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In reply please
refer to:

The Honorable Rick Scott
United States Senate
716 Hart Senate Office Building
Washington DC 20510
USA

Your reference:

29 June 2020

Dear Senator Scott,

I have the honour to refer to your letter dated 14 April 2020, which we received on 17 June 2020. Allow me to express my solidarity with the American people and my profound respect and appreciation to the United States of America for its partnership and generosity to the World Health Organization (WHO) and global health priorities.

The United States of America has been among the strongest supporters of WHO since the Organization's establishment in 1948. Through its significant technical and financial support, the United States of America has promoted the work of WHO and has been an essential and active partner to bolster the achievement of "the attainment by all peoples of the highest possible level of health", as specified in the WHO Constitution. Our appreciation for this support is enormous and heartfelt.

Speaking personally and from first-hand experience, I am deeply grateful for the decades of generous support from the United States of America, which has catalyzed attention and leveraged resources to strengthen global health security through the strengthening of health systems. The leadership of the United States of America in Africa remains a cornerstone of successful public health measures that have advanced African countries' efforts, among other things, to stem the spread of HIV/AIDS, including through the United States President's Emergency Plan for AIDS Relief (PEPFAR), and to advance the work to end polio. The assistance of the United States of America in the 2014 Ebola outbreak and in the ongoing outbreak in the Democratic Republic of the Congo is invaluable, as are the tireless efforts of the United States Centers for Disease Control and Prevention (US CDC) to provide technical training and capacity building in all areas of public health.

ENCL: (1)

cc: The Director, Office of Global Health Affairs, Department of Health and Human Services,
Washington, DC
The Secretary of State, Attention: IO/T, Department of State, Washington, DC
Permanent Mission of the United States of America to the United Nations Office and
other International Organizations at Geneva

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WHO's partnership with the United States of America has saved lives—countless lives. Indeed, we recently marked the 40th anniversary of the eradication of smallpox, the only human disease ever to be eradicated. In the 20th century alone, some 300 million people are thought to have died from smallpox. The eradication of this scourge is one of the greatest achievements in human history, and it would not have been possible without the support and leadership of the United States of America. Further, the work to eradicate smallpox led directly to the Expanded Programme on Immunization (EPI), which was established by WHO to provide protection against six vaccine-preventable diseases through routine infant immunization. The suffering prevented and lives saved by EPI are beyond calculation.

The world is now facing an unprecedented global health emergency, and WHO is at the center of the international response, in accordance with its role to direct, coordinate, convene, and furnish technical assistance upon the request of governments. In the response to this pandemic, as with all our initiatives, WHO works with and for all people everywhere, without distinction of race, religion, political belief, or economic or social condition. In this context, and as more fully detailed below, I want to assure you that:

- we took prompt action to draw attention to the risks of this virus, as the evidence and reporting emerged;
- we have acted with objectivity, independence, and impartiality; and
- we welcome a timely review of the global response in a transparent, independent, and comprehensive manner by an international review panel, including an examination of the International Health Regulations (2005) (IHR (2005))¹, the legal framework established by Member States under which we operate.

I wish to provide clarity on four aspects of WHO's response: (1) the guiding principles that underpin WHO's work; (2) the central role of the IHR (2005) in WHO's response to public health emergencies; (3) WHO's collaboration with the United States of America; and (4) my full commitment to a timely review of the global response.

1. The World Health Organization

In all its work and actions, WHO is guided by its Constitution² and other normative instruments and regulations, notably the IHR (2005). WHO advises its 194 Member States on matters of public health, recognizing that each government will make its own decisions on actions to take.

Responding to a pandemic of this nature – a fast-evolving, novel respiratory pathogen – poses many challenges. As with any emerging infectious pathogen, the initial period is one of numerous unknowns regarding its characteristics and how it will affect humanity; those first hours, days, weeks, and months require the focus of all involved and steadfast cooperation and collaboration.

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¹ <https://www.who.int/ihr/publications/9789241596664/en/>

² https://www.who.int/governance/eb/who_constitution_en.pdf

From the first information about the initial cluster of cases of pneumonia of unknown etiology in Wuhan, China, received by WHO on 31 December 2019, all of WHO's actions and operations were driven by three fundamental principles underpinning its mandate: (a) objectivity, independence, and impartiality; (b) timely action; and (c) science and evidence-based advice. WHO's actions have also been supported by our organizational transformation initiative. These principles, and the WHO transformation, are discussed in further detail below.

a. Objectivity, independence, and impartiality

WHO and its staff work for the improvement of the health of all people everywhere. By virtue of their status as international civil servants and the oath of office they take on assumption of their duties, all WHO staff undertake their activities impartially, applying their expertise and knowledge without fear of retribution or expectation of favor. WHO's staff are its greatest asset: they are among the most knowledgeable experts in the world in their respective fields, and they gather and share knowledge, information, and science freely and impartially with scientists, public health professionals, and others to increase the global and local understanding of diseases and capacity to respond to outbreaks.

b. Timely action

From day one, WHO acted to respond as rapidly as the science, evidence, and reporting to WHO would allow: we alerted health authorities to the possibility of human-to-human transmission, urging the highest levels of care and caution for health care workers, and we confirmed human-to-human transmission as soon as the data and evidence supported that pronouncement. These actions were made possible through intense, frank, and regular communication with Chinese authorities and with networks of scientists and public health professionals from around the world. The following key events are illustrative:

- On 31 December 2019, the WHO Country Office in China, based on a report from the Wuhan Municipal Health Commission of a cluster of pneumonia cases of unknown cause, immediately alerted the WHO focal point for the International Health Regulations. The following day, WHO activated its emergency response framework for response to disease outbreaks.
- On 2 January 2020, WHO alerted the Global Outbreak Alert and Response Network (GOARN) partners of the cluster of cases. GOARN partners include major public health agencies including the US CDC, laboratories, United Nations agencies, international organizations and nongovernmental organizations.
- WHO took prompt action to carry out a rapid risk assessment of the situation, shared information with our Member States as required under the IHR (2005) on 5 January 2020, and developed advice and guidance on prevention and control, including alerting early on to the possibility of human-to-human transmission due to the respiratory nature of the disease.
- On 10-11 January 2020, WHO published a comprehensive package of technical guidance, alerting health authorities, physicians, and other frontline workers and the public across the world of a new respiratory disease, to look for cases among recent

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travelers from Wuhan, China, and to protect frontline health workers when caring for or taking samples from patients, due to the respiratory nature of the disease.

- On 14 January 2020, during a regular press briefing, a WHO expert warned, based on available information and experience with coronaviruses, that human-to-human transmission was possible, and further warned of transmission amplification and the possibility of superspreading events, particularly in health care facilities. At this point there were 43 cases (41 in China, one in Thailand, and one in Japan) and one death (in China) reported.
- On 19 January 2020, WHO stated via social media that there was evidence of limited human-to-human transmission, in line with experience with other respiratory illnesses and, in particular, with other coronavirus outbreaks. At this point there were 126 cases (121 in China, three in Thailand, one in Japan, and one in the Republic of Korea) and three deaths (all in China) reported.
- On 20 and 21 January 2020, WHO staff visited Wuhan, China, and on 22 January 2020, reported that the evidence suggested human-to-human transmission was occurring in Wuhan.
- I convened a COVID-19 Emergency Committee, which met on 22 and 23 January 2020. On 22 January 2020 there were 314 cases globally (309 in China and five outside of China). At the conclusion of their meeting on 23 January 2020, the Emergency Committee had divergent views on declaring a Public Health Emergency of International Concern (PHEIC), but they indicated that they would be prepared to be reconvened in approximately 10 days' time or earlier should I deem it necessary.
- After receipt of further information from outside China, I reconvened the Emergency Committee earlier than proposed, on 30 January 2020. At the conclusion of their review of the latest evidence, the Emergency Committee recommended that the Director-General declare a PHEIC. I did so on the same day; this was only the sixth time in the history of the IHR (2005) that a PHEIC was declared. On 30 January 2020, when WHO declared the highest level of international emergency, there were 82 cases outside China, and no deaths. Five cases had been reported in the United States of America by that time.

c. Science and evidence-based advice

As the global public health agency of the United Nations, the foundations of WHO's work are science, evidence, data, and the experiences of public health professionals drawn from around the world. All information collected and transmitted through Member States, partners, and networks is critically reviewed and analyzed. We use this to inform global public health actions. In doing so, WHO works with its global networks of experts in different technical areas (e.g. virology, clinical management, epidemiology, and infection prevention and control) and uses established channels of communication to ensure that actions and guidance are founded in evidence.

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As with all outbreaks, epidemics, and pandemics, WHO's above-mentioned foundations and approach were critical in the case of COVID-19 given the nature of the event – a cluster of cases of acute respiratory disease of an unknown cause, with all the implications that it held, notably the potential for human-to-human transmission and international spread. WHO liaised with its technical partners to advance its understanding of the evidence provided to it as required under the IHR (2005), including through our Geneva headquarters, our Regional Office for the Western Pacific in Manila, and our Country Office in China.

d. The WHO transformation

Following my appointment as Director-General, I immediately embarked on a radical transformation of the Organization, with the aim of strengthening WHO's capacity to promote health, keep the world safe and serve the vulnerable and the goal of making WHO a modern, seamless, impact-focused Organization to better help our Member States achieve the health-related Sustainable Development Goals. Through the WHO transformation, with the generous technical and financial support from the United States of America and other Member States, we have implemented several key reforms that have substantially strengthened our capacity to prepare for and respond to outbreaks and pandemics. Four reforms have been particularly important:

- Creation of a new WHO Division for Emergency Preparedness.
- Together with the President of the World Bank, establishment of the Global Preparedness Monitoring Board, an independent body of high-level experts designed to strengthen global health security through stringent independent monitoring and regular reporting of preparedness.
- Creation of a new WHO Science Division and appointment of WHO's first Chief Scientist, who is leading global efforts to support the creation of new therapeutics and vaccines against COVID-19.
- Upgrading of the WHO Division for Data, Analytics and Delivery to ensure that WHO and partners have access to high-quality public health data, measurement, and analysis for emergency preparedness and response.

2. The International Health Regulations (2005)

Since the start of the COVID-19 pandemic, WHO's actions and advice have adhered to the IHR (2005), the authoritative text for WHO and its Member States to prepare for and respond to public health emergencies.

The current version of the IHR entered into force in June 2007 following extensive revisions to a text that was first adopted by the World Health Assembly in 1969. In 1995, in consideration of the growth in international travel and trade, and the emergence or re-emergence of international disease threats and other public health risks, the World Health Assembly began a process to overhaul the IHR.

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The resulting IHR (2005) are a binding instrument of international law, through which WHO Member States agreed to specific actions to control the international spread of disease. The objective of the IHR (2005) is to “prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”. The IHR (2005) were intended to ensure the rapid gathering of information, a common understanding of what may constitute a public health emergency of international concern (PHEIC), and the availability of international assistance to countries. The reporting procedures are aimed at expediting the flow of timely and accurate information to WHO about potential PHEICs. The role of WHO, as a neutral authority, with critical technical expertise and resources and an extensive communications network, is to assess information, recommend actions, and facilitate or help coordinate technical assistance, tailored to events as they unfold, and on the request of the affected Member State(s).

To be clear, the IHR (2005) do not confer on WHO any authority to compel compliance or undertake inspections in countries. If, on receipt of information from a country, WHO has additional questions or a need for supplementary information, WHO follows up with the country (in the COVID-19 response, as done starting on 1 January 2020 with WHO’s official requests to China and meetings between Chinese officials about reports received of cases of pneumonia of unknown origin) and examines other supporting sources. The IHR (2005) do not convey, and WHO does not have, the authority to enter a country without permission of the government concerned. Regarding disclosure of information, the IHR (2005) provide a circumscribed authority to make certain information from Member States available to the public if other information about the same event has already become public and there is a need for dissemination of authoritative independent information. WHO exercised this authority faithfully.

With respect to what happens when WHO receives notification of an event that may constitute a PHEIC, the IHR (2005) provide a system for reviewing and taking action in respect of such events, which centers around an Emergency Committee, comprised of independent experts from around the world, and whose role is to review evidence and provide recommendations to the Director-General of WHO regarding the public health event. Based on the recommendations of the Emergency Committee, the Director-General determines whether an event constitutes a PHEIC, which is the only Member State–agreed alarm that alerts Member States to a global public health emergency.

The PHEIC declaration was preceded by numerous warnings and pronouncements by WHO – through daily press briefings (beginning 22 January 2020) and social media, through expert networks, and through publication of many other different types of guidance – that utmost care and prudence should be exercised due to the nature of the unknown, novel respiratory pathogen. Those warnings were followed by similar exhortations to countries to test for COVID-19 and to prepare for the first wave of cases. These calls to action included several sessions at the WHO Executive Board, which took place 3-8 February 2020, immediately following the declaration of a PHEIC. The Executive Board is composed of 34 individuals, elected for three-year terms, designated by a Member State elected to do so by the World Health Assembly. The Board’s proceedings, which are public and webcast, are open to all Member States, and Members of the Board, including, currently, the United States of America, have

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elevated rights of participation. During the Executive Board, WHO held a technical briefing on COVID-19. In my opening remarks,³ I urged countries to take “action now while we have a window of opportunity”: 99% of cases were then still in China. I further made three key requests to Member States: (1) continue sharing detailed information; (2) do not impose restrictions inconsistent with the IHR (2005); and (3) facilitate rapid collaboration between the public and private sectors to develop diagnostics, medicines, and vaccines.

3. WHO’s collaboration with the United States of America

The United States is a key partner of WHO in all its work. We appreciate that the United States of America, especially as a founding Member State of the United Nations, well understands that the protections you and other countries provide WHO through Article 67 of the WHO Constitution help us to fulfil our objective and exercise our functions on behalf of all countries. With a relatively modest Secretariat compared with the number of diseases and issues that it handles, WHO relies on expert advisory panels⁴ to provide technical guidance and support on specific subjects. To give an idea of the scale of the United States’ collaboration with WHO and its work, in November 2017, there were 43 such expert panels with a total of 554 experts; of those, 72 (13%) were from the United States of America alone, by far the largest number of experts from any one country.

WHO has always been broadly supported by outstanding United States scientists and public health experts, including as WHO staff members, secondments from United States government agencies, and United States government officials with whom the organization interacts frequently. Indeed, beginning with the activation of the WHO incident management support team on 1 January 2020 and during the first critical months of the outbreak, WHO had the privilege of having over a dozen senior experts from the US CDC working alongside WHO staff in WHO’s Strategic Health Operations Centre; they attended all of our incident management meetings, had access to all our key information, and contributed significantly to the rapid risk assessment and management of activities. The expertise and knowledge shared over the course of those first weeks were invaluable.

Furthermore, several high-level United States Government officials participated in COVID-19-specific advisory committees, networks, or meetings, both in Geneva and Beijing. These included:

- The Global Outbreak Alert and Response Network (GOARN)⁵ and its steering committee: On 2 January 2020, the United States of America was informed (along with all other GOARN partners) by WHO of the cases of undiagnosed pneumonia in Wuhan, China.
- A weekly informal coronavirus teleconference with experts from around the world, an important forum for information sharing and advice.

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³ <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-technical-briefing-on-2019-novel-coronavirus>

⁴ <https://www.who.int/about/collaborations/FactsheetEAP2017.pdf?ua=1>

⁵ <https://extranet.who.int/goarn/goarn-steering-committee>

- The IHR Emergency Committee meetings⁶ on COVID-19, in which an official of the US CDC participated, on 22–23 January 2020, 30 January 2020, and 30 April 2020.
- A meeting in Beijing on 27 January 2020 between the US CDC Country Director of China programmes and WHO's Director-General and senior staff.
- Meetings of the WHO Executive Board 3–8 February 2020; as previously mentioned, the United States of America is a member of the Executive Board⁷ and, as such, its representatives participated in all sessions of the Board.
- The meeting of the Strategic and Technical Advisory Group for Infectious Hazards (STAG-IH),⁸ which took place by teleconference on 5 February 2020 and was attended by two senior US officials (from US NIAID/NIH and US CDC), who are members of this advisory group.
- The global research and innovation forum to mobilize international action in response to the novel coronavirus (2019-nCoV) emergency, at WHO's Geneva headquarters on 11–12 February 2020, which included participation from representatives of US NIAID/NIH, US Department of Health and Human Services (US HHS), and US CDC.
- Meetings that took place in the context of a WHO-China joint mission⁹ on 16–24 February 2020, with participation from the US NIAID/NIH and US CDC.
- The United States of America, represented by the Secretary of US DHHS, attended the Seventy-third World Health Assembly on 18-19 May 2020.

I wish to extend special thanks for the exemplary technical support and collaboration received from the Government of the United States of America through the US CDC, US DHHS, and US NIAID/NIH from the earliest days of the outbreak.

In addition to this extensive collaboration, WHO maintained open communication lines to obtain the fullest information from our Member States and partners and to share that information broadly and impartially. Thus, WHO provided information to all our Member States, including the United States of America, through numerous channels, including the IHR Event Information System and our COVID-19 webpage. For instance:

- On 5 January 2020, WHO sent an official email notification of the outbreak to all IHR (2005) focal points and Points of Contact, including the United States national focal for the IHR. In addition, eight US DHHS and four US CDC officials were copied on this email.

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⁶ <https://www.who.int/ihr/procedures/novel-coronavirus-2019/ec-22012020-members/en/>

⁷ https://apps.who.int/gb/gov/en/composition-of-the-board_en.html

⁸ <https://www.who.int/emergencies/diseases/strategic-and-technical-advisory-group-for-infectious-hazards/en/>

⁹ [https://www.who.int/publications-detail/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-\(covid-19\)](https://www.who.int/publications-detail/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-(covid-19))

- As of 22 January 2020, I began providing press briefings, first daily and later three times per week, to answer questions from the global press. Transcripts of these remarks are published¹⁰ on the WHO website.
- Beginning 14 February 2020, WHO began holding weekly briefings for Member States to apprise them of updates in the global situation and to answer questions.
- The analyses and technical guidance regularly updated on our WHO COVID-19 webpage¹¹ have provided impartial and evidence-based information to support a coordinated, global, and effective response.
- My speeches and remarks – including those during the Executive Board – are published on the WHO website.¹²

4. Review of the international health response to COVID-19

Finally, I wish to confirm my strong commitment to a timely review of the global response to COVID-19 in a transparent, independent, and comprehensive manner by an international review panel. I am committed to transparency, accountability, and the continuous improvement of WHO. I will faithfully fulfill the mandate of the resolution adopted by the World Health Assembly on 19 May 2020 to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19. I will ensure an independent evaluation at the earliest appropriate moment to review experience gained and lessons learned, and to make recommendations to improve national and global pandemic preparedness and response. Indeed, we recently received a report from the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme (IOAC), assessing the first months of the response and providing useful recommendations. Guided by the Member States of the Organization, WHO is committed to taking these steps.

The Resolution adopted by the World Health Assembly on 19 May 2020 also establishes other key mandates, including calling upon all parties to the IHR (2005) to act in accordance with them, and working with relevant international agencies and countries in identifying the zoonotic source of the virus and the route(s) of introduction into the human population. The work of the Secretariat on these and all other tasks the Health Assembly set out are already underway. I am committed to their full and effective implementation.

The fact that these important mandates were adopted by consensus and as a result of a proposal by an unprecedented number of WHO Member States reflects a deep truth that this pandemic has made clear: we are all in this together. Working together, we will come out of this worldwide emergency wiser, safer, and better prepared to protect everyone everywhere against future global health risks.

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¹⁰ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/media-resources/press-briefings/1>

¹¹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

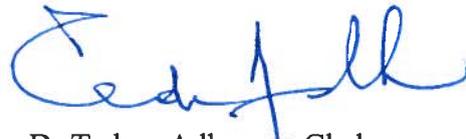
¹² <https://www.who.int/dg/speeches>

As we continue to press forward with the critical work of confronting COVID-19, it is my sincerest wish that the United States of America will continue to be a key partner in the international response, providing its expertise, cooperation, and collaboration to WHO and other Member States as it has so consistently done throughout past crises, and, I hope, through any that may lie ahead.

A document that provides the timeline of WHO's response to COVID-19 is attached for your information.

This response has also been sent to each of the other signatories to the letter dated 14 April 2020.

Yours sincerely,



Dr Tedros Adhanom Ghebreyesus
Director-General