"CDC Moving Forward" Reform and Its Implications for China

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Abstract: In recent years, the U.S. Centers for Disease Control and Prevention (CDC) has been undergoing a systematic reform. Numerous problems exposed by the CDC in information release, organizational coordination, and emergency response have compelled it to undertake comprehensive self-examination and transformation. On the basis of extensive investigation and research, the CDC launched a reform initiative called "CDC Moving Forward." The reform consists of three components: optimizing information disclosure, improving organizational structure, and enhancing capacity building. It has achieved phased progress, but its actual effectiveness remains to be tested in practice. The CDC reform offers implications for the modernization of China's disease prevention and control system.

Keywords: CDC;"CDC Moving Forward"; CDC reform; public health governance; Information Disclosure

1. Introduction

The U.S. Centers for Disease Control and Prevention (hereinafter referred to as the "CDC") was established in 1946. Over nearly 80 years, it has effectively promoted and safeguarded public health and has often been regarded by Chinese scholars as a referential example. However, the COVID-19 pandemic exposed deficiencies in its scientific information release, data sharing, risk communication, and organizational coordination. The CDC itself has acknowledged that its pandemic response contained major mistakes for which it must take responsibility, and that existing organizational structures and operating mechanisms could not fully adapt to the requirements of large-scale public health crises for timely decision-making, effective communication, and rapid response. [1]

Against this backdrop, the United States launched a comprehensive reform plan called "CDC Moving Forward" on August 17, 2022. The plan aims to improve the translation of scientific evidence into policy recommendations, strengthen public health communication, enhance laboratory capacity and emergency workforce development, and improve institutional operating efficiency and public health response capacity through organizational adjustment and improved cooperation mechanisms. In the years since, the CDC has continued to advance organizational reform around these goals. Examining this reform helps to understand how a U.S. federal public health agency responds to governance problems exposed by public health crises through internal assessment, organizational restructuring, information mechanism improvement, and capacity building. This paper reviews the background, process, and measures of CDC reform since 2022, with a view to providing references for the modernization of China's disease prevention and control system.

2. Background of the "CDC Moving Forward" Reform

The immediate context for CDC reform was the institutional and operational problems exposed during the COVID-19 response. During the pandemic, the CDC was widely criticized in areas such as scientific information release, data sharing, public health communication, and emergency response. The internal assessment launched in 2022 also noted that the pandemic exacerbated long-standing systemic challenges facing the CDC [2].

First, the release, sharing, and policy translation of scientific information and public health data faced challenges of timeliness and comprehensibility. The pandemic developed rapidly and scientific evidence was constantly updated, and the CDC's prevention and control guidance was adjusted accordingly. In some cases, however, the agency failed to fully and promptly explain the relevant evidence and policy changes to the public, increasing the difficulty for the public to understand and implement prevention and control recommendations.

Second, the pandemic exposed problems in the CDC's internal organizational processes, departmental collaboration, and accountability mechanisms that needed improvement. Complex workflows and insufficient interdepartmental coordination may affect the efficiency of scientific information transmission and emergency actions.

Third, the pandemic highlighted the importance of building basic public health capacity, including data modernization, laboratory capacity, emergency personnel teams, and collaboration with state and local public health departments.

These problems jointly prompted the CDC to reflect on its pandemic response approach and institutional operating mechanisms. During the pandemic, information and epidemic prevention policies released by the CDC changed frequently and were inconsistent, leading to increasing public doubts about the CDC's information release, policy guidance, and professional authority. Institutional trust thus came under pressure. The trust crisis further affected public compliance with epidemic

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prevention measures and even triggered resistance to them. At the same time, the CDC's public health decisions were also disturbed by political factors from the White House, affecting its independence and professional judgment [3]. Political interference not only increased the complexity of public health response but also weakened the CDC's credibility as a professional public health agency.[4]

The COVID-19 pandemic highlighted the fragility of the U.S. disease prevention and control system and prompted the CDC to engage in profound reflection to ensure that it can respond quickly, accurately, and effectively to various public health challenges in the future. Facing widespread public criticism and a trust crisis, the CDC ultimately concluded that it should "take responsibility for some major public errors" and that comprehensive reform was a "strategic priority." It was against this background that the CDC launched an institutional assessment in 2022 and further proposed the "CDC Moving Forward" reform plan.

3. Reform Process of "CDC Moving Forward"

After recognizing the necessity of reform, the CDC launched an institutional reform assessment in April 2022, examining existing work from two aspects: science and program operations, and organizational structure and management mechanisms. The science and program assessment focused mainly on how the CDC forms, releases, and uses scientific evidence. The organizational structure assessment focused on its workflows, management mechanisms, and core capacities, and solicited opinions from staff, public health partners, and external stakeholders. The assessment focused on scientific information and data sharing, public health communication, laboratory capacity, data modernization, emergency response, and the public health workforce.

Through interviews, opinion solicitation, and internal analysis, the two assessments identified deficiencies exposed in the CDC's pandemic response and proposed improvement recommendations. The final assessment report reviewed deficiencies exposed in the CDC's pandemic response and proposed improvement recommendations. The recommendations emphasized the need to accelerate the release and sharing of scientific discoveries and data, improve the level of laboratory science and quality management, promote the translation of scientific evidence into clear and actionable policy guidance, strengthen public health communication, build a professional workforce capable of responding to future crises, and improve collaboration between the CDC and public health departments at all levels and other partners.

The assessment report was ultimately translated into reform requirements for institutional operating mechanisms and long-term capacity building. Based on the above assessments, the CDC officially launched the "CDC Moving Forward" reform plan on August 17, 2022. In January 2023, the CDC announced organizational restructuring, and other reform actions were gradually advanced, with implementation progress tracked through internal mechanisms. As "CDC Moving Forward" was gradually implemented, reform effect evaluation also unfolded. The CDC regularly evaluated the implementation effects of the reform, collected feedback from various parties, and continuously adjusted and optimized reform measures based on evaluation results and feedback.

4. Reform Measures of "CDC Moving Forward"

"CDC Moving Forward" has been steadily advanced within the established reform framework and has achieved phased progress. In summary, it can be summarized as innovations in the following three aspects.

4.1. Optimizing Information Disclosure

First, the CDC has sought to release the latest scientific research results in a timely and accurate manner. In the face of infectious disease epidemics with prominent uncertainty, the public needs professional scientific information provided by the CDC to guide action. The CDC promoted electronic case reporting across the United States, replacing manual reporting with a secure electronic system, thereby improving the timeliness and accuracy of data. After the reform, the CDC significantly accelerated the speed of scientific data release to ensure that the public can obtain information in a timely manner.

Second, the CDC has strengthened the translation of scientific research results into easy-to-understand policy guidance. To improve the clarity of guidance, the CDC created the "Clear Communication Index," providing a set of assessment criteria to help staff determine whether public-facing communication materials are ready for release, ensuring that the CDC's public statements are readable, accurate, and actionable.

Third, the CDC communicates with the public regularly. The CDC recognizes that professional knowledge does not equate to absolute correctness, and therefore changed its previous posture of claiming "professional authority." It frankly communicates and explains to the public when judgment errors occur and adjusts guidance recommendations in a timely manner according to developments, so as to rebuild public trust in the CDC [5].

Finally, the CDC has upgraded and renovated its official website. The CDC launched the "Clean Slate" plan to comprehensively renovate the CDC.gov website and simplify its content by more than 60%, so that the public can better find the public health information they need. The newly revised and upgraded CDC.gov was relaunched in spring 2024 [6].

4.2. Improving Organizational Structure

First, the CDC has innovated its decision-making methods. Before the reform, the CDC usually had the director lead decision-making, which was susceptible to personal professional limitations and political interference [7]. After the reform, major CDC decisions allow external experts to participate in the form of expert committees. The CDC established the Director's Advisory Committee, composed of experts in relevant fields, including health system and academic representatives, to collect suggestions from external partners and establish a dedicated channel for external public health officials to

provide feedback to the agency. Through mechanisms such as the Director's Advisory Committee, the CDC incorporates opinions from external experts and public health partners, enhancing external consultation and feedback in the decision-making process.

Second, the CDC has adjusted its power structure. The CDC's original power structure was top-down command-and-control, and its linear and vertical characteristics were questioned by middle managers and frontline staff in the early stage of the pandemic due to ineffective prevention and control. Employees gradually realized that their roles were closer to simply executing orders, even wrong orders, rather than proactively solving problems. This weakened institutional capacity and suppressed frontline vitality and leadership. To this end, the CDC reformed its power structure with the goal of "enhancing two-way communication and accountability," encouraging employees at all levels, including frontline staff, to participate in problem-solving and provide upward feedback, promoting more efficient communication.

Third, the CDC has strengthened internal coordination. For a long time, the CDC's internal departments lacked coordination and cooperation, the organizational structure was separated, and each department focused too much on its own affairs, with almost no cross-departmental exchange or dialogue. After the reform, the CDC broke down organizational barriers, strengthened cross-departmental collaboration, and addressed the long-standing problem of siloed operation and lack of communication among departments.

Finally, the CDC has strengthened external coordination. The U.S. vertical authority structure is relatively fragmented, making the emergency response system's capacity in public health emergencies clearly insufficient. Therefore, CDC reform emphasizes coordination with local public health agencies, merging the original two centers into the "National Center for State, Tribal, Local, and Territorial Public Health Infrastructure and Workforce" to strengthen and improve connections and cooperation with local public health departments. The reorganized organizational structure is shown in Figure 1.

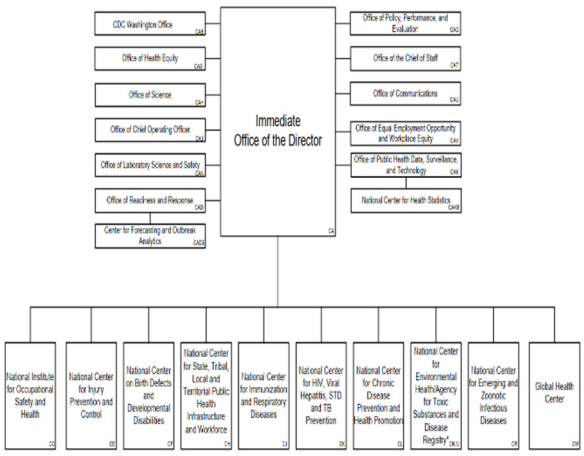


Figure 1. CDC reorganized organizational structure

4.3. Enhancing Capacity Building

First, the CDC has strengthened its emergency preparedness workforce. The CDC implements the CDC Ready response plan to provide comprehensive training and capacity improvement for staff, enhancing their ability to respond to future public health emergencies.

Second, the CDC has invested in core capacities. The CDC prioritizes funding and resource support for key cross-functional programs to ensure they directly participate in and support the CDC's mission. For example, in 2022 the CDC launched a $3.7 billion new public health infrastructure grant to update local public health infrastructure and enhance public health emergency capacity.

Finally, the CDC has collaboratively strengthened laboratory capacity building. The CDC signed partnership agreements with eight federal and private-sector laboratories, stipulating that all laboratories will collaboratively enhance testing capacity during public health emergencies.

Overall, "CDC Moving Forward" has launched a series of reform measures around information release, organizational operation, and core capacity building, reflecting the CDC's institutional response to problems exposed in pandemic response and strengthening core values such as "accountability, collaboration, communication, and timeliness." These measures have laid a foundation for improving data sharing, internal collaboration, and emergency preparedness, but their actual effects still need to be tested in light of post-reform operating data, external assessments, and performance in future public health events.

5. Conclusion: Implications for China

The "CDC Moving Forward" reform is essentially institutional repair driven by a trust crisis. Its logic can be summarized as follows: rebuilding public credibility through information transparency, rationalizing decision-making and coordination through organizational restructuring, and consolidating the emergency foundation through capacity building. [8]This has referential significance for the modernization of China's disease prevention and control system, but differences in institutional contexts must be clearly identified [9].

First, trust cannot be maintained by professional authority alone. The U.S. CDC embedded the "Clear Communication Index," website simplification, and electronic case reporting into its workflows, showing that public credibility depends on whether scientific information can be continuously supplied in an understandable and traceable manner. China has made relatively rapid progress in monitoring, early warning, and data analysis, but the institutionalization of information release—what to release, how to release it, and who is responsible for comprehensibility—still needs to be standardized. Communication capacity should be built as a core professional capacity of disease control.

Second, the key to institutional reform lies in the transformation of decision-making logic. The United States introduced external professional input through the

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Director's Advisory Committee and gave space for frontline feedback. China's disease control institutions have made substantive progress in integration, but institutional reform does not automatically generate collaborative effectiveness. The real challenge is to draw a clear boundary of authority and responsibility between administrative leadership and professional technology, so that disease control institutions have decision-making space commensurate with their technical responsibilities in professional affairs, and to form a vertically two-way and smooth information mechanism.[10]

Third, capacity building needs to be long-term and normalized. The "CDC Moving Forward" reform reflects the idea of leveraging special investment to achieve capacity leaps, and China's capacity building of the disease control system in recent years is similar. However, the common problem facing China and the United States is that emergency capacity is easy to mobilize in "wartime" but difficult to maintain in "peacetime." The shortcomings of China's disease control system are particularly prominent at the grassroots level. Some grassroots institutions have weaknesses in core capacities, and the incentive mechanism for talent teams is not yet sound. This is precisely the part of capacity building that is most difficult to solve through one-time appropriations or short-term training.

The actual effectiveness of U.S. CDC reform remains to be tested by time, and there is likewise no quick answer for the modernization of China's disease control system. The transferable experience may not lie in any specific measure, but in a reform methodology: accumulating trust through openness and transparency, activating organizations through matching authority and responsibility, and replacing campaign-style resource concentration with institutionalized capacity investment. The ultimate goal of all this is always to give professional judgment its due place and protection in public health governance.

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