World Health Organization

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In reply please refer to:

Your reference:

The Honorable Jim Jordan
Ranking Member
Committee on Oversight and Reform
Member of United States Congress
United States House of Representatives
2157 Rayburn House Office Building
Washington, DC 20515-6143
USA

15 June 2020

Dear Representative Jordan,

I have the honour to refer to your letter dated 9 April 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 United States' leadership 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.

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

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. In addition to that discussion, section (5), which follows, provides additional detail on certain of the points raised in your letter.

1. The World Health Organization

In all its work and actions, WHO is guided by its Constitution[2] 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, sister United Nations agencies, international organizations and nongovernmental organizations.

- WHO took prompt action to carry out a rapid risk assessment of the situation, share information with our Member States as required under the IHR (2005) on 5 January 2020, and develop 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 within and 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.

- 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.

- 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.

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 (17,238) 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 panels[4] 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 meetings[6] 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 Board[7] 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 mission[9] 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)

- 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 published[10] 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 webpage[11] 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

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

5. Additional information in response to specific points in your letter

For clarity's sake, I wish to provide the following information in response to certain of the points and topics of your letter, including regarding WHO's relationship with China and WHO's COVID-19 response.

a. "Denied human-to-human spread of COVID-19 based solely on Chinese propaganda"

WHO has never stated that the coronavirus could not be transmitted between humans – on the contrary, from the beginning, WHO has referred to the possibility of human-to-human transmission and consistently sought evidence of whether it has occurred, including the following:

- The first Disease Outbreak News, published on 5 January 2020, included the statement of "no evidence of significant human-to-human transmission and no health care worker infections have been reported". No evidence was available at this time to clearly demonstrate that the virus was spreading within the community.

- The earliest WHO technical guidance to countries on novel coronavirus, published on 10 January 2020, emphasized the primary importance of surveillance to "detect confirmed cases/clusters of nCoV infection and any evidence of amplified or sustained human-to-human transmission."

- On 14 January 2020, at a news briefing at the United Nations Office in Geneva, WHO's technical lead for COVID-19 stated: "Epidemiological investigations are underway and we are waiting for the results of these, but yes, it is certainly possible that there is limited human-to-human transmission," and further warned of transmission amplification and the possibility of superspreading events, particularly in health care facilities.

- Later that day, WHO posted on its Twitter account that "Preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission of the novel #coronavirus (2019-nCoV) identified in #Wuhan, #China." In that regard, it bears emphasizing that this was the information being reported by Chinese authorities and that WHO does publish country-specific information and data as reported to WHO by its Member States. While doing so, WHO also provides its expert, scientifically-grounded advice to the international community, and as such, did publicly emphasize the possibility of human-to-human transmission. In doing so, did not rule out the possibility that the coronavirus could not be transmitted between humans – a possibility explicitly left open by the comments of WHO's lead technical experts.

- On 19 January 2020, based on analysis of the new cases reported by China and the report of the patient in Japan who had not visited the Human Seafood Wholesale Market in Wuhan, China, but had been in close contact with a person with pneumonia, WHO confirmed human-to-human transmission:

  "According to the latest information received and @WHO analysis, there is evidence of limited human-to-human transmission of #nCOV. This is in line with experience

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with other respiratory illnesses and in particular with other coronavirus outbreaks. While there is currently no clear evidence of sustained human-to-human transmission, we do not have enough evidence to evaluate the full extent of human-to-human transmission. This is one of the issues that @WHO is monitoring closely."

b. "Prolonged naming COVID-19 a Public Health Emergency of International Concern (PHEIC) and pandemic because China had the spread under control"

It is incorrect that WHO's declaration of a PHEIC was 'prolonged' – my declaration that COVID-19 constitutes a PHEIC was timely and based on advice from a committee of independent experts. Based on the confirmation of human to human transmission, and the spread to other countries of the novel coronavirus, I convened an Emergency Committee under the International Health Regulations, on 22 and 23 January 2020. At that point, there were only nine cases and no deaths reported from outside China. The committee was not able to reach a conclusion on 22 January 2020 based on the limited information available.

As the Committee was not able to make a recommendation, I asked the Committee to continue its deliberations the next day. The Emergency Committee met again on 23 January 2020 and members were equally divided in their opinion as to whether the event constituted a PHEIC, as several members considered that it is still too early to declare a PHEIC. WHO's assessment then was that the event constituted a very high risk in China, and high risk regionally and globally. Based on the divergence of views on the information available at that time, the Emergency Committee did not advise that the event constituted a PHEIC but said it was ready to be reconvened within 10 days. I accepted the advice of the Committee and my statement went on to say "Make no mistake. This is an emergency in China, but it has not yet become a global health emergency. It may yet become one."

I reconvened the Emergency Committee on 30 January 2020, based upon the evolution of the outbreak and the need for all countries to prepare for further spread. At that time there were 98 cases and no deaths in 18 countries outside China. Based on the advice of the Emergency Committee, which examined the additional information available at that time from both within and outside Chine, I declared a PHEIC – the highest level of a declaration of a global health emergency under the International Health Regulations. Five cases had been reported in the United States of America by that time.

c. "Delayed serious measures, like travel restrictions, to counter the global spread"

The assertion that WHO delayed serious public health measures to counter the global spread is incorrect. WHO has advised countries in a timely fashion from the outset of the outbreak based on the best evidence available at the time, and in conjunction with the advice of independent experts.

In this context, WHO's position and statements regarding travel restrictions are consistent with the IHR (2005) and the 30 January 2020 statement of the Emergency Committee, where the Committee did not recommend any travel or trade restriction based on the current information available. The IHR (2005) recognize the sovereign rights of State Parties to

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introduce additional measures, such as restrictions on travel, provided such measures are not more restrictive of international traffic and not more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection, and are otherwise consistent with the IHR (2005).

WHO has urged countries to make evidence-based, consistent decisions in relation to all public health measures. I elaborated on this point in my address to the to the WHO Executive Board on 3 February, where I explained that WHO has made several recommendations for all countries to prevent and limit the further spread of the virus, noting that there is no reason for measures that unnecessarily interfere with international travel and trade, and calling on all countries to implement decisions that are evidence-based and consistent, and explaining that WHO stands ready to provide advice to any country that is considering which measures to take.

My comments on this issue are consistent with the International Health Regulations, the international legal instrument that was negotiated and adopted by Member States, including the United State of America, the purpose of which 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", and with the advice of the IHR Emergency Committee. Moreover, I have been consistent in supporting measures taken by countries in accordance with IHR, including in relation to the sovereign rights of State Parties to introduce additional measures.

I further wish to clarify that at no time did I criticize actions by the United States with respect to travel or movement restrictions; on the contrary, I commended the United States for its whole-of-government approach to tackle the COVID-19 pandemic.

Finally, with respect to travel and movement restrictions relating to Wuhan city in Hubei province, the Chinese government implemented an unprecedented lockdown of the city on 23 January. Had they not done so, WHO would have indeed explored advising on restrictions of travel to and from the city in line with an evidence-based approach to control the outbreak.

d. "Continued praise of the Chinese efforts to combat the crisis, despite the cover-up"

The international community, including the United States, has publicly commended and praised China for its efforts, particularly in the early stages of the outbreak, to try to contain the spread of COVID-19.

Similarly to the public comments from international leaders and Member States, WHO welcomed the early and specific steps China took in the first days and weeks of the outbreak to rapidly identify the virus, share the genetic sequences with the rest of the world, and enable a joint WHO-international expert team, including two American officials, to visit Wuhan.

The IHR Emergency Committee, a group of independent experts, also noted in their statement on 30 January: "The Committee welcomed the leadership and political commitment of the very highest levels of Chinese government, their commitment to transparency, and the efforts made to investigate and contain the current outbreak. China quickly identified the virus and

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shared its sequence, so that other countries could diagnose it quickly and protect themselves, which has resulted in the rapid development of diagnostic tools."

The steps China took in the second half of January 2020 in Wuhan, including quarantining the city and introducing strict physical distancing and other public health measures, appeared extreme at the time, but have proven to be highly effective in rapidly bringing the outbreak under control, and used as a model in many other countries for a whole-of-government approach to successfully limit the spread of the virus.

I have been consistent in publicly praising countries, including the United States, for their efforts, and have not treated China differently. This is consistent with WHO practice.

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.

This response has also been sent to each of the other signatories to the letter dated 9 April 2020.

Yours sincerely,

Dr Tedros Adhanom Ghebreyesus
Director-General