective early response. The explanation, as I have examined elsewhere, lies not in any single technical failure but in the interaction of institutional design, bureaucratic incentives, political control.[3] The argument developed below is that the post-Wuhan story then unfolded unevenly. Shortly after the Wuhan lockdown was imposed, General Secretary Xi Jinping called in February 2020 for officials to "补

短板、堵漏洞、强弱项," but the drive to rebuild the health-emergency regime slowed during the zero-Covid years and amid growing geopolitical defensiveness. Only after the shift to "乙类乙管" took effect on January 8, 2023 did the most consequential legislative rewrites gather sustained momentum.³

In the rest of the chapter, I first discuss, in Section 1, the post-SARS investments in surveillance systems, legal frameworks, and emergency preparedness as well as well as leadership awareness and exercises in the years and even months before the Wuhan outbreak. Section 2 presents and analyzes Xi Jinping's February 2020 speeches framing COVID-19 as a test of governance capacity. I note the shift toward a technocratic reform agenda that prioritized institutional strengthening rather than addressing deeper political causes of early failures. Section 3 reviews the uneven and limited efforts at reforms during the zero-Covid period, including the establishment of the National Disease Prevention and Control Administration. Section 4 introduces the post-2023 phase as a turning point when reforms became more systematic, shifting from crisis management to structured institutional rebuilding. Section 5 concludes by noting that reforms have strengthened capacity and institutional coherence but remain constrained by enduring political-administrative dynamics.

1. Preparedness Before Wuhan: Capacity Building After SARS and the Illusion of Readiness

The 2003 SARS epidemic was a watershed in Chinese public health. It exposed the costs of delayed reporting, bureaucratic opacity, weak research capacity, and a political culture uncomfortable with rapid disclosure. Occurring at the outset of the Hu Jintao–Wen Jiabao leadership, the official response in the aftermath of SARS was far from trivial. Chinese authorities moved to enhance transparency, rapidly promulgated new legal and regulatory frameworks, and undertook substantial investments in public health capacity.[4] At the same time, they signaled a greater willingness to engage in international cooperation, including more systematic information-sharing with global health institutions.[5]

Of particular significance was China's move to build a web-based, nationwide disease-reporting architecture centered on the notifiable-disease reporting system (NNDRS), and over time it paired that system with automated alert functions and broader syndromic and multi-

channel surveillance. The result was a much denser disease surveillance system than the one that had existed in 2003, with reporting speed to be measured in hours rather than days.[6] Designed to empower grassroots clinicians to report disease information directly to the national CDC, the NNDRS represented a technocratic solution to systemic weaknesses in governance. It sought to bypass layers of bureaucratic delay by creating a more immediate, data-driven reporting channel, even as it operated within a polity characterized by underdeveloped legal safeguards and pervasive political interference.

Nor was the system scientifically backward. Xi Jinping later emphasized that China had accumulated substantial experience responding to H1N1 influenza, H7N9 avian influenza, Ebola, and other major outbreaks.[7] By the eve of COVID-19, moreover, Wuhan was no peripheral city in medicine or virology. It possessed leading hospitals, a strong public-health apparatus, and research institutions whose scientists had long worked on coronaviruses and zoonotic spillover.[8] The point is important because it rules out a simplistic reading of Wuhan as a failure born of institutional emptiness or scientific incapacity. China entered 2019 with real epidemiological experience, substantial laboratory capability, and a public-health establishment that had spent years preparing for the next emerging pathogen.[9]

That preparedness was reinforced by leadership vigilance and repeated exercises. Official accounts now note that epidemic risk had already been folded into the language of "holistic outlook on national security" before COVID-19. In January 2018, General Secretary Xi Jinping warned that China must remain "ever vigilant against and strictly prevent major infectious diseases such as SARS."[10] Shortly after Xi's warning, the NPC Standing Committee (NPCSC) initiated an inspection of the implementation of the Law on the Prevention and Treatment of Infectious Diseases, covering 8 provinces and regions. Acknowledging real progress in infectious disease prevention and control, the NPCSC oversight report was nonetheless frank, and indeed prescient, about major structural weaknesses in the system, including weak links in frontline prevention and control, especially at the grassroots CDC level; serious illegal and noncompliant practices by some producers; inadequate and unstable funding; outdated or incomplete legal and regulatory provisions; and weak interdepartmental coordination and oversight.[11]

Answering the call from General Secretary Xi Jinping and the concerns expressed by the National People's Congress Standing Committee, China's national health leadership made infectious disease preparedness a priority in 2019. The July 2019 national exercise, orchestrated by the National Health Commission, rehearsed information reporting, transfer, epidemiological investigation, testing, and risk communication under an imported acute infectious-disease scenario (novel coronavirus). Hubei's Military World Games–related preparation likewise rehearsed joint prevention and control around an imported MERS scenario and related emergency tasks.[12]

Taken together, these efforts suggest that, by 2019, China appeared unusually well positioned to detect and respond to another outbreak involving a novel coronavirus. When asked in spring 2019 about the risk of another SARS crisis, China CDC Director-General Gao Fu stated that he was "very confident" that "SARS-like events" would not recur in China, citing the country's well-established infectious disease surveillance system.[13]

Yet that confidence proved misplaced. The post-SARS surveillance architecture was a technocratic solution embedded in a political system marked by fragmented authoritarianism. Before the creation of the National Disease Control and Prevention Administration, the National Health Commission sat at the apex of the health bureaucracy, while the China CDC functioned as a national technical body within a wider system still structured by territorial authority. Local CDCs reported in practice to their own local health commissions and governments rather than through a purely vertical professional chain to Beijing. In that institutional setting, sophisticated technology did not abolish politics. It merely entered a political system in which responsibility, incentives, and information were filtered through multiple layers of Party-state authority.[14]

In this sense, the post-SARS infectious disease reporting system functioned as a kind of Maginot Line in public health: it was routinely praised as the world's largest disease surveillance system yet ultimately circumvented at the very moment it was most needed. While health authorities in Wuhan and Hubei mounted a substantial joint response to the outbreak, the leadership of the China CDC did not receive initial notification through formal reporting channels. Instead, Director General George Gao first became aware of the situation on December 30, 2019 via social media, underscoring a critical breakdown in upward information

transmission. The problem, then, was not a lack of information, but a failure to transmit it through the appropriate channels in a timely manner. More specifically, the technocratic disease-reporting system was subordinated to, and ultimately constrained by, the imperatives of the political-administrative system.[15] Mei's analysis of the early response points to the same structural problem from a different angle: the National Health Commission and the local authorities followed divergent logics as different actors in a multilevel authoritarian order in which authority was simultaneously centralized and decentralized.[16]

This is why the earliest Wuhan timeline is so revealing. By the end of December 2019 and the turn of the new year, health authorities were not confronting a complete vacuum. As I have elaborated in *Wuhan*, the New Year's Eve meeting in Wuhan drew on substantial clinical, epidemiological, and genomic investigations; officials decided to close the Wuhan Huanan Seafood Market and initiate a multi-faceted health emergency action program. Authorities had access to multiple genomic sequences from laboratories in Wuhan, Guangzhou, and Beijing. Official Chinese accounts likewise show that, by January 1–3, multiple national laboratories were already engaged in pathogen identification. The tragedy of Wuhan, in other words, was not that China lacked data. It was that officials and experts interpreted the available data through a narrow framework that over-weighted zoonotic-market assumptions, under-weighted the possibility of human-to-human spread, and did not mobilize the public at the moment when time mattered most.[17]

The treatment of front-line clinicians made the same pathology visible from below. Doctors such as Ai Fen and Li Wenliang became emblematic not because they fully understood the outbreak at the time, but because their experiences exposed a deeper institutional problem: in the early phase, the overriding organizational priority was not maximal transparency but stability maintenance and narrative control. Although authorities in Hubei and Wuhan were aware of the outbreak and its SARS-like characteristics, they initially sought to manage it within local administrative boundaries, while clinicians who circulated information and warnings were investigated or punished.[18] These repeated efforts to suppress information were further compounded by cognitive biases among key decision-makers, contributing to delays in recognition of severe disease infectivity and response.

Over time, however, heightened alertness and critical discoveries beyond Wuhan and Beijing played an important corrective role. In fact, from the outset, the recognition and interpretation of the outbreak unfolded within a transregional, cross-system, and transnational network of knowledge and policy exchange. Experts in Hong Kong and Shenzhen maintained a high level of vigilance, closely monitoring cases emerging from Wuhan and identifying the risk of human-to-human transmission at a relatively early stage. Research teams in Shanghai rapidly completed genomic sequencing of the novel coronavirus and shared the data with the global scientific community, providing an essential foundation for diagnostic development and subsequent research. In mid-January 2020, epidemiological experts from Hong Kong and Taiwan visited Wuhan, where their pointed inquiries into specific cases during exchanges with experts and health authorities helped sharpen awareness of the unfolding crisis among Chinese health policymakers and experts. At the same time, imported cases detected in Thailand and Japan in mid-January provided concrete and early warning signals to the international community as well as to Chinese health decisionmakers. Although the World Health Organization later faced criticism for its cautious posture, shaped in part by institutional constraints and limited access to information, it nonetheless played an indispensable role in the early aggregation of data, technical coordination, and risk communication. These transregional and transnational flows of knowledge and signals helped shape governmental risk assessments and policy responses, including, ultimately, China's decision to impose the unprecedented lockdown of Wuhan.[19]

The problems associated with the handling of the Wuhan outbreak, then, should not be read as evidence that China was unprepared in any simple sense. It is more accurate—and more troubling—to say that China was significantly prepared in technical terms, but that the dynamics of its political-administrative system prevented those preparations from being used effectively at the decisive early stage.

2. The Wuhan Missteps and the Need for Reform: Xi Jinping's Instruction

Xi Jinping's remarks at the February 5 and February 14, 2020 meetings of the Central Comprehensively Deepening Reforms Commission—delivered at the height of the Wuhan lockdown—mark a pivotal moment in the Party-state's mid-crisis recalibration. In these remarks,

later consolidated and publicly circulated in late February, Xi characterized the pandemic explicitly as “a major test of the national governance system and governance capacity,” thereby elevating the crisis from a public health emergency to a systemic stress test of the entire governing apparatus.[1] Within this framing, he offered a rare, if carefully coded, acknowledgment of breakdowns during the early phase of the outbreak, noting that in some localities epidemic response had been marked by “confusion and disorder” (进退失措) and even “policy reversals within a day” (朝令夕改), generating public dissatisfaction and undermining control efforts.[20]

Yet these failures were not attributed to deeper political distortions in the information and decision-making chain. Instead, Xi rearticulated the crisis through the now-canonical reform triad—"shore up weak links, plug institutional loopholes, and strengthen weak capacities (补短板、堵漏洞、强弱项),” embedding the pandemic response within an ongoing agenda of governance modernization.[21] This reframing was consequential. It redirected attention away from systemic incentives embedded in the political-administrative hierarchy—particularly the prioritization of stability maintenance and top-down control—and toward a technocratic program of institutional repair, legal standardization, and administrative discipline. In doing so, the leadership effectively absorbed the contradictions exposed by the crisis into a broader project of state strengthening, converting a moment of systemic stress into an opportunity to reinforce governing capacity.

The expansive agenda Xi Jinping laid out included significant longer-term system building efforts for strengthening epidemic control and improving the national public health emergency management system. On legislation, it included revising the Infectious Disease Prevention and Control Law and related statutes and the wildlife protection law and accelerating the enactment of a national biosecurity law. Beyond legislation, the reform agenda extended to reforming and strengthening the disease prevention and control system.

In view of the missteps and deficiencies in the initial response to the outbreak, it is especially relevant that Xi Jinping included on the agenda the reform and improvement of major epidemic emergency response mechanisms: “It is necessary to improve major epidemic emergency response mechanisms and establish a centralized, unified, and highly efficient command system, ensuring clear directives, orderly system operation, smooth coordination

across *tiao-kuai* administrative lines, strong execution, and the precise resolution of frontline epidemic challenges."[22] At the operational level, the agenda encouraged the expanded use of digital technologies, including big data, artificial intelligence, and cloud computing, to enhance capabilities in epidemic monitoring and analysis, virus tracing, medical treatment, and resource allocation. In early June 2020, when China had pivoted to the zero-Covid strategy, Xi gave a prepared speech during a symposium with excerpts that further articulated the reform and modernization agenda, emphasizing the mission was to "build a robust public health system, improve early warning and response mechanisms, and comprehensively enhance prevention, control, and treatment capacities, thereby weaving a dense protective net and constructing solid, reliable barriers of isolation."[23]

Within weeks of Xi's February 2020 instruction, the National People's Congress Standing Committee (NPCSC) converted that instruction into a comprehensive legislative plan (agenda) for strengthening China's public health legal framework during 2020-2021.[24] On the government (State Council) side, the National Development and Reform Commission, the NHC, and the National Administration of Traditional Chinese Medicine jointly issued, in May 2020, a *Public Health Prevention and Treatment Capacity Construction Plan*. The plan stated explicitly that COVID-19 had exposed both capacity shortfalls and institutional-mechanism problems in major epidemic prevention and treatment. It outlined a five-part construction agenda focused on disease-control modernization, county-level treatment capacity, urban infectious-disease treatment networks, major epidemic treatment bases, and conversion capacity for both epidemic and non-epidemic uses (平战两用).[25]

As China was shifting its attention to preventing the resurgence of Covid-19 and the pursuit of zero-Covid, the Capacity Construction Plan underscored that the failures exposed by COVID-19 were not limited to outbreak information flow and decision-making but extended to health infrastructure, surge capacity, and prevention-treatment coordination. In substantive terms, the document sought to institutionalize the improvisations of early 2020, which were further augmented with health and travel codes in the enforcement of zero-Covid.

3. **Legislative Moves and Administrative Reorganization during Zero-Covid Period**

A central theme running through the plan issued by the NPCSC is the integration of public health into the broader legal system. Besides health-specific legislation, the plan called for embedding "health in all policies" by incorporating public health considerations into environmental law, administrative law, social governance, and even national security legislation.

The plan identified three tiers of legislative work. First, it prioritized the immediate drafting and revision of 17 key laws (2020–2021), including the Biosecurity Law, revisions to the Infectious Disease Prevention and Control Law, Emergency Response Law, Wildlife Protection Law, and border quarantine laws, all directly tied to epidemic prevention and control. Second, it outlines a broader set of additional laws (13 items) for coordinated revision, covering areas such as public health, food and drug safety, animal and agricultural regulation, and social governance, to be updated in light of pandemic experience. Third, it left open the possibility of new legislation and further revisions, emphasizing flexibility and responsiveness to emerging needs. In short, the NPC Standing Committee document signaled an effort to translate the lessons of COVID-19 into a more comprehensive, coordinated, and law-based public health regime.

Yet the chronology for amending and enacting health-related laws that followed has been highly uneven. The National People's Congress Standing Committee moved quickly on several visible and symbolically important fronts, but the deeper rewriting of the infectious-disease governance regime proceeded much more slowly. The two most consequential hard-law changes—the revised Infectious Diseases Prevention and Control Law and the new Public Health Emergency Response Law—did not finally arrive until 2025, well after China had already abandoned zero-Covid in December 2022.

The first wave of reform focused on the "front end" of epidemic prevention: animal-related risk and biosafety. On February 24, 2020, the Standing Committee of the National People's Congress (NPCSC) adopted the *Decision on Comprehensively Banning Illegal Wildlife Trade, Eliminating the Harmful Habit of Eating Wild Animals, and Effectively Safeguarding the Lives, Health, and Safety of the People*, and made it effective immediately.[26] The measure tightened preexisting law by requiring stricter enforcement and heavier punishment for already prohibited conduct, and it went further by imposing a sweeping ban on the consumption of terrestrial wild animals, including captive-bred animals (with the exception of regulated

livestock), while prohibiting the hunting, trading, and transport for food of terrestrial wild animals taken from wild environments.

Official explanations indicated that the NPCSC adopted the measure because a full revision of the Wildlife Protection Law would take longer; and later legislative materials stated that the revision of that law, which happened in 2022, was drafted to align with the 2020 Decision.[27] The NPCSC Decision is therefore best understood as a legally binding but partial zoonotic-risk intervention: it translated the roaring public-health concerns that arose with the Wuhan outbreak into national law, while still leaving parts of China's broader wildlife-utilization regime intact.

In view of the weaknesses exposed in Wuhan, the most significant and widely recognized legal holes to remedy were in the Law on the Prevention and Control of Infectious Diseases (1989, with small amendments in 2004 and 2013) and the Regulations on Public Health Emergencies (2003). In early October 2020, shortly after the Chinese leadership held the grand commendation ceremony to celebrate China's achievements in its "people's war" against the novel coronavirus, the National Health Commission released its proposed revision of the Law on the Prevention and Control of Infectious Diseases for public comment. According to the consultation notice, the revision was undertaken in response to Xi Jinping's call to strengthen legal safeguards for public health and pursuant to the NPCSC's broader legislative agenda.[28]

In substantive terms, the NHC draft tried to address genuine weaknesses exposed in Wuhan: delayed reporting, fragmented coordination, ambiguity over local authority, and the absence of firm legal grounding for some emergency measures. It elevates the online direct reporting system into a clearer statutory framework; makes an effort—albeit with room for ambiguities--to incorporate the reporting of suspected infectious diseases of uncertain etiology; and protect lawful reporters from liability while prohibiting interference with reporting. The draft revision also seeks to strengthen interagency coordination by codifying joint prevention and control mechanisms, expand the authority and responsibility of local governments, including earlier warning, emergency activation, and data disclosure, while authorizing a broader menu of control tools, including digitalized surveillance and risk-warning measures that had emerged during the COVID response.[29]

The October 2020 NHC draft text was still an executive-branch working draft rather than a bill ready for legislative deliberation. The NHC released it only as a consultation draft. Premier Li Keqiang and the State Council Executive Meeting took up the issue of the Infectious Disease Law revision in January 2021 and stated that the law should be further revised in coordination with related public-health legislation. The revision draft would thus be in active revision and would be submitted to the NPC Standing Committee only after further revisions had been made and additional views had been heard.[30] The Infectious Disease law remained on the NPC Standing Committee's legislative agenda in 2021 and 2022, and was again highlighted in the 2023 legislative work plan.[31]

This pattern suggests that the obstacle was not lack of political priority. Rather, the draft appears to have been kept in revision while officials worked through a crowded public-health legislative program and continued coordinating the Infectious Disease Law with related legal and regulatory changes. The deeper reason, in my reading, is that the substance of the law was still moving while China's COVID governance model was still changing. Even in January 2022, the National Health Commission, in response to NPC delegate proposal, stated that the revision was being used to absorb the accumulated experiences of COVID-19 prevention and control, including stronger unified leadership, joint prevention and control, and clearer allocation of responsibility.[32] Nonetheless, China's leadership was chiefly preoccupied with zero-COVID, its traumatic unraveling, and the Twentieth Party Congress in 2022.

The State Council executive meeting did not approve the draft revision of the Infectious Disease Law in principle until July 2023—well after China had exited the zero-COVID regime and following the transition from Li Keqiang to Li Qiang as premier. In September 2023, the State Council formally submitted the draft to the NPC Standing Committee for deliberation, and the sixth session of the 14th NPC Standing Committee conducted its first reading of the draft the following month. By that point, the revision was no longer occurring in the midst of an evolving crisis, but rather in the aftermath of a fundamental recalibration of China's epidemic control strategy.

Whereas the NPC Standing Committee had to wait for the State Council for the Infectious Disease Law, drafting of the biosecurity legislation was led by the NPC Environment

and Resources Protection Committee and the draft Biosecurity Law was first considered by the NPCSC in October 2019 and thus before the COVID-19 outbreak had erupted. Answering the instruction by Xi Jinping, the NPCSC conducted its second review in June 2020 and enacted it into law in October 2020. Effective in April 2021, the Biosecurity Law ostensibly became one of the most important legal responses to the COVID-19 crisis.[33]

As China's first comprehensive statute on biosecurity, the Biosecurity Law defined the field broadly to encompass not only infectious disease control, but also biotechnology, laboratory safety, human genetic and biological resources, invasive species, antimicrobial resistance, and biosecurity threats more generally.[34] It explicitly elevated biosecurity into the realm of national security, declaring that "biosecurity is an important component of national security" and requiring that biosecurity governance be conducted under the framework of the "holistic national security concept" and under Party leadership (Chapter 1). For epidemic governance in particular, the law was significant because it elevated biosecurity into the realm of national security, formalized centralized leadership and cross-departmental coordination, and mandated stronger systems for surveillance, early warning, information reporting, tracing, and emergency response (Chapter 3). In doing so, it reflected lessons from the early weeks of the Wuhan outbreak, especially failures of monitoring, reporting, and coordination.

The National Disease Prevention and Control Administration

With General Secretary Xi Jinping's direct approval, the establishment of the National Disease Control and Prevention Administration (国家疾病预防控制局, NDCPA) was one of the clearest organizational responses to the weaknesses exposed by COVID-19. Formally unveiled in May 2021 and institutionally fixed in early 2022 as a vice-ministerial administration under the National Health Commission, the NDCPA was designed to give disease prevention and control a more authoritative bureaucratic home than the pre-pandemic arrangement.[35]It was charged with building and strengthening the disease prevention and control network, leading local CDCs in professional work, and strengthening surveillance, early warning, epidemiological investigation, and emergency response, as well as with exercising major public-health supervisory powers.[36]

Organizationally, the NDCPAwas built on the transfer of disease-control and public-health supervisory authority out of the NHC, including the NHC's old Disease Prevention and Control Bureau and Comprehensive Supervision Bureau. In the process, a substantial organizational and staffing upgrade was authorized. The NDCPAis granted 170 administrative positions, compared to the NHC's own 464 and organized around nine internal departments plus a party-personnel office, including two dedicated "comprehensive supervision" departments.[37]

The 2022 reorganization sought to build a larger, more vertically coordinated disease-control state, while partially recombining epidemic prevention and health-supervision functions that had previously been dispersed across different bureaucratic locations. Yet the limits of the move were also baked into the circumstances of its implementation. Amid the pursuit of zero-COVID, Vice Premier Sun Chunlan explicitly instructed officials to coordinate institutional restructuring with ongoing epidemic control, even specifying that, during the transition, work should continue under the original organizational arrangements.[38] That meant that central elevation did not automatically translate into local reorganization. Provincial and municipal reforms unfolded unevenly: Hubei's provincial disease-control bureau, for example, was not formally launched until May 2023; and only in September 2024 did national officials say that disease-control bureaus at all levels had completed.[39]

Meanwhile, local CDCs were expanding personnel to meet the immediate operational demands of prevention and control for zero-COVID, especially technical personnel for epidemiological investigation. In this setting, local staff faced not only heavier workloads but also considerable institutional uncertainty. The creation of the new national administration mattered, but its effects were necessarily delayed and uneven. It strengthened the center faster than it could stabilize the local system, and zero-COVID both accelerated the impulse to build disease-control capacity and simultaneously crowded out the time and administrative space needed to complete that organizational reform coherently.

All told, from 2020 through 2022 the center of gravity in Chinese governance lay in implementing, refining, and ultimately defending the zero-COVID strategy. Official documents during this period repeatedly celebrated the achievements of China's anti-epidemic response, while later official statements devoted considerable attention to rebutting foreign criticism and

accusations regarding transparency and the origins of the virus. [40] That political environment did not halt reform, but it did help defer the most searching legal revisions. The point is not that Beijing ignored the lessons of Wuhan, but that institutional learning proceeded more slowly so long as the Chinese party-state remained committed to a strategy whose legitimacy depended on foregrounding success rather than confronting the missteps of the initial response.

4. After the Exit: Systematizing Reform in the Post–Zero-COVID Era

The end of the zero-COVID regime marked a transition from crisis management to a more systematic reform agenda in disease prevention and control. This agenda unfolded along two distinct but complementary tracks. On the one hand, there was a concerted effort to move from a fragmented legal patchwork toward a more integrated statutory framework. On the other, policymakers advanced initiatives to strengthen material capacity and to reengineer systems of surveillance and early warning. Together, these developments signaled a shift toward a more legal-institutionalized and systematized approach to public health governance.

From Legal Patchwork to an Integrated Statutory Framework

As noted above, the draft revision of the *Law on the Prevention and Control of Infectious Diseases* was approved in principle by the State Council in July 2023 and subsequently entered formal legislative deliberation. The sixth meeting of the 14th NPC Standing Committee conducted the first review of the draft in October 2023, followed by a second review in September 2024. By the second reading, the draft reflected a significant doctrinal shift: it explicitly treated "newly emerging infectious diseases and infectious diseases of unknown etiology" within the scope of the law and generally treated them as Class A Infectious Diseases requiring the greatest urgency and most stringent level of intervention.[41] This change, coupled with protection for whistleblowers and greater emphasis on surveillance and early warning, marked a departure from the earlier tendency to wait for etiological clarity before activating the highest level of public-health response. By providing a legal basis for acting under conditions of uncertainty, it represents perhaps the most direct legal correction to the hesitation that characterized the initial phase of the Wuhan outbreak, when official ambiguity over the nature of the pathogen contributed to hesitation in escalating control measures.

This shift was reinforced by parallel legislative developments. In June 2024, the revised *Frontier Health and Quarantine Law* was enacted and came into force on January 1, 2025.[42] The revision strengthened border health governance and explicitly incorporated both "newly emerging infectious diseases (新发传染病)" and "infectious diseases of uncertain etiology (原因不明的传染病)" into the quarantine regime, rather than waiting for the State Council to approve of their inclusion into the list of officially notifiable infectious diseases (which didn't occur until January 20, 2020 for COVID-19). This extends the post-Wuhan reforms to ports of entry and aligned domestic border controls with a more precautionary approach to emerging infectious risks.

At roughly the same time, China moved to upgrade its health emergency-response framework by introducing the *Public Health Emergency Response Law,* one of the clearest indicators that, in the post–zero-COVID period, China's reform agenda had moved toward more comprehensive legal reconstruction of crisis governance. Unlike earlier reliance on a patchwork of the *Emergency Response Law*, the *Infectious Disease Prevention and Control Law*, and the 2003 emergency regulations, this new statute sought to establish a unified legal framework for preparedness, monitoring and early warning, reporting, command and coordination, and emergency response.[43]

Particularly significant for this chapter is its explicit focus on reporting and escalation: NPC deliberations highlighted the introduction of a reporting immunity mechanism, clearer reporting obligations, and a more structured early-warning and information-release, and government health emergency response system, all of which directly addressed the breakdowns exposed in the initial phase of the Wuhan outbreak.[44]

China's disease prevention and control reform trajectory has an important international dimension. As the Chinese National People's Congress considered the enactment of the *Law on the Prevention and Control of Infectious Diseases* and the new *Public Health Emergency Response Law*, China was a major participant in international negotiations for a Pandemic Agreement aimed at strengthening pandemic preparedness and response. It presented itself as a defender of multilateralism, equity, and WHO centrality, while simultaneously insisting on the preservation of state sovereignty.[45] Given the need to align the provisions of the *Law on the Prevention and Control of Infectious Diseases* and the *Public Health Emergency Response Law* with the WHO Pandemic Agreement, China appears to have moderated the pace of their final

approval, likely to preserve flexibility and facilitate coordination with ongoing international negotiations.

On April 16, 2025, the draft pandemic agreement was finalized and subsequently submitted to the World Health Assembly for consensus approval. Two weeks later, on April 30, 2025, the NPC Standing Committee approved the revised *Law on the Prevention and Control of Infectious Diseases*, with an effective date of September 1, 2025. The *Public Health Emergency Response Law* was approved on September 12, 2025, and entered into force in November 2025.

From Capacity Construction to Disease Control System Remaking

As noted earlier, the strengthening of material capacity and the reengineering of surveillance and early warning started in 2020 with the Public Health Prevention and Treatment Capacity Construction Plan (2020). Setting the foundation by addressing what the state identified as deficits in infrastructure and surge capability, this Plan explicitly acknowledged that COVID-19 had exposed both "shortfalls in capabilities" and "problems of institutions and mechanisms." It responded to the shortfalls and problems with a five-part program focused on CDC modernization as well as the enhancement of facilities.[46] In practice, however, the plan's early implementation revealed a clear bias toward what could be built quickly, especially in support of the zero-Covid regime: laboratories, equipment, and treatment facilities (especially major epidemic treatment bases and county-level hospital upgrades).[47]

The next phase of reform, emerging more clearly after the exit from zero-COVID, shifted attention toward precisely the upstream weaknesses. On December 25, 2023, the State Council General Office issued *Guiding Opinions on Promoting the High-Quality Development of Disease Prevention and Control*. Providing the conceptual bridge between the earlier phase of capacity construction and the subsequent shift toward surveillance and early warning outlined above, the Guiding Opinions declared the mission to "plan the development of disease prevention and control in an integrated manner, systematically restructure the disease control system, and comprehensively enhance disease control capacity, so as to better enable the disease control sector to play its important role within the overall national strategy."[48] Approved by the State Council, the Guiding Opinions set out a medium-term vision through 2030 centered on building a "big disease control" system, anchored in a vertically integrated and horizontally coordinated network linking CDC institutions, medical facilities, and grassroots providers.[49]

If the 2020 capacity construction plan prioritized the material "hardware" of response, the 2023 Guiding Opinions provided the overarching policy blueprint that moved systematically from fragmented, reactive reform to a more coherent and long-term blueprint for China's disease-control system. Substantively, the document translated the lessons of COVID-19 and called for "systemically remaking the disease control system" and "Comprehensively enhance professional capacity in disease prevention and control" by redefining the role of CDC institutions across administrative levels, clarifying the public-health responsibilities of medical institutions, and promoting "the coordination and integration of clinical medicine on the one hand and disease prevention and control on the other."[50] It also emphasizes the integration of monitoring, early warning, risk assessment, and emergency response, thereby anticipating the later push toward "multi-trigger" surveillance systems discussed below. At the same time, it extended the earlier capacity-building agenda by calling for continued investment in infrastructure, workforce development, and enforcement capacity, thus linking the "hardware" and "software" dimensions of reform.

Following the State Council Guiding Opinions, the NDCPA, together with the National Development Reform Commission, the National Health Commission, and the Ministries of Education, Finance, Water Works, Agriculture and Rural Affairs, and with the agreement of 17 other ministries and Party departments, announced The National Disease Prevention and Control Action Plan (2024–2025) in 2024. Coming off the zero-COVID period, this Action Plan embeds disease control more firmly within a whole-of-government framework. By consolidating earlier reforms into a coordinated, multi-sector implementation program, it seeks to advance a "modernized disease control system" through improvements in surveillance, early warning, emergency response, enforcement, and workforce development.[51]

Several months later, the NDCPA, with the approval of the State Council and again with multiple other government ministries and commissions, issued the Guiding Opinions on Building an Intelligent Multi-Trigger Infectious Disease Surveillance and Early Warning System.[52] Elevating early detection to the center of public health governance, this represented an effort to overcome one of the most consequential weaknesses exposed by COVID-19: the failure of information to surface quickly and move effectively through bureaucratic channels. By combining inputs from broadened official channels as well as inputs combed through digital

platforms, the multi-trigger system aimed to generate earlier and more sensitive warning signals and to link those signals more directly to risk assessment and policy response.

To support implementation of the Action Plan, the NDCPA/NHC issued two companion regulations in spring 2024: one on emergency response plans for infectious disease outbreaks (April) and the other on national acute infectious disease prevention and control teams (May) on May 29.[53] Each province (or provincial-level unit) has formed its own branch of the national team plus emergency teams of its own.

Together, these measures reflected a broader, institutionalized post-COVID preparedness drive focused on clusters of pneumonia of unknown cause (聚集性不明原因肺炎) and other acute infectious disease contingencies. Around the same time, the NDCPA convened a national work conference on emergency response to infectious diseases and guided the provinces and by extension sub-provincial authorities to strengthen pandemic preparedness by organizing health emergency response exercises. The exercises were organized on the basis of local risk but local health authorities were specifically asked to prioritize scenarios of clusters of pneumonia of unknown cause.[54] The exercises themselves, reported around the country, ranged from large provincial and cross-provincial mobilizations to smaller county- and corps-level drills.[55]

In view of the Guiding Opinions, the exercises are but the visible layer of a broader institutional program to harden early warning, command, laboratory, transfer, and interdepartmental coordination capacities against the next major respiratory outbreak. As noted earlier, the drive to enhance preparedness in 2024 has been followed by the enactment of the revised Infectious Diseases Law and the Health Emergency Response Law in 2025, thus embedding preparedness in a much more robust legal framework.

In the meantime, the NDCPA has continued to produce a growing list of regulations concerning infectious disease prevention and control.[56] Empowered by the revised *Infectious Disease Law*, which came into force on September 1, 2025, and in support of the emerging multi-trigger surveillance and early-warning system, NDCPA has moved to institutionalize public participation in outbreak detection. Provincial disease control authorities are instructed to build or enhance public-facing platforms for reporting infectious-disease clues, including 12320 health hotlines, 12345 government service hotlines, CDC telephone lines, official websites,

WeChat accounts and mini-programs, and integrated surveillance-and-command platforms. The notice specifies not only the types of signals to be solicited and the procedures for verification and response, but also requirements for public communication, data protection, and incentive mechanisms for validated reporting. A separate reward measure announced in February 2026 created a more concrete incentive system for first reporters of major outbreak clues. China CDC is assigned a coordinating role at the national level, linking these inputs into the broader surveillance architecture. [57]

Substantively, this initiative pushes China's disease-surveillance system beyond formal case reporting toward a more diffuse, signal-based model of "clue" detection, incorporating softer, earlier, and potentially noisier inputs from society. In doing so, it adds a civilian intake layer to the multi-trigger framework and responds, at least in part, to one of the clearest lessons of the Wuhan outbreak: early warning signals were not merely overlooked, but in some cases actively suppressed, as front-line clinicians were silenced and sensitive information was filtered through political-administrative channels. The shift, therefore, is not simply from a single-channel reporting system to a more expansive, data-integrated surveillance regime; it is also an institutional attempt to make it harder for anomalous signals to be contained, muted, or blocked.

The notice on public involvement in reporting was one step in a rapidly thickening surveillance-and-response regime. One month later, the NDCPA and the NHC jointly issued *Measures for the Administration of Infectious Disease Surveillance* (*传染病监测管理办法*) that tied together the various strands of the broad post–zero-COVID push for stronger monitoring and earlier warning and crystallized them into routine administrative rules. This *Measures* document requires the construction of a surveillance system that is "multi-source aggregated" and "multi-triggered," extending monitoring well beyond the older logic of formal case reporting through the notifiable-disease system. Hospitals are required not only to report outbreaks, but also to monitor infectious diseases of unknown cause, key infectious diseases, clinical syndromes, and fever-clinic visit volumes, and to report abnormal signals promptly to local CDC institutions. The regulation also mandates broader surveillance of pathogens, syndromes, vectors, host animals, environmental risk factors, cross-regional spillovers, and even "social perception," including public-reporting channels, public-opinion signals, and online drug-sales information. In substantive terms, then, the *Measures* document operationalizes one of the central lessons

Chinese authorities drew from Wuhan: that waiting for fully formed and formally classified cases is too slow, and that earlier detection requires the systematic aggregation of weaker, more diffuse signals across medical, ecological, bureaucratic, and social domains.[58]

5. Discussion and Conclusion: Reform Gains and Political Constraints

What, then, is the best answer to the question posed by this chapter? It is a qualified yes. China will probably handle the next novel infectious-disease outbreak better than it handled Wuhan if the pathogen is as difficult to contain as SARS-CoV-2. It now possesses a more authoritative national disease-control administration, a denser surveillance and warning architecture, a clearer whole-of-government blueprint for disease prevention and control, a revised Infectious Disease Law that permits intervention even when etiology remains uncertain, and a dedicated Public Health Emergency Response Law intended to tighten reporting, command, and response procedures. These changes do not amount to a wholesale transformation of the system that failed in late 2019, but they do mean that the next outbreak would be met by a Chinese state that is institutionally more coherent and legally better equipped to respond to the outbreak than the one that stumbled through the first weeks of Wuhan.[59]

The practical gains are potentially significant. First, the reforms since 2023 should make it harder for abnormal signals to remain trapped within a single hospital, a single city, or a single bureaucratic silo. The 2024–2025 Action Plan and the guidance on building a smart "multi-trigger" early-warning system explicitly seek to combine classic case reporting with clinical syndromic surveillance, pathogen-laboratory networks, host-animal and environmental monitoring, and other channels including public involvement, with the goal of creating a monitoring and emergency system characterized by "multi-trigger, rapid response, and science-driven efficiency (多点触发、反应快速、科学高效)."[60] Second, the revised Infectious Disease Law reduces the old incentive to wait for complete etiological certainty by allowing emergent infectious disease outbreak of unknown cause (突发原因不明的传染病) to be subjected, when necessary, to Class A prevention and control measures. Third, the Public Health Emergency Response Law strengthens the statutory basis for immediate reporting, upward escalation, and coordinated command. Taken together, these measures should improve precisely the four

functions that mattered most in late 2019 and early 2020: detection, transmission of warning signals, action under uncertainty, and formal emergency escalation.

Yet the central caution that runs through this chapter remains. The post-Wuhan reforms have largely strengthened China's capacity as a Party-state rather than carving out an autonomous technocratic sphere insulated from political priorities. The institutional rules of the National Disease Control and Prevention Administration require it to uphold the Party's centralized and unified leadership over disease prevention and control. Official explanations of the revised Infectious Disease Law similarly identify adherence to Party leadership as a core feature of the new statute, while the Public Health Emergency Response Law embeds emergency governance in a system of ""Party committee leadership, government responsibility, and coordinated interdepartmental action (党委领导、政府负责、部门协同联动)." This arrangement gives the system considerable mobilizational strength once the Party center decides that a threat is serious. But it also means that public-health judgment remains inseparable from political hierarchy, political signaling, and the preoccupation with stability and the management of official narratives.

This is why the political logic of governing a multi-level *tiao-kuai* party-state hierarchy, commonly referred to as fragmented authoritarianism, remains indispensable to understanding both Wuhan and the reform effort that followed. The reforms since 2021 have strengthened the vertical dimension of China's disease-control system, but they have not abolished territorial authority, local discretion, or bureaucratic incentives to contain bad news politically before it is contained epidemiologically. Wuhan was not, as I have argued elsewhere and in this chapter, a failure born of institutional emptiness. It was a failure in a system that already had surveillance capacity, laboratory capability, and significant epidemiological knowledge, but in which alarming information could still be delayed, filtered, or stripped of significance as it moved upward and expert judgment be warped.[61] The revised Infectious Disease Law and the new Public Health Emergency Response Law prohibit concealment, delay, and interference in reporting, and that matters. But they cannot by themselves eliminate the blame-avoidance, career calculations, and stability-maintenance reflexes that can still make local candor politically risky in the first uncertain days of an outbreak.

Seen in that light, our three central claims come into sharper focus. First, the missteps in Wuhan should not be understood as the failure of a state lacking public-health preparedness. Rather, they reflected the failure of a technically prepared but politically constrained system, in which the health emergency response was undermined by the dynamics of fragmented authoritarianism. Second, the post-Wuhan reform record was substantial but uneven: early reforms focused on biosafety, wildlife control, capacity construction, and administrative reorganization, while the deepest statutory reconstruction and capacity building lagged until after the end of zero-Covid. Third, the post-2023 reforms have meaningfully improved China's legal and organizational position for the next outbreak, especially by authorizing earlier action under uncertainty and by thickening the surveillance-and-warning apparatus. What they have not done is remove the underlying political problem revealed so starkly in Wuhan: whether bad news can move upward fast enough, and with enough institutional force, before political caution blunts it.

The broader lesson is that public-health emergency governance rarely yields to a purely technocratic solution. Instead, outbreak response turns on the interaction of information, institutions, incentives, and political authority rather than on technical preparedness alone. Laboratories, digital reporting systems, statutes, and emergency plans matter greatly, but they do not operate outside politics; they operate through it. For China, that means the decisive variable in the next outbreak may be less whether the party-state has another law, another sequence, or another plan than whether leaders at multiple levels are willing to hear bad news early, protect professional reporting, and act in the best interest of public health before full scientific and political certainty has been achieved.

The best conclusion, then, is a measured one. The broader post-Wuhan reforms China has undertaken in infectious disease prevention and control materially strengthens the technical and organizational pathways for surveillance. China is more prepared than it was in late 2019, and probably better positioned to perform effectively in the middle and later phases of the next major outbreak. But the beginning of an outbreak--the moment of uncertainty, ambiguity, and political danger--remains the hardest test. On that front, the reforms reduce risk without removing it. China is more capable, more organized, and more legally armed than before. But the effectiveness of the enhanced technical and organizational capabilities will still depend on

whether and how suspicious signals are interpreted, escalated, and acted upon promptly within a political-administrative system in which bad news may remain costly to transmit.

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