

| | |
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| From: | <Garrett.Grigsby@hhs.gov> |
| To: | Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf<olx1@cdc.gov> |
| CC: | Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau<afauci@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars<hilary.marston@nih.gov>; Wolfe, Mitchell (CDC/OD) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6c55922ecc204695b2997a088fc5a9bc-mitchell.wo<msw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli<Colin.Mciff@hhs.gov> |
| Subject: | Re: briefing Mark Dybul... |
| Date: | 2020/09/18 18:26:41 |
| Priority: | Normal |
| Type: | Note |

Thank you, Dr Redfield! Have a great weekend and we'll be in touch.

Sent from my iPhone

On Sep 18, 2020, at 6:17 PM, Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>wrote:

Yes

Get [Outlook for iOS](#)

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>

Sent: Friday, September 18, 2020 4:28:55 PM

To: Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Fauci, Anthony (NIH/NIAID) [E] <AFAUCI@niaid.nih.gov>

Cc: Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>; Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>

Subject: briefing Mark Dybul...

Drs.,

You may know that Mark Dybul was chosen to be on WHO's Independent Panel for Pandemic Preparedness and Response (IPPR). As soon as that was announced I offered to organize a briefing from our technical experts – meaning your folks – and he has finally taken me up on the offer. My team is working on organizing this now.

(b)(5)

Many thanks for considering this, and I am happy to chat about it any time (202-306-2322).

Have a great weekend!

<ATT16422.jpg>

Garrett Grigsby
Director for Global Affairs
Office of the Secretary
U.S. Department of Health & Human Services
202-690-6174

| | |
|-------------------|---|
| Sender: | <Garrett.Grigsby@hhs.gov> |
| Recipient: | Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau<afauci@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcbc5b44add01fe6a8-hilary.mars<hilary.marston@nih.gov>; Wolfe, Mitchell (CDC/OD) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6c55922ecc204695b2997a088fc5a9bc-mitchell.wo<msw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli<Colin.Mciff@hhs.gov>; Redfield, Robert R. (CDC/OD) /o=ExchangeLabs/ou=Exchange Administrative Group |

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| | (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf <olx1@cdc.gov> |
| Sent Date: | 2020/09/18 18:26:40 |
| Delivered Date: | 2020/09/18 18:26:41 |
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| From: | <Garrett.Grigsby@hhs.gov> |
| To: | Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.p (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau <afauci@niaid.nih.gov> |
| CC: | Redfield, Robert R. (CDC/OD) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf <olx1@cdc.gov>; Marston, Hilary (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars <hilary.marston@nih.gov>; Wolfe, Mitchell (CDC/OD) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=6c55922ecc204695b2997a088fc5a9bc-mitchell.wo <m5w6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli <Colin.Mciff@hhs.gov>; Conrad, Patricia (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3793ae43a1744d8f8aa56b600c0c975b-patricia.co <conradpa@niaid.nih.gov>; Barasch, Kimberly (NIH/NIAID) [C] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=efc199caf0ae49039e810a8fdae070dc-kimberly.ba <kimberly.barasch@nih.gov> |
| Subject: | Re: briefing Mark Dybul... |
| Date: | 2020/09/18 20:13:03 |
| Priority: | Normal |
| Type: | Note |

Thank you Dr Fauci! We'll be in touch soon about syncing schedules for this. Have a great weekend!

Sent from my iPhone

On Sep 18, 2020, at 6:47 PM, Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>wrote:

Garrett:

Of course! Long time no see. I hope that all is well with you.

Best regards,

Tony

Anthony S. Fauci, MD

Director

National Institute of Allergy and Infectious Diseases

Building 31, Room 7A-03

31 Center Drive, MSC 2520

National Institutes of Health

Bethesda, MD 20892-2520

Phone: (301) 496-2263

FAX: (301) 496-4409

E-mail: afauci@niaid.nih.gov

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accept liability for any statements made that are the sender's own and not expressly made on behalf of the NIAID by one of its representatives.

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Friday, September 18, 2020 4:29 PM
To: Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>
Cc: Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>; Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Subject: briefing Mark Dybul...
Importance: High

Drs.,

You may know that Mark Dybul was chosen to be on WHO's Independent Panel for Pandemic Preparedness and Response (IPPR). As soon as that was announced I offered to organize a briefing from our technical experts – meaning your folks – and he has finally taken me up on the offer. My team is working on organizing this now.

(b)(5)



Many thanks for considering this, and I am happy to chat about it any time (202-306-2322).

Have a great weekend!

<image001.jpg>

Garrett Grigsby
Director for Global Affairs
Office of the Secretary
U.S. Department of Health & Human Services
202-690-6174

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| Sender: | <Garrett.Grigsby@hhs.gov> |
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| Sent Date: | 2020/09/18 20:13:02 |
| Delivered Date: | 2020/09/18 20:13:03 |
| Message Flags: | Unsent |

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| To: | McKeogh, Katherine (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka <Katherine.McKeogh@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. <CLANE@niaid.nih.gov> |
| CC: | Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai <Caitlin.Oakley@HHS.GOV> |
| Subject: | RE: For Approval: Dr. Lane quote |
| Date: | 2020/04/23 16:08:00 |
| Priority: | Normal |
| Type: | Note |

Defer to Cliff and Larry

From: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Sent: Thursday, April 23, 2020 4:08 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

(b)(5)

From: McKeogh, Katherine (OS/ASPA)
Sent: Thursday, April 23, 2020 4:02 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <CLANE@niaid.nih.gov>

Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

Noted thank you!

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Thursday, April 23, 2020 4:02 PM
To: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

Katherine,

Plks see edit before in RED

From: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Sent: Thursday, April 23, 2020 3:54 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: Re: For Approval: Dr. Lane quote

Definitely – I am on a call that should be over in the next 5 minutes.

Cliff

From: "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Date: Thursday, April 23, 2020 at 3:52 PM
To: "Lane, Cliff (NIH/NIAID) [E]" <clane@niaid.nih.gov>
Cc: "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>, "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Subject: For Approval: Dr. Lane quote

(b)(5)

(b)(5)

From: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Sent: Thursday, April 23, 2020 2:41 PM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: RE: CBS: Question for you

Circling back...was this approved? Thanks!

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Sent: Thursday, April 23, 2020 9:38 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: CBS: Question for you

(b)(5)

(b)(5)

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Thursday, April 23, 2020 9:27 AM
To: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: FW: CBS: Question for you
Importance: High

Cliff and Larry,

Would y'all mind collaborating quickly and drafting a reply to CBS's question?

Larry has seen a version of this yesterday because DoS copied us, but now she is coming directly to HHS...

Thanks!

From: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>
Sent: Thursday, April 23, 2020 12:14 AM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Cc: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Subject: Fwd: CBS: Question for you

Any thoughts on how to respond here?

Sent from my iPhone

Begin forwarded message:

From: "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Date: April 22, 2020 at 23:10:53 EDT
To: "Caputo, Michael (HHS/ASPA)" <Michael.Caputo@hhs.gov>, "McKeogh, Katherine

(OS/ASPA)" <Katherine.McKeogh@hhs.gov>

Cc: "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Hall, Bill (HHS/ASPA)" <bill.hall@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>

Subject: RE: CBS: Question for you

+ others. OGA--where's the best place to start on this? Looks WHO related. Thanks.

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Caputo, Michael (HHS/ASPA) <Michael.Caputo@hhs.gov>

Sent: Wednesday, April 22, 2020 11:08 PM

To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>

Subject: CBS: Question for you

Please send this up the flagpole

Sent from my iPhone

Begin forwarded message:

From: "Brennan, Margaret" <BrennanM@cbsnews.com>

Date: April 22, 2020 at 10:28:46 PM EDT

To: "Caputo, Michael (HHS/ASPA)" <Michael.Caputo@hhs.gov>

Subject: Question for you

Hi Morgan Ortagus pointed me your way.

The WHO report says that China shared tissue samples of a 50 year old male Covid victim with the team that visited in February. This WHO team included 2 Americans. Why was that tissue sample not sufficient? I see Pompeo said that the virus samples were destroyed and not shared. This seems contradictory. Can you explain?

Regards,

Margaret Brennan
Face the Nation Moderator
Sr Foreign Affairs Correspondent
2027403062

Sent from my iPhone

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| Sender: Grigsby, Garrett (HHS/OS/OGA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP |
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| | (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL> |
| Recipient: | <p>McKeogh, Katherine (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Katherine.McKeogh@hhs.gov>;</p> <p>Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane.<CLANE@niaid.nih.gov>;</p> <p>Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyle.<Kyle.Zebley@hhs.gov>;</p> <p>Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawrence.Kerr@hhs.gov>;</p> <p>Murphy, Ryan (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Ryan.<Ryan.Murphy1@hhs.gov>;</p> <p>Oakley, Caitlin B. (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Caitlin.Oakley@HHS.GOV></p> |
| Sent Date: | 2020/04/23 16:08:30 |
| Delivered Date: | 2020/04/23 16:08:00 |

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| From: | Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.ROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL> |
| To: | McKeogh, Katherine (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka <Katherine.McKeogh@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. <CLANE@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov> |
| CC: | Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai <Caitlin.Oakley@HHS.GOV> |
| Subject: | RE: For Approval: Dr. Lane quote |
| Date: | 2020/04/23 18:50:00 |
| Priority: | Normal |
| Type: | Note |

correct

From: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Sent: Thursday, April 23, 2020 6:50 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

Her only follow up is to confirm: The U.S. still has not received any samples since this Joint Mission. Is this correct?

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Thursday, April 23, 2020 6:35 PM
To: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

(b)(5)

(b)(5)

From: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Sent: Thursday, April 23, 2020 6:15 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: Re: For Approval: Dr. Lane quote

(b)(5)

From: "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Date: Thursday, April 23, 2020 at 6:12 PM
To: "Lane, Cliff (NIH/NIAID) [E]" <clane@niaid.nih.gov>, "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>
Cc: "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>, "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

(b)(5)

From: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Sent: Thursday, April 23, 2020 5:01 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: Re: For Approval: Dr. Lane quote

(b)(5)

Cliff

From: "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Date: Thursday, April 23, 2020 at 4:51 PM
To: "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Lane, Cliff (NIH/NIAID) [E]"

<clane@niaid.nih.gov>

Cc: "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Murphy, Ryan (OS/ASP)" <Ryan.Murphy1@hhs.gov>, "Oakley, Caitlin B. (OS/ASP)" <Caitlin.Oakley@HHS.GOV>

Subject: RE: For Approval: Dr. Lane quote

Thank you, Larry

(b)(5)

(b)(5)

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>

Sent: Thursday, April 23, 2020 4:18 PM

To: McKeogh, Katherine (OS/ASP) <Katherine.McKeogh@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>

Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASP) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASP) <Caitlin.Oakley@HHS.GOV>

Subject: RE: For Approval: Dr. Lane quote

(b)(5)

From: McKeogh, Katherine (OS/ASP) <Katherine.McKeogh@hhs.gov>

Sent: Thursday, April 23, 2020 4:08 PM

To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>

Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASP) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASP) <Caitlin.Oakley@HHS.GOV>

Subject: RE: For Approval: Dr. Lane quote

(b)(5)

From: McKeogh, Katherine (OS/ASPA)
Sent: Thursday, April 23, 2020 4:02 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <CLANE@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

Noted thank you!

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Thursday, April 23, 2020 4:02 PM
To: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

Katherine,

Plks see edit before in RED

From: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Sent: Thursday, April 23, 2020 3:54 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: Re: For Approval: Dr. Lane quote

Definitely – I am on a call that should be over in the next 5 minutes.

Cliff

From: "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Date: Thursday, April 23, 2020 at 3:52 PM
To: "Lane, Cliff (NIH/NIAID) [E]" <clane@niaid.nih.gov>
Cc: "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>, "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Subject: For Approval: Dr. Lane quote

(b)(5)

From: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Sent: Thursday, April 23, 2020 2:41 PM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: RE: CBS: Question for you

Circling back...was this approved? Thanks!

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Sent: Thursday, April 23, 2020 9:38 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: CBS: Question for you

(b)(5)

(b)(5)

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Thursday, April 23, 2020 9:27 AM
To: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: FW: CBS: Question for you
Importance: High

Cliff and Larry,

Would y'all mind collaborating quickly and drafting a reply to CBS's question?

Larry has seen a version of this yesterday because DoS copied us, but now she is coming directly to HHS...

Thanks!

From: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>
Sent: Thursday, April 23, 2020 12:14 AM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Cc: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Subject: Fwd: CBS: Question for you

Any thoughts on how to respond here?

Sent from my iPhone

Begin forwarded message:

From: "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Date: April 22, 2020 at 23:10:53 EDT
To: "Caputo, Michael (HHS/ASPA)" <Michael.Caputo@hhs.gov>, "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Cc: "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Hall, Bill (HHS/ASPA)" <bill.hall@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>
Subject: RE: CBS: Question for you

+ others. OGA--where's the best place to start on this? Looks WHO related. Thanks.

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Caputo, Michael (HHS/ASPA) <Michael.Caputo@hhs.gov>
Sent: Wednesday, April 22, 2020 11:08 PM
To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: CBS: Question for you

Please send this up the flagpole

Sent from my iPhone

Begin forwarded message:

From: "Brennan, Margaret" <BrennanM@cbsnews.com>
Date: April 22, 2020 at 10:28:46 PM EDT
To: "Caputo, Michael (HHS/ASPA)" <Michael.Caputo@hhs.gov>
Subject: Question for you

Hi Morgan Ortagus pointed me your way.

The WHO report says that China shared tissue samples of a 50 year old male Covid victim with the team that visited in February. This WHO team included 2 Americans. Why was that tissue sample not sufficient? I see Pompeo said that the virus samples were destroyed and not shared. This seems contradictory. Can you explain?

Regards,

Margaret Brennan

Face the Nation Moderator
Sr Foreign Affairs Correspondent
2027403062

Sent from my iPhone

| | |
|------------------------|--|
| Sender: | Grigsby, Garrett (HHS/OS/OGA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL> |
| Recipient: | McKeogh, Katherine (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka <Katherine.McKeogh@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. <CLANE@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai <Caitlin.Oakley@HHS.GOV> |
| Sent Date: | 2020/04/23 18:50:55 |
| Delivered Date: | 2020/04/23 18:50:00 |

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| From: | Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.ROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL> |
| To: | SIMONSON, Stewart <simonsons@who.int> |
| CC: | Tracy Carson /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=33c7d84fb82a48eeba8f4e0be680df60-TracyCarson <CarsonTL@state.gov>; Bremberg, Andrew P (Geneva) <BrembergAP@state.gov>; Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau <AFAUCI@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov> |
| Subject: | RE: 1-pager |
| Date: | 2020/02/03 06:49:00 |
| Priority: | Normal |
| Type: | Note |

Great new, many thanks Stew! Please keep us posted – high priority

Thanks!

From: SIMONSON, Stewart <simonsons@who.int>
Sent: Monday, February 3, 2020 12:33 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Tracy Carson <CarsonTL@state.gov>; Bremberg, Andrew P (Geneva) <BrembergAP@state.gov>
Subject: Re: 1-pager

Thank you, Garrett. I am using the document to brief Bernhard and, in particular, Soumya. Am trying to move this today and during this week. Problem—as you know well—is the EB is consuming and will distract but I will stay on it and the one pager helps.

Good call yesterday between Bernhard and Mike Ryan and Jeremy Farrar. Jeremy is the one who initially raised this issue so that was an important discussion and he indicated support for the path forward articulated by Bernhard and Mike.

More to follow.

S

Sent from my iPhone

On 2 Feb 2020, at 21:18, Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov> wrote:

ALERT: This email originates from outside of WHO. Please be cautious when opening links or attachments.

Tracy,

This was created off line to help Stew with some internal conversations, so I will defer to Stew whether or when there is an appropriate role for the AMB to play. I don't want to upset Stew's apple cart, so let's see that he says.

Thanks!

From: Carson, Tracy L (Geneva) <CarsonTL@state.gov>
Sent: Sunday, February 2, 2020 3:02 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Subject: RE: 1-pager

Garrett - thanks for sharing this. Do you need Amb Bremberg to do anything on this or is this just FYI? Thanks, Tracy

Sent from Workspace ONE Boxer

On 2 February 2020 at 18:41:32 CET, Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov> wrote:
+AMB Bremberg & Tracy – forgot to cc

From: Grigsby, Garrett (HHS/OS/OGA)
Sent: Sunday, February 2, 2020 12:35 PM
To: SIMONSON, Stewart <simonsons@who.int>
Cc: Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Brian Harrison (HHS/IOS) <Brian.Harrison@hhs.gov>
Subject: 1-pager
Importance: High

As requested

Garrett Grigsby
Director for Global Affairs
Office of the Secretary
U.S. Department of Health & Human Services
202-690-6174

<Proposed WHO Discussion on Viral Evolution nCoV 02-02-2020_final.docx>

| | |
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| Sender: | Grigsby, Garrett (HHS/OS/OGA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL> |
| Recipient: | SIMONSON, Stewart <simonsons@who.int>; Tracy Carson /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=33c7d84fb82a48eeba8f4e0be680df60-TracyCarson <CarsonTL@state.gov>; Bremberg, Andrew P (Geneva) <BrembergAP@state.gov>; Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau <AFAUCI@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov> |
| Sent Date: | 2020/02/03 07:33:24 |
| Delivered Date: | 2020/02/03 06:49:00 |

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| From: | Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.ROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL> |
| To: | Bright, Rick (OS/ASPR/BARDA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric <Rick.Bright@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov> |
| CC: | Abram, Anna (FDA/OC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d498efef33e4d2ea760cadc22e8aeaa-anna.abram. <Anna.Abram@fda.hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga <Gary.Disbrow@hhs.gov>; Marks, Peter (FDA/CBER) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=df56588b970c43c8a9a2b9b31406746c-peter.marks <Peter.Marks@fda.hhs.gov>; Mair, Michael (FDA/OC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3e2b23223bc4a1abecf698a4122f6c3-michael.mai <Michael.Mair@fda.hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau <AFAUCI@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcbc5b44add01fe6a8-hilary.mars <hilary.marston@nih.gov>; Hinton, Denise (FDA/OC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a90be508b91e4a19b4839a1ce4f4b75f-denise.hint <Denise.Hinton@fda.hhs.gov>; Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Kibunja, Julia (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3ba4895ec66493daa7ea59718a1912d-Kibunja, Ju <Julia.Kibunja@hhs.gov>; LaHood, Natalie (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d7d5e131fd394ab3b1b0eb6f232851f1-Lahood, Nat <Natalie.Lahood@hhs.gov> |
| Subject: | RE: [Urgent WHO Request] (b)(5) |
| Date: | 2020/02/03 12:19:00 |
| Priority: | Normal |
| Type: | Note |

Thanks all for digging into this!

Larry, if you could work with Rick to track & make sure we do quickly? Many thanks!

From: Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>
Sent: Monday, February 3, 2020 11:49 AM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Cc: Abram, Anna (FDA/OC) <Anna.Abram@fda.hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) <Gary.Disbrow@hhs.gov>; Marks, Peter (FDA/CBER) <Peter.Marks@fda.hhs.gov>; Mair, Michael

(FDA/OC) <Michael.Mair@fda.hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>; Hinton, Denise (FDA/OC) <Denise.Hinton@fda.hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kibunja, Julia (OS/OGA) <Julia.Kibunja@hhs.gov>; LaHood, Natalie (OS/OGA) <Natalie.Lahood@hhs.gov>

Subject: Re: [Urgent WHO Request] (b)(5)

(b)(5)

Yes. Bob walker.

On Feb 3, 2020, at 11:42 AM, Kerr, Lawrence (HHS/OS/OGA)

<Lawrence.Kerr@hhs.gov> wrote:

(b)(5)

Much thanks

Larry

| | |
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| Sender: | Grigsby, Garrett (HHS/OS/OGA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL> |
| Recipient: | Bright, Rick (OS/ASPR/BARDA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric <Rick.Bright@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Abram, Anna (FDA/OC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d498efef33e4d2ea760cacd22e8aeea-anna.abram. <Anna.Abram@fda.hhs.gov>; Disbrow, Gary (OS/ASPR/BARDA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=0fd5845defda4dc0bb45f8fac629cf09-Disbrow, Ga <Gary.Disbrow@hhs.gov>; Marks, Peter (FDA/CBER) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=df56588b970c43c8a9a2b9b31406746c-peter.marks <Peter.Marks@fda.hhs.gov>; Mair, Michael (FDA/OC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3e2b23223bc4a1abecf698a4122f6c3-michael.mai <Michael.Mair@fda.hhs.gov>; |

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| | <p>Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau<AFAUCI@niaid.nih.gov>;</p> <p>Marston, Hilary (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcbc5b44add01fe6a8-hilary.mars<hilary.marston@nih.gov>;</p> <p>Hinton, Denise (FDA/OC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a90be508b91e4a19b4839a1ce4f4b75f-denise.hint<Denise.Hinton@fda.hhs.gov>;</p> <p>Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl<Kyle.Zebley@hhs.gov>;</p> <p>Kibunja, Julia (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3ba4895ec66493daa7ea59718a1912d-Kibunja, Ju<Julia.Kibunja@hhs.gov>;</p> <p>LaHood, Natalie (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d7d5e131fd394ab3b1b0eb6f232851f1-Lahood, Nat<Natalie.Lahood@hhs.gov></p> |
| Sent Date: | 2020/02/03 12:19:11 |
| Delivered Date: | 2020/02/03 12:19:00 |

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| From: | Grigsby, Garrett (HHS/OS/OGA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL> |
| To: | Brennan, Patrick (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b51c3d9a49fd4882951eca2417c19dcf-Brennan, Pa <Patrick.Brennan@hhs.gov>; Chang, William (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will <William.Chang@hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau <AFAUCI@niaid.nih.gov>; Redfield, Robert R. (CDC/OD) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf <olx1@cdc.gov> |
| CC: | Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Hall, Bill (HHS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill <bill.hall@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Elvander, Erika (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac87c0ec2d2741a69764e52f6cb4ca95-Elvander, E <Erika.Elvander@hhs.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo <omc2@cdc.gov>; Conrad, Patricia (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3793ae43a1744d8f8aa56b600c0c975b-patricia.co <conradpa@niaid.nih.gov>; Keveney, Sean (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e13823250af4ccf93b3de562380e78e-Keveney, Se <Sean.Keveney@hhs.gov>; Stimson, Brian (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=338aa495176d4c92bb314f8f3f51d118-Stimson, Br <Brian.Stimson@hhs.gov> |
| Subject: | RE: For review by 5 PM if possible: draft Sec. Azar and Sec. Pompeo op-ed |
| Date: | 2020/02/04 14:55:00 |
| Importance: | High |
| Priority: | Urgent |
| Type: | Note |

Couple of corrections and edits

From: Brennan, Patrick (OS/ASPA) <Patrick.Brennan@hhs.gov>

Sent: Tuesday, February 4, 2020 2:25 PM

To: Chang, William (HHS/OGC) <William.Chang@hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>

Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Hall, Bill (HHS/ASPA) <bill.hall@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) <omc2@cdc.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>;

Keveney, Sean (HHS/OGC) <Sean.Keveney@hhs.gov>; Stimson, Brian (HHS/OGC)
<Brian.Stimson@hhs.gov>

Subject: For review by 5 PM if possible: draft Sec. Azar and Sec. Pompeo op-ed

Dr. Redfield and Dr. Fauci, and OGC,

(b)(5)

Thank you!

- Patrick

(b)(5)

(b)(5)

(b)(5)

Patrick Brennan

Director of Speechwriting

Department of Health and Human Services

Office: 202-205-2819 | Cell: (b)(6)

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|------------------------|---|
| Sender: | Grigsby, Garrett (HHS/OS/OGA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL> |
| Recipient: | Brennan, Patrick (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b51c3d9a49fd4882951eca2417c19dcf-Brennan, Pa <Patrick.Brennan@hhs.gov>; Chang, William (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3cf70c842da144ab9bee61f353d932a0-Chang, Will <William.Chang@hhs.gov>; Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau <AFAUCI@niaid.nih.gov>; Redfield, Robert R. (CDC/OD) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf <olx1@cdc.gov>; Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Hall, Bill (HHS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=02b39f27f3b4469a960054b23545cc24-Hall, Bill <bill.hall@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8d6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Elvander, Erika (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac87c0ec2d2741a69764e52f6cb4ca95-Elvander, E <Erika.Elvander@hhs.gov>; McGowan, Robert (Kyle) (CDC/OD/OCS) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a2046e75239f48a28d2854bedbe5f899-robert.mcgo <omc2@cdc.gov>; Conrad, Patricia (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3793ae43a1744d8f8aa56b600c0c975b-patricia.co <conradpa@niaid.nih.gov>; Keveney, Sean (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=2e13823250af4ccf93b3de562380e78e-Keveney, Se <Sean.Keveney@hhs.gov>; Stimson, Brian (HHS/OGC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=338aa495176d4c92bb314f8f3f51d118-Stimson, Br <Brian.Stimson@hhs.gov> |
| Sent Date: | 2020/02/04 14:55:33 |
| Delivered Date: | 2020/02/04 14:55:00 |

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of the Freedom of Information Act

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| To: | Elvander, Erika (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac87c0ec2d2741a69764e52f6cb4ca95-Elvander, E <Erika.Elvander@hhs.gov> |
| CC: | Marston, Hilary (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcbc5b44add01fe6a8-hilary.mars <hilary.marston@nih.gov>; Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau <AFAUCI@niaid.nih.gov>; Handley, Gray (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3fac3cd775e8442ba613bcab2b90a15-gray.handle <handleygr@niaid.nih.gov>; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. <CLANE@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Lerner, Andrea (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c3e787c5e3f649fcae6003db0034b158-andrea.fenn <andrea.lerner@nih.gov> |
| Subject: | RE: WHO-China Delegation coordination |
| Date: | 2020/02/09 17:27:00 |
| Priority: | Normal |
| Type: | Note |

Thanks!

From: Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>
Sent: Sunday, February 9, 2020 3:32 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Lerner, Andrea (NIH/NIAID) [E] <andrea.lerner@nih.gov>
Subject: Re: WHO-China Delegation coordination

Hi Garrett – can-do. Will also talk to Beijing tonight and get a sense of what’s going on from that perspective.

Cheers,

Erika

Erika Elvander
Director, Asia and the Pacific
Office of Global Affairs, HHS

Sent from my iPhone

On Feb 9, 2020, at 3:08 PM, Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>wrote:

(b)(5)

Many thanks!!

Sent from my iPhone

On Feb 9, 2020, at 2:14 PM, Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>wrote:

(b)(5)

Many thanks for any insights you can provide.

Very respectfully,

Hilary Marston

Hilary D. Marston, MD MPH
Medical Officer and Policy Advisor for Global Health
Immediate Office of the Director
National Institute of Allergy and Infectious Diseases

Cell: (b)(6)

Email: hilary.marston@nih.gov

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| Sender: | Grigsby, Garrett (HHS/OS/OGA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL> |
| Recipient: | Elvander, Erika (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac87c0ec2d2741a69764e52f6cb4ca95-Elvander, E <Erika.Elvander@hhs.gov>; Marston, Hilary (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcbcb5b44add01fe6a8-hilary.mars <hilary.marston@nih.gov>; Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau <AFAUCI@niaid.nih.gov>; Handley, Gray (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=3fac3cd775e8442ba613bcbab2b90a15-gray.handle <handleygr@niaid.nih.gov>; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. <CLANE@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Lerner, Andrea (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c3e787c5e3f649fcae6003db0034b158-andrea.fenn <andrea.lerner@nih.gov> |
| Sent Date: | 2020/02/09 17:27:56 |
| Delivered Date: | 2020/02/09 17:27:00 |

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| To: | Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Harrison, Brian (HHS/IOS) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B <Brian.Harrison@hhs.gov> |
| CC: | Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Elvander, Erika (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac87c0ec2d2741a69764e52f6cb4ca95-Elvander, E <Erika.Elvander@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Redfield, Robert R. (CDC/OD) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf <olx1@cdc.gov>; Kadlec, Robert (OS/ASPR/IO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob <Robert.Kadlec@hhs.gov>; Abram, Anna (FDA/OC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d498efef33e4d2ea760cadc22e8aeaa-anna.abram. <Anna.Abram@fda.hhs.gov>; Bright, Rick (OS/ASPR/BARDA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric <Rick.Bright@hhs.gov> |
| Subject: | RE: WHO advance team on coronavirus on way to China - Tedros tweet |
| Date: | 2020/02/09 18:34:00 |
| Priority: | Normal |
| Type: | Note |

Dr F,

I hope that's not the case. Stew emailed me a few hours ago assuring that Bernard and Tedros are working hard on quiet diplomacy to ensure our folks get in. Who knows what the final number will be, but he Sec spoke to Tedros the other day and was very firm that Tedros must make sure our folks are let in

From: Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>
Sent: Sunday, February 9, 2020 6:24 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Cc: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Abram, Anna (FDA/OC) <Anna.Abram@fda.hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>
Subject: RE: WHO advance team on coronavirus on way to China - Tedros tweet

I do not like the sound of this. So now we are in the queue with other countries? Seems like he is talking about at best 1 USA person and maybe even 0 USA people.

Anthony S. Fauci, MD
Director
National Institute of Allergy and Infectious Diseases
Building 31, Room 7A-03
31 Center Drive, MSC 2520
National Institutes of Health
Bethesda, MD 20892-2520
Phone: (301) 496-2263
FAX: (301) 496-4409
E-mail: afauci@niaid.nih.gov

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From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Sunday, February 9, 2020 6:03 PM
To: Harrison, Brian (HHS/IOS) <Brian.Harrison@hhs.gov>
Cc: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>; Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Kadlec, Robert (OS/ASPR/IO) <Robert.Kadlec@hhs.gov>; Abram, Anna (FDA/OC) <Anna.Abram@fda.hhs.gov>; Bright, Rick (OS/ASPR/BARDA) <Rick.Bright@hhs.gov>
Subject: FW: WHO advance team on coronavirus on way to China - Tedros tweet

Brian – more clarity from “the horse’s mouth” on this advance trip...see below.

From: Grigsby, Garrett (HHS/OS/OGA)
Sent: Sunday, February 9, 2020 6:01 PM
To: SCHWARTLANDER, Bernhard F. <schwartlanderb@who.int>
Cc: SIMONSON, Stewart <simonsons@who.int>
Subject: RE: WHO advance team on coronavirus on way to China - Tedros tweet

Many thanks, Bernard! I know I'll be asked, so I will pass your email up the chain...

Take care and thanks again!

From: SCHWARTLANDER, Bernhard F. <schwartlanderb@who.int>
Sent: Sunday, February 9, 2020 5:59 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>

Cc: SIMONSON, Stewart <simonsons@who.int>

Subject: Re: WHO advance team on coronavirus on way to China - Tedros tweet

Hi Garrett,

We have three people on the way to Beijing who will work with our Chinese counterparts on finalizing the TOR and composition of the joint WHO - China mission. As you are much aware, the US has given us a number of names who will be able and willing to join such a mission. We have received similar proposals from other countries and will now match the "long list" of experts with the required specific expertise.

We are hoping to have more clarity over the coming days and will obviously keep you in the loop. The overall number will be kept at a level to make sure that the team is fully operational.

With my warmest wishes

Bernhard

Dr Bernhard Schwartländer
Chef de Cabinet
World Health Organization

On 9 Feb 2020, at 23:24, Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>wrote:

Bernard,

Hope you had a good weekend.

(b)(5)



Any additional information will be deeply appreciated.

Thanks!

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>

Sent: Sunday, February 9, 2020 5:03 PM

To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Zebley, Kyle (HHS/OS/OGA)

<Kyle.Zebley@hhs.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Tracy Carson
<CarsonTL@state.gov>

Subject: WHO advance team on coronavirus on way to China - Tedros tweet

February 9, 2020 / 4:01 PM / Updated an hour ago

UPDATE 1-WHO advance team on coronavirus on way to China - Tedros tweet

Stephanie Nebehay

By Stephanie Nebehay

GENEVA, Feb 9 (Reuters) - An advance team of international experts led by the World Health Organization (WHO) has left for Beijing to help investigate China's coronavirus epidemic, the Geneva-based agency said on Sunday.

WHO director-general Tedros Adhanom Ghebreyesus, who made a trip to Beijing for talks with President Xi Jinping and Chinese ministers in late January, returned with an agreement on sending an international mission.

But it has taken nearly two weeks to get the government's green light on its composition, which was not announced, other than to say that WHO veteran Dr. Bruce Aylward, a Canadian epidemiologist and emergencies expert, was heading it.

"I've just been at the airport seeing off members of an advance team for the @WHO-led #2019nCoV international expert mission to #China, led by Dr Bruce Aylward, veteran of past public health emergencies," Tedros said in a tweet from Geneva.

Dr. Sylvie Briand, who accompanied Tedros last month and stayed behind for talks with top Chinese health officials, told Reuters last week that they were discussing a list of experts with China.

"Because it is a joint mission, they need to be on board, it's not just an international group going there. We have about 15 people," said Briand, director of Global Infectious Hazard Preparedness at WHO.

China raised the death toll from the coronavirus outbreak to 811 on Sunday, passing the number killed globally by the SARS epidemic, as authorities made plans for millions of people returning to work after an extended Lunar New Year break.

The virus, which has spread to two dozen countries, has killed some 2% of more than 37,550 cases worldwide, with 99 percent of infections in China, WHO figures show.

The WHO declared the outbreak a global emergency on Jan. 30, days after the Chinese central government imposed a lockdown on 60 million people in Hubei province and its capital Wuhan, epicentre of the virus that emerged in December in a seafood market.

Tedros said on Saturday that he hoped the team would include experts from the U.S. Centers for Disease Control (CDC).

"It has to be meaningful on the ground," Lawrence Gostin, professor of global health law at Georgetown Law, said in an interview in Geneva this week.

Gostin called for a "genuine partnership with transparent flows of information and accountability for the response", adding that there should be a strong CDC presence.

"CDC has got no peer in terms of its experience and technical expertise in dealing with international outbreaks," he said.

"But the other benefit is the smart diplomacy, what it could signal is that despite all of our differences in ideology, trade, politics, that when faced with a common threat to humanity, we come together as a human community to tackle it," Gostin said.

Reporting by Stephanie Nebehay; Editing by Pravin Char, Kirsten Donovan

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| Sender: | Grigsby, Garrett (HHS/OS/OGA) </O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=7CD78B4810D44B17B8711AAEDE9A9023-GRIGSBY, GL> |
| Recipient: | <p>Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>;</p> <p>Harrison, Brian (HHS/IOS) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d145efc9c35c4865aca6e9d47786b204-Harrison, B <Brian.Harrison@hhs.gov>;</p> <p>Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>;</p> <p>Elvander, Erika (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac87c0ec2d2741a69764e52f6cb4ca95-Elvander, E <Erika.Elvander@hhs.gov>;</p> <p>Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>;</p> <p>Redfield, Robert R. (CDC/OD) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=9ab74a26317547b8a754285d9eaa847c-robert.redf <olx1@cdc.gov>;</p> <p>Kadlec, Robert (OS/ASPR/IO) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a182eda693d040d3832bae6efcf7a255-Kadlec, Rob <Robert.Kadlec@hhs.gov>;</p> <p>Abram, Anna (FDA/OC) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=5d498efef33e4d2ea760cacd22e8aeaa-anna.abram. <Anna.Abram@fda.hhs.gov>;</p> <p>Bright, Rick (OS/ASPR/BARDA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=53034752f35a4317aa74f46348442d39-Bright, Ric <Rick.Bright@hhs.gov></p> |
| Sent Date: | 2020/02/09 18:34:45 |
| Delivered Date: | 2020/02/09 18:34:00 |

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| To: | Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>; Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=3fac3cd775e8442ba613bcbab2b90a15-gray.handle <handleygr@niaid.nih.gov> |
| CC: | Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau <AFAUCI@niaid.nih.gov>; Collins, Francis (NIH/OD) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aad7e8b13b6740959f2bec763a1a3217-douglas.low <LowyD@mail.nih.gov>; Elvander, Erika (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac87c0ec2d2741a69764e52f6cb4ca95-Elvander, E <Erika.Elvander@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Auchincloss, Hugh (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=461887d846044781b60857f28fef01c-hugh.auchin <auchincloss@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars <hilary.marston@nih.gov> |
| Subject: | RE: RCSC, CEO Roundtable-China & NCI: One for All, and All for One |
| Date: | 2020/04/01 07:02:24 |
| Priority: | Normal |
| Type: | Note |

From: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Sent: Tuesday, March 31, 2020 9:39 PM
To: Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>
Cc: Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Auchincloss, Hugh (NIH/NIAID) [E] <auchincloss@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>
Subject: RE: RCSC, CEO Roundtable-China & NCI: One for All, and All for One

Gray

(b)(5)

Ned

From: Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>
Sent: Saturday, March 28, 2020 4:21 PM
To: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Cc: Fauci, Anthony (NIH/NIAID) [E] <afauci@niaid.nih.gov>; Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Auchincloss, Hugh (NIH/NIAID) [E] <auchinclossh@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] <hilary.marston@nih.gov>
Subject: RE: RCSC, CEO Roundtable-China & NCI: One for All, and All for One

Ned,

(b)(5)

Please let me know your preferences and whether you have any other questions I can address.

Gray

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From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Saturday, March 28, 2020 3:23 PM
To: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>
Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Subject: RE: RCSC, CEO Roundtable-China & NCI: One for All, and All for One

Ned,

It sounds like Gray is our guy on this, so I've cced him.

(b)(5)

Thanks!!

From: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Sent: Saturday, March 28, 2020 2:48 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Subject: Re: RCSC, CEO Roundtable-China & NCI: One for All, and All for One

Garrett

(b)(5)

(b)(5)

Thanks to you and your team for working on this.

Ned

Norman E. Sharpless MD
Director, the National Cancer Institute

On Mar 28, 2020, at 12:43 PM, Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>wrote:

Ned,

Does Larry's info and suggestion, along with Erika's earlier, get you to where you need to be? Pls advise. Many thanks!

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>

Sent: Saturday, March 28, 2020 11:28 AM

To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>

Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>

Subject: RE: RCSC, CEO Roundtable-China & NCI: One for All, and All for One

Garrett,

(b)(5)

(b)(5)

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>

Sent: Saturday, March 28, 2020 10:55 AM

To: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>

Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>

Subject: Re: RCSC, CEO Roundtable-China & NCI: One for All, and All for One

Erika and Larry, can you pls advise on this? I know other request are being or have been developed, but I don't know if it for the same kind of thing or where those requests stand. And, if NCI's is something different, the best way to proceed.

Many thx!

Sent from my iPhone

On Mar 28, 2020, at 10:02 AM, Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>wrote:

Dear Garrett

(b)(5)

Am cc'ing Francis and Doug for awareness. Any advice appreciated

Thx

Ned

Norman E. Sharpless, MD
Director, The National Cancer Institute
<image003.png>

Pre-decisional / FOUO / Deliberative

From: ZhuChen <zchen@stn.sh.cn>
Sent: Saturday, March 28, 2020 9:44 AM
To: Dr. Martin J. Murphy, Jr. <martin.murphy@ceoroundtableoncancer.org>
Cc: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>; Kevin Si <kevin.si@ceoroundtableoncancer.org>
Subject: Re:RCSC, CEO Roundtable-China &NCI: One for All, and All for One

Dear Dr. Murphy,

I believe strengthening the international cooperation was one of the major consensus reached in the latest G20 conference. So if NIH, and NCI in particular, is interested in serological studies with Chinese colleagues, NIH and/or NCI leaders can contact formally President of CAMS, Prof. WANG Chen and Director General of Chinese CDC, Prof. GAO Fu. I guess there is also a representative of NIH in the US Embassy in Beijing. May be this channel can be used as well.

With best regards,

Zhu CHEN

----- Original -----

From: "Dr. Martin J. Murphy, Jr." <martin.murphy@ceoroundtableoncancer.org>;
Date: Sat, Mar 28, 2020 08:43 PM
To: "ZhuChen" <zchen@stn.sh.cn>;
Cc: "Dr. Norman E. Sharpless - NCI (norman.sharpless@nih.gov)" <norman.sharpless@nih.gov>; "Kevin Si" <kevin.si@ceoroundtableoncancer.org>;
Subject: RCSC, CEO Roundtable-China & NCI: One for All, and All for One

March 28, 2020

His Excellency Professor CHEN Zhu 陈竺, MD, PhD
President, *Red Cross Society of China*
Beijing, China

Dear Professor CHEN Zhu:

Your **CEO Roundtable on Cancer-China** is collaborating with **Dr. Ned Sharpless**, director of the **National Cancer Institute**, to understand and improve the performance of *COVID-19* serological tests. This work is being performed at the Serology labs of *Frederick National Lab* (FNL) in Frederick, Maryland, one of our nation's best labs in which to conduct this important work.

Understanding which patients have made good IgM or IgG antibodies to the protein products of the *SARS-CoV-2* virus that cause *COVID-19* will be critical to helping patients and it will also help our world's economic recovery. To do this, we need an accurate working assay with high sensitivity and specificity. Indeed, the US *FDA*, like China's *NMPA*, is receiving emergency use applications for these types of tests, but the real world performance of these assays is still an open question that these collaborative studies are designed to address as discussed below.

In order to accomplish these vital studies with both speed as well as with professional diligence, we seek your supportive collaboration.

Here are some needs:

1. • **IgG+ controls.** We need as many samples as possible of sera or whole blood from patients who have recovered from *COVID-19*. Ideally, these patients would be more than 2 weeks since the resolution of symptoms, and would have had a documented PCR+ test for the *SARS-CoV-2* virus. We hope for samples from **at least 30 different patients**. As much serum or whole blood as possible from these patients but ideally **at least 2 mls per patient**.
2. • **IgG and/or IgM+ controls.** We also seek as many samples as possible of sera or whole blood from patients that have very recently (i.e., <2 weeks) recovered from *COVID-19*. Ideally, these patients would be within 2 weeks since the resolution of symptoms, and would have had a documented PCR+ test for the *SARS-CoV-2* virus. We are hoping for samples from **at least 30 different patients**. We need as much serum or whole blood as possible from these patients but ideally **at least 2 mls per patient**.

3. • **Negative controls for the assay.** Also needed are as many samples as possible of sera or whole blood from patients with no history of *COVID-19*, but collected from a similar population as sample *Groups 1 and 2* above. Since many patients infected by *SARS-CoV-2* were not aware of their infection, **the best negative control samples are those collected prior to September 2019.** Again, as much serum or whole blood as possible from as many patients as possible but ideally **at least 2 mls per patient.**
4. • **Coronavirus specificity.** Sera or whole blood from patients that were exposed to other *non-SARS-CoV-2* coronavirus strains, such as coronavirus *HKU1*, *NL63*, *OC43*, or *229E* to evaluate specificity. Again, as much serum or whole blood as possible from as many patients as possible ideally **at least 2 mls per patient.**

As you especially appreciate, the world is under significant pressure to make decisions about these tests, which is why we seek your collaboration as soon as possible. Even if you can only have a small number of +IgG or IgM samples, this will be vital to initiate our studies.

A point of clarification: These studies are separate from the *NIAID Convalescent Serum Project* that is also underway at the *FNL*. In that project, Cliff Lane and his colleagues from *NIAID* are trying to use the pheresis of convalescent serum as a therapeutic in patients with *COVID-19*. This important trial has been encouraged by you and your colleagues as published this week in your manuscript: ***The feasibility of convalescent plasma therapy in severe COVID-19 patients: a pilot study*** by Kai Duan, *et al.* In the present serology effort we just described differs from Cliff Lane's project in that *our effort is focused on diagnosis rather than on therapy*. That is, it is intended to study the real-world performance of these *SARS-CoV-2* serology assays in healthy individuals.

We all look forward to engaging rapidly in dialogue that we hope will launch a vibrant collaboration ... for the health of patients and the betterment of our world. **Dr. Ned Sharpless** is a close friend and a superb collaborator with whom you will find an admirable colleague. What an honor it will be for me to introduce the two of you.

Should you find it useful, your ***CEO Roundtable on Cancer-China*** can help facilitate these studies in China and at the *NCI*. If you find it supportive, we may use the ***Memoranda of Understanding*** that ***CEO Roundtable-China*** is honored to share with the ***Chinese Academy of Sciences*** (CAS) as well as the one with ***China-CDC***. If it would be better to create a new *MoU* with ***RCSC***, that would bring both joy and honor to our efforts. *One for all, and all for one!*

With my greatest esteem and heartfelt gratitude, I remain

Yours,

Marty

Martin J. Murphy, DMedSc, PhD, FASCO

Member, Board of Directors

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| Subject: | POB Chair's quarterly newsletter—Q3/2019 |
| Date: | 2019/09/20 08:00:16 |
| Priority: | Normal |
| Type: | Note |

Dear polio eradication partner,

Please find attached the Polio Oversight Board Chair's quarterly letter.

In the letter, Dr Tedros, the current POB Chair and WHO Director-General, provides an update on the implementation of the new GPEI strategy. In addition to enhanced support to the remaining endemic countries, and a focus on outbreak response, GPEI is moving ahead with the new pillar of integration, which emphasises strong immunization systems as the foundation of a sustainable polio-free future.

We wish you happy reading.

With kind regards,

The POB Secretariat

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|------------------|--|
| Subject: | WHO: Format of governing body meetings (PBAC32, resumed WHA73 and EB147) |
| Date: | 2020/09/21 11:37:31 |
| Priority: | Normal |
| Type: | Note |

Dear Members of the Executive Board,

Please find attached a letter from the Director-General and on behalf of the Chair of the Executive Board regarding the modalities of the forthcoming governing body meetings.

Members of the Executive Board are invited to signal in writing to hqgoverningbodies@who.int by 24 September 2020 not later than 18:00 Geneva time any objection to the adoption of the proposals listed in the attached letter.

Best regards,

Dr Timothy Armstrong
 Director, Department of Governing Bodies
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| Recipient: | Giroir, Brett (HHS/OASH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre <Brett.Giroir@hhs.gov>; USA EB Representative (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=22ec06a425f14486aab1a65d1f9b2e60-USA.EbolaRe <USA.EBRep@hhs.gov>; EB Madagascar <(b)(6)@gmail.com>; EB Sudan <(b)(6)@hotmail.com>; EB Sudan <(b)(6)@gmail.com>; Dr Al Saidi (Oman) <minister.office@moh.gov.com>; Dr Amoth (Kenya) <(b)(6)@gmail.com>; Dr Amoth (Kenya) 2 <(b)(6)@gmail.com>; Dr Anthony (Guyana) <(b)(6)@gmail.com>; EB Austria <Clemens.Auer@sozialministerium.at>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl <Garrett.Grigsby@hhs.gov>; Dr Kwape (Botswana) <(b)(6)@gmail.com>; Dr Kwape (Botswana) 2 <lekwap@gov.bw>; EB Botswana <cmongageng@gov.bw>; Ms Ching Ying Kong <kong_ching_ying@moh.gov.sg>; EB Singapore <Benjamin_KOH@moh.gov.sg>; EB Colombia <Imoscoso@minsalud.gov.co>; Dr Murashko (Russian Federation) <pr.ministra@rosminzdrav.ru>; |

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Sent Date: 2020/09/21 11:34:16

Delivered Date: 2020/09/21 11:37:31

**Miembros del Consejo Ejecutivo de la
Organización Mundial de la Salud**

18 de septiembre de 2020

Señores miembros del Consejo Ejecutivo:

Tengo el honor de referirme, en nombre del Presidente del Consejo Ejecutivo, Dr. Harsh Vardhan, y en el mío propio, a las decisiones WHA73(8) (2020), EB147(9) (2020) y a la decisión del Consejo Ejecutivo de 28 de abril de 2020, en virtud de las cuales los órganos deliberantes decidieron que la reanudación de la 73.^a Asamblea Mundial de la Salud y la 147.^a reunión del Consejo Ejecutivo, así como la 32.^a reunión del Comité de Programa, Presupuesto y Administración, tendrían lugar en las fechas que decidiera el Consejo Ejecutivo, ya fuera en Ginebra o con arreglo a las modalidades definidas por el Consejo.

Como saben, el Consejo Ejecutivo decidió en agosto de 2020 las fechas de las próximas reuniones de los órganos deliberantes. Dado que estas reuniones están muy próximas, ahora también es necesario decidir su modalidad. Recientemente se han solicitado de manera oficiosa las opiniones de los miembros del Consejo Ejecutivo y de otros Estados Miembros sobre las dos opciones de celebración: 1) reuniones híbridas, en las que un miembro de la delegación (normalmente de la Misión Permanente en Ginebra o de una embajada cercana) asiste presencialmente a la reunión y los demás miembros de la delegación participan a través de una plataforma virtual; o 2) reuniones totalmente virtuales, en las que todos los miembros de las delegaciones participan a través de una plataforma virtual. Las observaciones recibidas apuntan a que la opción preferida es la de celebrar reuniones híbridas.

Más recientemente, la Mesa del Consejo Ejecutivo se reunió el 16 de septiembre de 2020 y expresó su preferencia por que las reuniones de los órganos deliberantes se celebraran en un formato híbrido. La Mesa también subrayó la necesidad de promover la equidad en la participación de todos los Estados Miembros.

La decisión de celebrar las próximas reuniones utilizando un formato híbrido tendría las siguientes consecuencias. La 32.^a reunión del Comité de Programa, Presupuesto y Administración se celebraría en la Sala del Consejo Ejecutivo de la sede de la OMS, cuya capacidad permite garantizar el distanciamiento físico entre un máximo de 70 personas. A este respecto, los 14 miembros del Comité (u otro miembro de la delegación ante el Comité, como un delegado que se encuentre más cerca del lugar de la reunión) tendrían la oportunidad de estar presentes físicamente. Los demás miembros de las delegaciones ante el Comité, los demás Estados Miembros y los demás participantes, según proceda, participarían a través de la plataforma virtual.

...

De la misma manera, la reanudación de la 147.^a reunión del Consejo Ejecutivo tendría lugar en la Sala del Consejo Ejecutivo de la sede de la OMS. Dada la capacidad limitada de la sala del Consejo Ejecutivo, solo los 34 miembros del Consejo (u otro miembro de la delegación ante el Consejo, como un delegado que se encuentre más cerca del lugar de la reunión) estarían presentes físicamente, mientras que los demás miembros de delegaciones, los demás Estados Miembros y los demás participantes, según proceda, participarían a través de la plataforma virtual.

Con respecto a la reanudación de la 73.^a Asamblea Mundial de la Salud, la OMS ha reservado la Sala del Pleno y la Sala 18 (sala del Comité A) del Palais des Nations durante toda la Asamblea Mundial de la Salud. Las sesiones que se celebren en la Sala del Pleno tendrían un formato híbrido, lo que permitiría la presencia física en la sala de un delegado por Estado Miembro. Dada la limitada capacidad de la Sala 18, las sesiones que se celebren en esa sala tendrían un formato totalmente virtual. De esta manera, los Comités A y B se reunirían simultáneamente, en el supuesto de que los procedimientos especiales adoptados en la apertura de la Asamblea lo permitieran. Se prevé que la Mesa de la Asamblea y la Comisión de Credenciales se reúnan también durante la reanudación de la 73.^a Asamblea Mundial de la Salud, por lo que sería necesario estudiar de antemano los ajustes de los procedimientos especiales. La Secretaría preparará un proyecto inicial para su examen.

En relación con la participación física en todas las reuniones de los órganos deliberantes, se establecerían las medidas de seguridad necesarias, entre ellas el distanciamiento físico y el uso de mascarillas. Se invitaría a las delegaciones a que pidieran que un delegado que se encuentre cerca del lugar de la reunión participara físicamente en ella con el fin de reducir al mínimo los viajes internacionales, en vista de las actuales restricciones a los viajes. La OMS se ha comprometido a colaborar con las autoridades del país anfitrión y entiende que se puede obtener apoyo para facilitar el acceso de los titulares de funciones oficiales y de un número limitado de delegados que no estén presentes en Ginebra. La Secretaría celebraría nuevas consultas con los Estados Miembros sobre las modalidades de las reuniones para promover la equidad en la participación de todas las delegaciones de los Estados Miembros.

En vista de lo anterior, invito por la presente a los miembros del Consejo Ejecutivo a que convengan en decidir las modalidades de las reuniones de los órganos deliberantes correspondientes mediante un procedimiento por escrito.

Por consiguiente, se invita a los miembros del Consejo Ejecutivo a señalar por escrito a la dirección de correo electrónico hqgoverningbodies@who.int, **a más tardar el 24 de septiembre de 2020 a las 18.00 horas (hora de Ginebra)**, cualquier objeción a la adopción de las siguientes propuestas, a saber:

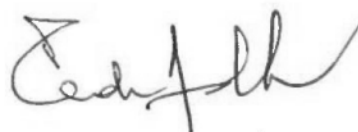
- 1) La reanudación de la 73.^a Asamblea Mundial de la Salud se desarrollará en un formato híbrido;
- 2) La reanudación de la 147.^a reunión del Consejo Ejecutivo se desarrollará en un formato híbrido;
- 3) La 32.^a reunión del Comité de Programa, Presupuesto y Administración se celebrará en un formato híbrido.

...

Si algún miembro del Consejo Ejecutivo presenta una objeción por escrito a la adopción de cualquiera de las propuestas antes mencionadas dentro del plazo establecido, se considerará que dicha propuesta no ha sido adoptada por el Consejo Ejecutivo. En ese caso, la reunión con respecto a la cual se plantee una objeción se celebrará de forma totalmente virtual.

Si en el plazo fijado no se recibe ninguna objeción por escrito de ningún miembro del Consejo Ejecutivo, se considerará que las propuestas antes mencionadas han sido válidamente adoptadas por el Consejo Ejecutivo.

Les ruego acepten, señores miembros del Consejo Ejecutivo, el testimonio de mi más alta consideración.



Dr. Tedros Adhanom Ghebreyesus
Director General



Членам Исполнительного комитета
Всемирной организации здравоохранения

18 сентября 2020 г.

Уважаемые члены Исполнительного комитета!

От имени Председателя Исполнительного комитета д-ра Харша Вардхана и себя лично имею честь сослаться на решения WHA73(8) (2020 г.) и EB147(9) (2020 г.), а также решение Исполнительного комитета от 28 апреля 2020 г., в которых руководящие органы постановили, что возобновленная семьдесят третья сессия Всемирной ассамблеи здравоохранения и 147-я сессия Исполнительного комитета, а также 32-е совещание Комитета Исполкома по программным, бюджетным и административным вопросам будут проведены в Женеве или в иной форме и в такие сроки, которые будут определены Исполнительным комитетом.

Как известно, в августе 2020 г. Исполнительный комитет определил сроки проведения предстоящих заседаний руководящих органов. Поскольку сроки проведения заседаний быстро приближаются, необходимо принять решения относительно их формы. Недавно в неофициальном порядке были запрошены мнения членов Исполнительного комитета и других государств-членов относительно двух форм проведения заседаний: (1) проведение заседаний в гибридном формате, при котором по одному члену делегации (обычно работник постоянного представительства в Женеве или посольства, расположенного поблизости) лично присутствует на заседаниях, а остальные члены делегации участвуют в работе посредством виртуальной платформы; и (2) проведение заседаний в полностью виртуальном формате, при котором все члены делегаций участвуют в работе заседаний посредством виртуальной платформы. Согласно полученным ответам, предпочтение отдано проведению заседаний в гибридном формате.

Недавно, 16 сентября 2020 г., должностные лица Исполнительного комитета провели совещание, на котором ими было отдано предпочтение проведению заседаний в гибридном формате. Кроме того, должностные лица подчеркнули необходимость обеспечения равного участия всех государств-членов.

Принятие решения о проведении предстоящих заседаний в гибридном формате означает следующее. Тридцать второе совещание КПБАВ будет проведено в штаб-квартире ВОЗ, в зале заседаний Исполнительного комитета, в котором может быть обеспечено физическое дистанцирование максимум 70 человек. Таким образом, на совещании смогут лично присутствовать 14 членов КПБАВ (или других членов делегаций членов КПБАВ, например делегаты, место пребывания которых находится недалеко от места проведения заседаний). Другие члены делегаций членов КПБАВ, другие государства-члены и иные соответствующие участники смогут принять участие посредством виртуальной платформы.

Возобновленная 147-я сессия Исполкома будет аналогичным образом проведена в штаб-квартире ВОЗ, в зале заседаний Исполнительного комитета. Учитывая ограниченную вместимость зала заседаний Исполнительного комитета, на сессии смогут лично присутствовать только 34 члена Исполкома (или других членов делегаций членов Исполкома, например делегаты, место пребывания которых находится недалеко от места проведения заседаний), в то время как другие члены делегаций, другие государства-члены и иные соответствующие участники смогут принять участие посредством виртуальной платформы.

Что касается возобновленной семьдесят третьей сессии Всемирной ассамблеи здравоохранения, то ВОЗ забронировала на все время работы Ассамблеи здравоохранения зал пленарных заседаний и зал 18 (зал заседаний Комитета А) Дворца наций. Заседания, которые состоятся в зале пленарных заседаний, будут проходить в гибридном формате, что позволит лично присутствовать по одному делегату от каждого государства-члена. Учитывая ограниченную вместимость зала 18, заседания, которые состоятся в этом зале, будут проходить в полностью виртуальном формате. Таким образом, заседания комитетов А и В смогут проходить одновременно при том условии, что это будет допущено специальной процедурой, которая будет принята при открытии сессии Ассамблеи. Предполагается, что во время возобновленной семьдесят третьей сессии Всемирной ассамблеи здравоохранения также состоятся заседания Генерального комитета и Комитета по проверке полномочий, и поэтому потребуются заранее обсудить изменения специальной процедуры. Секретариатом будет подготовлен для рассмотрения предварительный проект изменений.

В связи с личным участием делегатов в заседаниях руководящих органов будут приняты необходимые меры безопасности, включая обеспечение физического дистанцирования и масочного режима. В свете текущих ограничений на поездки делегациям рекомендуется ограничить до минимума международные поездки и направить для личного участия по одному делегату, место пребывания которого находится недалеко от места проведения заседаний. ВОЗ стремится сотрудничать с властями принимающей страны и, насколько ей известно, может быть оказана поддержка для облегчения доступа должностных лиц, а также ограниченного числа членов делегаций, не представленных в Женеве. Секретариат продолжит консультации с государствами-членами относительно формы проведения заседаний в целях обеспечения равного участия делегаций всех государств-членов.

В свете вышеизложенного предлагаю членам Исполнительного комитета принять посредством письменной процедуры решение о форме проведения заседаний руководящих органов.

Таким образом, членам Исполнительного комитета предлагается сообщить в письменной форме **не позднее 18:00 (по женевскому времени) 24 сентября 2020 г.** на адрес электронной почты hqgoverningbodies@who.int о любых возражениях против принятия следующего предложения:

- (1) возобновленная семьдесят третья сессия Всемирной ассамблеи здравоохранения проводится в гибридном формате;

- (2) возобновленная 147-я сессия Исполнительного комитета проводится в гибридном формате;
- (3) тридцать второе совещание Комитета по программным, бюджетным и административным вопросам проводится в гибридном формате.

В случае, если к указанной дате какой-либо член Исполнительного комитета сообщит в письменной форме о возражении против принятия любого из вышеизложенных предложений, такое предложение будет считаться не принятым Исполнительным комитетом. В этом случае заседание, в отношении которого было выдвинуто возражение, будет проведено в полностью виртуальном формате.

В случае, если к указанной дате от членов Исполнительного комитета не поступит никаких письменных возражений, вышеизложенные предложения будут считаться надлежащим образом принятыми Исполнительным комитетом.

С уважением,



Генеральный директор
д-р Тедрос Адханом Гебрейесус



Membres du Conseil exécutif de l'Organisation mondiale de la Santé

18 septembre 2020

Mesdames et Messieurs les membres du Conseil exécutif,

J'ai l'honneur de me référer, personnellement et au nom du Président du Conseil exécutif, le Dr Harsh Vardhan, aux décisions WHA73(8) (2020) et EB147(9) (2020), et à la décision prise par le Conseil exécutif le 28 avril 2020, par lesquelles les organes directeurs ont décidé que la Soixante-Treizième Assemblée mondiale de la Santé et la cent quarante-septième session du Conseil exécutif reprendraient, et que la trente-deuxième réunion du Comité du programme, du budget et de l'administration se tiendrait, aux dates que fixerait le Conseil exécutif, à Genève ou selon des modalités définies par le Conseil.

Comme vous le savez, le Conseil exécutif a fixé en août 2020 les dates des prochaines réunions des organes directeurs. Alors que ces réunions approchent à grands pas, il faut maintenant en déterminer aussi les modalités. Récemment, il a été demandé de façon informelle aux membres du Conseil exécutif et aux autres États Membres de faire connaître leur point de vue sur les deux options suivantes : 1) l'organisation de réunions hybrides – auxquelles un membre par délégation (qui se trouve généralement à la mission permanente à Genève ou dans une ambassade à proximité) assiste physiquement et les autres membres de la délégation participent par des moyens virtuels, ou 2) l'organisation de réunions totalement virtuelles, auxquelles tous les membres de chaque délégation participent par des moyens virtuels. Il ressort des observations reçues que les réunions hybrides sont l'option préférée.

Les membres du Bureau du Conseil exécutif se sont réunis le 16 septembre 2020 et ont indiqué préférer que les réunions des organes directeurs se tiennent suivant des modalités hybrides. Ils ont également souligné qu'il fallait faire en sorte que tous les États Membres participent équitablement aux réunions.

L'organisation des prochaines réunions selon des modalités hybrides, si elle était décidée, aurait les conséquences suivantes. La cent trente-deuxième réunion du Comité du budget, du programme et de l'administration aurait lieu au Siège de l'OMS dans la salle du Conseil exécutif, dont la capacité permet de garantir une distance physique entre 70 personnes au maximum. À cet égard, les 14 membres du Comité (ou un autre membre de la délégation au Comité, par exemple un délégué qui se trouve plus près du lieu de la réunion) auraient la possibilité d'être physiquement présents. Les autres membres des délégations au Comité, les autres États Membres et les autres participants, le cas échéant, participeraient par des moyens virtuels.

De la même manière, la reprise de la cent quarante-septième session du Conseil exécutif aurait lieu au Siège de l'OMS dans la salle du Conseil exécutif. Compte tenu de la capacité limitée de cette salle, seuls les 34 membres du Conseil (ou un autre membre de la délégation au Conseil, par exemple un délégué qui se trouve plus près du lieu de la réunion) seraient physiquement présents, et les autres membres des délégations, les autres États Membres et les autres participants, le cas échéant, participeraient par des moyens virtuels.

En ce qui concerne la reprise de la Soixante-Treizième Assemblée mondiale de la Santé, l'OMS a réservé la Salle des Assemblées et la Salle 18 (salle de la Commission A) au Palais des Nations pour toute la durée de l'Assemblée de la Santé. Les séances qui auraient lieu dans la Salle des Assemblées se dérouleraient selon des modalités hybrides, ce qui permettrait à un délégué par État Membre d'être physiquement présent. Compte tenu de la capacité limitée de la Salle 18, les séances qui auraient lieu dans cette salle seraient totalement virtuelles. De cette manière, les Commissions A et B se réuniraient en parallèle si les procédures spéciales adoptées à l'ouverture de l'Assemblée le permettaient. Il est envisagé que le Bureau de l'Assemblée et la Commission de vérification des pouvoirs se réunissent également pendant la reprise de la Soixante-Treizième Assemblée mondiale de la Santé et qu'il faille donc étudier à l'avance l'ajustement des procédures spéciales. Un premier projet sera établi par le Secrétariat pour examen.

Pour la participation physique à toutes les réunions des organes directeurs, les mesures de sécurité nécessaires, y compris la distanciation physique et le port du masque, seraient instaurées. Les délégations seraient invitées à demander à un délégué se trouvant près du lieu de la réunion de participer physiquement à cette réunion et à éviter autant que possible les voyages internationaux, compte tenu des restrictions actuelles. L'OMS s'engage à collaborer avec les autorités du pays hôte et sait qu'il est envisageable d'obtenir un soutien pour faciliter l'accès des titulaires de fonctions officielles et d'un nombre limité de délégués qui ne sont pas présents à Genève. Le Secrétariat mènerait d'autres consultations avec les États Membres sur les modalités des réunions afin que toutes les délégations des États Membres puissent y participer de façon équitable.

Compte tenu de ce qui précède, j'invite les membres du Conseil exécutif à convenir des modalités d'organisation des réunions en question selon une procédure écrite.

En conséquence, les membres du Conseil exécutif sont invités à communiquer par écrit à l'adresse électronique hqgoverningbodies@who.int **d'ici au 24 septembre 2020 à 18 heures (heure de Genève) au plus tard** toute objection à l'adoption des propositions suivantes :

- 1) la reprise de la Soixante-Treizième Assemblée mondiale de la Santé se déroulera selon des modalités hybrides ;
- 2) la reprise de la cent quarante-septième session du Conseil exécutif se déroulera selon des modalités hybrides ;
- 3) la trente-deuxième réunion du Comité du programme, du budget et de l'administration se déroulera selon des modalités hybrides.

Si un Membre du Conseil exécutif élève une objection par écrit à l'adoption de l'une quelconque des propositions ci-dessus dans le délai fixé, celle-ci sera considérée comme n'ayant pas été adoptée par le Conseil exécutif. En ce cas, la réunion pour laquelle une objection est élevée se déroulera de façon totalement virtuelle.

Si aucun Membre du Conseil exécutif n'élève d'objection par écrit dans le délai fixé, les propositions ci-dessus seront considérées comme ayant été adoptées par le Conseil exécutif.

Veuillez agréer, Mesdames et Messieurs les membres du Conseil exécutif, l'assurance de ma considération distinguée.



Docteur Tedros Adhanom Ghebreyesus
Directeur général

**Members of the Executive Board of
the World Health Organization**

18 September 2020

Dear Members of the Executive Board,

I have the honour to refer, on behalf of the Chair of the Executive Board, Dr Harsh Vardhan, and myself to decisions WHA73(8) (2020), EB147(9) (2020) and to the Executive Board's decision of 28 April 2020, through which the governing bodies decided that the resumed sessions of the Seventy-third World Health Assembly (WHA73) and Executive Board at its 147th session (EB147), as well as the 32nd meeting of the Programme Budget and Administration Committee (PBAC32), would be held at such dates and either in Geneva or through such means as to be decided by the Executive Board.

As you know, the Executive Board decided in August 2020 on the dates of the forthcoming governing body meetings. As these meetings are quickly approaching, decisions are also now needed on the modalities of the meetings. Recently, the views of the Executive Board members and other Member States have been informally solicited on the two options of holding: (1) hybrid meetings – where one delegation member (usually based in the Permanent Mission in Geneva or in an embassy close by) attends the meeting in-person and other delegation members participate through a virtual platform, or (2) fully virtual meetings, where all delegation members participate through a virtual platform. The comments received have favoured the option of holding hybrid meetings.

Most recently, the Officers of the Executive Board met on 16 September 2020 and expressed a preference for the governing body meetings to be held using a hybrid format. The Officers also emphasized the need to promote equity of participation of all Member States.

A decision to hold the forthcoming meetings using a hybrid format would have the following implications. PBAC32 would be held at WHO headquarters in the Executive Board room, which has the capacity to physically distance a maximum of 70 people. In this regard, the 14 members of the PBAC (or another member of the PBAC member's delegation, such as a delegate located closer to the meeting venue) would have the opportunity to be physically present. Other PBAC delegation members, other Member States and other participants, as appropriate, would participate through the virtual platform.

In the same manner, the resumed session of EB147 would be held at WHO headquarters in the Executive Board room. Given the limited capacity of the Executive Board room, the session would involve having only the 34 members of the Board (or another member of the EB member's delegation, such as a delegate located closer to the meeting venue) physically present with other delegation members, other Member States, and other participants, as appropriate, participating through the virtual platform.

With respect to the resumed session of WHA73, WHO has reserved Plenary Hall and Room 18 (Committee A room) at the Palais des Nations for the duration of the Health Assembly. Meetings conducted in Plenary Hall would have a hybrid format, allowing one delegate per

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Member State to be physically present in the room. Given the limited room capacity of Room 18, meetings held in that room would have a fully virtual format. In this way, Committees A and B would meet concurrently, assuming the special procedures adopted at the opening of the Assembly would allow. It is envisaged that the General Committee and Credentials Committee would also meet during the resumed session of WHA73 and that, therefore, adjustments to special procedures would need to be discussed in advance. An initial draft will be prepared by the Secretariat for consideration.

In relation to the physical participation in all governing body meetings, required safety measures would be put in place, including physically distancing and face masks. Delegations would be encouraged to request that a delegate located near the meeting venue participates physically in the meeting and minimize international travel, in view of current travel restrictions. WHO is committed to working with the host country authorities and understands that support may be available to help facilitate the access of officer bearers, as well as a limited number of delegates that do not have a presence in Geneva. The Secretariat would hold further consultations with Member States on the modalities of the meetings to promote equity of participation by all Member State delegations.

In view of the foregoing, I hereby invite the Members of the Executive Board to agree to decide on the modalities of the governing bodies meetings concerned by means of a written procedure.


Accordingly, Members of the Executive Board are invited to signal in writing to the following email address hqgoverningbodies@who.int **by 24 September 2020 not later than 18:00 (Geneva time)** any objection to the adoption of the following proposals, namely that:

- (1) the resumed session of the Seventy-third World Health Assembly be held by means of a hybrid format;
- (2) the resumed session of 147th session of the Executive Board be held by means of a hybrid format;
- (3) the Thirty-second meeting of the Programme, Budget and Administration Committee be held by means of a hybrid format.

If any Member of the Executive Board objects in writing to the adoption of any of the proposals set out above by the set date, then that proposal will be considered not to have been adopted by the Executive Board. In that case, the meeting in relation to which an objection is raised will be held using a fully virtual format.

In absence of the receipt by the set date of any written objection from any Member of the Executive Board, the proposals set out above will be considered to have been validly adopted by the Executive Board.

Yours faithfully,



Dr Tedros Adhanom Ghebreyesus
Director-General



世界卫生组织
执行委员会委员

尊敬的执行委员会各位委员：

我谨代表执行委员会主席 Harsh Vardhan 博士和我本人提及 WHA73(8)号（2020 年）、EB147(9)号（2020 年）决定和执行委员会于 2020 年 4 月 28 日作出的决定，其中理事机构决定第七十三届世界卫生大会和执行委员会第 147 届会议的续会以及规划、预算和行政委员会第三十二次会议应在执行委员会决定的日期在日内瓦或通过其它方式举行。

如您所知，执行委员会于 2020 年 8 月确定了即将举行的理事机构会议的日期。随着会期临近，现在还需要就会议召开方式作出决定。最近，已经非正式征求了执行委员会委员和其他会员国对以下两种举办方式的意见：(1)混合会议——代表团一名成员（通常来自日内瓦常驻团或附近使馆）在现场出席会议，代表团其他成员通过虚拟平台参加；或(2)完全虚拟会议，所有代表团成员通过虚拟平台参加。通过收到的意见来看，倾向于混合会议这一选项。

最近，执行委员会主席团成员于 2020 年 9 月 16 日举行会议，表示希望理事机构会议以混合方式召开。主席团成员还强调需要促进所有会员国的公平参与。

决定采用混合方式举行即将召开的会议将会产生以下影响。规划、预算和行政委员会第三十二次会议将在世卫组织总部执行委员会会议室举行，会议室最多可容纳 70 人。鉴此，该委员会的 14 名成员（或委员会成员代表团的另一名成员，如靠近会场的一名代表）将有机会在现场参会。委员会代表团其他成员、其他会员国和其他参与者将酌情通过虚拟平台参加。

同样，执行委员会第 147 届会议续会将在世卫组织总部执行委员会会议室举行。鉴于执行委员会会议室的容纳人数有限，仅由执行委员会 34 名委员（或执行委员会委员代表团的另一名成员，如靠近会场的一名代表）亲临现场参会，代表团其他成员、其他会员国和其他与会者酌情通过虚拟平台参加。

至于第七十三届世界卫生大会续会，世卫组织根据卫生大会会期在万国宫预定了全体会议大厅和第 18 号会议室（甲委员会会议室）。在全体会议大厅举行的会议将采用混合方式，允许每个会员国派一名代表亲临会场。鉴于第 18 号会议室的容纳人数有限，在该会议室举行的会议将完全采用虚拟方式。这样，假定大会开幕时通过的特别程序允许，甲乙委员会将同时开会。预计会务委员会和全权证书委员会也将在第七十三届世界卫生大会续会期间举行会议，因此，需要事先讨论特别程序的调整问题。秘书处将编写初稿供大会审议。

关于在现场参加所有理事机构会议，将会采取必要的安全措施，包括保持身体距离和戴口罩。鉴于目前仍存在旅行限制，鼓励各代表团要求会场附近的代表亲临现场参加会议，并尽量减少国际旅行。世卫组织致力于与东道国当局合作，并理解可能需要提供一定支持，以便利主席团成员以及在日内瓦没有派驻人员的少数代表的出入。秘书处将与会员国就会议举办方式进一步进行协商，以促进所有会员国代表团的公平参与。

鉴于上述情况，我现请执行委员会各位委员同意通过书面程序就理事机构会议的举办方式作出决定。


因此，请执行委员会各委员至迟在 2020 年 9 月 24 日 18:00（日内瓦时间）之前发邮件至 hqgoverningbodies@who.int，就以下建议提出任何书面反对意见，即：

- (1) 第七十三届世界卫生大会续会通过混合方式举行；
- (2) 执行委员会第 147 届会议续会通过混合方式举行；
- (3) 规划、预算和行政委员会第三十二次会议通过混合方式举行。

如果执行委员会任何委员在规定日期之前对上述建议提出书面反对意见，这些建议将被视为没有获得执行委员会通过。在这种情况下，存有异议的会议将以完全虚拟的方式举行。

如果在规定日期前没有收到执行委员会任何委员的书面反对意见，上述建议将被视为已得到执行委员会的有效通过。

您诚挚的，



总干事

谭德塞博士

2020 年 9 月 18 日

أعضاء المجلس التنفيذي لمنظمة الصحة العالمية

١٨ أيلول/سبتمبر ٢٠٢٠

السادة أعضاء المجلس التنفيذي الموقرون،

تحية طيبة وبعد،

أتشرف بالإشارة، بالنيابة عن رئيس المجلس التنفيذي، الدكتور هارش فارदान، وبالأصالة عن نفسي، إلى المقررين الإجرائيين ج ص ع ٧٣ (٨) (٢٠٢٠) وم ت ١٤٧ (٩) (٢٠٢٠) والمقرر الذي اتخذته المجلس التنفيذي في ٢٨ نيسان/أبريل ٢٠٢٠، والتي بموجبها قررت الأجهزة الرئاسية استئناف الدورة الثالثة والسبعين لجمعية الصحة العالمية والدورة السابعة والأربعين بعد المائة للمجلس التنفيذي، فضلاً عن الاجتماع الثاني والثلاثين للجنة البرنامج والميزانية والإدارة، في مواعيد يحددها المجلس التنفيذي لتتعدد إما في جنيف أو بأي وسائل أخرى يقررها المجلس التنفيذي.

وكما تعلمون، فقد حدد المجلس التنفيذي في آب/أغسطس ٢٠٢٠ مواعيد انعقاد الاجتماعات المرتقبة للأجهزة الرئاسية. ومع اقتراب هذه المواعيد، يتعين الآن البت في طرائق عقدها. وقد التُمت بشكل رسمي مؤخراً آراء أعضاء المجلس التنفيذي والدول الأعضاء بشأن الخيارين التاليين لعقد الاجتماعات: (١) اجتماعات مختلطة، حيث يحضر الاجتماع شخصياً أحد أعضاء الوفد (العضو المقيم في البعثة الدائمة للدولة في جنيف أو في أي سفارة قريبة عادةً) فيما يشارك أعضاء الوفد الآخرون من خلال منصة افتراضية، أو (٢) اجتماعات افتراضية بالكامل، حيث يشارك جميع أعضاء الوفد في الاجتماع من خلال منصة افتراضية. وقد أبدت التعليقات الواردة تفضيلها لخيار عقد اجتماعات مختلطة.

واجتمع أعضاء مكتب المجلس التنفيذي مؤخراً في ١٦ أيلول/سبتمبر ٢٠٢٠، وأعربوا عن تفضيلهم لعقد اجتماعات الأجهزة الرئاسية في صيغة مختلطة، مشددين على الحاجة إلى تعزيز الإنصاف في المشاركة لجميع الدول الأعضاء.

ويترتب على قرار عقد الاجتماعات المقبلة في صيغة مختلطة ما يلي: سيُعقد الاجتماع الثاني والثلاثون للجنة البرنامج والميزانية والإدارة في قاعة المجلس التنفيذي في المقر الرئيسي للمنظمة، التي تسع ٧٠ شخصاً كحد أقصى مع الحفاظ على التباعد البدني. وفي هذا الصدد، ستتاح فرصة الحضور الشخصي لأعضاء اللجنة الـ ١٤ (أو أي عضو آخر من وفد الدولة العضو في اللجنة، من قبيل المندوب الأقرب إلى مكان الاجتماع). وسيشارك أعضاء الوفد الآخرون والدول الأعضاء الأخرى وغيرهم من المشاركين، حسب الاقتضاء، من خلال المنصة الافتراضية.

وعلى المنوال ذاته، ستُعقد الدورة المستأنفة السابعة والأربعون بعد المائة للمجلس التنفيذي في قاعة المجلس التنفيذي في المقر الرئيسي للمنظمة. ونظراً للسعة المحدودة لقاعة المجلس التنفيذي، ستتطوي الدورة على الحضور الشخصي للأعضاء الـ ٣٤ للمجلس فقط (أو أي عضو آخر من وفد الدولة العضو في المجلس، من قبيل المندوب الأقرب إلى مكان الاجتماع)، فيما سيشارك أعضاء الوفد الآخرون والدول الأعضاء الأخرى وغيرهم من المشاركين، حسب الاقتضاء، من خلال المنصة الافتراضية.

أما بالنسبة للدورة المستأنفة لجمعية الصحة العالمية الثالثة والسبعين، فقد حجزت المنظمة قاعة الجلسات العامة والقاعة ١٨ (قاعة اللجنة "أ") في قصر الأمم للمدة التي تستغرقها جمعية الصحة. وستُعقد الاجتماعات في قاعة الجلسات العامة بصيغة مختلطة، حيث سيُسمح بالحضور الشخصي في القاعة لمندوب واحد من كل دولة عضو. ونظراً للسعة المحدودة للقاعة ١٨، فإن الاجتماعات التي ستُعقد في هذه القاعة ستتخذ شكلاً افتراضياً بالكامل. وبذلك، سيتسنى عقد اجتماعات اللجنتين "أ" و"ب" بالتزامن، إذا سمحت بذلك الإجراءات الخاصة المعتمدة عند افتتاح الجمعية. ومن المتوخى أن تتعقد اللجنة العامة ولجنة أوراق الاعتماد كذلك أثناء الدورة المستأنفة لجمعية الصحة العالمية الثالثة والسبعين، ويتعين بالتالي مناقشة التعديلات اللازم إدخالها على الإجراءات الخاصة مسبقاً. وستعدّ الأمانة مسودة أولية بهذا الشأن للنظر فيها.

وفيما يتعلق بالمشاركة الحضورية في سائر اجتماعات الأجهزة الرئاسية، فسوف تُطبق تدابير السلامة اللازمة، بما يشمل التباعد البدني والكمادات. وتُشجع الوفود على اختيار المندوب الأقرب إلى مكان الاجتماع للمشاركة الحضورية في الاجتماع وبذلك تقليل الحاجة إلى السفر الدولي في ظل قيود السفر الحالية. وتلتزم المنظمة بالعمل مع سلطات البلد المضيف وتذكر أن من الممكن تقديم الدعم للمساعدة على تيسير سفر أعضاء المكتب وعدد محدود من المندوبين غير المتواجدين في جنيف. وستجري الأمانة مشاورات إضافية مع الدول الأعضاء بشأن طرائق عقد الاجتماعات لتعزيز المشاركة المنصفة لجميع وفود الدول الأعضاء.

وبناءً على ما تقدم، أدعو أعضاء المجلس التنفيذي إلى الموافقة على البتّ في طرائق عقد اجتماعات الأجهزة الرئاسية المعنية بواسطة إجراء كتابي.

وعليه، فإن أعضاء المجلس التنفيذي مدعوون إلى إرسال إشعار خطي على عنوان البريد الإلكتروني التالي: hqgoverningbodies@who.int بحلول تاريخ ٢٤ أيلول/سبتمبر ٢٠٢٠، في موعد أقصاه الساعة ١٨.٠٠ (بتوقيت جنيف)، لإبداء أي اعتراض على اعتماد المقترحات التالية:

- (١) تُعقد الدورة المستأنفة لجمعية الصحة العالمية الثالثة والسبعين في صيغة مختلطة؛
- (٢) تُعقد الدورة المستأنفة السابعة والأربعون بعد المائة للمجلس التنفيذي في صيغة مختلطة؛
- (٣) يُعقد الاجتماع الثاني والثلاثون للجنة البرنامج والميزانية والإدارة في صيغة مختلطة.

وإذا أبدى أي عضو في المجلس التنفيذي اعتراضه كتابياً على اعتماد أي من المقترحات الواردة أعلاه في غضون المهلة المحددة، فسيُعتبر أن المجلس التنفيذي لم يعتمد هذا المقترح. وفي هذه الحالة، سيُعقد الاجتماع المُعترض عليه في صيغة افتراضية بالكامل.

وما لم يرد أي اعتراض كتابي من أي عضو في المجلس التنفيذي بحلول الأجل المحدد، فسيُعتبر أن المقترحات المذكورة أعلاه قد اعتمدها المجلس التنفيذي حسب الأصول.

وتفضلوا بقبول فائق التقدير والاحترام،،،



الدكتور تيديروس أدحانوم غيبريسوس
المدير العام

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| Subject: | [MARKETING EMAIL]The Independent Panel Works to Establish Authoritative Chronology of the COVID-19 Pandemic |
| Date: | 2020/10/22 07:14:05 |
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The
Independent
Panel

FOR PANDEMIC
PREPAREDNESS
& RESPONSE





The Independent Panel Works to Establish Authoritative Chronology of the COVID-19 Pandemic

For Immediate Release

22 October 2020

News Release

Geneva, Switzerland

The Independent Panel for Pandemic Preparedness and Response is working to establish

an authoritative chronology of the emergence, global recommendations, national response, and impacts of SARS-CoV2, the virus which causes COVID-19.

The chronology is part of the Independent Panel's "Program of Work" – the roadmap which describes the themes and research questions the Panel will answer in the months ahead.

"The Independent Panel seeks to establish why SARS-CoV2 grew into a global pandemic. The authoritative chronology will help to anchor the Panel's analysis of what has happened and to identify lessons learned," said Helen Clark, Co-Chair of the Independent Panel.

To help establish the chronology, the Panel will consult epidemiological experts and will review scientific literature. It will co-ordinate with scientists investigating the origins of the virus; review WHO's recommendations as COVID-19 spread; undertake a review of grey literature including media and other reports; and examine WHO's internal documents as necessary. Additional information, such as excess mortality data, will also be examined.

National Responses

The Independent Panel is also establishing a framework through which to understand national and subnational responses.

"The Panel will look at the different ways in which countries have responded, and how those have impacted the trajectory of the pandemic," said Ellen Johnson Sirleaf, Co-Chair of the Independent Panel.

"Country willingness and capacity to respond to COVID-19 have impacted whether COVID-19 spread or was contained, whether people became ill or stayed healthy, and whether economies were shattered or protected."

The Panel will document actions in areas such as co-ordination of the national and sub-

national responses, preparedness of the health system for a pandemic, community engagement, and implementation of public health and border control measures.

Countries for analysis will be chosen based on criteria including the type of outbreak – such as whether COVID-19 was contained early; flared early and was then contained; included more than one wave of infections; or was not addressed early and has continued to have sizeable outbreaks.

The Program of Work

The Independent Panel published its Program of Work this week. This is the roadmap which guides the Panel's review. The Program of Work is a living document and will evolve as work progresses and the pandemic evolves. It sets out the four main themes for enquiry:

- • **Build on the past:** learn from previous pandemics and understand the status of the health security system and actors pre-COVID-19.
- • **Review the present:** develop an accurate chronology of events and activities in relation to the COVID-19 pandemic, including the recommendations made by WHO and responses to them.
- • **Understand the impacts:** Review the direct and indirect impacts of both the pandemic and the response measures.
- • **Change for the future:** An analysis and vision for a strengthened international system which is well equipped for pandemic preparedness and response.

Consultations Begin

The Independent Panel will draw from the knowledge of a range of people who have expertise in the themes under review, and from the experiences of those who have been affected directly by the pandemic.

“The Panel wants to hear from everyone who wants to contribute,” said Ellen Johnson Sirleaf. “We will hold some private expert consultations, open webinars and town hall-style meetings, and meet with groups who don’t have online access. We invite contributions from any group or individual who has a view on the future of pandemic preparedness and response.”

As one form of outreach, an invitation to contribute experiences, views, and ideas through web-based questionnaires will soon be published on the Panel website.

The Independent Panel’s analysis of facts and lessons learned will contribute to the recommendations which it formulates. As the Co-Chairs told the Panel at its second meeting on 20 and 21 October, its recommendations should be “implementable, assign owners, and indicate both timescales and the financial and human resources needed to execute them.”

The Program of Work, and documents from the first and second Independent Panel meeting are published on www.TheIndependentPanel.org.

Background for Editors

The Independent Panel was established by the World Health Organization’s Director-General in response to World Health Assembly resolution 73.1.

Its mandate is to review experience gained and lessons learned from the WHO-coordinated international response to COVID-19. The Independent Panel comprises thirteen members, including Co-Chairs the Rt Hon. Helen Clark, former Prime Minister of New Zealand, and Her Excellency Ellen Johnson Sirleaf, former President of Liberia.

The mission of the Independent Panel is to provide an evidence-based path for the future,

grounded in lessons of the present and the past to ensure countries and global institutions, including specifically WHO, effectively address health threats.

The Independent Panel will establish facts about global and country responses to COVID-19, distill lessons learned, and will make recommendations for how the world can be better prepared to respond both to the current pandemic, and to future global health threats.

The Independent Panel will present a progress report to the resumed 73rd World Health Assembly scheduled from 9-14 November, and a second progress report to the WHO Executive Board scheduled from 18-26 January 2021. The Panel will report to the 74th World Health Assembly in May 2021.

The next Panel meeting is scheduled for 8-9 December 2020.

For more information:

The Independent Panel's **website**: TheIndependentPanel.org

Media and other stakeholders interested in continued updates on the Independent Panel can join our mailing list through the form on the website.

Media enquiries can be directed to Christine McNab, Independent Panel Communication Lead, McNabC@ipppr.org, and at +1 416 986 2068 (residing in Toronto, Canada).

Enquiries to the Secretariat: Secretariat@ipppr.org



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**Members of the Executive Board of
the World Health Organization****30 October 2020**

Dear Members of the Executive Board,

I have the honour to refer, on behalf of the Chair of the Executive Board, Dr Harsh Vardhan, and myself to decisions WHA73(8) (2020), EB147(9) (2020), through which the governing bodies decided that the resumed sessions of the Seventy-third World Health Assembly (WHA73) and Executive Board at its 147th session (EB147), would be held at such dates and either in Geneva or through such means as to be decided by the Executive Board.

As you know, the Executive Board decided in August 2020 on the dates of the forthcoming governing body meetings and in September 2020, further decided on having these meeting using a hybrid format– where one delegation member would attend the meeting in-person and other delegation members would participate through a virtual platform.

However, due to the epidemiological situation in Geneva and around the world and recent advice that, for health reasons, the resumed sessions of the Seventy-third World Health Assembly and Executive Board should now meet using a fully virtual format, Dr Harsh Vardhan consulted with the Officers of the Executive Board, who support the move to a fully virtual format..

In view of the foregoing, I hereby invite the Members of the Executive Board to agree to decide on the format of the governing bodies meetings concerned by means of a written procedure.

Accordingly, Members of the Executive Board are invited to signal in writing to the following email address hqgoverningbodies@who.int **by 3 November 2020 not later than 18:00 (Geneva time)** any objection to the adoption of the following proposals, namely that:

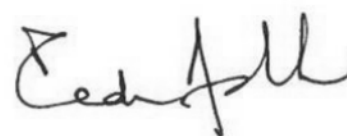
- (1) The resumed session of the Seventy-third World Health Assembly be held by means of a virtual format;
- (2) The resumed session of 147th session of the Executive Board be held by means of a virtual format;

If any Member of the Executive Board objects in writing to the adoption of any of the proposals set out above by the set date, then that proposal will be considered not to have been adopted by the Executive Board.

In absence of the receipt by the set date of any written objection from any Member of the Executive Board, the proposals set out above will be considered to have been validly adopted by the Executive Board.

Finally, as you may be aware, revision of the special procedures to regulate the conduct of virtual meetings with respect to the resumed sessions of the Seventy-third World Health Assembly and the 147th Executive Board, respectively, is currently on going. A Member State Briefing has been scheduled for Tuesday, 3 November 2020 with the view to discuss and finalize the abovementioned special procedures prior to their submission to a silence procedure next week.

Yours faithfully,

A handwritten signature in black ink, appearing to read 'Tedros', followed by a stylized flourish.

Dr Tedros Adhanom Ghebreyesus
Director-General

| | |
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| From: | Wood, Rachel (HHS/OS/OGA) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=036283582622451C990865536A2E537B-WOOD, RACHE <Rachel.Wood@hhs.gov> |
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CC: Lamourelle, Gabrielle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group

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| Subject: | RE: HHS preparations for 74th UN General Assembly |
| Date: | 2019/09/11 17:30:16 |
| Priority: | Normal |
| Type: | Note |

Dear HHS Delegation to UNGA 74,

Thank you for your participation in yesterday's call. As discussed, we have assigned focal points for each office to coordinate picking up badges and accreditation letters from us during the weekend prior to UNGA. I have listed their names below. If you're not a focal point, please coordinate directly with your assigned contact to receive your badge or letter.

I have also attached resources to assist in planning for your participation at the UNGA High-Level Meeting on Universal Health Coverage. See below for the list of materials.

Badging and accreditation focal points

IOS – Sec Carolyn Olson
 OGA FO & ASPA Alison Schaeffer & Aimee Kopolow
 OGA – PET Natalie LaHood
 OGA – other Rachel Wood & Gabrielle Lamourelle
 OASH Julianna Darrow
 NIH Patricia Conrad
 CDC Sukeshi Roberts
 ASH Pedro Moreno
 HRSA Charlie Darr
 FDA Lou Valdez

Attached resources

- UHC High-Level Meeting Agenda
- Event Tracker
- Flyers for the U.S.-hosted side events on AMR and PHC
- UN Badging Office Hours

We will be in touch next week with a seating chart for the High-Level Meeting next week, as well as an updated side event tracker.

Best,
 Rachel

From: Wood, Rachel (HHS/OS/OGA)

Sent: Wednesday, August 28, 2019 1:17 PM

To: Lamourelle, Gabrielle (HHS/OS/OGA) <Gabrielle.Lamourelle@hhs.gov>; Apple, Matthew (HHS/IOS) <Matthew.Apple@hhs.gov>; 'Andrea.Parada@oig.hhs.gov' <Andrea.Parada@oig.hhs.gov>; 'Michael.Nolan@oig.hhs.gov' <Michael.Nolan@oig.hhs.gov>; 'James.Lehman@oig.hhs.gov' <James.Lehman@oig.hhs.gov>; Olson, Carolyn (OS/IOS) <Carolyn.Olson@hhs.gov>; Davis, Parker (OS/IOS) <Parker.Davis@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; Althouse, Riley (OS/ASPA) <Riley.Althouse@hhs.gov>; Smith, Christopher (HHS/ASPA) <Christopher.Smith@HHS.GOV>; Pratt, Michael (OS/ASPA) <Michael.Pratt@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Huber, Valerie (HHS/OGA) <Valerie.Huber@hhs.gov>; Schaeffer, Alison (HHS/OS/OGA) <Alison.Schaeffer@hhs.gov>; Levine, Maya (OS/OGA) <Maya.Levine@hhs.gov>; Wood, Rachel (HHS/OS/OGA) <Rachel.Wood@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Filpi, Lynn (HHS/OS/OGA) <Lynn.Filpi@hhs.gov>; LaHood, Natalie (OS/OGA) <Natalie.Lahood@hhs.gov>; Locus, Tiffany (OS/OGA) <Tiffany.Locus@hhs.gov>; Kopolow, Aimee (OS/OGA) <Aimee.Kopolow@hhs.gov>; Adeniyi-Jones, Samuel (HHS/OS/OGA) <Samuel.Adeniyi-Jones@hhs.gov>; Darrow, Juliana (HHS/OS/OGA) <Juliana.Darrow@hhs.gov>; Ekpenyong, Elana (HHS/OS/OGA) <Elana.Ekpenyong@hhs.gov>; Moreno, Mr. Pedro (ACF) <Pedro.Moreno@acf.hhs.gov>; Glass, Roger (NIH/FIC) [E] <glassr@mail.nih.gov>; Abram, Anna (FDA/OC) <Anna.Abram@fda.hhs.gov>; Valdez, Mary Lou (FDA/OC) <MaryLou.Valdez@fda.hhs.gov>; Engels, Thomas (HRSA) <TEngels@hrsa.gov>; Macrae, Jim (HRSA) <JMacrae@hrsa.gov>; Darr, Charles (HRSA) <CDarr@hrsa.gov>; Green, Hugh (CDC/OD/OCS) <yke8@cdc.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; 'Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)' <vhi9@cdc.gov>; Nesseler, Kerry (HRSA) <KNesseler@hrsa.gov>; Lane, Cliff (NIH/NIAID) [E] <CLANE@niaid.nih.gov>; Conrad, Patricia (NIH/NIAID) [E] <conradpa@niaid.nih.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Schaeffer, Alison (HHS/OS/OGA) <Alison.Schaeffer@hhs.gov>

Cc: Lamourelle, Gabrielle (HHS/OS/OGA) <Gabrielle.Lamourelle@hhs.gov>; Levine, Maya (OS/OGA) <Maya.Levine@hhs.gov>; Schmeissner, Peter (HHS/OGA) <Peter.Schmeissner@hhs.gov>

Subject: HHS preparations for 74th UN General Assembly

Dear HHS colleagues,

We look forward to having you join us at the 74th session of the UN General Assembly (UNGA) in New York City next month. This email contains information and resources for your trip. We will also hold a call to go over UNGA information and logistics on Tuesday, September 10 at 3:30pm EST. I'll follow up with a meeting invitation.

UNGA information:

- High-level week: The week of September 23 comprises multiple events, including the High-Level Meeting (HLM) on Universal Health Coverage (UHC) on Monday, September 23, the General Debate, which begins on Tuesday, September 24, and a High-Level Political Forum on the Sustainable Development Goals on Tuesday, September 24 and Wednesday, September 25.

- Travel:
 - You are expected to book your own hotel accommodations. A list of hotels near the UN is attached. Given extremely limited stock, your division's travel policy may require you to submit an Actual Expenses Allowed (AEA) form.
 - If you have not visited the UN with a blue badge recently, please be sure to leave time at the beginning of your trip to take care of badging (more info below).
 - You must also submit an eCountryClearance (eCC) via <https://ecc.state.gov> to alert the U.S. Mission to the UN of your presence. When completing the online form, select "UNGA – UN General Assembly" from the dropdown titled "Agency Section. Please refer to the "FAQ" section of the eCC site for further guidance. Travelers are encouraged to complete their eCCs as soon as possible, but no later than September 12.
- Badging:
 - OGA submitted HHS badging requests through the State Department for access to UN grounds during high-level week.
 - If you have not received a UN badge in the past two years, you will need to take an accreditation request letter to the UN Pass & ID Office and have your photograph taken. OGA will coordinate delivering the personalized accreditation request letter (hard copy) to you before you visit the UN Pass & ID Office (located at 320 East 45th Street, NY, NY). Government issued ID is required, a passport (personal or government) is recommended along with your government work ID.
 - If you have received a UN badge in the past two years, your photo should be on file and the UN will print a badge for you. OGA will pick up your badge and coordinate delivering the badge to you.
 - Attached for your convenience is a map showing pedestrian check points for access to the badging office and the badging office hours. I will be in touch with Division POCs soon to arrange a place and time to meet in New York to hand off the accreditation materials for each group. The POCs will contact you to arrange pick up. Badging is not required for attendance at unofficial side events held off UN grounds and outside of the security cordon area (indicated on attached map).
- Events: Attached is a running list of official and unofficial events during high level week. U.S. delegation seating at official events is limited; OGA is coordinating seating at events including the high-level meeting on UHC and will communicate with HHS principals accordingly. If you learn of other events, please send them to Natalie LaHood (Natalie.LaHood@hhs.gov). This list is not comprehensive, as dozens of unofficial side events occur on the UNGA margins, but it can help with identifying activities of interest.

Resources (attachments):

1. UNGA logistics note on arrangements for the High-Level Meetings and the General Debate
2. UN street access map
3. OGA UNGA side event tracker
4. UHC HLM schedule and logistics note
5. List of hotels near the UN
6. UN badging office location and hours

We look forward to providing addition updates during the call on September 10. In the meantime, please do not hesitate to contact me, Gabrielle Lamourelle (gabrielle.lamourelle@hhs.gov), and Maya Levine (maya.levine@hhs.gov) with any questions.

Thank you,
Rachel

<< File: 5. NYC Hotels near UN.docx >> << File: 2. UN Access Map.pdf >> << File: 1. UNGA74 logistics for HLM and and general debate.pdf >> << File: 3. HHS UNGA Side Event Tracker.xlsx >> << File: 4. UHC HLM schedule and logistics note.pdf >> << File: 6. UN badging office location & hours.docx >>

Rachel Wood, MPP

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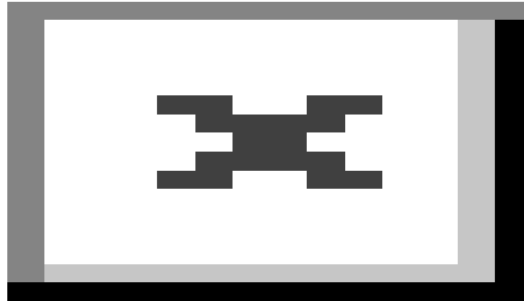
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| Sent Date: | 2019/09/11 17:30:10 |
| Delivered Date: | 2019/09/11 17:30:16 |
| Subject: | Register Today: Celebrate Global AMR Fighters on Sept 23 in NYC |
| Type: | Note |





Join HHS Secretary, Alex Azar, experts from the U.S. Centers for Disease Control and Prevention, and hundreds of organizational and global leaders for an evening celebrating the culmination of the AMR Challenge at an unofficial side event of the 74th United Nations General Assembly in New York City.

DATE & TIME

Monday, September 23, 2019

6–9 p.m.

VENUE

Cipriani Midtown

110 E. 42nd Street, New York City

RESERVE YOUR SEAT NOW

Schedule of Events

6 p.m.: Registration Opens

6-7 p.m.: AMR Art Exhibition &
Reception

7-8 p.m.: AMR Expert Speakers,
including HHS Sec. Alex Azar and
Poonam Khetrapal, WHO Regional
Director for South-East Asia

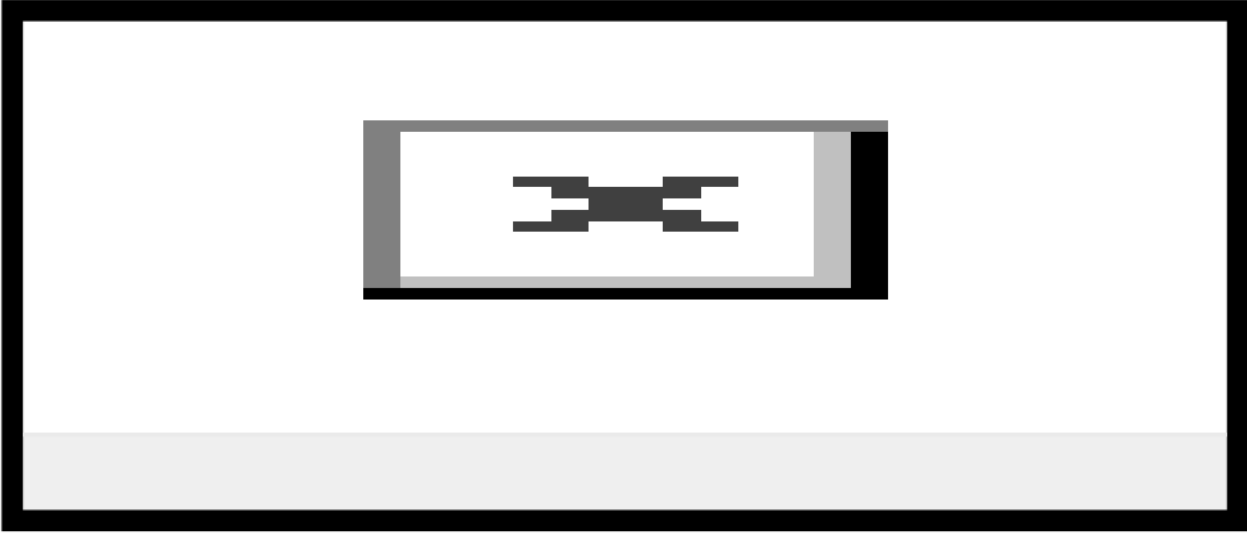
8-9 p.m.: U.S. Premiere of
Resistance Fighters, a film by
Michael Wech, produced by Leopold
Hoesch



Attire: Business Professional

**Commit to action by Sept. 1 to officially join
The AMR Challenge:**

www.cdc.gov/DrugResistance



| | Date | Time | Title | Official/ Unofficial | Organizers | Location | U.S. Representative | Notes |
|-----|--------|----------------|---|-------------------------|---|--|--------------------------------|--------------------------------|
| | | | | | Sunday, September 22, 2019 | | | |
| Sun | 22-Sep | 9:00 - All Day | Concordia Annual Summit | Unofficial | Concordia | Grand Hyatt, 109 East 42nd Street, New York, NY 10017, U.S. | | |
| Sun | 22-Sep | | | | | | | |
| Sun | 22-Sep | 8:00 - 9:00 | UNGASS 2021 on Corruption: A Path Forward to Enhance and Strengthen the International Anti-Corruption Legal Framework | Official | United Nations | UN Headquarters, United Nations Conference Room 4, East 42nd Street, New York, NY | | |
| Sun | 22-Sep | 8:00 - 11:00 | Walk the Talk | Unofficial | WHO | Central Park | Should have US Del participate | More info here |
| Sun | 22-Sep | 8:30 - 11:30 | PMNCH Accountability Breakfast | Unofficial | The Partnership for Maternal, Newborn & Child Health, Every Woman Every Child, Independent Accountability Panel | The Grand Central Ballroom The Westin Grand Central Hotel 212 East 42nd Street New York, NY | | |
| Sun | 22-Sep | 9:00 | Solve Challenge Finals 2019 | Unofficial | MIT Solve | Apella Event Space at Alexandria Center, 450 E 29th St, New York, NY 10016 | | Invite only |
| Sun | 22-Sep | 11:00 - 13:00 | Linking Health and Economic Growth in Africa: A Business Luncheon and Roundtable | Unofficial | Corporate Council on Africa | Rainbow Room, Rockefeller Center, 45 Rockefeller Plaza, New York, NY 10111 | | |
| Sun | 22-Sep | 15:30 - 17:00 | Illicit Drug Market in Africa | Unofficial | | Scandinavia House, 58 Park Avenue, New York, NY 10016 | | |
| Sun | 22-Sep | 11:00 - 13:00 | Addressing Antimicrobial Resistance in the Environment: Collaborating Across Sectors to Ensure a true One Health Approach | Unofficial | AMR Industry Alliance, UNICEF, the Netherlands and Indonesia (proposed) | Volvo Hall, Scandinavia House, 58 Park Ave, New York, NY 10016 | | |
| Sun | 22-Sep | 17:00 - 20:00 | UNGA Party for Good | Unofficial | We Are All Human Foundation | | | Invite only |

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| Sun | 22-Sep | 17:00 - 19:00 | High-Level Council on Leadership; Management for Development Panel | Unofficial | AMP Health | Pfizer Inc., 235 E 42nd St, NY, NY 10017 | | More info here |
| Sun | 22-Sep | 17:30 - 19:30 | Making Voices Heard: Social Participation for Equity and Accountability in Pathways Towards UHC | Unofficial | UHC2030; WHO | Ford Foundation, Mandela Room, 320 E 43rd St, New York, NY 10017 | | RSVP here |
| Sun | 22-Sep | 17:30 - 19:30 | Buying Medicines Better: Deploying Smart Procurement to Accelerate Universal Health Coverage | Unofficial | Center for Global Development | Midtown Loft & Terrace, 267 5th Ave, New York, NY 10016 | | RSVP here |
| Sun | 22-Sep | 18:00 - 20:00 | Putting the U in UHC: Financing for the furthest left behind in the UHC agenda | Unofficial | Gavi, The Vaccine Alliance; The Global Fund; The United nations Foundation | Westin Hotel, The Madison Ballroom, 212 E 42nd St, New York, NY 10017 | | RSVP here |
| Sun | 22-Sep | 18:00 - 21:00 | Securing our Future: People, Food and Nature Solving the Planetary Emergency | Unofficial | The Food and Land Use Coalition (FOLU); the World Economic Forum (WEF); Conservation International (CI); National Geographic; UNDP; Nature4Climate | Cipriani, 110 42nd St New York, NY | | RSVP here |
| Monday, September 23, 2019 | | | | | | | | |
| Mon | 23-Sep | All Day | Sustainable Development Impact Summit | Unofficial | World Economic Forum | Convene, 730 Third Avenue New York, NY 10017 | | More info here |
| Mon | 23-Sep | All Day | UN Global Compact Leader's Week | Unofficial | UN Global Compact | UN Headquarters, United Nations Secretariat Building, East 42nd Street, New York, NY | | More info here - Invite only |
| Mon | 23-Sep | 7:00 | C3 US-Arab Healthcare and Business Summit | Unofficial | C3 Summit International | The Union League Club, 38 East 37th Street New York, New York 10016 | | Business attire required |
| Mon | 23-Sep | 7:00 - 8:15 | Superbugs, Infectious Diseases, and Solutions for Healthier Societies | Unofficial | Foreign Policy; 3M; United Nations Foundation | Ford Foundation, 320 E 43rd St, New York, NY 10017 | | REGISTER HERE |
| Mon | 23-Sep | 9:00 | High-Level Meeting on Universal Health Coverage | Official | United Nations | UN Headquarters, United Nations Secretariat Building, East 42nd Street, New York, NY | | More info here |

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| Mon | 23-Sep | 9:00 | SDG Media Zone | Official | United Nations | UN Headquarters, United Nations Secretariat Building, East 42nd Street, New York, NY | | |
| Mon | 23-Sep | 9:00 | Leaders for Nature and People Event | Unofficial | WWF; Project Everyone | TBD | | Invite only |
| Mon | 23-Sep | 9:30 - 14:30 | Business Fights Poverty | Unofficial | Credit Suisse; CDC Group; Visa | Credit Suisse, 11 Madison Ave, New York, NY 10010 | | More info here |
| Mon | 23-Sep | 12:00 - 14:00 | 2019 P4G Awards Luncheon | Unofficial | Global Goals House | Global Goals House, Hudson yards, New York, NY 10001 | | More info here |
| Mon | 23-Sep | 12:30 | Private Sector Forum (as part of UN Global Compact Leader's Week) | Official | UN Global Compact | UN Headquarters, Delegates Dining Room, East 42nd Street, New York, NY | | More info here - Invite only |
| Mon | 23-Sep | 12:30 - 14:00 | Scaling National Cervical Cancer Screening and Treatment Services | Unofficial | American Cancer Society; TogerHer for Health, the International Union for Cancer Control; Cepheid | 132 W 32nd St, New York, NY | | RSVP here |
| Mon | 9/23/2019 | 13:00 - 14:00 | Women's Leader Lunch on UHC- Why Gender Matters | Unofficial | Germany; The Netherlands; SheDecides | The Maxwell Hotel, 541 Lexington Avenue, New York, NY, 10202 | | RSVP here |
| Mon | 23-Sep | 13:15 - 14:45 | Friends of the UN Inter-Agency Task Force on NCDs | Official | Russian Federation; WHO | UN Headquarters, East 42nd Street, New York, NY | | |
| Mon | 23-Sep | 13:15 - 14:45 | Launch of the Economic Intelligence Unit report: Financing UHC and fiscal policies | Official | Barbados, World Heart Federation | UN Headquarters, East 42nd Street, New York, NY | | |
| Mon | 23-Sep | 13:30 - 15:00 | Primary Healthcare is a Cornerstone for Universal Health Coverage and Health-Related SDGs | Official | Kazakhstan; US | UN Headquarters, Conference Room 1, East 42nd Street, New York, NY | | |
| Mon | 23-Sep | 15:30 | Health is Everyone's Business | Official | UN Global Compact | UN Headquarters, Private Dining Rooms 1, 2, 3, East 42nd Street, New York, NY | | Invite only |

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| Mon | 23-Sep | 16:00 | Achieving UHC: A Sustainable Future for Africa | Unofficial | The Access Challenge | Essex House, 160 Central Park South, New York, NY 10019 | | More info here |
| Mon | 23-Sep | 17:00 | Islamophobia and Mental Health of Muslim Youth: Toward Joint Action | Unofficial | Islamic Cooperation Youth Forum; European Forum of Muslim Women | TBD | | Email for more info |
| Mon | 23-Sep | 17:00 - 21:00 | Sustainable Future Forum | Unofficial | Spark News | BNP Paribas Innovation Lab, 787 Seventh Ave New York, NY 10019 | | More info here |
| Mon | 23-Sep | 18:00 | Global Citizen Awards | Unofficial | Atlantic Council | TBD | | Email for more info |
| Mon | 23-Sep | 18:00 - 20:00 | From Political Commitments to Actions: The Way Forward for Universal Health Coverage | Official | WHO | UN Headquarters, Conference Room 6 & 7, East 42nd Street, New York, NY | | RSVP here |
| Mon | 23-Sep | 18:00 - 21:00 | Cancer, Inequities of Care and the Role of UHC | Unofficial | Roche | Ivy Terrace-OnTheMarc, 708 3rd Ave, 7th Floor, New York, NY | | |
| Mon | 23-Sep | 18:00 - 21:00 | The AMR Challenge: A Night Celebrating Global AMR Fighters | Unofficial | CDC; CDC Foundation; HHS | Cipriani 42nd St, 110 E 42nd St, New York, NY 10017 | AMA | RSVP here |
| Mon | 23-Sep | 18:30 - 19:30 | Mental Health for All: An Evening for Action at the UN General Assembly | Official | United for Global Mental Health | SDG Action Zone, UN Rose Garden, UN Headquarters, East 42nd Street, New York, NY | | RSVP here |
| Mon | 23-Sep | 19:00 - 20:30 | The Present is Female | Unofficial | Johnson & Johnson | Tavern on the Green, West 67th Street, New York NY 10023 | | RSVP here |
| Tuesday, September 24, 2019 | | | | | | | | |
| Tues | 24-Sep | All Day | Sustainable Development Impact Summit | Unofficial | World Economic Forum | Convene, 730 Third Avenue New York, NY 10017 | | More info here |
| Tues | 24-Sep | 7:30 | Breakfast Meeting: Business Response to the United Nations Sustainable Development Goals | Unofficial | Business in the Community (BITC); Linklaters | Linklaters, 1345 Avenue of the Americas, New York, NY | | Email for more info |
| Tues | 24-Sep | 8:00 | Financing Common Goods | Unofficial | WHO | Scandinavia House, 58 Park Ave, New York, NY | | |

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| Tues | 24-Sep | 8:00 | From 2011 to 2019: Global NCD Progress for Children and Youth | Unofficial | NCD Child | The Yale Club of New York, 50 Vanderbilt Ave, New York, NY 10017 | | Email for more info |
| Tues | 24-Sep | 8:00 - 19:00 | Transforming Hemp to Healthcare and CBD to Commerce | Unofficial | C3 Summit International; Erba Verde Group | The Union League Club, 38 E 37th St, New York, NY 10016 | | RSVP and info here |
| Tues | 24-Sep | 8:00 - 9:30 | Breaking Barriers: Enabling Gender-Responsive and Equitable Health Systems to Reach Universal Health Coverage | Unofficial | WHO; Women Deliver | Maxwell Hotel, 541 Lexington Ave, New York, NY | | RSVP here |
| Tues | 24-Sep | 8:00 - 9:30 | Funding the Future 2.0: The Next Frontier for Financing Models in Health | Unofficial | devex; MSD for Mothers; OPIC; Global Financing Facility; GBCHealth | Convene, 605 Third Avenue New York, NY 10017 | | RSVP here |
| Tues | 24-Sep | 8:00 - 10:00 | Global Coalition for Circulatory Health | Unofficial | World Health Federation | American Heart Association, 10 East 40th Street, 11th Floor, New York, NY | | |
| Tues | 24-Sep | 9:00 | Delivering on Goal 16 - A Legal Working Group | Unofficial | Thomas Reuters; The Thomson Reuters Foundation; UN Global Compact | 3 Times Square, New York, NY 10036 | | Email for more info |
| Tues | 24-Sep | 10:00 - 12:00 | Going Digital: Creating Enabling Ecosystems for Digital Health | Unofficial | devex; Philips | Convene, 605 Third Avenue New York, NY 10017 | | RSVP here |
| Tues | 24-Sep | 11:00 - 12:45 | Panel Discussion on The Humanitarian Crisis in Venezuela and its Impact in the Region | Official | Permanent Missions of: Canada, Ecuador, and Peru | UN Headquarters, Conference Room 2, East 42nd Street, New York, NY | | RSVP here |
| Tues | 24-Sep | 11:00 - 13:00 | Stronger Collaboration, Better Health: Launch of the Global Action Plan for Healthy Lives and Well-Being | Official | Gavi; Global Financing Facility; The Global Fund; UNAIDS; UNDP; UNFPA; UNICEF; Unitaids; UN Women; World Bank Group; World Food Programme; WHO | UN Headquarters, Trusteeship Council Chamber, Building CB, East 42nd Street, New York, NY | | RSVP here |
| Tues | 24-Sep | 12:30 - 14:00 | Cervical Cancer Elimination: Luncheon and Roundtable Discussion | Unofficial | American Cancer Society; UICC; TogetHER; Cepheid; PATH; Pathfinder International; Jhpiego | American Cancer Society Hope Lodge, 132 West 32nd Street, New York, NY | | RSVP here |
| Tues | 24-Sep | 12:30 - 14:00 | UHC and the Power of the People: The Case for Investigating in a Qualified Health Workforce | Unofficial | devex; Takeda; Seed Global Health | Convene, 605 Third Avenue New York, NY 10017 | | RSVP here |

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| Tues | 24-Sep | 13:00 | Making Global Goals Local Business | Unofficial | Global Compact Network USA | SAP Next-Gen, 10 Hudson Yards, 347 10th Avenue, New York, NY 10001 | | RSVP and info here |
| Tues | 24-Sep | 13:00 | Baur International Model UN on the High Level Political Forum, the Climate Action Summit, the 2030 Agenda & the SDGs | Official | Foundation Cultural Baur, A.C. | UN Headquarters, United Nations Secretariat Building, East 42nd Street, New York, NY | | Email for more info |
| Tues | 24-Sep | 14:00 | We The Future | Unofficial | TED; Skoll Foundation; United Nations Foundation | Ted World Theatre, 330 Hudson St, New York, NY 10013 | | RSVP and info here |
| Tues | 24-Sep | 14:30 - 16:00 | Seeing the Road to UHC: Eradicating Poor Vision in a Generation | Unofficial | devex; Essilor | Convene, 605 Third Avenue New York, NY 10017 | | RSVP here |
| Tues | 24-Sep | 15:00 - 18:00 | UN High-level Political Forum on Sustainable Development (HLPF) / SDG Summit | Official | United Nations | UN Headquarters, United Nations Secretariat Building, East 42nd Street, New York, NY | | Invite only |
| Tues | 24-Sep | 15:00 - 16:30 | Afternoon Tea: A Dialogue on NCDs and Women's Health | Unofficial | Pathfinder International; the Helmsley Charitable Trust | Location shared with confirmed participants | | RSVP here |
| Tues | 24-Sep | 15:00 - 17:00 | Locally Leading the Way to UHC: USAIDs Inclusive Health Access Prize | Unofficial | USAID | Harvard Club, 35 W 44th St, New York, NY, 10036 | | |
| Tues | 24-Sep | 15:00 - 17:00 | Turning the Tables: Patient Perspectives on UHC | Unofficial | Global Health Council | Grand Hyatt Hotel, 109 E 42nd St, New York, NY 10017 | | RSVP here |
| Tues | 24-Sep | 15:00 - 17:00 | Partnering for Impact: Innovative Solutions & Novel Business Models to Accelerate Access to NCD Care in LMICs | Unofficial | NCD Alliance; Eli Lilly | Yale Club, 50 Vanderbilt Ave, New York, NY | | Invite only |
| Tues | 24-Sep | 15:30 | UNGA Council on Leadership: Sustainable Development in Global Business | Official | GreenTech Foundation Bangladesh | UN Headquarters, United Nations Secretariat Building, East 42nd Street, New York, NY | | Email for more info |
| Tues | 24-Sep | 16:00 | Young People at the Forefront of the Climate Movement | Unofficial | Sustaining All Life and United to End Racism | 4 West 43rd St, New York, NY 10036 | | Email for more info |

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| Tues | 24-Sep | 17:00 - 18:00 | AA Interactive Marketplace | Unofficial | Access Accelerated | Yale Club, 50 Vanderbilt Ave, New York, NY | | |
| Tues | 24-Sep | 17:00 - 19:00 | Autism Speaks | Unofficial | WHO; UNICEF; Autism Speaks; Belgium; Japan; Serbia; Kenya; Brazil; Qatar; Bangladesh | Yale Club, 50 Vanderbilt Ave, New York, NY | | |
| Tues | 24-Sep | 18:00 - 21:00 | Goalkeepers Awards | Unofficial | Bill and Melinda Gates Foundation | Jazz at Lincoln Center, 10 Columbus Cir, New York, NY 10023 | | More info here |
| Tues | 24-Sep | 18:00 | UN High-Level Meetings on Health – Hitting The Targets Under Universal Health Coverage | Official | Stop TB Partnership; UHC2030 | UN Headquarters, West Terrace, Delegation Dining, UNHQ, East 42nd Street, New York, NY | | Invite only |
| Tues | 24-Sep | 18:00 - 19:00 | Women and Girls, SRHR, and the Road to UHC | Unofficial | devex; Pathfinder International | Convene, 605 Third Avenue New York, NY 10017 | | RSVP here |
| Tues | 24-Sep | 18:00 - 20:00 | Driving Multi-sectoral Action on NCDs in Support of UHC | Unofficial | Access Accelerated | Yale Club, 50 Vanderbilt Ave, New York, NY | | |
| Tues | 24-Sep | 18:00 - 20:00 | Sanitation and Hygiene Campaign for a Clean Nigeria: Sharing Lessons and Key Insights | Unofficial | Government of Nigeria | Nigerian Permanent Mission to the UN, Reception Hall, 828 2nd Ave, New York, NY 10019=7 | | RVSP here |
| Tues | 24-Sep | 18:30 - 21:30 | Celebrating Partnerships: Working Together to Advance Gender Equality in UHC | Unofficial | International Women's Health Coalition; Women Deliver; Women in Global Health | Location shared with confirmed participants | | Invite only |
| Tues | 24-Sep | 19:00 | Climate Change, Water Security and National Security for Jordan, Palestine, and Israel | Unofficial | The Sabin Center for Climate Change Law; Columbia Law School | Columbia Law School 435 West 116th Street Room 103 New York, NY 10027 | | |
| Tues | 24-Sep | 19:30 | Equator Prize 2019 Awards Ceremony | Unofficial | United Nations Development Program; Equator Initiative | The Town Hall, 123 W 43rd Street, New York, NY 10036 | | |
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| Wednesday, September 25, 2019 | | | | | | | | |

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| Wed | 25-Sep | 8:00 - All Day | Sustainable Investment Forum 2019 - North America | Unofficial | Climate Action | Crowne Plaza Hotel Times Square, 1605 Broadway, New York, NY 10019 | | RSVP and info here |
| Wed | 25-Sep | 8:00 - All Day | Goalkeepers | Unofficial | Bill and Melinda Gates Foundation; Goalkeepers | TBD | | More info here |
| Wed | 25-Sep | 7:30 | Bloomberg Global Business Forum | Unofficial | Bloomberg | Plaza Hotel, 768 5th Ave, New York, NY 10019 | | Invite only |
| Wed | 25-Sep | 7:30 - 9:00 | Value Based Healthcare: Unlocking Sustainable Healthcare Systems | Unofficial | World Economic Forum | Convene, 730 Third Avenue New York, NY 10017 | | |
| Wed | 25-Sep | 8:00 | A Breakfast Conversation with Heroines of Health | Unofficial | United Nations Foundation; Women in Global Health | Ford Foundation, 320 E 43rd St, New York, NY 10017 | | |
| Wed | 25-Sep | 8:30 - 11:00 | Post HLM Civil Society Strategy Session | Unofficial | Civil Society Engagement Mechanism for UHC2030 | The Armenian Church, 630 2nd Ave, New York, NY | | RSVP here |
| Wed | 25-Sep | 9:00 - All Day | Seventh Annual International Conference on Sustainable Development | Unofficial | Sustainable Development Solutions Network; Global Association of Masters of Development Practice (MDP) Programs | Lerner Hall, 2920 Broadway, New York, NY 10027 | | More info here |
| Wed | 25-Sep | 9:00 - 17:00 | 14th Annual Columbia International Investment Conference: "Aligning Corporations with the Sustainable Development Goals" | Unofficial | Columbia Center on Sustainable Investment | Faculty House, Columbia University, 64 Morningside Dr, New York, NY 10027 | | RSVP here |
| Wed | 25-Sep | 9:00 - 17:00 | UNGA Conference 2019: Transforming Our World "Inclusive Social Development for All" | Unofficial | The Journalists and Writers Foundation | 4 West 43rd St, New York, NY 10036 | | More info here |
| Wed | 25-Sep | 9:00 | Ensuring Access and Equity in Adolescents, Children and Women's Health | Unofficial | Mrs. Kim Simplis Barrow, Spouse of the Prime Minister of Belize and Chair of Spouses of Caricom Leaders Action Network (SCLAN) | TBD | | |
| Wed | 25-Sep | 10:00 | SDG Business Forum | Official | UN DESA; ICC; UN Global Compact | UN Headquarters, United Nations Secretariat Building, East 42nd Street, New York, NY | | RSVP and info here |
| Wed | 25-Sep | 10:00 | Sustaining Ourselves as Activists & Organizers | Unofficial | Sustaining All Life and United to End Racism | 4 W 43rd St, New York, NY 10036 | | RSVP and info here |

| | | | | | | | | |
|-----|--------|----------------------------------|---|------------|---|--|--|------------------------------------|
| Wed | 25-Sep | 10:00 - 11:00 | Launch of the Coalition of Heads of State and Government for the Prevention and Treatment of NCDs and the Promotion of Mental Health and Well-being | Official | Uruguay; WHO | UN Headquarters, Conference Room 6, East 42nd Street, New York, NY | | |
| Wed | 25-Sep | 10:00 - 13:00 ; 15:00 - 18:00 | UN High-level Political Forum on Sustainable Development (HLPF) / SDG Summit | Official | United Nations | UN Headquarters, United Nations Secretariat Building, East 42nd Street, New York, NY | | Invite only |
| Wed | 25-Sep | 12:00 | UHC2030 Strategic Meeting on post-UN HLM follow up actions & social accountability during the 74th UN General Assembly | Unofficial | UHC2030, The Rockefeller Foundation | Rockefeller Foundation Board Room, 420 5th Avenue, New York, NY | | Invite only |
| Wed | 25-Sep | 12:00 | Leadership for the SDGs: Featuring the Young SDG Pioneers | Official | UN Global Compact | UN Headquarters, SDG Media Zone, East 42nd Street, New York, NY | | More info here |
| Wed | 25-Sep | 12:00 | Sustainability Programs and Mergers | Unofficial | Environmental Law Institute | Times Square Tower, 7 Times Square, 70 West 45th Street, 10036 | | More info here |
| Wed | 25-Sep | 12:30 - 14:00 | Social Determinants of Health: Business Perspectives and Opportunities for Impact | Unofficial | World Economic Forum | Convene, 730 Third Avenue New York, NY 10017 | | |
| Wed | 25-Sep | 17:15 - 19:30 | The Global Pact for the Environment and the Sustainable Development Agenda | Unofficial | Columbia Center on Sustainable Investment (CCSI); UN Sustainable Development Solutions Network (SDSN); Le Club des Juristes | Columbia Law School, 435 West 116th Street, Manhattan, New York, NY 10027 | | More info here |
| Wed | 25-Sep | 18:30 - 21:00 | Driving Momentum to Achieve Health for All: A Toast to PHC for UHC | Unofficial | Primary Health Care Performance Initiative (PHCPI); Amref | Convene, 605 Third Avenue New York, NY 10017 | | RSVP here |
| Wed | 25-Sep | 18:00 | Data for Health Equity: Unlocking Health for All | Unofficial | Rockefeller Foundation; UNICEF | Grand Hyatt New York, 109 E 42nd St, New York, NY 10017 | | Invite only |
| Wed | 25-Sep | 18:00 | The Future of Leadership | Unofficial | The Wall Street Journal | TBD | | RSVP and info here |
| Wed | 25-Sep | 18:00 - 20:00 | Planetary Health Action Dialogue: Cross-Sectoral Learning to Reach Triple Duty | Unofficial | NCD Alliance; UNDP; WHO; IISD | Scandinavia House, Volvo Hall, 58 Park Ave, New York, NY | | RSVP here |

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|------------------------------|--------|---------------|---|------------|--|--|--|--------------------------------|
| Wed | 25-Sep | 18:30 - 20:00 | Migration Health and the Universal Health Coverage Targets: Promoting Equity in Access to Health Services with Financial Protection | Official | Luxembourg; Mexico; Colombia; Bangladesh; IOM; WHO | UN Headquarters, Conference Room 12, East 42nd Street New York, NY | | |
| Wed | 25-Sep | 18:30 - 20:30 | Delivering together for the health and wellbeing of women, children, and adolescents | Unofficial | EWEC Secretariat; EWEC Latin America; PMNCH | TBD | | |
| Wed | 25-Sep | | | | | | | |
| Wed | 25-Sep | | | | | | | |
| Wed | 25-Sep | | | | | | | |
| Wed | 25-Sep | | | | | | | |
| Wed | 25-Sep | | | | | | | |
| Thursday, September 26, 2019 | | | | | | | | |
| Thurs | 26-Sep | | | | | | | |
| Thurs | 26-Sep | 7:00 - 9:00 | High-Level CEO Roundtable on Corporate SDG Finance and Investment | Official | United Nations | UN Headquarters, United Nations Secretariat Building, East 42nd Street, New York, NY | | More info here |
| Thurs | 26-Sep | 8:00 - 9:45 | 1,460 Days Left: Countdown to 2023 – towards the mid-point of SDGs | Official | UHC2030 | UN Headquarters, Delegates Dining Room, East 42nd Street, New York, NY | | More info here |
| Thurs | 26-Sep | 8:00 - 10:15 | Communities of Faith Breakfast Building Partnerships for a One-Community Response to HIV - innovative approaches and joint actions through faith partnerships to achieve epidemic control: finding the missing men and seeking justice for children | Unofficial | Faith Partners; UNAIDS; PEPFAR | Yale Club of New York, 50 Vanderbilts Avenue | | RSVP here |
| Thurs | 26-Sep | 8:30 - 12:15 | Moody's Briefing | Unofficial | Moody's Investors Service; the Climate Bond Initiative | Moody's Headquarters, 7 WTC 250 Greenwich Street New York, NY 10007 | | More info here |

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|-------|--------|---------------|---|------------|--|--|--|---|
| Thurs | 26-Sep | 9:00 | Delivering on UHC: From the Guidelines to the Frontlines | Unofficial | Living Goods; Frontline Health Workers Coalition; IntraHealth; Johnson & Johnson; Pathfinder International | Convene, 605 Third Avenue New York, NY 10017 | | Email for more info |
| Thurs | 26-Sep | 9:00 | UN High-level Event on Total Elimination of Nuclear Weapons | Official | United Nations | UN Headquarters, United Nations Secretariat Building, East 42nd Street, New York, NY | | More info here |
| Thurs | 26-Sep | 10:00 | High-Level Dialogue on Financing for Development | Official | United Nations | UN Headquarters, United Nations Secretariat Building, East 42nd Street, New York, NY | | More info here |
| Thurs | 26-Sep | 11:30 - 16:00 | Sustainable Stock Exchange 10th Anniversary | Unofficial | UN Global Compact; Principles for Responsible Investment | New York Stock Exchange, Broad Street, New York, NY | | More info here; Invite only |
| Thurs | 26-Sep | 14:00 | Implementing the New Urban Agenda and relevant urban SDGs in Africa | Unofficial | Federal Ministry of Power, Works and Housing Nigeria; OSSAP; UN-Habitat | Nigerian High Commission, 828 2nd Avenue, New York, NY 10017 | | Email for more info |
| Thurs | 26-Sep | 18:30 - 21:00 | Champions of the Earth 2019 Award Ceremony | Unofficial | UNEP | Cipriani, 110 East 42nd Street, New York, NY, USA | | More info here |
| Thurs | 26-Sep | | | | | | | |
| Thurs | 26-Sep | | | | | | | |



THE PRESIDENT
OF THE
GENERAL ASSEMBLY

9 September 2019

Excellency,

Further to my letter dated 15 August 2019, I have the honour to enclose herewith an updated provisional program of the High-level meeting on universal health coverage and a concept note of its multi-stakeholder panels. A final programme will be provided in due course.

Please accept, Excellency, the assurances of my highest consideration.

A stylized, handwritten signature in dark ink, reading "MFEspinosa".

María Fernanda Espinosa Garcés

All Permanent Representatives and
Permanent Observers to the United Nations
New York



PRELIMINARY AGENDA

| | |
|---|--|
| 09:00 – 09:30 Trusteeship Council Chamber | <u>Opening Segment</u> <i>Approval of the Political Declaration on UHC</i> <ul style="list-style-type: none"> – H.E. Mr. Tijjani Muhammad-Bande, President of the 74th session of the General Assembly – Mr. António Guterres, United Nations Secretary-General – Dr. Tedros Adhanom Ghebreyesus, Director-General, World Health Organization – Mr. David R. Malpass, President, World Bank Group – Dr. Gro Brundtland, Eminent High-Level champion of UHC and member of The Elders |
| 09:30 – 13:00 Trusteeship Council Chamber | <u>Plenary Segment</u> Statements by Member States |
| 11:00 – 13:00 ECOSOC Chamber | <u>Panel 1: UHC as a driver of equity, inclusive development and prosperity for all</u> Co-Chairs <ul style="list-style-type: none"> – HE. Ms. Sheikh Hasina, Prime Minister of Bangladesh – H.E. Mr. Pedro Sánchez, President of the Government of Spain Panelists <ul style="list-style-type: none"> – Ms. Michelle Bachelet, UN High Commissioner for Human Rights – Ms. Maha Taysir Barakat, Board Chair of the RBM Partnership to End Malaria – Ms. Winnie Byanyima, Executive Director of Oxfam International – Mr. Jeffery Sachs, Professor & Director, Center for Sustainable Development, Columbia University Interventions from the floor Conclusions by the panellists and co-chairs |
| 15:00 – 17:30 Trusteeship Council Chamber | <u>Plenary Segment</u> Statements by Member States |
| 15:00-17:00 ECOSOC Chamber | <u>Panel 2: Accelerating multi-sectoral and multi-stakeholder action and investments for achieving UHC</u> Co-Chairs (TBA) Panelists <ul style="list-style-type: none"> – Ms. Helen Clark, Board Chair of the Partnership for Maternal, Maternal, Newborn & Child Health – Mr. Omar Ishrak, Chairman and CEO of Medtronic – Ms. Ngozi Okonjo-Iweala, Board Chair of GAVI – Mr. Keizo Takemi, Member of the Japanese House of Councilors, WHO UHC Goodwill Ambassador Interventions from the floor Conclusions by the panellists and co-chairs |
| 17:30 – 18:00 Trusteeship Council Chamber | <u>Closing segment</u> <ul style="list-style-type: none"> – H.E. Mr. Tijjani Muhammad-Bande, President of the 74th session of the UN General Assembly |

High-Level Meeting of the General Assembly on Universal Health Coverage

Multi-stakeholder Panels Concept Note ECOSOC Chamber, UN Headquarters, New York 23 September 2019

Panel 1: UHC as a driver of equity, inclusive development and prosperity for all
[11:00 a.m – 1:00 p.m]

BACKGROUND

This panel emphasizes health as a precondition for and an indicator and outcome of the social, economic, and environmental dimensions of sustainable development, while contextualizing UHC as an umbrella for achieving healthy lives and well-being for all. UHC means implementing health policies and designing health systems, which promote equity, efficiency and effectiveness and ensure financial risk protection, to reach every person and community, particularly the most vulnerable and marginalized, with quality integrated and people-centred health services. UHC is a key driver for social justice and inclusive development and prosperity, delivering not only the fundamental right to health, but also the broader human rights agenda, ensuring no one is left behind.

GUIDING QUESTIONS

To frame the discussion during the panel, participants may wish to consider the following questions:

- What is the role of UHC in contributing to achieving the 2030 Agenda for Sustainable Development?
- How can UHC contribute to fulfilling the fundamental right to health and promote the broader human rights agenda, particularly for the most vulnerable and hard to reach populations?
- How can countries operationalize the international commitments at the national level to ensure no one is left behind?
- What are the main obstacles for ensuring UHC is truly universal by 2030?

Panel 2: Accelerating multi-sectoral and multi-stakeholder action and investment for achieving UHC [3:00 p.m – 5:00 p.m]

CONTEXT

This panel explores the investment case for UHC. As one of the main sectors of the global economy, the health sector has the potential to produce large returns on investment, both in terms of health gains and for equitable and inclusive economic growth. Countries from all regions and at all levels of income will need to mobilize more domestic resources, increase the equity and efficiency of existing resources, harmonize investments in health, and establish, institutionalize and accelerate multi-sectoral and multi-stakeholder action and sustained investment to achieve UHC by 2030.

GUIDING QUESTIONS

To frame the discussion during the panel, participants may wish to consider the following questions:

- How can countries more effectively and efficiently finance UHC strategies, through additional domestic revenue, budgetary reallocation, multi-sectoral policies, and partnerships?
- What is the investment case that governments can promote to justify additional spending on health? How can this be employed to achieve convergent support to health sector financing?
- How can additional funding for primary health care (PHC) help deliver UHC? What are other best buys to improve the efficiency of health spending?
- How can we best align and coordinate actions and investments of stakeholders at all levels, assess progress and ensure accountability for commitments to deliver UHC by 2030?

UN Pass and Identification Unit (badging office)

Location:

UN FF Building
320 East 45th Street, Ground Floor
New York

Hours:

| | |
|--|---------------------|
| Saturday and Sunday, September 14 and 15 | 9 a.m. to 5 p.m. |
| Monday to Thursday, September 16 to 19 | 7.30 a.m. to 6 p.m. |
| Friday, September 20 | 7.30 a.m. to 6 p.m. |
| Saturday and Sunday, September 21 and 22 | 10 a.m. to 6 p.m. |
| Monday to Friday, September 23 to 27 | 8 a.m. to 6 p.m. |
| Saturday, September 28 | 9 a.m. to 2 p.m. |
| Sunday, September 29 | Closed |
| Monday, September 30 | 8.30 a.m. to 4 p.m. |
| Tuesday, October 1 | 8.30 a.m. to 4 p.m. |

| | |
|------------------|---|
| From: | Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov> |
| To: | Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. (FYDIBOHF23SPDLT)/cn=Recipients/cn=d07fb29292b342f78be09a6f02b2ed6a-norman.shar <norman.sharpless@nih.gov> |
| CC: | Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau <afauci@niaid.nih.gov>; Collins, Francis (NIH/OD) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aad7e8b13b6740959f2bec763a1a3217-douglas.low <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac87c0ec2d2741a69764e52f6cb4ca95-Elvander, E <Erika.Elvander@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, G <Garrett.Grigsby@hhs.gov>; Auchincloss, Hugh (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=461887d846044781b60857f28fef01c8-hugh.auchin <auchincloss@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcb5b44add01fe6a8-hilary.mars <hilary.marston@nih.gov> |
| Subject: | RE: RCSC, CEO Roundtable-China & NCI: One for All, and All for One |
| Date: | 2020/03/28 16:21:44 |
| Priority: | Normal |
| Type: | Note |

Ned,

Attached is the list of samples we have requested from the Chinese via the S&T Office at the Chinese Embassy Washington. This is a very slight revision of the list earlier in this string provided by Larry. As we understand it, this list was developed by the Secretary's Office through consultation with CDC, NIH, FDA, BARDA, DoD and perhaps others.

It was passed to me to share with contacts at the Chinese Embassy and I did so last Thursday. Their response yesterday was that they will check with Beijing.

(b)(5)

(b)(5)

Gray

F. Gray Handley
Associate Director for International Research Affairs
National Institute of Allergy and Infectious Diseases
National Institute of Health
U.S. Department of Health and Human Services

Tel: 301 594 6128 5601 Fishers Lane, Room 1E50
Fax: 301 480 2954 Bethesda, MD 20892-9802
handleygr@niaid.nih.gov

Disclaimer:

The information in this e-mail and any of its attachments is confidential and may contain sensitive information. It should not be used by anyone who is not the original intended recipient. If you have received this e-mail in error please inform the sender and delete it from your mailbox or any other storage devices. National Institute of Allergy and Infectious Diseases shall not accept liability for any statements made that are sender's own and not expressly made on behalf of the NIAID by one of its representatives.

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Saturday, March 28, 2020 3:23 PM
To: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>
Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Subject: RE: RCSC, CEO Roundtable-China & NCI: One for All, and All for One

Ned,

It sounds like Gray is our guy on this, so I've cced him.

(b)(5)

Thanks!!

From: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Sent: Saturday, March 28, 2020 2:48 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Subject: Re: RCSC, CEO Roundtable-China & NCI: One for All, and All for One

Garrett

(b)(5)

Happy to speak by phone with anyone at OGA if that would help.

Thanks to you and your team for working on this.

Ned

Norman E. Sharpless MD
Director, the National Cancer Institute

On Mar 28, 2020, at 12:43 PM, Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov> wrote:

Ned,

Does Larry's info and suggestion, along with Erika's earlier, get you to where you need to be? Pls advise. Many thanks!

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Sent: Saturday, March 28, 2020 11:28 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>
Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>
Subject: RE: RCSC, CEO Roundtable-China & NCI: One for All, and All for One

Garrett,

(b)(5)

Happy to help in any way I can.

Larry

(b)(5)

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>

Sent: Saturday, March 28, 2020 10:55 AM

To: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>

Cc: Collins, Francis (NIH/OD) [E] <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>

Subject: Re: RCSC, CEO Roundtable-China & NCI: One for All, and All for One

Erika and Larry, can you pls advise on this? I know other request are being or have been developed, but I don't know if it for the same kind of thing or where those requests stand. And, if NCI's is something different, the best way to proceed.

Many thx!

Sent from my iPhone

On Mar 28, 2020, at 10:02 AM, Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov> wrote:

Dear Garrett

(b)(5)

Thx

Ned

Norman E. Sharpless, MD
Director, The National Cancer Institute
<image003.png>

Pre-decisional / FOUO / Deliberative

From: ZhuChen <zchen@stn.sh.cn>

Sent: Saturday, March 28, 2020 9:44 AM

To: Dr. Martin J. Murphy, Jr. <martin.murphy@ceoroundtableoncancer.org>

Cc: Sharpless, Norman (NIH/NCI) [E] <norman.sharpless@nih.gov>; Kevin Si <kevin.si@ceoroundtableoncancer.org>

Subject: Re:RCSC, CEO Roundtable-China &NCI: One for All, and All for One

Dear Dr. Murphy,

I believe strengthening the international cooperation was one of the major consensus reached in the latest G20 conference. So if NIH, and NCI in particular, is interested in serological studies with Chinese colleagues, NIH and/or NCI leaders can contact formally President of CAMS, Prof. WANG Chen and Director General of Chinese CDC, Prof. GAO Fu. I guess there is also a representative of NIH in the US Embassy in Beijing. May be this channel can be used as well.

With best regards,

Zhu CHEN

----- Original -----

From: "Dr. Martin J. Murphy, Jr." <martin.murphy@ceoroundtableoncancer.org>;

Date: Sat, Mar 28, 2020 08:43 PM

To: "ZhuChen" <zchen@stn.sh.cn>;

Cc: "Dr. Norman E. Sharpless - NCI (norman.sharpless@nih.gov)" <norman.sharpless@nih.gov>; "Kevin Si" <kevin.si@ceoroundtableoncancer.org>;

Subject: RCSC, CEO Roundtable-China &NCI: One for All, and All for One

March 28, 2020

His Excellency Professor CHEN Zhu 陈竺, MD, PhD

President, *Red Cross Society of China*

Beijing, China

Dear Professor CHEN Zhu:

Your ***CEO Roundtable on Cancer-China*** is collaborating with **Dr. Ned Sharpless**, director of the ***National Cancer Institute***, to understand and improve the performance of *COVID-19* serological tests. This work is being performed at the Serology labs of *Frederick National Lab* (FNL) in Frederick, Maryland, one of our nation's best labs in which to conduct this important work.

Understanding which patients have made good IgM or IgG antibodies to the protein products of the *SARS-CoV-2* virus that cause *COVID-19* will be critical to helping patients and it will also help our world's economic recovery. To do this, we need an accurate working assay with high sensitivity and specificity. Indeed, the US *FDA*, like China's *NMPA*, is receiving emergency use applications for these types of tests, but the real world performance of these assays is still an open question that these collaborative studies are designed to address as discussed below.

In order to accomplish these vital studies with both speed as well as with professional diligence, we seek your supportive collaboration.

Here are some needs:

1. • **IgG+ controls.** We need as many samples as possible of sera or whole blood from patients who have recovered from *COVID-19*. Ideally, these patients would be more than 2 weeks since the resolution of symptoms, and would have had a documented PCR+ test for the *SARS-CoV-2* virus. We hope for samples from **at least 30 different patients**. As much serum or whole blood as possible from these patients but ideally **at least 2 mls per patient**.
2. • **IgG and/or IgM+ controls.** We also seek as many samples as possible of sera or whole blood from patients that have very recently (i.e., <2 weeks) recovered from *COVID-19*. Ideally, these patients would be within 2 weeks since the resolution of symptoms, and would have had a documented PCR+ test for the *SARS-CoV-2* virus. We are hoping for samples from **at least 30 different patients**. We need as much serum or whole blood as possible from these patients but ideally **at least 2 mls per patient**.
3. • **Negative controls for the assay.** Also needed are as many samples as possible of sera or whole blood from patients with no history of *COVID-19*, but collected from a similar population as sample Groups 1 and 2 above. Since many patients infected by *SARS-CoV-2* were not aware of their infection, **the best negative control samples are those collected prior to September 2019**. Again, as much serum or whole blood as possible from as many patients as possible but ideally **at least 2 mls per patient**.
4. • **Coronavirus specificity.** Sera or whole blood from patients that were exposed to other *non-SARS-CoV-2* coronavirus strains, such as coronavirus **HKU1, NL63, OC43, or 229E** to evaluate specificity. Again, as much serum or whole blood as possible from as many patients as possible ideally **at least 2 mls per patient**.

As you especially appreciate, the world is under significant pressure to make decisions about these tests, which is why we seek your collaboration as soon as possible. Even if you can only have a small number of +IgG or IgM samples, this will be vital to initiate our studies.

A point of clarification: These studies are separate from the *NIAID Convalescent Serum Project* that is also underway at the *FNL*. In that project, Cliff Lane and his colleagues from *NIAID* are trying to use the pheresis of convalescent serum as a therapeutic in patients with *COVID-19*. This important trial has been encouraged by you and your colleagues as published this week in your manuscript: ***The feasibility of convalescent plasma therapy in severe COVID-19 patients: a pilot study*** by Kai Duan, *et al.* In the present serology effort we just described differs from Cliff Lane's project in that *our effort is focused on diagnosis rather than on therapy*. That is, it is intended to study the real-world performance of these *SARS-CoV-2* serology assays in healthy individuals.

We all look forward to engaging rapidly in dialogue that we hope will launch a vibrant collaboration ... for the health of patients and the betterment of our world. **Dr. Ned Sharpless** is a close friend and a superb collaborator with whom you will find an admirable colleague. What an honor it will be for me to introduce the two of you.

Should you find it useful, your **CEO Roundtable on Cancer-China** can help facilitate these studies in China and at the NCI. If you find it supportive, we may use the **Memoranda of Understanding** that **CEO Roundtable-China** is honored to share with the **Chinese Academy of Sciences** (CAS) as well as the one with **China-CDC**. If it would be better to create a new *MoU* with **RCSC**, that would bring both joy and honor to our efforts. *One for all, and all for one!*

With my greatest esteem and heartfelt gratitude, I remain

Yours,

Marty

Martin J. Murphy, DMedSc, PhD, FASCO

Member, Board of Directors

CEO Roundtable on Cancer

C(b)(6) mobile)

E: Martin.Murphy@CEORoundtableOnCancer.org

Chief Executive Officer

CEO Roundtable on Cancer-China

上海拓新健康促进中心

Shanghai 200050, People's Republic of China

Founding Chief Executive Officer (2000-2020)

CEO Roundtable on Cancer & Project Data Sphere®

<A28B5D87@FBC72C40.8D547F5E>

<https://protect2.fireeye.com/url?k=f6d6ea6f-aa82f313-f6d6db50-0cc47adc5fa2-44dba01c546e157d&u=https://protect2.fireeye.com/url?k=0bc357b7-57965ea4-0bc36688-0cc47adb5650-bb29fd027fea06d1&u=https://protect2.fireeye.com/url?k=e2ce98d3-be9b91c0-e2cea9ec-0cc47adb5650-f2d27c5afb259d1a&u=http://cancergoldstandard.cn/>
<A28B5D87@FBC72C40.8D547F5E>

| | |
|-------------------|---|
| Sender: | Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov> |
| Recipient: | Sharpless, Norman (NIH/NCI) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d07fb29292b342f78be09a6f02b2ed6a-norman.shar <norman.sharpless@nih.gov>; Fauci, Anthony (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=826965b24a314ffca7eddc6e8229aa7-anthony.fau <afauci@niaid.nih.gov>; Collins, Francis (NIH/OD) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=4bd4f570bdc43f2800bf986fa40d75f-francis.col <collinsf@od.nih.gov>; Lowy, Douglas (NIH/NCI) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=aad7e8b13b6740959f2bec763a1a3217-douglas.low <lowyd@mail.nih.gov>; Elvander, Erika (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac87c0ec2d2741a69764e52f6cb4ca95-Elvander, E <Erika.Elvander@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI <Garrett.Grigsby@hhs.gov>; Auchincloss, Hugh (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=461887d846044781b60857f28fef01c8-hugh.auchin |

| | |
|------------------------|--|
| | <auchinclossh@niaid.nih.gov>; Marston, Hilary (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=93be476c17024bbcbc5b44add01fe6a8-hilary.mars <hilary.marston@nih.gov> |
| Sent Date: | 2020/03/28 16:21:29 |
| Delivered Date: | 2020/03/28 16:21:44 |

(b)(5)

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|------------------|---|
| From: | Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C652F2C415B44DFF8369DD7F4596F030-MCKEOGH, KA <Katherine.McKeogh@hhs.gov> |
| To: | Oakley, Caitlin B. (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai <Caitlin.Oakley@HHS.GOV>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. <clane@niaid.nih.gov> |
| CC: | Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya <Ryan.Murphy1@hhs.gov> |
| Subject: | RE: CBS: Question for you |
| Date: | 2020/04/23 15:26:34 |
| Priority: | Normal |
| Type: | Note |

Adding in Ryan

From: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Sent: Thursday, April 23, 2020 2:41 PM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: RE: CBS: Question for you

Circling back...was this approved? Thanks!

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Sent: Thursday, April 23, 2020 9:38 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Oakley, Caitlin B. (OS/ASPA)

<Caitlin.Oakley@HHS.GOV>

Subject: RE: CBS: Question for you

(b)(5)

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>

Sent: Thursday, April 23, 2020 9:27 AM

To: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>

Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>

Subject: FW: CBS: Question for you

Importance: High

Cliff and Larry,

Would y'all mind collaborating quickly and drafting a reply to CBS's question?

Larry has seen a version of this yesterday because DoS copied us, but now she is coming directly to HHS...

Thanks!

From: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>
Sent: Thursday, April 23, 2020 12:14 AM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Cc: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Subject: Fwd: CBS: Question for you

Any thoughts on how to respond here?

Sent from my iPhone

Begin forwarded message:

From: "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Date: April 22, 2020 at 23:10:53 EDT
To: "Caputo, Michael (HHS/ASPA)" <Michael.Caputo@hhs.gov>, "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Cc: "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Hall, Bill (HHS/ASPA)" <bill.hall@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>
Subject: RE: CBS: Question for you

+ others. OGA--where's the best place to start on this? Looks WHO related. Thanks.

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Caputo, Michael (HHS/ASPA) <Michael.Caputo@hhs.gov>
Sent: Wednesday, April 22, 2020 11:08 PM
To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: CBS: Question for you

Please send this up the flagpole

Sent from my iPhone

Begin forwarded message:

From: "Brennan, Margaret" <BrennanM@cbsnews.com>
Date: April 22, 2020 at 10:28:46 PM EDT
To: "Caputo, Michael (HHS/ASPA)" <Michael.Caputo@hhs.gov>
Subject: Question for you

Hi Morgan Ortagus pointed me your way.

The WHO report says that China shared tissue samples of a 50 year old male Covid victim with the team that visited in February. This WHO team included 2 Americans. Why was that tissue sample not sufficient? I see Pompeo said that the virus samples were destroyed and not shared. This seems contradictory. Can you explain?

Regards,

Margaret Brennan
Face the Nation Moderator
Sr Foreign Affairs Correspondent
2027403062

Sent from my iPhone

| | |
|------------------------|---|
| Sender: | McKeogh, Katherine (OS/ASPA) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C652F2C415B44DFF8369DD7F4596F030-MCKEOGH, KA <Katherine.McKeogh@hhs.gov> |
| Recipient: | Oakley, Caitlin B. (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai <Caitlin.Oakley@HHS.GOV>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. <clane@niaid.nih.gov>; Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya <Ryan.Murphy1@hhs.gov> |
| Sent Date: | 2020/04/23 15:26:33 |
| Delivered Date: | 2020/04/23 15:26:34 |

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|------------------|---|
| From: | Mona Bormet <mona.bormet@ccih.org> |
| To: | <dgooffice@who.int> <hernandezl@who.int>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI <Garrett.Grigsby@hhs.gov>; |
| CC: | Doug Fountain <doug.fountain@ccih.org>; SIMONSON, Stewart <simonsons@who.int>; Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli <Colin.Mciff@hhs.gov> |
| Subject: | Speaking Request for Dr. Tedros from Christian Connections for International Health (CCIH) |
| Date: | 2019/10/21 10:19:40 |
| Priority: | Normal |
| Type: | Note |

October 21, 2019

Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization
Geneva, Switzerland

Dear Dr. Adhanom,

We were put in contact with your office by Garrett Grigsby with U.S. Department of Health and Human Services. It is our hope that you could speak to our network - in person or by a recorded message - about the vital role that faith based organizations play in health system strengthening.

Our organization, Christian Connections for International Health (CCIH), is a global network of over 160 organizations and several hundred individuals who advance health and wholeness. Our members include Christian Health Associations, church networks, mission and donation agencies and other NGOs. Most of our members are in low and middle income countries; all of them work with organizations based in such locations.

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As you know, many health facilities throughout the world were started by missionaries and indigenous faith-based institutions have expanded greatly upon those foundations. They serve in areas beset with outbreaks and fragility/conflict/violence. They deliver services in facilities and promote social and behavior change in communities. There are over 5000 health facilities in 30 countries organized under the Africa Christian Health Association platform alone - demonstrating great potential for scale.

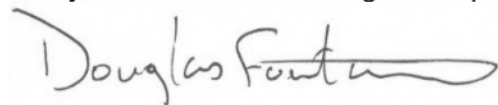
We are writing to request that you join us to speak about how the WHO is strengthening health systems while caring for the most vulnerable among us, including foreigners, refugees, those with mental health issues, and physical disabilities. We welcome your input on how social determinants of health affect each person within a community and how we can all work together to strengthen health systems towards reaching the sustainable development goals.

Our hope is that you can share on Thursday, June 4th at approximately 6pm in the evening, but we are flexible if Friday, June 5th or Saturday, June 6th is better for your schedule. A recorded message would also work if you cannot participate directly.

You can find information about our [past conference presentations](#) on our website or [Youtube page \(video playlists of previous years\)](#). You will see for example that Dr. Robert Redfield participated in a lively discussion with us last June.

Please let us know what questions you have and we can arrange a call with you or your staff. We hope to hear from you by December 1.

Many thanks for considering the request,



Doug Fountain
Executive Director

--

Mona Bormet, MPH, CHES
Program Director | Christian Connections for International Health (USA)
| <https://protect2.fireeye.com/url?k=0cea76a0-50bf7f70-0cea479f-0cc47a6a52de-88b3acc3340e476d&u=http://www.ccih.org/>
WhatsApp: (b)(6) Kenyan Mobile: (b)(6) | CCIH office: +17039238960
mona.bormet@ccih.org | skype: mona.bormet



<https://www.youtube.com/user/CCIntlHealth>

| | |
|------------------------|---|
| Sender: | Mona Bormet <mona.bormet@ccih.org> |
| Recipient: | <dgooffice@who.int>; <hernandezl@who.int>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI <Garrett.Grigsby@hhs.gov>; Doug Fountain <doug.fountain@ccih.org>; SIMONSON, Stewart <simonsons@who.int>; Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli <Colin.Mciff@hhs.gov> |
| Sent Date: | 2019/10/21 10:18:47 |
| Delivered Date: | 2019/10/21 10:19:40 |



Promoting global health and wholeness from a Christian perspective

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Doug Fountain, MPA, *Ex-Officio*
CCIH Executive Director

October 21, 2019

Dr. Tedros Adhanom Ghebreyesus
Director-General
World Health Organization
Geneva, Switzerland

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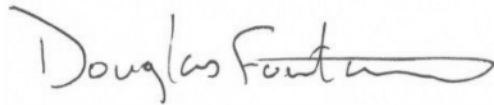
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Please let us know what questions you have and we can arrange a call with you or your staff.

We hope to hear from you by December 1.

Many thanks for considering the request,

A handwritten signature in dark ink that reads "Douglas Fountain". The signature is fluid and cursive, with a long horizontal stroke at the end.

Doug Fountain
Executive Director

| | |
|------------------|--|
| From: | HERNANDEZ, Lindsey Caroline <hernandezl@who.int> |
| To: | Mona Bormet <mona.bormet@ccih.org>; Office of the Director-General <DGOOffice@who.int> |
| CC: | Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI <Garrett.Grigsby@hhs.gov>; Doug Fountain <doug.fountain@ccih.org>; SIMONSON, Stewart <simonsons@who.int>; Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli <Colin.Mciff@hhs.gov> |
| Subject: | RE: Speaking Request for Dr. Tedros from Christian Connections for International Health (CCIH) |
| Date: | 2019/10/21 10:44:21 |
| Priority: | Normal |
| Type: | Note |

Dear Ms Bormet,

We acknowledge receipt of this letter and request to Dr Tedros. We will revert in due course.

Best regards
Lindsey

Lindsey Hernandez
Personal Assistant to Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization
Tel: +41 22 791 2797
Mob: (b)(6)
Email: hernandezl@who.int

From: Mona Bormet <mona.bormet@ccih.org>
Sent: Monday, October 21, 2019 4:19 PM
To: Office of the Director-General <DGOOffice@who.int>
Cc: HERNANDEZ, Lindsey Caroline <hernandezl@who.int>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Doug Fountain <doug.fountain@ccih.org>; SIMONSON, Stewart <simonsons@who.int>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
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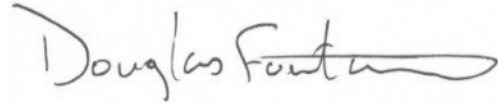
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Executive Director

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Mona Bormet, MPH, CHES

Program Director | Christian Connections for International Health (USA)

| <https://protect2.fireeye.com/url?k=58562629-04023f55-58561716-0cc47adc5fa2-e9113466f26b425f&u=http://www.ccih.org/>

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mona.bormet@ccih.org | skype: mona.bormet



<https://www.youtube.com/user/CCIntlHealth>

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| Sender: | HERNANDEZ, Lindsey Caroline <hernandezl@who.int> |
| Recipient: | Mona Bormet <mona.bormet@ccih.org>; Office of the Director-General <DGOoffice@who.int>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl <Garrett.Grigsby@hhs.gov>; Doug Fountain <doug.fountain@ccih.org>; SIMONSON, Stewart <simonsons@who.int>; Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli <Colin.Mciff@hhs.gov> |
| Sent Date: | 2019/10/21 10:38:38 |
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|------------------|---|
| From: | Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=8CE9DE2E7497472BB758F8FD6E262C86-KERR, LAWRE <Lawrence.Kerr@hhs.gov> |
| To: | McKeogh, Katherine (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka <Katherine.McKeogh@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. <clane@niaid.nih.gov> |
| CC: | Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai <Caitlin.Oakley@HHS.GOV> |
| Subject: | RE: For Approval: Dr. Lane quote |
| Date: | 2020/04/23 16:25:35 |
| Priority: | Normal |
| Type: | Note |

(b)(5)

Does that help?

Larry

From: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Sent: Thursday, April 23, 2020 4:21 PM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

Thank you, Larry (b)(5)

(b)(5)

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Sent: Thursday, April 23, 2020 4:18 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>

Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

(b)(5)

From: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Sent: Thursday, April 23, 2020 4:08 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

Quick question for everyone. State raised this with us:

(b)(5)

From: McKeogh, Katherine (OS/ASPA)
Sent: Thursday, April 23, 2020 4:02 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <CLANE@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

Noted thank you!

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Thursday, April 23, 2020 4:02 PM

To: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

Katherine,

Plks see edit before in RED

From: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Sent: Thursday, April 23, 2020 3:54 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: Re: For Approval: Dr. Lane quote

Definitely – I am on a call that should be over in the next 5 minutes.

Cliff

From: "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Date: Thursday, April 23, 2020 at 3:52 PM
To: "Lane, Cliff (NIH/NIAID) [E]" <clane@niaid.nih.gov>
Cc: "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>, "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Subject: For Approval: Dr. Lane quote

(b)(5)

From: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Sent: Thursday, April 23, 2020 2:41 PM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: RE: CBS: Question for you

Circling back...was this approved? Thanks!

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Sent: Thursday, April 23, 2020 9:38 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: CBS: Question for you

(b)(5)

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Thursday, April 23, 2020 9:27 AM
To: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: FW: CBS: Question for you
Importance: High

Cliff and Larry,

Would y'all mind collaborating quickly and drafting a reply to CBS's question?

Larry has seen a version of this yesterday because DoS copied us, but now she is coming directly to HHS...

Thanks!

From: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>
Sent: Thursday, April 23, 2020 12:14 AM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Cc: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Subject: Fwd: CBS: Question for you

Any thoughts on how to respond here?

Sent from my iPhone

Begin forwarded message:

From: "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Date: April 22, 2020 at 23:10:53 EDT
To: "Caputo, Michael (HHS/ASPA)" <Michael.Caputo@hhs.gov>, "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Cc: "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Hall, Bill (HHS/ASPA)" <bill.hall@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>
Subject: RE: CBS: Question for you

+ others. OGA--where's the best place to start on this? Looks WHO related. Thanks.

Caitlin B. Oakley
Deputy Assistant Secretary, National Spokesperson

Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Caputo, Michael (HHS/ASPA) <Michael.Caputo@hhs.gov>
Sent: Wednesday, April 22, 2020 11:08 PM
To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: CBS: Question for you

Please send this up the flagpole

Sent from my iPhone

Begin forwarded message:

From: "Brennan, Margaret" <BrennanM@cbsnews.com>
Date: April 22, 2020 at 10:28:46 PM EDT
To: "Caputo, Michael (HHS/ASPA)" <Michael.Caputo@hhs.gov>
Subject: Question for you

Hi Morgan Ortagus pointed me your way.

The WHO report says that China shared tissue samples of a 50 year old male Covid victim with the team that visited in February. This WHO team included 2 Americans. Why was that tissue sample not sufficient? I see Pompeo said that the virus samples were destroyed and not shared. This seems contradictory. Can you explain?

Regards,

Margaret Brennan
Face the Nation Moderator
Sr Foreign Affairs Correspondent
2027403062

Sent from my iPhone

| | |
|-------------------|---|
| Sender: | Kerr, Lawrence (HHS/OS/OGA) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=8CE9DE2E7497472BB758F8FD6E262C86-KERR, LAWRE < Lawrence.Kerr@hhs.gov > |
| Recipient: | McKeogh, Katherine (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=c652f2c415b44dff8369dd7f4596f030-McKeogh, Ka < Katherine.McKeogh@hhs.gov >; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl < Garrett.Grigsby@hhs.gov >; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. < clane@niaid.nih.gov >; Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl |

| | |
|------------------------|---|
| | <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai <Caitlin.Oakley@HHS.GOV> |
| Sent Date: | 2020/04/23 16:25:34 |
| Delivered Date: | 2020/04/23 16:25:35 |

| | |
|------------------|--|
| From: | Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C652F2C415B44DFF8369DD7F4596F030-MCKEOGH, KA <Katherine.McKeogh@hhs.gov> |
| To: | Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. <clane@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov> |
| CC: | Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai <Caitlin.Oakley@HHS.GOV> |
| Subject: | RE: For Approval: Dr. Lane quote |
| Date: | 2020/04/23 18:53:19 |
| Priority: | Normal |
| Type: | Note |

Yes understood. State/WH/HHS are all in the loop here.

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Thursday, April 23, 2020 6:52 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

Pls let Pompeo's folks know exactly what we've share w/ reporter so we all stay on same sheet of music.

Thanks!

From: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Sent: Thursday, April 23, 2020 6:39 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

Okay that's helpful. I sent the cleared quote to CBS. If they have follow up, I'll let everyone here know.

(b)(5)

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Thursday, April 23, 2020 6:35 PM
To: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

(b)(5)

From: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Sent: Thursday, April 23, 2020 6:15 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: Re: For Approval: Dr. Lane quote

(b)(5)

From: "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Date: Thursday, April 23, 2020 at 6:12 PM
To: "Lane, Cliff (NIH/NIAID) [E]" <clane@niaid.nih.gov>, "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>
Cc: "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>, "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

(b)(5)

From: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Sent: Thursday, April 23, 2020 5:01 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA)

<Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA)
<Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: Re: For Approval: Dr. Lane quote

(b)(5)

Cliff

From: "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Date: Thursday, April 23, 2020 at 4:51 PM
To: "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Lane, Cliff (NIH/NIAID) [E]" <clane@niaid.nih.gov>
Cc: "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>, "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

(b)(5)

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Sent: Thursday, April 23, 2020 4:18 PM
To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: For Approval: Dr. Lane quote

(b)(5)

From: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Sent: Thursday, April 23, 2020 4:08 PM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E]

<clane@niaid.nih.gov>

Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>

Subject: RE: For Approval: Dr. Lane quote

(b)(5)

From: McKeogh, Katherine (OS/ASPA)

Sent: Thursday, April 23, 2020 4:02 PM

To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <CLANE@niaid.nih.gov>

Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>

Subject: RE: For Approval: Dr. Lane quote

Noted thank you!

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>

Sent: Thursday, April 23, 2020 4:02 PM

To: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>

Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>

Subject: RE: For Approval: Dr. Lane quote

Katherine,

Plks see edit before in RED

From: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>

Sent: Thursday, April 23, 2020 3:54 PM

To: McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>

Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Murphy, Ryan (OS/ASPA) <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>

Subject: Re: For Approval: Dr. Lane quote

Definitely – I am on a call that should be over in the next 5 minutes.

Cliff

From: "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Date: Thursday, April 23, 2020 at 3:52 PM
To: "Lane, Cliff (NIH/NIAID) [E]" <clane@niaid.nih.gov>
Cc: "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Kerr, Lawrence (HHS/OS/OGA)" <Lawrence.Kerr@hhs.gov>, "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>, "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Subject: For Approval: Dr. Lane quote

(b)(5)

From: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Sent: Thursday, April 23, 2020 2:41 PM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: RE: CBS: Question for you

Circling back...was this approved? Thanks!

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Sent: Thursday, April 23, 2020 9:38 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: RE: CBS: Question for you

(b)(5)

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Thursday, April 23, 2020 9:27 AM
To: Lane, Cliff (NIH/NIAID) [E] <clane@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>
Cc: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>
Subject: FW: CBS: Question for you
Importance: High

Cliff and Larry,

Would y'all mind collaborating quickly and drafting a reply to CBS's question?

Larry has seen a version of this yesterday because DoS copied us, but now she is coming directly to HHS...

Thanks!

From: Zebley, Kyle (HHS/OS/OGA) <Kyle.Zebley@hhs.gov>
Sent: Thursday, April 23, 2020 12:14 AM
To: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>; Elvander, Erika (OS/OGA) <Erika.Elvander@hhs.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Cc: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Subject: Fwd: CBS: Question for you

Any thoughts on how to respond here?

Sent from my iPhone

Begin forwarded message:

From: "Oakley, Caitlin B. (OS/ASPA)" <Caitlin.Oakley@HHS.GOV>
Date: April 22, 2020 at 23:10:53 EDT
To: "Caputo, Michael (HHS/ASPA)" <Michael.Caputo@hhs.gov>, "McKeogh, Katherine (OS/ASPA)" <Katherine.McKeogh@hhs.gov>
Cc: "Grigsby, Garrett (HHS/OS/OGA)" <Garrett.Grigsby@hhs.gov>, "Zebley, Kyle (HHS/OS/OGA)" <Kyle.Zebley@hhs.gov>, "Hall, Bill (HHS/ASPA)" <bill.hall@hhs.gov>, "Murphy, Ryan (OS/ASPA)" <Ryan.Murphy1@hhs.gov>
Subject: RE: CBS: Question for you

+ others. OGA--where's the best place to start on this? Looks WHO related. Thanks.

Caitlin B. Oakley

Deputy Assistant Secretary, National Spokesperson
Office of the Assistant Secretary for Public Affairs
U.S. Department of Health and Human Services
caitlin.oakley@hhs.gov

From: Caputo, Michael (HHS/ASPA) <Michael.Caputo@hhs.gov>
Sent: Wednesday, April 22, 2020 11:08 PM
To: Oakley, Caitlin B. (OS/ASPA) <Caitlin.Oakley@HHS.GOV>; McKeogh, Katherine (OS/ASPA) <Katherine.McKeogh@hhs.gov>
Subject: CBS: Question for you

Please send this up the flagpole

Sent from my iPhone

Begin forwarded message:

From: "Brennan, Margaret" <BrennanM@cbsnews.com>
Date: April 22, 2020 at 10:28:46 PM EDT
To: "Caputo, Michael (HHS/ASPA)" <Michael.Caputo@hhs.gov>
Subject: Question for you

Hi Morgan Ortagus pointed me your way.

The WHO report says that China shared tissue samples of a 50 year old male Covid victim with the team that visited in February. This WHO team included 2 Americans. Why was that tissue sample not sufficient? I see Pompeo said that the virus samples were destroyed and not shared. This seems contradictory. Can you explain?

Regards,

Margaret Brennan
Face the Nation Moderator
Sr Foreign Affairs Correspondent
2027403062

Sent from my iPhone

| | |
|------------------------|---|
| Sender: | McKeogh, Katherine (OS/ASPA) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=C652F2C415B44DFF8369DD7F4596F030-MCKEOGH, KA <Katherine.McKeogh@hhs.gov> |
| Recipient: | Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI <Garrett.Grigsby@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. <clane@niaid.nih.gov>; Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Murphy, Ryan (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=314e69c69a844b47bdd9f74bc60a8d44-Murphy, Rya <Ryan.Murphy1@hhs.gov>; Oakley, Caitlin B. (OS/ASPA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=e5ee4c35534c4af9bdac46789c034790-Oakley, Cai <Caitlin.Oakley@HHS.GOV> |
| Sent Date: | 2020/04/23 18:53:18 |
| Delivered Date: | 2020/04/23 18:53:19 |

| | |
|------------------|--|
| From: | SWAMINATHAN, Soumya <swaminathans@who.int> |
| To: | Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd.FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov> |
| CC: | Slaoui, Moncef /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f1f8310753e4c27b5565edab2f5d4c8-Slaoui, Mon <Moncef.Slaoui@hhs.gov>; SIMÃO, Mariângela <simaom@who.int>; AYLWARD, Raymond Bruce J. <aylwardb@who.int>; Mcqueen, COL Anthony (HHS/IOS) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac168b9de8d04b0197d9839acff236c0-Mcqueen, An <Anthony.Mcqueen@hhs.gov>; Ayala, Ana (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=80a408be55b14221a42c2b91002d6bf7-Ayala, Ana <Ana.Ayala@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl <Garrett.Grigsby@hhs.gov> |
| Subject: | Re: [EXT] HHS (OWS) - WHO Participants' Contact Information |
| Date: | 2020/08/02 09:37:24 |
| Priority: | Normal |
| Type: | Note |

Thanks Larry. A touch base every couple of weeks to update on progress from both sides, will be very useful.

Many thanks for this facilitation. I will follow up with Dr Slaoui separately.

Regards

Soumya

Sent from my iPad

On 2 Aug 2020, at 18:57, Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>wrote:

My apologies for the delay, please find the names and contact information for the individuals on Thursday's HHS-WHO Call:

OWS:

Dr. Moncef Slaoui, Chief Advisor, Moncef.Slaoui@hhs.gov

-please cc: COL Anthony Mcqueen, Anthony.Mcqueen@hhs.gov

WHO:

Dr. Soumya Swaminathan, Chief Scientist; swaminathans@who.int

Dr. Mariangela Simão, Assistant Director-General for Drug Access, Vaccines and Pharmaceuticals; simaom@who.int

Dr. Bruce Aylward, Lead Secretariat for ACT-Accelerator; aylwardb@who.int

We will schedule a follow-up call during the last week of August to discuss updates from on-going vaccine candidate clinical trials.

Respectfully,

Larry

| | |
|------------------------|---|
| Sender: | SWAMINATHAN, Soumya <swaminathans@who.int> |
| Recipient: | Kerr, Lawrence (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=8ce9de2e7497472bb758f8fd6e262c86-Kerr, Lawre <Lawrence.Kerr@hhs.gov>; Slaoui, Moncef /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7f1f8310753e4c27b5565edab2f5d4c8-Slaoui, Mon <Moncef.Slaoui@hhs.gov>; SIMÃO, Mariângela <simaom@who.int>; AYLWARD, Raymond Bruce J. <aylwardb@who.int>; Mcqueen, COL Anthony (HHS/IOS) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=ac168b9de8d04b0197d9839acff236c0-Mcqueen, An <Anthony.Mcqueen@hhs.gov>; Ayala, Ana (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=80a408be55b14221a42c2b91002d6bf7-Ayala, Ana <Ana.Ayala@hhs.gov>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, Gl <Garrett.Grigsby@hhs.gov> |
| Sent Date: | 2020/08/02 09:36:54 |
| Delivered Date: | 2020/08/02 09:37:24 |

August 27, 2020

The United States presents its compliments to the co-chairs of the Independent Panel for Pandemic Preparedness and Response (IPPR) and thanks the World Health Organization (WHO) for providing the IPPR's draft Terms of Reference (TOR) for review and comment by Member States. The United States believes in the central importance of Member States in the oversight and governance of the WHO and underscores the importance of their engagement with the review of the IPPR. With this in mind, we recommend that the Executive Board (EB) have a leadership role in the process articulated within the IPPR TOR. To this end, and in accordance with the clear direction of Member States, we anticipate the IPPR will strictly follow the mandate of the World Health Assembly (WHA) Resolution 73.1, specifically its call for a *“stepwise process of impartial, independent and comprehensive evaluation.”*

Only a clear and straightforward review of the facts, especially of the first six months of the COVID-19 outbreak and response, will lead to credible and constructive recommendations for implementation.

In the spirit of collaboration, transparency and strengthening the WHO's preparedness and response capabilities, the United States is appending a WHO Roadmap to these comments for consideration by the IPPR co-chairs. We would be pleased to discuss the WHO Roadmap, which originated in the work of the G7 partners and where the substantive recommendations enjoy broad support, with the co-chairs should they have any questions regarding its substantive recommendations.

Comments on the Draft IPPR Terms of Reference

Member State Comments and Executive Board Review

We appreciate the letter from the co-chairs of the IPPR and the opportunity to provide input on the TOR document. The letter states that, “following consideration of these comments, the TOR will be finalized after discussion at the first meeting of the IPPR in September.” What is not clear is how the co-chairs will consider comments from Member States, or if Member States will receive any feedback on whether the final TOR incorporate their comments or concerns. As referenced above, there appears to be no explicit role for the EB to review the proposed TOR and provide input. The EB should have a role in determining the final TOR for the IPPR; we request that time for such EB review and concurrence be reflected in the current timeframe. To be clear, we are not recommending the EB negotiate the TOR with the IPPR, rather, we believe that good governance requires that the EB be afforded the opportunity to comment on the proposed final draft (*i.e.*, virtually through email). Such review and comment would strengthen support for the IPPR and improve its efforts to fulfill its mandate as provided in WHA73.1.

The IPPR's Mandate and Prioritization

Although the IPPR's TOR generally follow the language adopted in WHA 73.1 for a “stepwise process,” it would be helpful if the process itself were clearly articulated in the TOR. Furthermore, the scope of the current draft is quite broad and places undue emphasis on areas that are beyond the focus of the WHA73.1, which may not allow for in-depth analysis of

important areas of analysis. We recommend that the panel prioritize the work requested in WHA 73.1 (*i.e.*, a thorough review and assessment of the first six-months of the response) and deprioritize the new elements proposed in paragraphs 8-9. We also recommend that the IPPR establish its timelines and define its anticipated deliverables for review by the EB and Member States as part of the TOR. The IPPR should include the specific roles of the co-Chairs, members of the panel, its independent Secretariat and any experts they might consult. The TOR should specify whether the Panel would undertake any field investigations, consultations with the stakeholders or the public.

Paragraph 6

From our perspective, paragraph 6 positions the IPPR to draw on findings from earlier reviews of WHO's work, up to and at the creation of the WHE, to inform the IPPR's work and recommendations, this is not how we understand the IPPR should undertake its analysis especially since COVID-19 has revealed both new and repeating gaps and weaknesses. The resolution directs the panel:

[T]o review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19 –including (i) the effectiveness of the mechanisms at WHO's disposal; (ii) the functioning of the International Health Regulations (2005) and the status of implementation of the relevant recommendations of the previous IHR Review Committees; (iii) WHO's contribution to the United Nations-wide efforts; and (iv) the actions of the WHO and their timelines pertaining to the COVID-19 pandemic – and to make recommendations to improve capacity for global pandemic prevention, preparedness and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme.

We expect that the IPPR will follow the language of the resolution and focus its limited and valuable time on COVID-19, while drawing on the lessons learned from a range of contexts to inform strategic and relevant recommendations in each of the key areas outlined in WHA 73.1.

Paragraph 7

Paragraph 7 reiterates the direction of WHA73.1 and this is where we anticipate that the IPPR will spend the bulk of its time, energy and deliberations. With this in mind, we want to note concerns with the two footnotes.

Footnote 1, states that “the IPPR will mainly be informed by the findings and outputs of the IHR Review Committee.” This footnote needs further explanation. As the IPPR's mandate is to review information and with respect to the IHR, it must focus on the functioning of the IHR and the status of implementation of the relevant recommendations of previous IHR Committees. The IPPR must undertake its own review and come to its own conclusions, not simply rely on the work done by previous IHR Committees.

With respect to footnote 2, we anticipate that the work and outputs of the Independent Oversight Advisory Committee of the WHO Health Emergencies program will inform the work of the

IPPR. In addition, we expect that the IPPR **will also conduct its own independent inquiry**, related to the “effectiveness of the mechanisms at WHO’s disposal and the actions of the WHO and their timelines pertaining to the COVID-19 pandemic.”

Paragraphs 8 and 9

Paragraphs 8 and 9 of the TOR appear beyond the scope of the review in WHA 73.1 by broadening the work of the IPPR to address general global health threats and global health security. Given the limited time and resources at its disposal, the IPPR should prioritize its work on the mandate provided in the resolution. We submit that it is more appropriate to pursue this broader work once the IPPR completes its mandate as directed by Member States in WHA 73.1. The May 1, 2021 deadline is highly ambitious for the successful completion of the IPPR’s inquiry as instructed by WHA73.1, *without any* additional work included in paragraphs 8 and 9.

Paragraph 10

Paragraph 10 indicates that the IPPR will provide progress reports and a final report through its co-chairs directly to the WHO governing bodies, no later than May 1, 2021. It would be helpful to understand how the co-chairs determined the deadline for the work of the IPPR and why this date is the deadline for the final report. The IPPR should provide its findings and recommendations (preliminary or final) to the EB and Member States in advance of WHA74 so that Member States may determine if additional work is necessary.

Again, we recommend a specific and defined role for the EB in reviewing the work of the IPPR, including any progress reports, interim findings or recommendations. It would be helpful for both the EB and Member States to have a proposed schedule or agenda from the IPPR to track its progress.

Paragraph 11

We appreciate and support the independence of the IPPR and are pleased it will have its own Secretariat to support its work. Transparency and openness in the work of the IPPR is necessary and appropriate, and progress reports are helpful in tracking the progress of the IPPR. The IPPR should provide reports to the EB and Member States on a regular and predictable basis. Again, it is very important to define a specific role for the EB that reflects its role in the governance structure of the WHO. We also ask for a clear definition of “other relevant partners” as used in paragraph 11.

Conclusion

The COVID-19 pandemic continues its global devastation, and it will take several years to understand fully the impact of this pandemic. As the IPPR undertakes its work it must remain true to the commitment to prepare, prevent, detect, and respond to infectious diseases at their source -- the same commitment to which the WHO and Member States must continue to abide. There were a number of catastrophic failures in the early stages of COVID-19. It is only by honestly and objectively acknowledging and addressing our failures that we will be able to make the changes necessary to prevent, detect, and respond to the next pandemic.

Attachment: WHO Roadmap

Reviewing COVID-19 Response and Strengthening the WHO's Global Emergency Preparedness and Response

WHO ROADMAP

Introduction

The COVID-19 resolution, adopted at the 73rd World Health Assembly (WHA), calls for global cooperation, unity and solidarity and confirms commitment to meaningful change. Participating countries welcome the announcement of WHO on 9 July 2020 to launch an impartial, independent and comprehensive evaluation by the “independent panel for pandemic preparedness and response” (IPPR) of the global COVID-19 response. We support this approach and suggested an independent review early on in the COVID-19 outbreak. We welcome the aim of the panel to provide timely and concrete recommendations for strengthening future responses and urge all countries to work constructively with the review, whilst not distracting from the immediate response. We commit to work with every country and partner for a safer world where our shared systems and institutions work transparently and collaboratively as intended to improve the global capacity to prevent, respond to and defeat pandemics.

With that in mind, this roadmap sets out areas where we believe there is an opportunity to strengthen the WHO by increasing accountability and its ability to be impartial and objective, improve transparency and its overall effectiveness, by providing it with a more comprehensive set of tools that are fit-for-purpose to address new and emerging threats.

A. Areas for short term progress under existing mandates

Public Health Emergency of International Concern (PHEIC) Declarations

We encourage the WHO to consider a new designation -- the *Intermediate Public Health Alert (IPHA) or “amber light”* -- as recommended by the Independent Oversight and Advisory Committee (IOAC). We believe WHO can do this through Member State consultations. WHO can use this opportunity to increase collaboration with UN and other partners and to establish a clear and systematic set of rules for activating the broader UN system and global health architecture. The amber light aims at timely communication about evolving threats to Member States and the public, thus encouraging improved reporting, earlier preparation, and better resource allocation.

Clarifying responsibilities around outbreaks

Drawing on IHR Articles 6 (Notification), 7 (Information-sharing during unexpected or unusual public health events), 8 (Consultation), 9 (Other reports) and 10 (Verification), we invite WHO to issue updated guidance for itself, Member States and non-state actors of the expectations, after the initial notification of an event, as part of the new IPHA or under the existing process leading to a PHEIC declaration, including specific timeframes for action. The WHO should continue to promote safe and rapid sample sharing of pathogens of pandemic potential or high risk, including during the assessment phase.

IHR Emergency Committees (EC)

Increased objectivity and impartiality of WHO, including the membership and scope of an EC, tailoring each to a given outbreak and adapting as needed, over the course of each event as new evidence emerges provide a pathway to an improved EC. Additionally, more transparent public accounting of proceedings is important to understand decision making around PHEICs. The ECs

should hold additional meetings, including if requested by an appropriate number of Member States, and be responsive to Member States' inquiries. Providing written summaries of the discussion in all EC meetings would help build confidence.

Effective and transparent oversight

For both the IOAC and Global Preparedness Monitoring Board (GPMB), established jointly by WHO and the World Bank, it is essential that WHO and the World Bank, working with Member States, review and secure their permanent mandates, terms of reference, defined scope of activities and sufficient resourcing.

Quality and speed of WHO guidance development and issuance

We appreciate the establishment of a Chief Scientist's Office at WHO to raise the quality of, and confidence in, guidance documents and normative materials. It should be empowered, in compliance with Framework of Engagement with Non-State Actors (FENSA), with sufficient budget and staffing, and make global expertise available to all levels of WHO.

Access to Medical Products

We will work together to expedite the development, approval, manufacture, and distribution of safe, effective and affordable COVID-19 vaccines, diagnostics and therapeutics. Providing access to products for high-risk populations, such as health care workers and vulnerable groups is key. Once COVID-19 countermeasures are developed, all countries must benefit from equitable access. Based on the experiences with access to medical products for COVID-19, strategies for medical countermeasures for future pandemics could be developed.

B. Areas for medium and longer-term action

I. Preparedness

IHR compliance, preparedness, detection and response

A tool allowing a better understanding of Member State IHR compliance and preparedness may provide needed clarity on areas for additional work. Therefore, we propose consideration of a universal review mechanism for IHR compliance, to encourage countries to view preparedness as fundamental to national and health security as well as incentivize fulfillment of IHR obligations. We encourage the independent review panel, the WHO, and Member States to initiate a discussion on a review process at the earliest opportunity.

Support on capacity building and resource sustainability

Any universal periodic review mechanism should promote cooperation and support across countries and partners, especially for low- and middle-income countries seeking to fill core capacity gaps. The review could also look at how international organizations and international financial institutions can better support capacity building through providing and catalyzing funding for national plans and technical expertise, and how countries can support each other, including self-financing.

II. Response

Enhanced Transparency, Accountability and Oversight

New measures coupled with targeted resources are necessary to respond immediately and transparently to emerging threats. Especially for public health risks with the potential to spread

globally, we need to consider how best to strengthen Member State reporting to WHO, and empower WHO leadership to articulate Member States' responsibilities in an impartial and objective manner when they are not meeting obligations. It is essential to strengthen oversight mechanisms and clarify mandates to ensure full transparency and participation by Member States, other global health partners and the public.

WHO Access to Outbreak Areas

We encourage the independent review panel to consider mechanisms to facilitate more rapid access to outbreak areas for WHO-led response teams to the extent required for a robust public health response, including in the assessment phase. Such access is crucial to the early containment of outbreaks, so recommendations should also look at ways to empower the DG to report and incentivize Member State compliance as a part of this process.

Handling Travel and Trade Restrictions

COVID-19 lessons show potential benefits of de-linking travel from trade restrictions under emergency conditions, with the goal of maximizing public health measures while minimizing economic impacts. Ensuring open and safe global transportation routes and securing supply chains to allow delivery of essential products, guaranteeing humanitarian aid access to people in need and continued travel for responders are necessary. We encourage WHO to lead an evidence-based process to develop recommendations on the appropriate role of domestic and international travel restrictions within a suite of preparedness and response interventions, in close consultation with other relevant organizations and tailored to the circumstances of relevant industries, such as cruise ships, air travel and shipping.

Strengthen effectiveness and sustainability of World Health Emergencies (WHE) Program

WHE performance has improved since 2016 but needs further strengthening. In particular, we commit to serious consideration of potential budget reforms that would ensure adequate and sustainable financing for WHE and accelerate continued performance gains. The WHO Solidarity Fund and the WHO Foundation are helpful in broadening the donor base, but any new funding sources need Member State oversight.

III. Health Cooperation

One Health cooperation

We recommend a look at how to improve collaboration on zoonotic diseases among WHO, the Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (OIE), as well as the United Nations Environment Programme (UNEP). The existing tripartite agreement for antimicrobial resistance (AMR) serves as a model and starting point for broader efforts to track and respond to zoonotic diseases, but further action is needed.

WHO and the United Nations System

The review provides an opportunity to improve coordination between WHO and relevant organizations in support of the greater preparedness and response collaboration called for in IHR Article 44. Recommendations should focus on improving capacity, accountability, transparency, and coordination, including avoiding competing calls for funding. All partners must work toward shared goals, including UN development system improvement.

| | |
|------------------|---|
| From: | IPPPR Secretariat <secretariat@ipppr.org> |
| To: | Burr, Mara (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1789c53bbdbf412b9b31cc59cbd4bda2-Burr, Mara <Mara.Burr@hhs.gov>; NORDSTRÖM, Anders <nordstroma@ipppr.org> |
| CC: | EB United States of America <BrembergAP@state.gov>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI <Garrett.Grigsby@hhs.gov>; Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli <Colin.Mciff@hhs.gov>; Tracy Carson /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=33c7d84fb82a48eeba8f4e0be680df60-TracyCarson <CarsonTL@state.gov> |
| Subject: | RE: [EXT] Comments of the United States of America on the Draft Terms of Reference for the IPPR |
| Date: | 2020/08/29 02:45:03 |
| Priority: | Normal |
| Type: | Note |

Dear Mara,

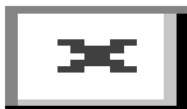
I would just like to confirmed that we have received your feedback and that it will be shared with the two co-chairs.

The Secretariat is looking forward to continue to stay in touch with you and your colleagues throughout the work of the Independent Panel

My very best regards

Anders

Anders Nordstrom
Head of Secretariat
Independent Panel for Pandemic Preparedness and Response (IPPR)
Phone +41793844899
E-mail: nordstroma@ipppr.org



A close up of a logo Description automatically generated

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Thursday, August 27, 2020 7:17 PM

To: IPPPR Secretariat <secretariat@ipppr.org>; NORDSTRÖM, Anders <nordstroma@ipppr.org>
Cc: EB United States of America <BrembergAP@state.gov>; EB United States of America <Garrett.Grigsby@hhs.gov>; EB United States of America <Colin.Mciff@hhs.gov>; EB United States of America <CarsonTL@state.gov>
Subject: [EXT] Comments of the United States of America on the Draft Terms of Reference for the IPPR
Importance: High

Dear IPPR Secretariat Colleagues:

Thank you for the opportunity to provide comments on the IPPR's Draft Terms of Reference (TOR).

Attached to this message are the comments of the United States of America on the draft TOR and an attachment to the comments entitled, WHO Roadmap.

We appreciate your kind consideration of these comments and stand ready to answer any questions you may have regarding either the comments or the WHO Roadmap document.

Thank you.

Best,

Mara M. Burr, JD, LL.M
Director, Multilateral Relations
Office of the Secretary
Office of Global Affairs
U.S. Department of Health and Human Services

Telephone: 202-205-4677

Mobile (b)(6)

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| Sender: | IPPPR Secretariat <secretariat@ipppr.org> |
| Recipient: | Burr, Mara (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=1789c53bbdbf412b9b31cc59cbd4bda2-Burr, Mara <Mara.Burr@hhs.gov>; NORDSTRÖM, Anders <nordstroma@ipppr.org>; EB United States of America <BrembergAP@state.gov>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI <Garrett.Grigsby@hhs.gov>; Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli <Colin.Mciff@hhs.gov>; Tracy Carson /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=33c7d84fb82a48eeba8f4e0be680df60-TracyCarson <CarsonTL@state.gov> |
| Sent Date: | 2020/08/29 02:43:35 |
| Delivered Date: | 2020/08/29 02:45:03 |



Independent panel for Standards Enforcement and Response

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| From: | Evaluation Only. Created with Aspose.HTML. Copyright 2013-2020 Aspose Pty Ltd. BOHF23SPDLT)/CN=RECIPIENTS/CN=1789C53BBDBF412B9B31CC59CBD4BDA2-BURR, MARA <Mara.Burr@hhs.gov> |
| To: | IPPPR Secretariat <secretariat@ipppr.org> |
| CC: | NORDSTRÖM, Anders <nordstroma@ipppr.org>; EB United States of America <BrembergAP@state.gov>; Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI <Garrett.Grigsby@hhs.gov>; Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli <Colin.Mciff@hhs.gov>; Tracy Carson /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=33c7d84fb82a48eeba8f4e0be680df60-TracyCarson <CarsonTL@state.gov> |
| Subject: | Re: [EXT] Comments of the United States of America on the Draft Terms of Reference for the IPPR |
| Date: | 2020/08/29 20:57:11 |
| Priority: | Normal |
| Type: | Note |

Dear Anders:

Thank you for your kind message. Please feel free to reach out anytime.

Best,

Mara

Sent from my iPhone

On Aug 29, 2020, at 2:45 AM, IPPPR Secretariat <secretariat@ipppr.org> wrote:

Dear Mara,

I would just like to confirmed that we have received your feedback and that it will be shared with the two co-chairs.

The Secretariat is looking forward to continue to stay in touch with you and your colleagues throughout the work of the Independent Panel

My very best regards

Anders

Anders Nordstrom
Head of Secretariat
Independent Panel for Pandemic Preparedness and Response (IPPR)

Phone +41793844899

E-mail: nordstroma@ipppr.org

<image001.png>

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>

Sent: Thursday, August 27, 2020 7:17 PM

To: IPPPR Secretariat <secretariat@ipppr.org>; NORDSTRÖM, Anders <nordstroma@ipppr.org>

Cc: EB United States of America <BrembergAP@state.gov>; EB United States of America <Garrett.Grigsby@hhs.gov>; EB United States of America <Colin.Mciff@hhs.gov>; EB United States of America <CarsonTL@state.gov>

Subject: [EXT] Comments of the United States of America on the Draft Terms of Reference for the IPPR

Importance: High

Dear IPPR Secretariat Colleagues:

Thank you for the opportunity to provide comments on the IPPR's Draft Terms of Reference (TOR).

Attached to this message are the comments of the United States of America on the draft TOR and an attachment to the comments entitled, WHO Roadmap.

We appreciate your kind consideration of these comments and stand ready to answer any questions you may have regarding either the comments or the WHO Roadmap document.

Thank you.

Best,

Mara M. Burr, JD, LL.M
Director, Multilateral Relations
Office of the Secretary
Office of Global Affairs
U.S. Department of Health and Human Services

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| | <p>Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli <Colin.Mciff@hhs.gov>;</p> <p>Tracy Carson /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=33c7d84fb82a48eeba8f4e0be680df60-TracyCarson <CarsonTL@state.gov></p> |
| Sent Date: | 2020/08/29 20:57:09 |
| Delivered Date: | 2020/08/29 20:57:11 |

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| SentVia: | Valentine, Steven (HHS/OASH) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=FD508090F8984B1CAF04069BC6000DC2-VALENTINE, <Steven.Valentine@hhs.gov> |
| To: | <p>VERCAMMEN, Laurence <VercammenL@who.int>;</p> <p>Giroir, Brett (HHS/OASH) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=a56fce4755704c4ca031d621b46fd6f7-Girori, Bre <Brett.Giroir@hhs.gov>;</p> <p>USA EB Representative (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=22ec06a425f14486aab1a65d1f9b2e60-USA.EbolaRe <USA.EBRep@hhs.gov>;</p> <p>EB Sudan <(b)(6)@hotmail.com>;</p> <p>EB Sudan <(b)(6)@gmail.com>;</p> <p>Dr Amoth (Kenya) <(b)(6)@gmail.com>;</p> <p>Dr Amoth (Kenya) 2 <(b)(6)@gmail.com>;</p> <p>EB Austria <Clemens.Auer@sozialministerium.at>;</p> <p>Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI <Garrett.Grigsby@hhs.gov>;</p> <p>Ms Ching Ying Kong <kong_ching_ying@moh.gov.sg>;</p> <p>EB Singapore <Benjamin_KOH@moh.gov.sg>;</p> <p>Dr Paris Mancilla (Chile) <enrique.paris@minsal.cl>;</p> <p>EB Chile <patricio.munoz@minsal.cl>;</p> <p>Dr Paris Mancilla (Chile) 3 <juancarlos.rios@minsal.cl>;</p> <p>EB Chile <francisco.adriazola@minsal.cl>;</p> <p>EB Chile <lplaza@minrel.gob.cl>;</p> <p>EB Finland <outi.kuivasniemi@stm.fi>;</p> <p>EB Finland <paivi.sillanaukee@stm.fi>;</p> <p>EB Finland <eero.lahtinen@formin.fi>;</p> <p>EB Grenada <(b)(6)@gmail.com>;</p> <p>EB Australia <Lisa.Studdert@health.gov.au>;</p> <p>EB Australia <Emma.Wood@health.gov.au>;</p> <p>Mr G. Hunt <WHO@health.gov.au>;</p> <p>EB Djibouti <(b)(6)@yahoo.fr>;</p> <p>Dr Tuipulotu (Tonga) <(b)(6)@gmail.com>;</p> <p>EB Tonga <(b)(6)@gmail.com>;</p> <p>Mr Al Owais (UAE) <minister.office@moh.gov.ae>;</p> <p>Mr Essono Ndoutoumou (Gabon) <(b)(6)@yahoo.fr>;</p> <p>EB Germany <Bjoern.Kuettel@bmgi.bund.de>;</p> <p>EB Bangladesh <minister@mohfw.gov.bd>;</p> <p>Mciff, Colin (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d5b4da3312934deda21b469a5d64e82a-Mciff, Coli <Colin.Mciff@hhs.gov>;</p> <p>Ms Lawrence (Guyana) <(b)(6)@yahoo.com>;</p> <p>Ms Moretti (Argentina) <(b)(6)@gmail.com>;</p> <p>Ms Moretti (Argentina) 2 <internacionales@minsal.gov.ar>;</p> <p>EB Argentina <jsf@mrecic.gov.ar>;</p> <p>EB Argentina <mariajimena.schiaffino@missionarg.ch>;</p> <p>Ms Zhang Yang (China) <zhangyang@nhc.gov.cn>;</p> <p>Professeur Gargah (Tunisia) <(b)(6)@yahoo.fr>;</p> <p>Professor Grotto (Israel) <itamar.grotto@moh.health.gov.il>;</p> <p>Professor Grotto (Israel) 2 <revital.mimran@moh.gov.il>;</p> <p>Professor Moeloek (Indonesia) <menkesri@kemkes.go.id>;</p> <p>EB Indonesia <(b)(6)@gmail.com>;</p> <p>Professor Rafila (Romania) <arafila@ms.ro>;</p> <p>EB Romania <(b)(6)@yahoo.com>;</p> <p>EB Burkina Faso <(b)(6)@hotmail.com>;</p> <p>EB Tajikistan <salomudin@mail.ru></p> |
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Subject: Strengthening the WHO

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| Date: | 2020/09/02 11:06:48 |
| Priority: | Normal |
| Type: | Note |

Dear Executive Board Colleagues:

On behalf of the United States of America, I am respectfully sharing our “Roadmap” for strengthening the WHO. We recognize there are a number of proposals to strengthen WHO and make it more effective, and all of these proposals should be seriously considered as we look forward to the governing bodies meetings this fall. Please take a few moments to review our proposal and let us know if you have questions or comments. The U.S. Permanent Representative in Geneva, Ambassador Andrew Bremberg, has shared this paper with WHO Director General Tedros, and it has been shared with the co-chairs of the IPPR as well.

I look forward to our discussions in October.

Thank you,

Brett P. Giroir, M.D.

ADM, U.S. Public Health Service

Assistant Secretary for Health (ASH) (HHS)

U.S. Representative, Executive Board, WHO (DOS)

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Washington, DC 20201

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Sent Date: 2020/09/02 11:06:47

Delivered Date: 2020/09/02 11:06:48

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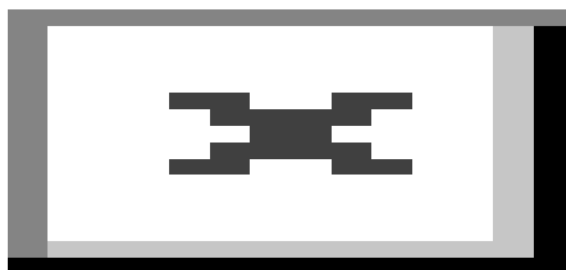
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| Subject: | The Independent Panel |
| Date: | 2020/09/23 10:55:41 |
| Priority: | Normal |
| Type: | Note |

Dear colleagues at missions in Geneva and in capitals,

You very kindly provided the Co-chairs of the Independent Panel comments on the draft Terms of Reference. The co-chairs very much appreciated the comments and used them when revising the Terms of Reference. After having discussed the Terms of Reference also at the 1st meeting with the Independent Panel the Terms of Reference are now available on our web site. I am also happy to inform that the report from the 1st panel meeting can be found at the web site as well.

<https://protect2.fireeye.com/url?k=63be2923-3fea0008-63be181c-0cc47a6d17cc-69b7498f56999dbe&u=https://www.theindependentpanel.org/meetings>

Some of you have asked for more information about the calendar for the panel and possibilities for sharing suggestions and experiences. We are still working on the that but we will communicate as soon as possible. The Co-chairs will provide an update on the work of the Panel at the Special Session of the Executive Board 6 October. The 2nd panel meeting is schedule for the 20-21 October.



<https://protect2.fireeye.com/url?k=8b8b59b1-d7df709a-8b8b688e-0cc47a6d17cc-dff0d653bbe7de1e&u=https://www.theindependentpanel.org/meetings>

Please do not hesitate to reach out if you have questions and suggestions also to the Secretariat

My very best regards

Anders

Anders Nordstrom
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The Independent Panel

FOR PANDEMIC
PREPAREDNESS
& RESPONSE



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| Subject: | WHO: EBSS5 (5-6 October 2020) - information |
| Date: | 2020/09/29 08:37:01 |
| Priority: | Normal |
| Type: | Note |

Dear members of the Executive Board,

With reference to the 5th Special Session of the Executive Board, which will open on Monday, 5 October at 12:00 (CET) and close no later than Tuesday, 6 October at 18:00, please find attached a briefing note on the arrangements for the meeting, the Draft Programme of Work, specifications for pre-recorded videos as well as some additional information below:

Badges

Kindly let us know if you or another member of your delegation is planning to attend the session in-person by sending an email to hqgoverningbodies@who.int by COB Thursday, 1 October. Please note that only one badge per delegation will be issued and this will be available for collection from Monday, 5 October at 8:00 upon presentation of and ID.

Special arrangements

If you are planning to travel to the meeting, please let us know if you require a visa support letter by sending an email to visagbs@who.int. WHO understands that the host country may be prepared to facilitate the entry of a very limited number of delegates from abroad who are Officers of the Board or members of delegations that do not have a mission in Geneva. For more information, please contact: Missionsuisse-covid19@eda.admin.ch. Information on current quarantine measures are available at: <https://www.bag.admin.ch/bag/en/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/empfehlungen-fuer-reisende/quarantaene-einreisende.html>

Travel entitlements

Executive Board members can be reimbursed travel expenses in accordance with WHO entitlements. Reimbursement for Executive Board members will be made by direct bank transfer to your bank account, following receipt of your travel itinerary and ticket invoice. Business class is applicable for air tickets from the Executive Board member's country capital city to Geneva, if flight duration is 6 hours or more, and economy class if flight duration is under 6 hours. First class is applicable for train tickets from the Executive Board member's country capital city to Geneva. All travel itineraries and bank account details for the session of the Executive Board should be emailed to EBitineraries@who.int during the week of 28 September – 2 October 2020

Pre-recorded videos

Pre-recorded statements may be provided by Member States in place of live interventions, where time zones make real-time participation untenable. These will be played at the end of the verbal statements.

Video statements should be received by 2 October (COB) and may be uploaded at the following link:

[https://protect2.fireeye.com/url?k=7702460e-2b574f1d-77027731-0cc47adb5650-](https://protect2.fireeye.com/url?k=7702460e-2b574f1d-77027731-0cc47adb5650-aa7510d36f780d6a&u=https://bit.ly/3hZM8lx)

[aa7510d36f780d6a&u=https://bit.ly/3hZM8lx](https://bit.ly/3hZM8lx) Please find the technical specifications attached.

Best regards,

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EXECUTIVE BOARD
Special session on the COVID-19 response
Geneva, 5-6 October 2020

Draft Programme of Work

5 October 2020- 12:00-15:00 and 16:00-18:00

- 1. Opening of the session**
 - **Adoption of the Special procedures for the meeting**
- 2. Adoption of the agenda and method of work**
- 3. Update on implementation of resolution WHA73.1 (2020) on the COVID-19 response**
 - **Remarks by the Director-General**
 - **Technical update by the Executive Director, WHO Health Emergencies Programme and the Chief Scientist**
 - **Discussion**

6 October 2020- 12:00-15:00 and 16:00-18:00

- 4. Update from the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response, the Chair of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response and the Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme**
 - **Presentation by the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response**
 - **Update by the Chair of the IHR Review Committee**
 - **Update by the Chair of the IOAC**
 - **Discussion**
- 5. Closure of the meeting**

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BRIEFING NOTE ON THE 5TH SESSION OF THE EXECUTIVE BOARD (5-6 October)

1. The Director-General and Chair of the Executive Board have decided to convene the 5th Special Session of the Executive Board on the Covid-19 response (EBSS5). The Board will open on Monday 5 October 2020 at 12:00 (CET) and close not later than Tuesday, 6 October at 18:00 (CET). The working hours will be 12:00-15:00 and 16:00-18:00 (CET).
2. EBSS5 will be held using a hybrid meeting format. This means that the Session will be held at WHO headquarters in the Executive Board room, which has the capacity to physically distance a maximum of 51 individuals. EBSS5 will involve having the 34 members of the Board (or another member of the EB member's delegation, such as a delegate located closer to the meeting venue) physically present with other delegation members, other Member States, and other participants, as appropriate, participating through the virtual platform. Safety measures will be put in place for participants in the room.
3. WHO understands that the host country may be prepared to facilitate the entry of a very limited number of delegates from abroad who are Officers of the Board or members of delegations that do not have a mission in Geneva.
4. Other EB member delegation members, Member States not represented on the Board and other participants, as appropriate, will be able access the meeting through the virtual platform. In order to do so, delegations must register in advance for the meeting and provide a **unique email address** for each delegate that will access the platform. EBSS5 will also be broadcasted on the WHO website.
5. Interpretation will provided in all Official languages. Delegates are invited to speak slowly and send any statements in advance to interpret@who.int in order to ensure the effective delivery of their statements.
6. Online registration for the meeting opened on 7 September and can be accessed at the following link: <https://extranet.who.int/bpmext/meetingregistration.aspx>, using the following username: EBSSuser, and password: T!e=xu&cu!01AEF2910F.
7. Sessions of the Executive Board are usually held as public meetings, with some exceptions (e.g. elections). It is proposed that EBSS5 be held as a public meeting. However, if circumstances were to arise requiring that a private or restricted meeting be held, then Rule 7 of the EB Rules of Procedure would apply.
8. Documents for the Special Session of the Executive Board, including the annotated provisional agenda, can be accessed on the Internet through the WHO website (<http://www.who.int/gb/>) as they become available.
9. **Verbal statements:** it is proposed that:
 - Individual statements by members of the Board be limited to three minutes

- Individual statements by all Member States not represented on the Board and Associate Members be limited to two minutes.
- Statements by Observers, representative of invited United Nations and other participating intergovernmental organizations be limited to one minute.
- Regional and group statements will be limited to four minutes.
- To ensure accurate and clear interpretation through the virtual platform, copies of all statements be submitted in advance by email to interpret@who.int . Clearly indicate the name of the delegation/group in the subject line of the email.
- All remote speakers should use headphones and microphones to ensure optimal sound quality for interpreters and listeners.

10. Written statements- it is proposed that:

- Member States, Associate Members, Observers, invited representatives of the United Nations and of other participating intergovernmental organizations and non-State actors be invited to post written statements on the website in the language of submission.
- In line with the guidelines for written statements outlined in decision EB146(17), statements be provided in any of the six WHO official languages and should be limited to 500 words for individual statements and 800 words for group statements.
- Participants be invited to highlight in their statement any actions taken towards the implementation of resolution WHA73.1 (2020) on the COVID-19 response.
- Member States submit their statements to statements@who.int
- Non-State actors be encouraged to post their statements in advance, in order that delegations may review their statements before the opening of the session.

11. Pre-recorded video statements- It is proposed that:

- While it is envisaged that EBSS5 be an interactive meeting, pre-recorded statements may be provided by Member States in place of live interventions, where time zones make real-time participation untenable.
- Video statements should be received by 2 October (COB) and may be uploaded at the following link: <https://bit.ly/3hZM8lx>
- The following time limits apply: EB members- 3 minutes; Member States not represented on the Board- 2 minutes; and regional/groups- 4 minutes.
- Video statements be included in the live streaming of EBSS5 and therefore will be included in the official records.

12. Decision-making: All decisions of the Executive Board and taken in virtual meetings should as far as possible be taken by consensus. In any event, given the virtual nature of the meeting, no decision shall be taken by secret ballot.

13. Resolutions/decisions: In line with Rule 32 of the EB Rules of Procedure, any proposals for draft resolutions or decisions may be introduced 48 hours prior to the opening of the session for sessions of the Board scheduled for two days or less.

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SPECIFICATIONS FOR PRE-RECORDED VIDEOS

Number of videos to produce: One video file

Style: Straight-to-camera

Technical Specifications:

- HD video (preferably 1080/50i)
- Landscape/horizontal format (preferably 16:9)
- MP4 video
- Clean HD audio in stereo mode
- Camera mounted on tripod
- No fade-in or out
- Please do not include any text, logo, emblem or other visual on-screen
- Maximum length: 2 minutes for statements by individual delegations; 4 minutes for regional or group statements

Art direction:

- Video should be framed with the subject looking directly into the camera lens.
- Subject preferably should be seated, with limited movement and gestures
- Framing medium-wide
- Well lit, with even lighting if possible

Additional request:

- To facilitate transitions to the video and to allow for the interpreters to finish before transitioning out of the video, kindly film three static seconds at the beginning of the video before beginning to speak, and allow five static seconds at the end of the clip. During these moments, have the subject look into the camera and not speak
- Kindly note, please read clearly at a moderate speed. Statements by EB members are set at 3 minutes and statements by Member States not represented on the Board are set at 2 minutes.
- Interpretation will be provided in the official languages (Arabic, Chinese, English, French, Russian and Spanish) to help delegates to follow the discussions. Delegates are requested to speak clearly and at a normal speaking pace to enable clear and accurate interpretation through the virtual platform. To ensure accurate and clear interpretation through the virtual platform, copies of all statements should be submitted in advance by email to interpret@who.int . Clearly indicate the name of the country delegation/group in the subject line of the email.
- Video statements will be included in the live streaming of the Health Assembly and therefore will automatically form part of the official record. If participants wish to post a written copy on the WHO website, the transcript should also be sent to statements@who.int .

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| Subject: | RE: Briefing Mark Dybul |
| Date: | 2020/10/02 08:15:57 |
| Priority: | Normal |
| Type: | Note |

Dear Colleagues,

Please find attached the agenda and supporting materials for the call with Ambassador Mark Dybul.

**HHS Briefing for Ambassador Mark Dybul
Independent Panel on Preparedness and Response (IPPR)
Friday September 2, 2020
1:00-3:00 PM**

1. Introductions (Garrett) **2 minutes**
2. COVID-19 Outbreak and Concerns (Dr. Fauci/Dr. Lane) **30 minutes**
3. COVID-19 Outbreak and Concerns (Dr. Redfield/ Dr. Marston/ Dr. Arthur) **30 minutes**
4. WHA73.1 and the Step-wise Review (Colin/Mara) **10 minutes**
5. Addressing some points on evaluation from WHA73.1(OP9.10)
 - a. "...effectiveness of the mechanisms at WHO's disposal"
 - i. February WHO Mission to PRC (Cliff/Weigong) **5 minutes**
 - ii. Public Health Emergency of International Concern (Colin/Mara) **5 minutes**
 - b. "...functioning of the IHR and the status of implementation"
 - i. Inaccurate Information from PRC (Adrienne/Larry) **10 minutes**
 - ii. WHO Sample Sharing Agreement (Larry) **5 minutes**
 - c. "...relevant recommendations, including of the previous IHR Review Committees"
 - i. G7 WHO Roadmap: background & conclusion (Garrett/Colin) **10 minutes**
 - d. "...actions of WHO and their timelines pertaining to the COVID-19 pandemic'
(Larry/Colin) **5 minutes**

6. IPPR Timeline and the Ability of Member States to effectuate WHO Reform through WHA Resolutions (Colin/Mara) **5 minutes**

7. Wrap-up (Garrett) **3 minutes**

Thanks,

Arnela Lopez

Office of Global Affairs

U.S. Department of Health & Human Services

D: 202-691-2033/ C: (b)(6) Arnela.Lopez@hhs.gov

-----Original Appointment-----

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>

Sent: Tuesday, September 29, 2020 12:50 PM

To: Grigsby, Garrett (HHS/OS/OGA); Mark Dybul (b)(6)@georgetown.edu>; Burr, Mara (HHS/OS/OGA); Mciff, Colin (HHS/OS/OGA); Richardson, Juliana (HHS/OS/OGA); Kerr, Lawrence (HHS/OS/OGA); Parrish Fuentes, Adrienne (OS/OGA); Fernandez, Jose (OS/OGA); Elvander, Erika (OS/OGA); Swammy, JR (HHS/OS/OGA); Redfield, Robert R. (CDC/OD); Zhou, Weigong (CDC/DDID/NCIRD/ID); Gershman, Lynn E. (CDC/OD/OCS); Romanik, Nikki Jo (CDC/OD/OCS); Williams, Teresa (CDC/OD/OCS); Wolfe, Mitchell (CDC/OD); Barasch, Kimberly (NIH/NIAID) [C]; Marston, Hilary (NIH/NIAID) [E]; Folkers, Greg (NIH/NIAID) [E]; Awwad, David (NIH/NIAID) [C]; Smith, Kendra (HHS/OS/OGA) (CTR); Lopez, Arnela (OS/OGA)

Cc: Witkofsky, Nina (CDC/OD/OCS); Jernigan, Daniel B. (CDC/DDID/NCIRD/ID); Willis, Heber (HHS/OS/OGA)

Subject: Briefing Mark Dybul

When: Friday, October 2, 2020 1:00 PM-3:00 PM (UTC-05:00) Eastern Time (US & Canada).

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Strengthening International Health Protection Architecture

I. Preliminary considerations.

This document contains suggestions for areas and/or sectors that could be improved for strength International Health Protection Architecture and enhanced operability of the International Health Regulations [IHR] and related fields based on practical experience of their implementation by Ministries of Health and other institutions concerned in the field of public health of the different States Signatories.

The ideas contained herein seek to enrich the ongoing reflection and evaluation processes, so as to generate, in the context of multilateral collaboration, a proposal to improve, at the global, regional and local levels, the responsiveness of technical agencies to future pandemics and/or Public Health Emergencies of International Concern (PHEIC).

II. Possible areas for improvement.

In accordance with the aspects discussed among several member states, different areas where improvements are possible have been identified which are defined and summarized in the following box:

1. Approach focused on vulnerable groups.
2. Strengthen inter-sectorial coordination and communication.
3. Consider intermediate stages in reports on public health emergencies of international concern.
4. Improve and develop strategies to follow up region-specific emergencies.
5. Establish a Risk Communication Strategy Template.
6. Review the allocation of the International Health Regulations Office within the relevant national institutional structures.
7. Promote multilateral, regional and bilateral mechanisms facilitating Humanitarian Repatriation in the Context of Pandemics.
8. Improve standards of transparency and States participation.
9. Establish timely, efficient and effective Notification Processes.
10. Consider Emergency Verification Committee.
11. Evaluate additional mechanisms of coordination for the exchange of information and monitoring.
12. Improve the systematization and coordination's mechanisms among the existing Networks of Regional Experts.
13. Consider Periodic Review processes or Joint External Assessment measures.
14. Improve the mechanism that allow to convene extraordinary sessions of the Executive Council, as well as field assessment missions.

III Definition of each proposal

1. Approach focused on vulnerable groups.

In line with the awareness expressed on the Report: *Public health preparedness and response WHO's work in health emergencies* [A73/11] by the Director-General, it's important to improve the International Health Protection Architecture with a special focus on vulnerable groups, based on the economic, social, normative and political determinants as underlying drivers of the vulnerability of these groups.

2. Strengthen inter-sectorial coordination and communication.

Strengthen inter-sectorial coordination and communication for the detection and investigation of public health emergencies of international concern, taking into account the experience of Member States, develop mechanisms tailor-made to the necessities of each public Health System, improving the operability of the IHR. Through, for instance, to develop new protocols to respond adequately to a PHEIC (public health emergency of international concern).

3. Consider intermediate stages in reports on public health emergencies of international concern.

Reports based on intermediates stages, through traffic light criteria, has been proposed by technical instances when the functioning of the IHR has been assessed by other entities.

4. Improve and develop strategies to follow up region-specific emergencies.

Consider a real-time monitoring system, allowing, inter alia, the pooling of information, resources and best practices across International Health Protection Architecture. For example, analyze the constitution of an on-line space to exchange real-time information with regard to eventual events of concern occurring in the region. The purpose would be to have information available to all users of the platform with, in this case, access to all the IHR offices and the National Coordination Centre.

5. Establish a Risk Communication Strategy Template.

Enable Risk Communication Strategies, adaptable to states and regions, including specific local capacity-building facilities provided with financial and technical resources and, eventually, elaborate goal-directed development plans, including performance indicators, as a key feature of public health systems' responsiveness.

6. Review the allocation of the International Health Regulations Office within the relevant national institutional structures.

In order to improve decision-making and resource management and to ensure the due IHR implementation. It is proposed to review the position of the IHR Office within the national institutional structures. Based on the experience of the response to the Ebola virus in 2015, the WHO requested the Review Committee to assess and provide recommendations for strengthening of the IHR National Focal Points. Consider if an increased level of autonomy could contribute to the effectiveness and efficiency of the HR response in case of a PHEIC, as recommended by the Committee of Experts in 2015.

7. Promote multilateral, regional and bilateral mechanisms facilitating Humanitarian Repatriation in the Context of Pandemics.

Without prejudice of the public health measures that States may adopt, the ongoing pandemic highlights the necessity to establish multiples strategies to assist and facilitate their citizens and permanent residents abroad from entering their territory and, likewise, facilitate the departure from and transit through their territory of nationals and permanent residents of third countries, at the time of a pandemic declared by the WHO.

8. Improve standards of transparency and States participation.

Greater transparency standards and States participation among different levels and structures of the International Health Protection Architecture, aims to assure legitimacy of the multilateral institutions involved in response to emergencies.

9. Promote timely, efficient and effective Notification Processes.

Notifications must be sent and taken note of, according the IHR, so as not to hamper the promptness and efficiency of the initial response that Member States may provide to the different events. Promote complementary procedures and protocols would improve the efficacy and efficiency of the current IHR Notification procedure.

10. Consider Emergency Verification Committee.

An Emergency Verification Committee may help to proportionally evaluate situations or events, that could be underestimated, thus hampering decision-making.

11. Evaluate additional mechanisms of coordination for the exchange of information and monitoring.

Enable or improve procedures and protocols for the exchange of information and monitoring, aiming to reduce risk factors that could induce events of public health significance. These procedures must be evaluated according with national regulations and existing international conventions.

12. Improve the coordination's mechanisms among the existing Networks of Regional Experts.

Given the challenging volume of information, reports and scientific papers generated during a pandemic, it is required to improve systematization and coordination's mechanisms among networks of regional experts, who should have access to exhaustive first-hand information from the affected country, providing a contribution to the assessment of the situation.

13. Consider Periodic Review processes or Joint External Assessment measures.

Based on similar systems existing in other United Nations' Bodies, explore the possibility to create a periodic review of the state's capacities to detect, assess and notify events according to the IHR and to present subsequent reports, with the purpose of provide timely recommendations regarding their preparedness and response to pandemics.

Also could be worthwhile considering a periodic joint external evaluations (JEE) of the state's public health capacities, in order to provide assessment and reduce the gaps of the preparedness and capacity of a country to respond to the large-scale spread of infectious diseases such as COVID-19.

14. Improve the mechanism that allow to convene extraordinary sessions of the Executive Council, as well as field assessment missions.

Improve procedures that allow the WHO Executive Council, to convene extraordinary sessions of the said organ, whenever necessary, in order to evaluate an eventual outbreak of a new virus, as well as to request WHO to dispatch on-site assessment missions, once information is available on an eventual virus.



Terms of Reference

The Independent Panel for Pandemic Preparedness and Response



1. The COVID-19 pandemic has shaken the foundations of global health security and resilience and challenged the readiness and responsiveness of the international community to address unforeseen global health threats collectively. It has also demonstrated the indiscriminate impact of this global health ‘shock’ on all aspects of human life – social, political, economic and environmental – across geographies and across the continuum from the international, regional, national, and subnational levels to communities, households and individuals, thus reinforcing the interconnected nature of health emergency preparedness and response. It has also revealed the impact of inequalities within and between societies, as well as the importance of resilient health systems.
2. In May 2020, the Seventy-third World Health Assembly passed resolution WHA73.1, which requested the Director-General:
“to initiate, at the earliest appropriate moment, and in consultation with Member States¹ a stepwise process of impartial, independent and comprehensive evaluation, including using existing mechanisms², as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19 – including (i) the effectiveness of the mechanisms at WHO’s disposal; (ii) the functioning of the International Health Regulations (2005) and the status of implementation of the relevant recommendations of previous IHR Review Committees; (iii) WHO’s contribution to United Nations-wide efforts; and (iv) the actions of WHO and their timelines pertaining to the COVID-19 pandemic – and to make recommendations to improve capacity for global pandemic prevention, preparedness, and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme.”
3. In July 2020, the Director-General took the initiative to establish an Independent Panel for Pandemic Preparedness and Response to carry out an impartial, independent and comprehensive evaluation of the WHO-coordinated international health response to COVID-19 as one important step and measure to implement the request in the WHA resolution.
4. The Director-General of WHO appointed H.E. Ellen Johnson Sirleaf and Rt Hon Helen Clark as the co-chairs for the panel and asked them to select the additional panellists themselves in order to ensure maximum independence. The panel will provide progress reports through its co-chairs directly to the WHO governing bodies and will report to the World Health Assembly 2021.
5. The aim of the Independent Panel is to provide an evidence-based path for the future, grounded in lessons of the past and the present, identifying the most urgent needs and actions required to ensure that the world can now, and in the future, effectively address health threats at the national, regional and global levels. The Independent Panel’s objectives are both of a formative and a forward-looking nature.
6. The Panel will neither duplicate nor validate either previous work undertaken in this domain, including in the context of decades of pandemic preparedness and response planning, or previous independent reviews that have aimed to strengthen the world’s preparedness and response abilities. Rather it will draw on past and on-going reviews in order to be able to provide a fresh assessment of the challenges and recommendations for addressing them
7. Specifically, the Panel will review experience gained and lessons learned from the international health response to COVID-19 as coordinated by WHO and assess:

¹ And, where applicable, regional economic integration organizations.

² Including an IHR Review Committee and the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme.



- (i) the overall relevance and effectiveness of the international health response to the COVID-19 pandemic;
 - (ii) the functioning of the International Health Regulations (2005) and the status of implementation of the relevant recommendations of previous IHR Review Committees;³
 - (iii) the effectiveness of the mechanisms at WHO's disposal and the actions of WHO and their timelines pertaining to the COVID-19 pandemic;⁴ and
 - (iv) WHO's contribution to United Nations-wide efforts.
8. In reviewing the *experience gained and lessons learned from the WHO-coordinated international health response to COVID-19* as stated in the resolution the Panel will also:
- (v) examine global health security threats and provide an analysis of past and future challenges and lessons learned;
 - (vi) include in its work analysis of the broader impacts of pandemics, including economic and social ones, and make recommendations to the extent that they have a direct bearing on future threats to global health security.
9. The Panel will:
- (vii) make recommendations to improve capacity for global pandemic prevention, preparedness, and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme.
10. The Panel will work in an open and transparent fashion and seek the best possible advice, experiences, and facts from member states and experts across the world.
11. The Panel will have its own independent Secretariat to support its work.
12. The Panel will define a detailed Program of Work, including a methodology for the work and specific timelines. The Panel will share information about its work and progress on a regular basis with Member States and other relevant partners.

³ For this particular objective, the Independent Panel will mainly be informed by the findings and outputs of the IHR Review Committee.

⁴ On this, the Independent Panel will also be informed by the work and outputs of the Independent Oversight Advisory Committee of the WHO Health Emergencies Programme.

Non-Paper on Strengthening WHO's leading and coordinating role in global health
With a specific view on WHO's work in health emergencies and improving IHR implementation

The COVID-19 pandemic has once again highlighted the need for strong global health capacities. The World Health Organization (WHO) has the central role to play in addressing global health challenges, including prevention, detection and response to outbreaks. WHO's constitution states that it is the mandated leading and coordinating authority in global health.

The expectations regarding WHO's mandate are huge: The organisation is supposed to set up norms and standards and promote and monitor their implementation in a variety of fields, to shape the research agenda, to articulate ethical and evidence-based policy options, to react to outbreaks all over the globe, to provide adequate and timely information for health professionals and populations worldwide as well as to provide technical support. And last but not least WHO has the role to monitor the health situation worldwide and to assess health trends.

However, not only during the current pandemic, it has become clear that the WHO partly lacks the abilities to fulfil this mandate. The international community's expectations regarding WHO's capacities outweigh by far its given financial, structural and legal abilities.

The 73rd World Health Assembly adopted a resolution asking the DG to “initiate, at the earliest appropriate moment, and in consultation with Member States, **a stepwise process of impartial, independent and comprehensive evaluation**, including using existing mechanisms, as appropriate, **to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19, including: (i) the effectiveness of the mechanisms at WHO's disposal; (ii) the functioning of the IHR and the status of implementation of the relevant recommendations of the previous IHR Review Committees; (iii) WHO's contribution to United Nations-wide efforts; (iv) and the actions of WHO and their timelines pertaining to the COVID-19 pandemic**, and make recommendations to improve global pandemic prevention, preparedness, and response capacity, including through strengthening, as appropriate, WHO's Health Emergencies Programme.”¹

The lessons-learned process following this global health crisis will have to focus in particular on the strengthening of global health security structures including the WHO's Emergency Programme (WHE) and potential updates to the International Health Regulations (IHR).

In this sense, COVID-19 has to be used as an opportunity to strengthen WHO's abilities to fully act as the leading and coordinating authority in global health. Long-term strengthening of WHO overall is key in order to strengthen its role and responsibilities in pandemic preparedness and response.

Three interdependent strains of reform are being proposed:

- (1) WHO reform in general
- (2) WHO's work in health emergencies
- (3) WHO's work under the framework of the IHR

These three reform strains are interlinked with one another: None of these areas can be successfully reformed without having addressed challenges in the other areas.

Furthermore, this reform cannot be envisioned without an upstream evaluation process.

¹ https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf

(1) WHO reform in general

Unlike all other global health actors, the WHO is the only health actor with quasi-universal membership, multilateral legitimacy and an almost unlimited health mandate. Since its creation, WHO has achieved major public health successes. However, while the expectations regarding WHO's mandate are almost unlimited, its funding has remained a major limitation. It is clear that Member States' (MS) expectations vis-à-vis WHO have by far outgrown their willingness to provide funding to the organisation. WHO's overall budget with roughly 5 billion USD per biennium equals the funding of a larger sub-regional hospital. Currently, WHO's assessed contributions account for roughly 20 % of its programme budget (less than 1 billion USD per biennium from all 194 MS together), while the remaining 80 % are raised individually through short-term, unpredictable and largely highly specified voluntary contributions, half of which are provided by non-Member States actors. The current overall funding level of WHO is way below the funding level of partner global health organizations, with limited global and subject-wise scope. Some of these partner global health actors belong to WHO's top donors, as they are using WHO's global structures to implement their specific health goals. WHO's budgeting process follows a fund-raising approach: At the time when WHO's 194 MS, after lengthy negotiations, adopt the programme budget, it is only partly predictably financed (by roughly 20 % assessed contributions). The remaining 80 % remain uncertain and have to be raised. This process has led to major challenges in multilateral priority setting, as the funding coming in is largely based on individual donor interests. The current way of funding WHO has led to a high risk of donor dependency and vulnerability within the UN system, as the top 15 donors contribute to more than 80 % of all voluntary contributions. Due to the fund-raising aspects, the current budgeting process needs to leave room for individual donor interests within the programme budget. Therefore, the programme budget has never been adequately financed leaving major differences between what 194 MS wanted to have implemented and the actual available finances for it. Furthermore, WHO is a knowledge-based organization with its committed staff being its key asset. Due to the financing model (80 % unpredictable finances), more and more functions have had to be outsourced and taken over by external staff (consultants). Key functions such as pandemic preparedness call for a sustainable, highly skilled and adequately sized workforce. All major HR reforms in the past years could not be implemented to the full extent as the current funding mix sets clear limitations.

Regarding global health governance and the fragmentation of the global health architecture with numerous global health actors and unclear mandates, the WHO should be in a position to play a leading and coordinating role, as foreseen by its constitution and outlined in the Global Action Plan (SDG3 Global Action Plan). However, the budgets of WHO's partner organizations have outgrown WHO's budget by far with the consequence that it is questionable whether WHO really is on an equal level playing field, able to defend its leading and coordinating role vis-à-vis these financially far more powerful actors.

(2) WHO's work in health emergencies

The WHO is the leading and coordinating authority with regards to pandemic preparedness and response. The world depends on a WHO that has the right capacities in place to fulfil its crucial role in health emergencies. WHO has a sound track record of achievements in responding to health emergencies. However, in the Ebola outbreak in 2014/2015 in West Africa revealed major shortcomings. As part of the lessons-learned-process following the Ebola outbreak, WHO's

Emergency Programme (WHE) as well as the Contingency Fund for Emergencies (CFE) were created. Under DG Tedros, the WHO has given its work in health emergencies even more emphasis by establishing the protection against and the response to health emergencies as one out of four key pillars of WHO's General Programme of Work (GPW).

However, systematic structural deficits still remain as they have not been adequately followed up by the global community during the lessons-learned process after the West-Africa Ebola outbreak. WHO needs to have full personnel, political and financial capacities to lead and coordinate the global work in health emergencies. In this regard, WHO needs to be free from any external interference or dependency. WHO must be a place for all relevant players who are able to contribute to pandemic preparedness and response.

The finalization of the establishment of the WHE has not yet been completed. Until now, it has never reached an adequate funding level with the consequence of many essential posts remaining unfilled. WHO's work in health emergencies, namely pillar 2 of the GPW, remains chronically underfunded. Among the four political goals of the GPW, pillar 2 is the least funded with only 40 % funding compared to amount planned in the programme budget. The WHO is highly dependent on a limited number of donors and thus critically vulnerable. Only 11 key donors currently contribute to almost 80 % of the available funding for WHO's work in health emergencies. This has severe consequences for WHO's ability to lead the global response in health emergencies: the limitation in funding does not allow for the setting up of essential capacities to play a pro-active role in global health preparedness and response nor for the needed convening capacities for essential updates to the legal frameworks on health security.

As highlighted by the current COVID-19 pandemic, leading the world's response to novel infectious diseases needs to be based on solid and outstanding scientific expertise. The establishment of such global expertise is a long-term goal and depends on long-term predictable financing. While WHO's MS successfully established the Contingency Fund for Emergencies (CFE) post-Ebola, they did not establish a sustainable financing mechanism for the fight against health emergencies in general. Only a very limited number of MS has so far financially contributed with the consequence of the CFE regularly running out of resources.

Furthermore, COVID-19 has the potential to profoundly reshape global health governance. While the response to COVID-19 offers the great opportunity to reinforce WHO's leadership role also vis-à-vis other global health actors, it could – if not adequately steered by MS – lead to further fragmentation in particular in global health security structures. Numerous actors are involved in the current response. This increases the challenge of avoiding duplication, competition for funding and mandates. Clear distinction of roles and mandates between the different actors is key, as well as coordination.

(3) WHO's work under the framework of the IHR

The IHR are a key pillar to global health preparedness and response and boosted global health security. This important mechanism must be safeguarded. However, while the IHR are fully recognized by a global membership and widespread initiatives have been calling for full implementation of and compliance with the IHR, still today the world is far from reaching an adequate level of implementation of the IHR core capacities. While other globally legally binding instruments include incentivizing implementation and reporting mechanisms, the IHR currently do not foresee such mechanisms.

WHO's abilities under the IHR remain limited and largely dependent on the relevant MS's willingness to cooperate. Also in this context, other legal frameworks have included concrete procedures more generally allowing the relevant international organization the right to intervene.

Investments in the health sector and in their capacities to prevent, prepare and respond to health events are too often insufficient. One key element of the IHR relies on the role played by the National Focal Points and their ability to communicate with, alert and inform health authorities as well as WHO. In many countries, the National Focal Points are not positioned adequately to trigger decision-making from the health authorities and lack appropriate training and resources. Likewise the National Health Services of countries do not have the capacity to respond adequately.

EVALUATION AND ACTIONS

Preamble: The evaluation process as agreed in the resolution adopted by the 73rd WHA will be crucial to strengthen work on the actions listed below. Objectives include: to support the evaluation process initiated by WHO Director General, notably by facilitating the consultation with Member States; to **ensure the impartiality, transparency, independence and comprehensiveness of the evaluation to review experience gained, and lessons learned from the WHO-coordinated international health response to COVID-19.**

Action 1: Consider general increase of assessed contributions and of core voluntary contributions to cover WHO's core business (base programme). Establish a process to balance out WHO MS's expectations vis-à-vis WHO with the needed overall budget envelope to implement these expectations. Revision of WHO's budgeting process, increasing budget transparency, accountability and clarity. This should go hand in hand with spurring a more integrative and cross-cutting approach by WHO of its activities to foster their impact, including on IHR implementation and on improving global preparedness and response capacities. Alignment and synergy between the action plan of the global health organisations and vertical Funds through the Global Action Plan could help optimize the use of MS contribution across the various Global Actors, and help streamline the process for better efficiency.

Action 2: Strengthen WHO's normative role. Strengthen the Chief Scientist Office and support the development of the WHO Academy in order to strengthen WHO capacity to elaborate and disseminate its guidance, including through training of WHO staff, health personnel and countries' officials, in particular IHR National Focal Points.

Action 3: Establish robust and sustainable governance structures allowing WHO MSs to provide adequate oversight and guidance to WHO's work in health emergencies (GPW pillar 2). Consider creating a sub-committee of the Executive Board focusing on pillar 2 and WHO's pandemic preparedness and response activities. The sub-committee would be constituted by representatives of regions, reporting and providing recommendations to the Executive Board. This sub-committee shall be able to follow crises and emergencies, when necessary, on a daily basis, hold meetings with the emergency committee and provide guidance to the DG.

Action 4: Consider ensuring sustainable financing of WHO's work in health emergencies (pillar 2 of the GPW) by all 194 MS through an increase of assessed and core voluntary contributions with the aim to fully finance the GPW pillar 2 and thus ensure WHO's ability to act in crisis without immediate need for funding appeals by strengthening the Contingency Fund for Emergencies (CFE). Increase funding substantially to ensure WHO's operational readiness and independency in health emergencies. Establish an adequate accountability mechanisms dedicated for compliance of WHO's work in conflict and crisis environment. Implement a sustainable funding and replenishment mechanism for the CFE. WHO must be able to initiate and perform crisis response operations, free from the need to rally funding to fully kick off and sustain response operations for a certain period of time.

Action 5: Enable WHO' mandated international experts to independently investigate and assess (potential) outbreaks as early as possible. Based on the results of the evaluation of the WHO-coordinated international health response to COVID-19, this could consist in strengthening WHO's network and teams to immediately perform outbreak investigation and allowing WHO-led multinational teams to access territories of States Parties to investigate any potential outbreak or health emergency at any time. This would allow the WHO to alert the world about a potential global emergency sooner.

Action 6: Strengthen operationalization of a WHO-facilitated Coordinated Global System for health emergency preparedness and response. Ensure coordinated action between WHO and other global organisations and thus strengthen WHO's leadership in pandemic preparedness and response. This should include promotion and reinforcement of the implementation of the One-Health Approach, through the collaboration between the WHO, the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and the United Nations Programme for Environment (UNEP), to reduce further risks of emergence and transmission of zoonotic diseases. This existing collaboration could be strengthened in the field of human, animal and environmental health and options should be explored to give more visibility to this crucial issue. Strengthen engagement with existing networks and partnership platforms, including the Global Alert and Response Network (GOARN), the Emergency Medical Teams Initiative, the Inter-Agency Standing Committee (IASC) and the global health cluster. Make more use of technical expertise of WHO collaborating centres around the world, expert networks such as technical advisory bodies and public health institutions.

Action 7: Revisit terms of reference and composition of relevant bodies to the IHR, including for regular lessons-learned processes. Depending on the results of the WHO-coordinated international health response to COVID-19 evaluation, this could consist in a transparent expansion of IHR Emergency and IHR Review Committees' membership and remit to ensure public accounting proceedings, or the creation of an independent advisory group (or the expansion of the remit of the IHR review committee or the Independent Oversight and Advisory Committee (IOAC) for the WHE to perform after action reviews of all grade 3 health emergencies and declared Public Health Emergencies of International Concern (PHEIC).

Action 8: Reform PHEIC declaration mechanism. Revise the PHEIC declaration mechanism to allow for a gradual PHEIC declaration and a stepped level of alerts. Establish a traffic light system to foster transparency on measures and communication about present public health threats. Follow up on the study requested by the 73rd WHA in the resolution on "Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)"² on possible complementary mechanisms to be used by the DG to alert the global community about the severity and or magnitude of a public health emergency in order to mobilize necessary support and to facilitate international coordination.

Action 9: Increase transparency on national compliance with the IHR & establish a review of country-based levels of preparedness. a) Based on existing IHR review mechanisms and

² https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R10-en.pdf

frameworks, establish a review mechanism for IHR compliance, including for early reporting and sharing of information and promote IHR Article 44 requiring MS to collaborate for IHR implementation. b) Review whether existing metrics for public health preparedness reflect the needed core capacities to handle a large scale pandemic like the Covid-19 pandemic. c) Streamline the reporting process and support countries in strengthening capacity to report on the information required under the IHR. d) Strengthen the support and assistance provided to countries in need, in the broader scope of health system strengthening.

Action 10: Mandate an existing committee or an ad hoc time-limited panel / expert group to follow up on the implementation of the reform, taking into account the status of implementation of the recommendations of the previous IHR Review Committees and other relevant reports (notably from the IOAC and from the Global Preparedness and Monitoring Board). Strengthen WHO and Member States' accountability on strengthening global preparedness and response.

Update from the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response

The Director-General has the honour to transmit to the Executive Board at its special session on the COVID-19 response the report submitted by the Co-Chairs of the Independent Panel for Pandemic Preparedness and Response (see Annex).

ANNEX

THE INDEPENDENT PANEL FOR PANDEMIC PREPAREDNESS AND RESPONSE

Report by the Co-Chairs

1. The Independent Panel for Pandemic Preparedness and Response was initiated by the WHO Director-General, and announced on 10 July 2020.¹ This is in accordance with Health Assembly resolution WHA73.1 (2020), which requested the WHO Director-General:

to initiate, at the earliest appropriate moment, and in consultation with Member States, a stepwise process of impartial, independent and comprehensive evaluation, including using existing mechanisms, as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19 – including (i) the effectiveness of the mechanisms at WHO's disposal; (ii) the functioning of the International Health Regulations (2005) and the status of implementation of the relevant recommendations of previous IHR Review Committees; (iii) WHO's contribution to United Nations-wide efforts; and (iv) the actions of WHO and their timelines pertaining to the COVID-19 pandemic – and to make recommendations to improve capacity for global pandemic prevention, preparedness, and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme;

2. The WHO Director-General appointed the two Co-Chairs, former Prime Minister of New Zealand Helen Clark and former President of Liberia Ellen Johnson Sirleaf. The Co-Chairs were asked and mandated by the WHO Director-General to independently select and appoint the members of the Independent Panel. The Co-Chairs selected 11 Panel members, based on a long-list of names suggested by Member States as well as on additional names put forward.

3. The Co-Chairs made their final selections based on skills (including expertise in outbreak response, managing national health systems, leadership in community engagement, and socioeconomic analytical capabilities), knowledge about the international system, including specifically WHO, and experience from similar international processes.

4. The Independent Panel will review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19, including:

- the effectiveness of the mechanisms at WHO's disposal;
- the functioning of the International Health Regulations (2005) and the status of implementation of the relevant recommendations of previous IHR Review Committees;
- WHO's contribution to United Nations-wide efforts; and the actions of WHO and their timelines pertaining to the COVID-19 pandemic.

¹ <https://www.who.int/news-room/detail/09-07-2020-independent-evaluation-of-global-covid-19-response-announced> (press release).

5. The Independent Panel will make recommendations on how to improve capacity for global pandemic prevention, preparedness, and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme.
6. It will do so by providing a fresh assessment of the challenges ahead, based on insights and lessons learned from the health response to COVID-19 as coordinated by WHO as well as previous health emergencies.
7. The Independent Panel will conduct an impartial, independent and comprehensive review, beginning in September 2020 with a report expected in advance of the Seventy-fourth World Health Assembly scheduled for May 2021. The Independent Panel will provide progress reports to the WHO governing bodies.
8. The Independent Panel will work in a manner that is as open and transparent as possible and seek out the world's best possible expertise and experiences; it will also work with a view to listening to different stakeholders' perspectives. Data and evidence will guide the work of the Independent Panel.
9. The first Panel meeting is scheduled for 17 September 2020. The Independent Panel is then expected to agree on the key themes, methods of gathering evidence and ways of working.
10. The Co-Chairs shared the draft terms of reference for the Independent Panel with Member States and received with appreciation comments which were used in finalizing them. The terms of reference are available at the Independent Panel's website (see paragraph 14 below).
11. Over the course of several months, the Panel will seek evidence and views from a broad range of stakeholders including from WHO Member States, health experts, economists, specialists on the social impacts of the pandemic, and from the general public as well as civil society and the private sector.
12. The Independent Panel will collaborate with and benefit from work of other bodies such as the IHR Review Committee and the Independent Oversight and Advisory Committee.
13. The Independent Panel will maintain independence and impartiality and will also seek to ensure that its processes are as transparent as possible.
14. Anyone can obtain information about the Panel, panelists, processes, key documents, key dates and events at this website: www.TheIndependentPanel.org.
15. The Independent Panel will be supported by a secretariat. The role of the secretariat is to support the Independent Panel to fulfil its mandate and terms of reference. The Head of the panel secretariat is Anders Nordström, who has taken leave as Ambassador for Global Health at the Swedish Ministry for Foreign Affairs for the duration of the Independent Panel.

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HHS Briefing for Ambassador Mark Dybul
Independent Panel on Preparedness and Response (IPPR)
Friday September 2, 2020
1:00-3:00 PM

1. Introductions (Garrett) **2 minutes**
2. COVID-19 Outbreak and Concerns (Dr. Fauci/Dr. Lane) **30 minutes**
3. COVID-19 Outbreak and Concerns (Dr. Redfield/ Dr. Marston/ Dr. Arthur) **30 minutes**
4. WHA73.1 and the Step-wise Review (Colin/Mara) **10 minutes**
5. Addressing some points on evaluation from WHA73.1(OP9.10)
 - a. "...effectiveness of the mechanisms at WHO's disposal"
 - i. February WHO Mission to PRC (Cliff/Weigong) **5 minutes**
 - ii. Public Health Emergency of International Concern (Colin/Mara) **5 minutes**
 - b. "...functioning of the IHR and the status of implementation"
 - i. Inaccurate Information from PRC (Adrienne/Larry) **10 minutes**
 - ii. WHO Sample Sharing Agreement (Larry) **5 minutes**
 - c. "...relevant recommendations, including of the previous IHR Review Committees"
 - i. G7 WHO Roadmap: background & conclusion (Garrett/Colin) **10 minutes**
 - d. "...actions of WHO and their timelines pertaining to the COVID-19 pandemic'
(Larry/Colin) **5 minutes**
6. IPPR Timeline and the Ability of Member States to effectuate WHO Reform through
WHA Resolutions (Colin/Mara) **5 minutes**
7. Wrap-up (Garrett) **3 minutes**

Discussants:

Garrett Grigsby, Director, Office of Global Affairs (OGA), HHS

Robert Redfield, Director, Centers for Disease Control and Prevention (CDC)

Tony Fauci, Director, National Institute of Allergy and Infectious Diseases (NIAID), NIH

Colin McIff, Deputy Director, OGA, HHS

Mara Burr, Director, Multilateral Affairs, OGA

Cliff Lane, Deputy Director for Clinical Research and Special Projects, NIAID, NIH

Hilary Marston, Medical Officer and Policy Advisor for Pandemic Preparedness, NIAID

Barbara Marston, Lead, International Task Force, Emergency Novel Corona Virus Response,
CDC

Ray Arthur, Lead, Global Disease Detection Operations Center, Emergency Response and
Recovery Branch, CDC

Weigong Zhou, Medical Officer, CDC

Larry Kerr, Director, Pandemic and Emerging Threats, OGA, HHS

Adrienne Parrish Fuentes, Health Attaché, Beijing, China, OGA

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| From: | Bright, Rick (OS/ASPR/BARDA) /O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=53034752F35A4317AA74F46348442D39-BRIGHT, RIC <Rick.Bright@hhs.gov> |
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| CC: | Grigsby, Garrett (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7cd78b4810d44b17b8711aaede9a9023-Grigsby, GI <Garrett.Grigsby@hhs.gov>; Zebley, Kyle (HHS/OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=b81a0e4749994f969ff1063b9a3a0b1f-Zebley, Kyl <Kyle.Zebley@hhs.gov>; Kibunja, Julia (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=f3ba4895ec66493daa7ea59718a1912d-Kibunja, Ju <Julia.Kibunja@hhs.gov>; LaHood, Natalie (OS/OGA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d7d5e131fd394ab3b1b0eb6f232851f1-Lahood, Nat <Natalie.Lahood@hhs.gov>; Lane, Cliff (NIH/NIAID) [E] /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=11a174ee688e426392d98ba9cd5e1945-cliff.lane. <clane@niaid.nih.gov>; Walker, Robert (OS/ASPR/BARDA) /o=ExchangeLabs/ou=Exchange Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=7a02e128c60f4a7195532a1545af9556-Walker, Rob <Robert.Walker@hhs.gov> |
| Subject: | RE: [Urgent WHO Request] (b)(5) |
| Date: | 2020/02/03 20:11:01 |
| Priority: | Normal |
| Type: | Note |

Thanks for the headsup Larry and Tony. Please include Dr. Bob Walker on this plan. I actually think that this work has already started via the clinical trial WG on the MCM Task Force. I have copied Bob above to ensure inclusion.

Thanks, Rick

From: Kerr, Lawrence (HHS/OS/OGA) <Lawrence.Kerr@hhs.gov>

Sent: Monday, February 03, 2020 5:43 PM

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Subject: RE: [Urgent WHO Request] (b)(5)

(b)(5)

Thank you Sir,

(b)(5)

Larry

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Sent: Monday, February 3, 2020 12:32 PM

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Subject: RE: [Urgent WHO Request] (b)(5)

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Larry:

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Thanks,
Tony

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Subject: [Urgent WHO Request] (b)(5)

(b)(5)

Importance: High

(b)(5)

(b)(5)

Much thanks

Larry

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| Subject: | Update from the Independent Panel |
| Date: | 2020/10/30 11:55:43 |
| Priority: | Normal |
| Type: | Note |

Dear colleagues,

The Independent Panel on Pandemic Preparedness and Response held its second Panel meeting on October 20/21. The focus of this meeting was to discuss the current status of the Program of Work. We are very pleased to share with you both the meeting report and our updated Program of Work, a document which will evolve over time. These documents can also be found on our website: www.theindependentpanel.org. We will continue to inform you about our progress.

We would also like to invite you to share your ideas and contributions with us through our website: <https://theindependentpanel.org/your-contributions/>. The Independent Panel is keen to learn and hear from you and invites submissions from around the world on all aspects in relation to the Panel's Program of Work.

Our aim is to identify evidence-based clear and implementable solutions as well as experiences, in order for the world to achieve the highest possible level of pandemic preparedness and response. WHO Member States, civil society organizations, researchers, the private sector, and the general public are welcome to submit their contributions, with a focus on the four main themes and the related areas of work. These include: the emergence and spread of COVID-19; the recommendations and responses of international organizations and affected countries; the impact on health, the economy and society; and about how the international system, including WHO and its Member States, can be better prepared for a future potential pandemic. We aim to publish your contributions on this website, so others may learn as well. If you'd prefer your contributions to remain private, you can indicate that. In addition, in November specific questionnaires will also be published for your contributions and inputs.

On behalf of the Independent Panel and its Co-chairs, I would like to thank you for your ongoing support and collaboration.

You are also most welcome to contact me directly.

My very best regards,

Anders Nordstrom
Head of Secretariat
Independent Panel for Pandemic Preparedness and Response
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The Independent Panel

FOR PANDEMIC
PREPAREDNESS
& RESPONSE





Meeting Report

Second Meeting of the Panel
20-21 October 2020

The
Independent
Panel

FOR PANDEMIC
PREPAREDNESS
& RESPONSE



Report Summary

The second meeting (virtual) of the Independent Panel for Pandemic Preparedness and Response was held on 20 and 21 October 2020, chaired by Her Excellency Ellen Johnson Sirleaf and the Right Honourable Helen Clark. All panel members were in attendance.

The meeting began with a reminder that the pandemic is still raging. Panel members acknowledged the report of the first Panel meeting and the Program of Work with appreciation. It was noted the Program of Work is a living document. Panel members reiterated their commitment to engage actively in the Panel's work, drawing on their expertise and insight.

The Panel meeting considered progress on four areas of work:

1. Development of an authoritative chronology of how the pandemic unfolded;
2. Methods to understand in detail the responses to the pandemic in a selection of countries representing a broad range of response contexts;
3. Development of an international system ideally placed to deliver effective pandemic preparedness and response;
4. Consideration of the state of the World Health Organization and its response to COVID-19, including perspectives from country, regional, and global levels and from actors inside and outside WHO.

The meeting concluded by recommitting to taking a bold approach to its recommendations and being guided by rigour and inclusivity in its methods of work.

Report

Background

The Independent Panel was established by the Director-General of the World Health Organization pursuant to World Health Assembly Resolution WHA73.1. In July 2020 the Director-General requested the former Prime Minister of New Zealand, the Right Honourable Helen Clark, and the former President of Liberia, Her Excellency Ellen Johnson Sirleaf, to be Co-Chairs of the Panel, for which they then selected 11 panelists. The first meeting of the Panel was held on 17 September 2020, at which the Terms of Reference were received, and the Program of Work discussed. That meeting agreed that the Panel's focus would be on an analysis and vision for a strengthened international system, a review of the response to the COVID-19 pandemic, and the lessons to be learnt from previous pandemics and from the global spread and devastating impact of SARS-CoV-2.

Agenda Item 1: Welcome remarks by Co-Chairs

In her opening remarks the Rt Hon. Helen Clark noted that the pandemic continues to rage with the harsh milestone of forty million confirmed infections having been reached in the previous week, making the Panel's work all the more urgent. She noted that the Panel would begin consideration at this meeting of approaches to developing an authoritative chronology of the pandemic's emergence and responses to it. HE Ellen Johnson Sirleaf drew attention to the growing toll of the pandemic on lives and livelihoods across the world and the enormous expectations of the Panel to make sense of what happened and why so as to ensure that next time the world is better prepared. She noted that when the recent meeting of the Executive Board of the World Health Organization received an update from the Co-Chairs, Member States made it clear they expected the Panel to produce impactful recommendations which would improve future pandemic responses.

Agenda Item 2: Report of the 1st Panel meeting

The report of the first meeting of the Panel held on 17 September 2020 was acknowledged. It was noted that it is published on the Panel's website at <https://theindependentpanel.org/1st-meeting-of-the-independent-panel/>.

Agenda Item 3: Revised Program of Work and planned approach to engagement

The Panel received the revised Program of Work and agreed that it should be regarded as a living document, adjusted as the work of the Panel proceeds and the pandemic evolves.

Proposed sequencing of the various elements of the Program of Work was presented by the Secretariat, including ways Panel meetings could address the different themes. Panel members expressed commitment to contributing their expertise as the work was undertaken, including engagement with working groups and symposia, and support to obtaining expert opinion from the widest possible range of stakeholders. It was noted that multiple opportunities to tap into the views of Members State would be created, both individually and on a regional basis, and that the forthcoming reporting schedule of the Panel includes a progress report to the resumed World Health Assembly in November 2020, an interim report to the WHO Executive Board in January 2021, and a report to the 74th World Health Assembly in May 2021.

In discussing the proposed methods of work and plans for engagement, Panel members noted the challenges in coming to conclusions in relation to a pandemic event which is still ongoing and may not have yet reached its peak, and also taking into account the very different responses and outcomes in different countries. Attention needs to be paid to vital issues which are still work in progress such as access to diagnostics and medicines, as well as vaccine

development and access. Some consideration was given as to whether the Panel should issue course correction recommendations. It was agreed that this possibility would be kept on the table for consideration as the Panel's work progresses.

Agenda Item 4: Defining the chronology

The Secretariat introduced the element of the Program of Work intended to establish a detailed and authoritative chronology of COVID-19 events, capturing how the epidemiology evolved, key advice and recommendations issued by WHO and other actors and the evidence on which they were based, and actions taken on this advice. A relationship will be established with the tripartite FAO/OIE/WHO group and their work on the origins of SARS-CoV-2, which includes a proposed mission to China. The Secretariat will ensure review of the earliest formal and informal publication record concerning the virus and actions reported to WHO, consult with epidemiology experts, and interview key actors. The opportunity will be afforded to Member States to submit their timelines in relation to the emergence of the pandemic.

The Panel agreed that the work on establishing an authoritative chronology of emerging information and actions taken in response to it is of great importance and is central to the Panel's mission. It was noted that this part of the Panel's work will be of great public interest and closely scrutinised, but the Panel agreed that despite the sensitivities attached, it should not be deterred in its fact-seeking efforts. The Panel agreed that close attention needs to be paid to the period immediately leading up to and closely following the first advice concerning the new virus. It was agreed that the Panel will need to collect information rigorously, and that the outcomes of this work should be made clearly accessible to the global public given the level of interest in the issue around the world.

Agenda Item 5: National and sub-national responses

The Secretariat introduced the proposed Program of Work in relation to national and sub-national responses, addressing how response strategies were defined, how they took up emerging scientific evidence, and how they adjusted as the pandemic evolved. Potential approaches to soliciting information from countries were presented, along with ways to select countries for detailed analysis so that a wide range of response types and background characteristics are represented.

The Panel discussed ways to capture the different experiences of countries in responding to the pandemic, underlining the importance of ensuring that countries were selected from across all regions and represented apparently more effective as well as apparently more challenged responses, as well as those whose experience may fall between these two poles. It was also noted that the country selection should be guided by clear and objective criteria, including potentially by measures of outcomes (for example, COVID-19 deaths per 100,000 population). It

was noted that one element in the analysis should be the extent to which countries followed their own blueprints for pandemic response. It was agreed that analysis was needed to capture the reasons why responses happened in different ways in different countries, as well as what impact challenges such as difficulties in securing access to supplies, diagnostics and therapeutics may have played. The Panel considered dimensions of trust and social safety nets were important, both as determinants of response capacity and as outcomes that should be captured in the analysis.

Summary of the day

In a summary of the day's proceedings, the Co-Chairs noted that the discussions had been very productive; that the importance of the chronology had been emphasized, together with the expectation that the Panel would be able to report clearly on the chronology. They also noted the proposed methods of work in relation to the deep dive on country responses in the Program of Work.

Agenda item 6: The international system

The Secretariat presented the proposed Program of Work on the international system noting that the Panel at its first meeting had agreed to be guided from the outset by a vision of an international system ideally placed to prepare for and respond to pandemics, and that a roundtable of invited experts had been convened on 8 October and their reflections had been reported to the Panel. Arising from these discussions, some key issues to address were; the role of the multilateral system as a whole as a pillar of pandemic preparedness and response, the role of the global financial architecture and institutions, accountability under the International Health Regulations (IHR), and widening responsibility/accountability so that it also includes community, local government, and private sectors.

The Panel noted that in considering the issue of the international system, it should not be constrained by what currently exists and therefore consider only incremental improvements, but that rather it should provide a strong articulation of what is needed to prepare for and respond to pandemics. It was therefore agreed that the vision of the international system needs be constructed as an outside view of what is necessary, starting from a zero base. That account could be organised around the questions of what the functions of the system are, what do we mean by the system, how is it financed, and the interaction of the system with the real world - including the nexus between pandemic response and impact. The Panel agreed that it was important to include actors beyond the national state in a plurilateral view of responsibility and accountability which includes civil society and the private sector, and that attention should be paid to the issue of reinforcing the global public good nature of pandemic preparedness. Potential ways of bringing together these considerations, such as through a summit to agree a charter of relevant principles, were canvassed. It was agreed that the Panel should be bold and 'think big', while ensuring that its recommendations have both relevance and impact.

Agenda item 7: World Health Organization

The Secretariat introduced the proposed Program of Work in relation to the World Health Organization, including the consideration of overarching institutional questions such as whether WHO has the right mandate for pandemic preparedness and response and the Director-General the relevant authority, whether the organization has the right structure and capacity to deliver on its mandate, and whether the financing of the organization is optimal. Potential methods for addressing these questions were suggested, including desk reviews of published literature and commentary, a survey of perceptions and expectations followed by an open webinar on the issues, and interviews with key informants inside and outside the organisation at all levels.

The Panel agreed that its consideration of WHO needs to address both what WHO should do, and what it should not do. The question of whether WHO is empowered to achieve its mandate is central. As well as addressing WHO's institutional functionality, the Panel suggested that it would also be important to address governance issues. The Panel agreed that the functioning of WHO should be addressed from a range of perspectives, including those of countries and of external actors. Many Panelists expressed the view that a close examination of whether 'less is better' is warranted. There was agreement that the consideration of WHO should range across the whole of its mandate and not just across the emergencies programme.

Summary action points

The Program of Work should guide the work of the Panel and Secretariat. It should be regarded as a living document and revisited as needed at Panel meetings. A close analysis of proposals for strengthening pandemic preparedness and response and of COVID-19 responses from other organizations, interest groups and experts should be prepared to inform Panel.

Work on establishing an authoritative chronology of how the pandemic unfolded is central to the Panel's work and is an immediate priority. The Panel should seek opportunities to maximise both expert and Member State inputs to this work, and to report on progress in relation to it at the earliest opportunity.

A broadly representative group of countries should be drawn on for a detailed consideration of national responses to the pandemic.

The Panel should develop a broad and bold vision of an international system best placed for pandemic preparedness and response, address ways of widening the range of stakeholders committed to such a system and identify clearly the means of realizing this vision.

The Panel's consideration of the World Health Organization should address the organisation at large as well as its Emergencies Programme, and include governance considerations.

Reflections and concluding remarks

In closing the meeting, the Co-Chairs thanked the Panel members for their active and engaged participation which had given important direction to the work. The Rt Hon. Helen Clark observed that the Panel does want to ask hard questions, has to put on the table issues such as whether WHO's governance has been a help or a hindrance, and should respond to the challenge of being asked to be bold. HE Ellen Sirleaf Johnson reflected on the importance of addressing the entrenched global inequities felt in so many counties, and that among the Panel's recommendations there need to be proposals for changing a system that has made the poor poorer. She noted that the world's population was depending on the Panel to deliver clarity on the question of what could be done to avert another pandemic.

Meeting Agenda

Tuesday 20 October

| | |
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| 12.00 – 12.10 | Welcome remarks by co-chairs |
| 12.10 - 12.20 | Report of the 1 st Panel meeting |
| 12.20 – 12.40 | Program of Work and planned approach to engagement |
| 12.40 – 13.30 | Defining the chronology |
| 13.30 – 14.20 | National and Sub-national responses |
| 14.20 – 14.30 | Summary of the day |

Wednesday 21 October

| | |
|---------------|---|
| 12.00 – 12.15 | Recap of Day 1 |
| 12.15 – 13.15 | The International System |
| 13.15 – 14.10 | World Health Organization |
| 14.10 – 14.30 | Reflection on the meeting, conclusions and next panel meeting |

List of Attendees

Co-Chairs

HE Ellen Johnson Sirleaf,
Rt Hon. Helen Clark

Panel Members

Mauricio Cárdenas
Aya Chebbi
Mark Dybul
Michel Kazatchkine
Joanne Liu
Precious Matsoso
David Miliband
Thoraya Obaid
Preeti Sudan
Ernesto Zedillo,
Zhong Nanshan

Secretariat to the Independent Panel

Anders Nordström
Salma Abdalla
Michael Bartos
Mathias Bonk
Celeste Canlas
Helena Legido-Quigley
Shun Mabuchi
Christine McNab

Advisors

Sudhvir Singh, advisor to Rt Hon. Helen Clark
Raj Panjabi, advisor to HE Ellen Johnson Sirleaf
George Kronnisanyon Werner, Advisor and Coordinator, Office of HE Ellen Johnson Sirleaf

*Cover Photo: C. McNab



Program of Work

Independent Panel for Pandemic Preparedness and Response
October 2020

The Program of work is a living document and will be adjusted as the work of the Independent Panel and the COVID-19 pandemic evolves over time.



| | |
|--|-----------|
| Summary..... | 2 |
| Introduction | 3 |
| The WHA Resolution | 3 |
| The Panel..... | 3 |
| The Terms of Reference | 4 |
| Vision | 4 |
| Values and Principles..... | 4 |
| Way of Working | 5 |
| Themes of Enquiry | 6 |
| Methodologies..... | 7 |
| Theme 1: Build on the past | 8 |
| Theme 2: Review the Present..... | 9 |
| 2.1 The impact and epidemiology | 9 |
| 2.2 Recommendations made | 10 |
| 2.3 Responses implemented | 11 |
| Theme 3: Understand the Impacts..... | 12 |
| 3.1 How health systems have coped | 12 |
| 3.2 Communities and communication | 13 |
| 3.3 Wider societal and economic impact | 14 |
| Theme 4: Change for the Future | 15 |
| 4.1 The World Health Organization | 15 |
| 4.2 The International system | 16 |
| Engagement and Outreach | 17 |
| Timelines..... | 18 |

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Summary

The Independent Panel was established by the World Health Organization (WHO) Director-General in response to the World Health Assembly resolution 73.1. The program of work is based on the Terms of Reference and provides the more detailed agenda for the work of the Independent Panel together with methods of work and timelines.

The **first priority** of The Independent Panel will be - to the extent possible – to establish the facts about what happened and how the outbreak of COVID-19 became the devastating pandemic we are experiencing today.

The **second priority** will be based on the analysis of what happened in order to make bold and constructive recommendations focusing on how the world will be better prepared for the next outbreak situation with the potential of becoming another pandemic. The Panel should possibly also make recommendations in relation to the present pandemic.

The panel will work along **four broad themes** of enquiry

- *Build on the past;*
- *Review the present;*
- *Understand the impacts and*
- *Change for the future*

The panel will spend most of its time and efforts determining **the accurate chronology** of events and activities in relation to the COVID-19 pandemic, the recommendations made by WHO, and the specific responses by national governments to these as well as their overall responses to the pandemic.

The panel will carefully review **WHO's** role and mandate, instruments, capacity and its financing for pandemic preparedness and response. The panel will look at the **international system at large**, focusing specifically on the context of pandemic preparedness and response.

In addition, the panel will provide some analysis and perspectives on the **impacts of COVID-19** in relation to health systems, communities, communications and information sharing as well as the wider societal and economic effects. The panel will be aiming at learning lessons from previous outbreaks, including by capturing related reviews and recommendations.

Different **methods** of work will be applied, such as desk reviews, expert hearings, mini-symposia, interviews, surveys, public webinars and open requests for contributions. The Independent Panel will meet on a 6-weekly basis and will provide a progress **report** to the WHA in November, an interim report to the WHO Executive Board in January, and a report to the WHA in May 2021.

The Panel will work in an as open and transparent way as possible and will regularly post reports and news on its **website** <https://www.theindependentpanel.org>

Introduction

The World Health Assembly Resolution 73.1 and the Terms of Reference provide the basis for the Independent Panel's work. The Resolution provides a broad framework to review the experience gained and lessons learned from the WHO-coordinated international health response to COVID-19, whilst pointing to some specific areas of focus, such as reviewing the functioning of the International Health Regulations, the mechanisms at WHO's disposal as well as the relevant timelines of events and activities on various levels of the response (e.g. scientific knowledge, WHO recommendations, governmental actions etc.).

The Program of Work (PoW) includes four broad themes, specific focus areas and key lines of enquiry. In addition, it includes methods the panel potentially will use in order to determine the relevance and effectiveness of different aspects of pandemic preparedness and response leading to informed and evidence-based conclusions and recommendations. The Independent Panel could also consider potential corrective actions for the response to the on-going pandemic.

The WHA Resolution

The Independent Panel was initiated by the WHO Director-General, and announced on July 10 2020. This is in keeping with the 73rd World Health Assembly Resolution 73.1 requesting the WHO Director-General;

"...to initiate, at the earliest appropriate moment, and in consultation with Member States, a stepwise process of impartial, independent and comprehensive evaluation, including using existing mechanisms, as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19 – including (i) the effectiveness of the mechanisms at WHO's disposal; (ii) the functioning of the International Health Regulations (2005) and the status of implementation of the relevant recommendations of previous IHR Review Committees; (iii) WHO's contribution to United Nations-wide efforts; and (iv) the actions of WHO and their timelines pertaining to the COVID-19 pandemic – and to make recommendations to improve capacity for global pandemic prevention, preparedness, and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme"

The Panel

The Panel's Co-Chairs were appointed by the WHO Director-General and are former Prime Minister Helen Clark of New Zealand, and Her Excellency, former President Ellen Johnson Sirleaf of Liberia.

The Co-Chairs were mandated by the WHO Director-General to select an appropriate number of panellists and to set the Terms of Reference for the Panel's work.

The Co-Chairs selected 11 Panel members, They looked for a range of skills (including expertise in outbreak response, managing national health systems, leadership in community engagement, and socio-

economic analytical capabilities), knowledge about the international system including specifically WHO, and experience from similar international processes.

The Terms of Reference

Based on the WHA resolution draft Terms of Reference (ToRs) were developed by the Co-Chairs.

Comments were invited from Member States, and the final Terms of Reference were confirmed at the 1st Independent Panel meeting on 17 September 2020.

The Panel will review experience gained and lessons learned from the international health response to COVID-19 as coordinated by WHO and assess:

- the overall relevance and effectiveness of the international health response to the COVID-19 pandemic;
- the functioning of the International Health Regulations (2005) and the status of implementation of the relevant recommendations of previous IHR Review Committees;
- the effectiveness of the mechanisms at WHO's disposal and the actions of WHO and their timelines pertaining to the COVID-19 pandemic; and
- WHO's contribution to United Nations-wide efforts.

In reviewing the experience gained and lessons learned from the WHO-coordinated international health response to COVID-19 as stated in the resolution the Panel will also:

- examine global health security threats and provide an analysis of past and future challenges and lessons learned; and
- include in its work, analysis of the broader impacts of pandemics, including economic and social ones, and make recommendations to the extent that they have a direct bearing on future threats to global health security.

The Panel will:

- make recommendations to improve capacity for global pandemic prevention, preparedness, and response, including through strengthening, as appropriate, the WHO Health Emergencies Programme.

Vision

Through engagement with a wide range of relevant stakeholders, the Independent Panel is trusted as an independent, expert, evidence-based, impartial, respectful and diverse body the world can rely on to make bold recommendations that could reshape future global and national responses to emerging health threats, and thus, better safeguard every person's health, economic, and social wellbeing.

Values and Principles

The Independent Panel is on an evidence-based quest to protect human health.

The mission of the Independent Panel is to provide an evidence-based path for the future, grounded in lessons of the present and the past to ensure that countries and global institutions, including WHO, can effectively address health threats and protect human health.

The Independent Panel is focused on finding the facts and making recommendations for the future.

The Panel will review the facts surrounding COVID-19, including its emergence. It will create timelines, assemble the best possible evidence, and use that to recommend ways – including bold new ways – in which global institutions, including the WHO, and countries, can do better to safeguard human health and economic and social wellbeing against a future pandemic.

The Independent Panel believes the world could have done better in its response, and that the experience of COVID-19 must not be repeated.

There have been years of warnings about a pandemic, and there are institutions, instruments and plans that were designed to protect us. Yet in less than one year, SARS-CoV-2, the microscopic virus that causes COVID-19, has multiplied billions of times, spread to every country on the planet, caused tens of millions to fall ill and is known to have killed more than one million people thus far. In most places, the systems and plans meant to protect us have not worked as intended. We believe that should another pandemic arise, and history tells us it will, we simply must do much better.

The Independent Panel is ready to listen and learn from a wide range of people to understand what worked and why and what did not work and why, in the response to COVID-19.

We want to listen and learn. We will also ask the tough questions. Over the course of several months, the Panel is expected to seek evidence and views from a broad range of people including from WHO, Member States, health experts, economists, specialists on the social impacts of the pandemic, as well as from civil society, the private sector, and the general public - including those most affected by COVID-19.

The Independent Panel is a group of people with the expertise to focus on pandemics, health, and the broader impacts of COVID-19.

We intend to learn all that we can about COVID-19's early emergence, global spread, health, economic and social impacts, and how it has been controlled and mitigated. The Panel includes people with a mix of skill and expertise on a wide range of areas including infectious disease, global and national health policy and financing, outbreaks and emergencies, economics, youth advocacy, and in the wellbeing of women and girls. Panelists also share knowledge of the international system, including of WHO, and of other international processes germane to this effort.

Way of Working

The Independent Panel will conduct an impartial, independent, and comprehensive review.

Panelists are drawing from their expertise and experiences and are not representing their institutions or governments. The Independent Panel is financed from WHO's assessed contributions. It will not accept additional contribution in cash or in kind. The panel members are making their contributions on a voluntary and non-remunerated basis.

The Independent Panel will work in an open and transparent as possible manner. It will reach out to the world's best possible expertise and experiences and will listen to different stakeholders' perspectives. Data and evidence will guide the work of the Independent Panel.

The Panel will meet every six weeks, beginning 17 September 2020. These will be largely virtual meetings given the COVID-19 related travel restrictions. The meetings will only be open to panel members.

There will be opportunities for panelists to engage with specific thematic areas, hearings and briefings between Panel meetings. A Sherpa group of advisors to Panelists could deepen the level of engagement and accelerate preparations and follow up of Panel meetings

The Independent Panel will report to WHO Governing Bodies in the following ways:

- The Co-Chairs will present an update on establishment of the Panel to the WHO Executive Board Special Session on 5-6 October 2020
- A progress report will be presented at the resumed 73rd World Health Assembly scheduled from 9-14 November 2020 focusing on the progress of the work of the panel;
- An interim report will be presented to the WHO Executive Board scheduled from 18-26 January 2021 including some initial findings and potential recommendations;
- A report will be presented to the 74th World Health Assembly scheduled from 24 May to 1 June 2021.

Themes of Enquiry

The Panel's Program of Work will be organized around **four main interconnected themes** for enquiry:

1. Build on the past
Learn from previous pandemics and the status of the system and actors pre-COVID-19.
2. Review the present
Analyse the accurate chronology of events and activities in relation to the COVID-19 pandemic, the recommendations made by WHO, and the responses by national governments.
The chronology will be developed by using a framework based on three workstreams.
 - 2.1 The epidemiology
 - 2.2 Recommendations made (focusing on WHO but capturing also other bodies)
 - 2.3 Responses implemented (focusing on country response)
3. Understand the impacts
Review how health systems and communities responded and assessing the direct and indirect impacts of both the pandemic and the response measures.
 - 3.1 How health systems have coped
 - 3.2 Communities and Information
 - 3.3 Wider societal and economic impacts
4. Change for the future
An analysis and vision for a strengthened international system ideally equipped for pandemic preparedness and response.
 - 4.1 The World Health Organisation
 - 4.2 The international system at large

Methodologies

The Independent Panel will work towards crafting recommendations which are both bold and practical including assigning owners, proposed timescales for completion, and financial and human resources in its recommendations. The focus of the Panel's work is the future and how the world can be better prepared next time, but the Panel may also advise on "course corrections" about the present pandemic. The Panel's main report will not necessarily follow the structure of the four themes.

The orientation of the work should be towards reinforcing a people-centred response. Responses to pandemics need to encompass issues of human rights, dignity, and agency, and not be limited by a narrow view of basic needs.

A variety of research methods and stakeholder engagement strategies will be employed by the Independent Panel to pursue this work. Different methodologies will be used for different parts of the work, as required. Potential ways of working and methodologies to advance the work program are:

- **Mapping** of on-going and/or concluded reviews and reports by similar and relevant panels and commissions, synthesis and summaries of their findings and recommendations (e.g. Report of the Review Committee on the Role of the International Health Regulations (2005) in the H1N1, Ebola, and COVID-19 Outbreak and Response, and the *Lancet* COVID-19 Commission).
- **Desk research**, literature/scoping/systematic reviews (including, potentially, files from WHO and media reporting) of selected topics to provide background reports to the Independent Panel.
- **In-depth interviews** with keystone actors. A key output of the Independent Panel will consist of a qualitative study exploring stakeholders' perspectives on the areas of inquiry identified in the Program of Work. Purposive sampling will be used to select these individuals based on their organizational role, professional expertise and experience in the field. The study's target participants will come from a range of different institutions including United Nations agencies, international and local non-governmental organizations and partners, ministries of health and academia. Further respondents will be recruited via snowballing sampling techniques until saturation is attained.
- **Mini-symposia and expert hearings** will be organized allowing the Independent Panel to learn from and listen to a wide range of resource persons in relation to different aspects of the Program of Work.
- **Commissioning papers** on key topics relevant to each of the sections. For example, in Section 2, papers could be commissioned on the social and economic impacts of COVID-19 and on how COVID-19 has impacted vulnerable populations.
- **Case study** approach. Here the Panel could choose specific topics then select some countries based on a criterion, apply a common framework and draw lessons learnt from the comparative analysis of different experiences. This methodology could be applied to several research topics. Research groups, already doing this type of work, could be involved in producing this type of output.
- **Call for contributions and scientific evidence.** A system will be organized through the website where the Independent Panel requests suggestions and ideas as well as evidence on specific topics from Member States, researchers, civil society and the private sector.

Theme 1: Build on the past

Learning from previous pandemics, the status of the systems and actors pre-COVID-19

This theme will address the history and dynamics of global health security, threats and pandemics. It will first provide an historical perspective on health outbreaks starting with the 1918 flu pandemic, and then traverse through different epidemics in the past, such as severe acute respiratory syndrome (SARS). Ebola and Middle East respiratory syndrome (MERS), to the current COVID-19 pandemic.

The prior learnings of countries from earlier pandemics, and in particular the experience of the SARS response in 2002/2003, will be reflected upon, including how some countries were able to maintain preparedness in the fifteen-year interval between the end of the first SARS pandemic and the current COVID-19 pandemic.

It will also include a short depiction of the global health responses to threats like HIV/AIDS, polio, antimicrobial resistance, and the broad threats to planetary health to see what we can learn from these in terms of the key stakeholders involved, how these actors have worked and are currently working together, and the processes and governance structures shaping these responses.

Box 1: Potential questions the Independent Panel will consider

1. What is the understanding of global health security, threats and nature of pandemics historically and for the future? How are pandemics, especially of fast spreading, novel respiratory viruses, different from other global threats?
2. What can we learn from responses to previous global health threats and what have been the key recommendations from prior relevant panels? To what degree have they been considered and adopted? If not, why not? What factors made adopting these recommendations more or less possible?
3. Have the International Health Regulations worked in the past? Were recommendations taken into consideration? Did the responsible parties adhere to the IHR adequately? What are the implementation and accountability mechanisms? What technical tools have been developed and used? Which gaps can be identified?
4. What can be said about the level of preparedness across the world pre-COVID-19? Why did preparedness assessments have little capacity to predict the COVID-19 response?

Methods

1. Desk review of on-going and/or concluded reviews and report by relevant panels, commissions or academic institutions, including the IHR Review Committee and the Independent Oversight Advisory Committee

Theme 2: Review the Present

The chronology, recommendations, how the system responded

This theme will seek to establish a detailed and accurate chronology of COVID-19 related activities and events and the initial responses, informed by carefully collected information from all sources. A compilation of scientific and validated information on the response will serve to support a key outcome of the Panel's work: namely pointing to ways to restore broken trust in the capacity of nations and the international system to increase the level of preparedness and improve the methods to respond to global health threats and protect people.

The chronology will capture three dimensions

1. How did the pandemic evolve over time (cases, geographic spread, lives lost)?
2. What advice and recommendations were provided by who and when? Key events?
3. What was the response and what can be said about the evolution of the pandemic?

As well as attention to the global response, the Panel will design a methodology and find a way to capture actions and responses by governments. By taking a multi cross-country perspective it will be able to better understand what happened when, why, and with what impact. It will examine the determinants of response action. Both positive experiences as well as challenges and shortcomings should be captured.

In addition, the Independent Panel will also explore the contextual factors influencing the global response; the design of current systems and preparedness frameworks; WHO's role and timing in implementing its core functions (e.g. capacity building, support, knowledge and stewardship); and the role of international organisations and their actions at the different stages of the process.

2.1 The impact and epidemiology

This section will look at how long it took to describe, report and make use of the clinical, genomic and epidemiological features of this novel respiratory virus — and what more could have been done to improve this.

This section will also analyse the global cases and deaths data by date, and the main routes and mechanisms of the global spread. The number of cases reported to WHO are likely underestimating the disease's spread, and there are many attempts and different approaches to estimate the real number of infections.

Box 2: Potential questions the Independent Panel will consider

1. What is the detailed and authoritative chronology of the COVID-19 events and response to date?
2. How did the pandemic evolve over time in terms of cases, deaths and indirect health impacts – the epidemiology?
3. What has been different with the COVID-19 pandemic? Why did it become a global pandemic?
4. How well did the present international systems work for the sharing of correct, timely and relevant data and information?
5. What can we say about the impact on people's health at large – in addition to the direct impacts from COVID-19? (e.g. postponed vaccination, mental health, reduced access to SRHR and services, long-term effects of COVID-19).

Methods

1. Establish a structure and methodology for the chronology including review of similar work already done
2. Review the published clinical scientific literature and grey literature on the science of the virus
3. Review findings from active studies — published or held by the OIE/FAO/WHO Origins group — on the zoonotic origins / surveillance of the virus
4. Review the evidence on the main sources of transmission of the initial outbreaks
5. Review and map out the data countries shared with WHO on cases and deaths
6. Review understanding of the epidemic based on other information beyond reported cases and deaths (e.g. false positives/negatives, seropositivity, overall death rates/excess mortality)
7. Examine how the pandemic, and the measures taken to respond to the pandemic, influenced other impacts on health and deaths
8. Establish and consult epidemiology expert group

2.2 Recommendations made

This section will review the recommendations and actions by WHO and prioritize these in relation to the ToR, focusing on those with transnational consequences, e.g. travel restrictions, providing an overview of the functioning of the IHR during the pandemic and review the recommendations from other regional bodies (especially WHO regional offices and other international organizations such as African CDC, African Union, European Union, ECDC etc.).

The panel will review the recommendations of the WHO against the timeline and the underlying evidence available at that time. The panel will do this through engagement with the WHO secretariat (incl. review of documents), WHO Regional Offices, the IHR Review Committee and Independent Oversight and Advisory Committee for the WHO's Emergency Programme (IOAC). The panel will also

consider and/or include information and evidence from external resources like international organizations involved in the COVID19-response interacting with WHO and its Member states.

Box 3: Potential questions the Independent Panel will consider

1. How has the scientific evidence been adopted and used throughout this process? What was the role of WHO in informing strategies?
2. What was the role of WHO in evidence curation and convening, as well as in the implementation of the International Health Regulations (IHR)? How did the IHR functions and modalities work during the initial phase?
3. What was the process and timeline for the declaration of a Public Health Emergency of International Concern (PHEIC) and that of a Pandemic?
4. How did national and international actors respond at the different stages?

Methods

1. Review of files and records from WHO and other relevant institutions
2. Prioritize a set of 5-10 WHO recommendations to analyse deeply
3. Collaborate with IHR Review Committee & IOAC, keep track of their progress and benefit from their results

2.3 Responses implemented

This section will explore the strategies that the international community and governments (at national and sub-national level) have developed and implemented to sustain the response in view of the evolving knowledge about the epidemiology, the ways of transmission and the clinical presentation of the virus. These include strategies for managing the outbreak and its evolution over time, the role of experts and how scientific evidence has been used to make decisions. The Panel will consider the merits of different frameworks proposed to manage the response.

Box 4: Potential questions the Independent Panel will consider

1. How did the countries respond to the recommendations by WHO? How did they react to the PHEIC?
2. Why did some countries not adhere to IHR? Why did they not report to WHO? What did WHO do when the response was not forthcoming? Did WHO have the authority?
3. How were global, national and subnational strategies defined and how did the strategies for limiting and containing the outbreak evolve over time?
4. What has been the adaptability and evolution of strategies, in terms of their impact and adjustments that are required based on new evidence?
5. How did the balance between high-quality evidence, timeliness and the precautionary principle play out?

Methods

1. Desk review of on-going and/or concluded reviews and report by similar relevant panels, commissions or academic institutions.
2. Country case studies
3. Expert hearing/mini workshop

Theme 3: Understand the Impacts

The panel will provide some analysis and perspectives on the impacts of COVID-19 in relation to health systems, communities, communications and information sharing as well as the wider societal and economic effects.

3.1 How health systems have coped

This section will address the lessons to be learnt from different national responses, including from those countries that mounted a very early response and those whose full-scale response came later. We will establish an understanding of the factors that helped some health systems cope better than others, including the importance of health system resilience.

The core dimensions of health system resilience at national and subnational levels during outbreaks will be examined and how responses have been coordinated (or not) between different levels. Critical functions identified in health system responses include leadership and governance, public health measures for containment of outbreaks, financing, service delivery, human resources, health communication, health information systems, and access to essential supplies and medicines.

In addition to direct healthcare services, the Independent Panel will consider health system activities beyond those routinely considered in understanding the response such as social and community care, elderly care as well as access to healthy physical and food environments.

Box 5: Potential questions the Independent Panel will consider

1. How have health systems managed to cope with the burden of extra needs and with sustaining essential and other health services? What have been the determinants of resilience? In what way did Member states and / or WHO support the sharing of best practices and of further knowledge?
2. How did health workers cope, and what strategies best supported them?
3. How important have logistics and procurement issues been? What were the dynamics in coordinating the access to key medical products like PPE, tests, oxygen and the development of vaccines – how did these vary by region and income level of country?
4. How can we learn from the work and structures for effective access to medicines, treatments, vaccines, and diagnostics? How was R&D linked to production and access? How was the coordination been done? Lessons for the future?

Methods

1. Desk review of on-going and/or concluded reviews and report by similar relevant panels, commissions or academic institutions.
2. Interviews with key stakeholders
3. Case studies

3.2 Communities and communication

For societies to reopen safely, communities must be fully engaged and empowered to protect themselves from the virus and the impact of the crisis, especially the most vulnerable populations. This pandemic has created an opportunity to rethink health systems, embedding a people-centred approach on all levels. Moving forward, understanding the diversity of communities and what they value and want from a health system is key, but this will not happen unless they are encouraged and enabled to become active partners. It is also crucial to understand the role of public health communication, risk communication and the “infodemic” related to this pandemic, in shaping the response and building the trust of patients, health-care professionals, and society as a whole.

This section will explore how health communication and the “infodemic” influenced public trust; how social media shaped the information environment; the role of communities in the response and in national health systems; how to strengthen trust in institutions and values among and between people; how to strengthen community involvement in research and policy-making and the potential for co-production of policy responses; how to create opportunities and overcome barriers to meaningful engagement by the community; how did WHO’s communication impact the pandemic; and how can the community be better involved in risk communication.

Box 6: Potential questions the Independent Panel will consider

1. How was information communicated, when and by whom? What factors led to trust in the messages or lack of trust and misinformation? Were there issues of incoherent communication by authorities, including WHO?
2. How did the ‘infodemic’ grow in social media (and other places) and how was this managed?
3. What are existing gaps and strategies for strengthen trust in institutions and values among and between people?
4. What are examples of the roles of communities in the response (e.g. access to information, health literacy, surveillance, active case finding, education, behavior change, supportive isolation)?
5. How can we best involve community groups in health promotion and risk communication strategies (e.g. youth, elderly, minorities)?

Methods

1. Desk review of on-going and/or concluded reviews and reports
2. In-depth interviews
3. Web surveys including of the general public
4. Focus groups and mini symposia with journalists, social media companies, experts

3.3 Wider societal and economic impact

To address the pandemic, governments have adopted measures to restrict social interactions, which has led to an economic crisis. Governments have adopted economic rescue packages, intended to help to mitigate the present situation, but the COVID-19 crisis will still result in longer term health, social, and economic impacts. These include higher unemployment, poverty, an increase in domestic violence, educational inequalities, food insecurity, growing gaps between the rich and poor, social disruption, access to health services in general and growing mental health issues related to economic insecurity and isolation.

In this section the Independent Panel will explore the immediate and long-term indirect economic and societal effects as important dimensions for the understanding of the international health response. The availability of tools to help decision makers to navigate social and economic protection measures and address any trade-offs required will be examined. The focus of the work of the Independent Panel for this part of the program of work will be from a health and pandemic preparedness and response perspective.

Box 7: Potential questions the Independent Panel will consider

1. What are the societal and economic consequences of the pandemic—e.g. education, domestic violence, food security, aged care? Which groups of society have especially been affected (e.g. depending on age/generations, gender, ethnicity, regional dimensions, citizenship status)? How can we predict, quantify and mitigate these impacts?
2. How can desired direct impacts of control measures be balanced by avoiding potential negative indirect effects on people's health at large?
3. What has been the economic cost of the immediate response as well as the long-term financial consequences? What have been solutions to avoid those? How can economic mitigation measures be tailored to support epidemic control and avoid unintended consequences?
4. Has access to financial resources been a constraint? National and subnational resources? International resources? Did responses vary by economic level of a country? If so, how?

Methods

1. Desk review of reviews and report by relevant panels, commissions or academic institutions.
2. Expert hearings (incl. IMF, WB, OECD and UNDP)
3. Commissioning papers on specific areas (social, economic impacts) or impacts on vulnerable groups.

Theme 4: Change for the Future

An analysis and vision for a strengthened international system ideally equipped for pandemic preparedness and response

This theme will focus on how to improve the international system's capacity for global pandemic prevention, preparedness and response, including WHO and the WHO Health Emergencies Programme. The Panel will explore how organizations could have worked better; how greater accountability and transparency could be encouraged; whether new institutions and co-ordination mechanisms are needed; and how renewed leadership promoting gender equality, ethnic diversity and mechanisms to safeguard equity could be promoted.

4.1 The World Health Organization

This section will closely examine WHO's role, functions and performance in relation to COVID-19. It will assess the 'value proposition' of WHO across the world and among all stakeholders, paying close attention to the actions of WHO on all levels of the organization. It will consider not only WHO as it is currently mandated, but also the ways in which the international institutional architecture as a whole can best serve pandemic preparedness and response and the role of WHO in that system.

Box 8: Potential questions the Independent Panel will consider

1. What is the 'value proposition' of WHO across the world and among stakeholders? With regard to pandemics, what should fall within WHO's mandate and what should not?
2. What have been the functions and modalities of WHO – at the sub-national, country, sub-national, regional and headquarter levels - and how have WHO's different organizational levels (HQ, Regional and Country offices) responded and performed?
3. What can be said specifically about the World Health Organization Emergency (WHE) programme and how it has evolved over time?
4. What has been WHO's role within the UN-system at large? In what way were other UN agencies involved in the response to COVID-19? How did they interact with WHO?
5. What has been the financial situation of the organization? How has the structure of the financing impacted the work of WHO and its health emergencies program?
6. What has been the role of the Governing bodies during this time?
7. Were there any specific influences on WHO to know and to act with respect to its role and function?

Methods

1. Desk review of on-going and/or concluded reviews and reports.
2. Reviews of WHO reports and documentations; if possible unpublished documents by MS on WHO interactions
3. In-depth interviews with key stakeholders (WHO, other international organisations, civil society and Member States)
4. Mini-symposium and webinar

4.2 The International system

This section of the work will focus on an analysis and vision for a strengthened international system ideally equipped for pandemic preparedness and response. It will encompass the actions of global institutions, and in particular WHO, and also the actions of states in the way they need to address their obligations under the International Health Regulations. It may address the ways in which the health architecture relates to other aspects of the global system, for example in social and economic development, humanitarian response and disaster preparedness, as well as capturing lessons from initiatives such as the Global Health Security Agenda.

Overall, the Independent Panel will explore if the system(s) is/are fit for purpose now and in the future, and what reforms, funding, new structures, and rules are needed. It could examine the ways in which governments find ways to commit to common interests without compromising their sovereignty in other areas of security (such as arms control, weapons inspection, human rights) and the potential applicability to pandemic preparedness and response of instruments for mutual accountability in other spheres (treaties, conventions, universal periodic review, IMF Title IV measures etc.).

Box 9: Potential questions the Independent Panel will consider

1. What does the current international system for pandemic preparedness and response look like? Where has it been most challenged to meet the needs of the COVID-19 pandemic?
2. How effective and efficient has international and regional coordination been?
3. What is the future vision for a strengthened international system “ideally” equipped for pandemic preparedness and response?
4. What are some possible pathways for change? What are their strengths and weaknesses? Who would be the owners of change, what are their timescales for completion, and what financial and human resources would they need?
5. Is there a need for a treaty or framework on “Pandemic Preparedness and Response” or Global Health Security”?
6. How do voices from the South, and from local civil society organizations ensure they are heard at global level? How can we promote strong and renewed leadership promoting gender equality, human rights, ethnic diversity and safeguarding mechanisms?

Methods

1. Desk review of reviews and report by relevant panels, commissions or academic institutions.
2. Mini symposium on the global system and potential needs for reform.
3. Continued work including in-depth interviews
4. Follow-up symposium

Engagement and Outreach

Scheduled engagements with **governments (Member States)** for briefings including through WHO Governing Bodies.

| Who? | How? | When? |
|-----------------------|--|---|
| WHO Executive Board | Briefing and discussion with EB members and other WHO Member States, Civil Society | <ul style="list-style-type: none"> • 5-6 October 2020 • 18-26 January 2021 |
| World Health Assembly | Briefing and discussion with EB members and other WHO Member States, Civil Society | <ul style="list-style-type: none"> • 9-14 November 2020 • 24 May- 1 June 2021 |
| Member States | Individually and with Regional Groups | <ul style="list-style-type: none"> • Ongoing |

Engagement with other **structures and panels** with similar goals & objectives

| Who? | How? | When? |
|---|-------------------|---|
| Independent Oversight and Advisory Committee (IOAC) | Co-Chair exchange | <ul style="list-style-type: none"> • 3 October and on regular basis |
| International Health Regulations (IHR) Review Committee | Co-Chair exchange | <ul style="list-style-type: none"> • 3 October and on regular basis |
| Global Preparedness Monitoring Board (GPMB) | Co-Chair exchange | <ul style="list-style-type: none"> • 16 September and on regular basis |

Outreach to and specific consultations with **member states, civil society, youth networks, academia, the private sector and the general public.**

| Who? | How? | When? |
|---|--|---|
| Members States, civil society, the private sector youth networks and academia | Target call for inputs (suggestions, perspectives and experiences) through the web site to be posted on the web site | <ul style="list-style-type: none"> • Oct-Nov |
| Civil society and Youth Networks | Consultations | <ul style="list-style-type: none"> • Nov-Dec |
| The general public | Web-based survey | <ul style="list-style-type: none"> • Nov-Dec |

Timelines

| | |
|--|---|
| 20-21 October 12.00-14.30 | 2nd meeting of the Independent Panel <ul style="list-style-type: none"> • The revised Program of Work • Review and first discussion on: <ol style="list-style-type: none"> 1. Suggested approach to the chronology on what happened when, what recommendations were made, and how WHO and key actors responded 2. National response implemented suggestions for methodology for country studies 3. The international system 4. The World Health Organisation – suggested questions and methods |
| 9-14 November | Presentation of first progress report for the continued World Health Assembly |
| 8-9 December 12.00-14.30 | 3rd meeting of the Independent Panel <ul style="list-style-type: none"> • Follow up discussion on <ol style="list-style-type: none"> 1. The chronology and reviewing the present • Presentation based on background paper and discussions of <ol style="list-style-type: none"> 2. Building on the past • Review and first discussion relating to <ol style="list-style-type: none"> 3. How health systems coped • Discussion on the outline of the interim report |
| 18-26 January | Presentation of the interim report for the WHO Executive Board |
| 9-10 February 12.00-14.30 | 4th meeting of the Independent Panel <ul style="list-style-type: none"> • Follow up discussion on <ol style="list-style-type: none"> 1. The World Health Organisation 2. The international system • Review and first discussion relating to <ol style="list-style-type: none"> 1. Communities and information 2. Societal and economic impact • Discussion on the outline of the May report |
| 6-7 April 12.00 -14.30 | 5th meeting of the Independent Panel Review of draft May report |
| 24 May – 1 June | Presentation of May report to the World Health Assembly |

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| Subject: | RE: WHO: Format of governing body meetings (resumed WHA73 and EB147) |
| Date: | 2020/11/02 16:34:16 |
| Priority: | Normal |
| Type: | Note |

Dear Members of the Executive Board,

Please find attached the translation in the five other official languages of the letter from the Director-General and on behalf of the Chair of the Executive Board regarding the modalities of the forthcoming governing body meetings.

Members of the Executive Board are invited to signal in writing to hggoverningbodies@who.int by Tuesday, 3 November 2020 not later than 18:00 Geneva time any objection to the adoption of the proposals listed in the attached letter.

Best regards,

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Sent: Friday, October 30, 2020 8:43 PM

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Subject: WHO: Format of governing body meetings (resumed WHA73 and EB147)

Dear Members of the Executive Board,

Please find attached a letter from the Director-General and on behalf of the Chair of the Executive Board regarding the modalities of the forthcoming governing body meetings.

Members of the Executive Board are invited to signal in writing to hqgoverningbodies@who.int by Tuesday, 3 November 2020 not later than 18:00 Geneva time any objection to the adoption of the proposals listed in the attached letter.

The translation of this letter in the five other official languages will be communicated as soon as they become available.

Best regards,

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 HUSSAIN, Syed Jaffar <hussains@who.int>;
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 GRBIC, Miljana <grbicm@who.int>;
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| Sent Date: | 2020/11/02 16:33:04 |
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世界卫生组织
执行委员会委员

尊敬的执行委员会各委员：

我谨代表执行委员会主席 Harsh Vardhan 博士和我本人提及 WHA73(8)号（2020 年）、EB147(9)号（2020 年）决定，其中理事机构决定第七十三届世界卫生大会和执行委员会第 147 届会议的续会应在执行委员会决定的日期在日内瓦或通过其它方式举行。

如您所知，执行委员会于 2020 年 8 月确定了即将举行的理事机构会议的日期，并于 2020 年 9 月进一步决定，将采用混合形式召开会议，也就是代表团一名成员在现场出席会议，代表团其他成员通过虚拟平台参加。

然而，由于日内瓦和世界各地的疾病流行状况，以及近期建议，即出于健康原因，第七十三届世界卫生大会和执行委员会的续会现应完全采用虚拟方式举行，Harsh Vardhan 博士与执行委员会主席团成员进行了磋商，主席团成员支持改以完全虚拟形式召开会议。

鉴于上述情况，我现请执行委员会各位委员同意通过书面程序就理事机构会议的举办方式作出决定。

因此，请执行委员会各委员至迟在 2020 年 11 月 3 日 18:00（日内瓦时间）之前发邮件至 hqgoverningbodies@who.int，就以下建议提出任何书面反对意见，即：

- (1) 第七十三届世界卫生大会续会通过虚拟方式举行；
- (2) 执行委员会第 147 届会议续会通过虚拟方式举行；

如果执行委员会任何委员在规定日期之前对上述建议提出书面反对意见，这些建议将被视为没有获得执行委员会通过。

如果在规定日期前没有收到执行委员会任何委员的书面反对意见，上述建议将被视为已得到执行委员会的有效通过。

最后，您可能已经知道，目前正在修订特别程序，以规范分别与第七十三届世界卫生大会和执行委员会第 147 届会议的续会有关的虚拟会议的举行方式。计划于 2020 年 11 月 3 日（星期二）举行会员国通报会，以期在下周将上述特别程序提交默许程序之前对此进行讨论并最终确定。

您诚挚的，

A handwritten signature in black ink, appearing to read 'Tedros Adhanom', written in a cursive style.

总干事

谭德塞博士

2020 年 10 月 30 日



Membres du Conseil exécutif de l'Organisation mondiale de la Santé

30 octobre 2020

Mesdames et Messieurs les membres du Conseil exécutif,

J'ai l'honneur de me référer, personnellement et au nom du Président du Conseil exécutif, le D^r Harsh Vardhan, aux décisions WHA73(8) (2020) et EB147(9) (2020), par lesquelles les organes directeurs ont décidé que la Soixante-Treizième Assemblée mondiale de la Santé et la cent quarante-septième session du Conseil exécutif reprendraient aux dates que fixerait le Conseil exécutif, à Genève ou selon des modalités définies par le Conseil.

Comme vous le savez, le Conseil exécutif a fixé en août 2020 les dates des prochaines réunions des organes directeurs et, en septembre 2020, a décidé en outre que ces réunions se dérouleraient selon des modalités hybrides – un membre par délégation assisterait physiquement à la réunion et les autres membres de la délégation participeraient par des moyens virtuels.

Cependant, en raison de la situation épidémiologique à Genève et dans le monde entier, et comme il a été conseillé récemment que, pour des raisons sanitaires, la Soixante-Treizième Assemblée mondiale de la Santé et la cent quarante-septième session du Conseil exécutif reprennent selon des modalités entièrement virtuelles, le D^r Harsh Vardhan s'est concerté avec les membres du Bureau du Conseil exécutif, qui sont favorables à des modalités entièrement virtuelles.

Compte tenu de ce qui précède, j'invite les membres du Conseil exécutif à convenir des modalités d'organisation des réunions en question selon une procédure écrite.

En conséquence, les membres du Conseil exécutif sont invités à communiquer par écrit à l'adresse électronique hqgoverningbodies@who.int **d'ici au 3 novembre 2020 à 18 heures (heure de Genève) au plus tard** toute objection à l'adoption des propositions suivantes :

- 1) la Soixante-Treizième Assemblée mondiale de la Santé reprendra selon des modalités virtuelles ;
- 2) la cent quarante-septième session du Conseil exécutif reprendra selon des modalités virtuelles ;

Si un membre du Conseil exécutif émet une objection par écrit à l'adoption de l'une quelconque des propositions ci-dessus dans le délai fixé, celle-ci sera considérée comme n'ayant pas été adoptée par le Conseil exécutif.

Si aucun membre du Conseil exécutif n'émet d'objection par écrit dans le délai fixé, les propositions ci-dessus seront considérées comme ayant été adoptées par le Conseil exécutif.

...

Enfin, comme vous le savez peut-être, les procédures spéciales devant régir le déroulement des réunions virtuelles s'agissant de la reprise de la Soixante-Treizième Assemblée mondiale de la Santé et de la cent quarante-septième session du Conseil exécutif, respectivement, sont en cours de révision. Une séance d'information à l'intention des États Membres est prévue mardi 3 novembre 2020 pour examiner et mettre définitivement au point les procédures spéciales avant de les soumettre à une procédure tacite la semaine prochaine.

Veuillez agréer, Mesdames et Messieurs les membres du Conseil exécutif, l'assurance de ma considération distinguée.



Docteur Tedros Adhanom Ghebreyesus
Directeur général



Членам Исполнительного комитета
Всемирной организации здравоохранения

30 октября 2020 г.

Уважаемые члены Исполнительного комитета!

От имени Председателя Исполнительного комитета д-ра Харша Вардхана и себя лично имею честь сослаться на решения WHA73(8) (2020 г.) и EB147(9) (2020 г.), в которых руководящие органы постановили, что возобновленная семьдесят третья сессия Всемирной ассамблеи здравоохранения и возобновленная 147-я сессия Исполнительного комитета будут проведены в Женеве или в иной форме и в такие сроки, которые будут определены Исполнительным комитетом.

Как известно, в августе 2020 г. Исполнительный комитет определил сроки проведения предстоящих заседаний руководящих органов, а в сентябре 2020 г. он также постановил, что их сессии пройдут в гибридном формате, при котором по одному члену делегации лично присутствует на заседаниях, а остальные члены делегации участвуют в работе посредством виртуальной платформы.

Однако вследствие эпидемиологической ситуации в Женеве и во всем мире и с учетом последних рекомендаций провести из соображений охраны здоровья возобновленную семьдесят третью сессию Всемирной ассамблеи здравоохранения, а также возобновленную сессию Исполнительного комитета в полностью виртуальном формате д-р Харш Вардхан провел консультации с должностными лицами Исполнительного комитета, которые поддержали предложение перейти к полностью виртуальному формату.

В свете вышеизложенного предлагаю членам Исполнительного комитета принять посредством письменной процедуры решение о формате соответствующих заседаний руководящих органов.

Таким образом, членам Исполнительного комитета предлагается сообщить в письменной форме **не позднее 18:00 (по женеvскому времени) 3 ноября 2020 г.** на адрес электронной почты hqgoverningbodies@who.int о любых возражениях против принятия следующих предложений:

- (1) возобновленная семьдесят третья сессия Всемирной ассамблеи здравоохранения проводится в виртуальном формате;
- (2) возобновленная 147-я сессия Исполнительного комитета проводится в виртуальном формате.

В случае, если к указанной дате какой-либо член Исполнительного комитета сообщит в письменной форме о возражении против принятия любого из вышеизложенных предложений, соответствующее предложение будет считаться не принятым Исполнительным комитетом.

В случае, если к указанной дате от членов Исполнительного комитета не поступит никаких письменных возражений, вышеизложенные предложения будут считаться надлежащим образом принятыми Исполнительным комитетом.

Наконец, как вам возможно известно, в настоящее время ведется пересмотр специальной процедуры проведения заседаний в виртуальном формате применительно к возобновленной семьдесят третьей сессии Всемирной ассамблеи здравоохранения и возобновленной 147-й сессии Исполнительного комитета. На вторник, 3 ноября 2020 г., запланирован брифинг для государств-членов для обсуждения и завершения выработки указанной специальной процедуры перед ее представлением на следующей неделе для утверждения посредством письменной процедуры.

С уважением,



Генеральный директор
д-р Тедрос Адханом Гебрейесус

أعضاء المجلس التنفيذي لمنظمة الصحة العالمية

٣٠ تشرين الأول/أكتوبر ٢٠٢٠

السادة أعضاء المجلس التنفيذي الموقرون،

تحية طيبة وبعد،

أتشرف بالإشارة، بالنيابة عن رئيس المجلس التنفيذي، الدكتور هارش فاردان، وبالأصالة عن نفسي، إلى المقررين الإجرائيين ج ص ع ٧٣ (٨) (٢٠٢٠) وم ت ١٤٧ (٩) (٢٠٢٠)، اللذين قررت الأجهزة الرئاسية بموجبهما استئناف الدورة الثالثة والسبعين لجمعية الصحة العالمية والدورة السابعة والأربعين بعد المائة للمجلس التنفيذي، في مواعيد يحددها المجلس التنفيذي لتتخذ إما في جنيف أو بأي وسائل أخرى يقرها المجلس التنفيذي.

وكما تعلمون، فقد حدد المجلس التنفيذي في آب/أغسطس ٢٠٢٠ مواعيد انعقاد الاجتماعات المرتقبة للأجهزة الرئاسية. وقرر كذلك، في أيلول/سبتمبر ٢٠٢٠، عقد هذه الاجتماعات بصيغة مختلطة، حيث يحضر أحد أعضاء الوفد الاجتماع شخصياً، فيما يشارك بقية أعضاء الوفد من خلال منصة افتراضية.

غير أنه نظراً للوضع الوبائي السائد في جنيف وحول العالم، وفي ضوء المشورة الصادرة مؤخراً بضرورة عقد الدورتين المستأنفتين لجمعية الصحة العالمية الثالثة والسبعين والمجلس التنفيذي بصيغة افتراضية بالكامل، لأسباب صحية، فقد تشاور الدكتور هارش فاردان مع أعضاء مكتب المجلس التنفيذي الذين أعربوا عن تأييدهم للانتقال إلى صيغة افتراضية بالكامل.

وبناءً على ما تقدم، فإنني أدعو أعضاء المجلس التنفيذي إلى الموافقة، بواسطة إجراء كتابي، على المقرر الإجرائي بشأن صيغة الاجتماعين المعنيين المقبلين للأجهزة الرئاسية.

وبالتالي، يُدعى أعضاء المجلس التنفيذي إلى إرسال إشعار خطي على عنوان البريد الإلكتروني hqgoverningbodies@who.int بحلول تاريخ ٣ تشرين الثاني/نوفمبر ٢٠٢٠، في موعد أقصاه الساعة ١٨:٠٠ (بتوقيت جنيف)، لإبداء أي اعتراض لديهم على اعتماد المقترحين التاليين:

(١) تتعقد الدورة المستأنفة لجمعية الصحة العالمية الثالثة والسبعين في صيغة افتراضية

(٢) تتعقد الدورة المستأنفة السابعة والأربعين بعد المائة للمجلس التنفيذي في صيغة افتراضية

وإذا أبدى أي عضو من أعضاء المجلس التنفيذي اعتراضه كتابياً على اعتماد أي من المقترحين الواردين أعلاه في غضون المهلة المحددة، فسيُعتبر أن المجلس التنفيذي لم يعتمد المقترح المعني.

وإذا لم يرد أي اعتراض كتابي من أي عضو في المجلس التنفيذي بحلول الأجل المحدد، فسيُعتبر أن المقترحين الواردين أعلاه قد اعتمدهما المجلس التنفيذي حسب الأصول.

وختاماً، قد لا يخفى عليكم أن العمل جارٍ حالياً على تنقيح الإجراءات الخاصة لتنظيم سير الجلسات الافتراضية فيما يخص الدورة المستأنفة لجمعية الصحة العالمية الثالثة والسبعين والدورة المستأنفة السابعة والأربعين بعد المائة للمجلس التنفيذي، على التوالي. ومن المقرر عقد إحاطة للدول الأعضاء يوم الثلاثاء الموافق ٣ تشرين الثاني/نوفمبر ٢٠٢٠، بغرض مناقشة الإجراءات الخاصة المذكورة أعلاه ووضعها في صيغتها النهائية قبل عرضها للموافقة بواسطة إجراء كتابي خلال الأسبوع القادم.

وتفضلوا بقبول فائق التقدير والاحترام،،،



الدكتور تيديروس أدحانوم غيبريسوس
المدير العام

**Miembros del Consejo Ejecutivo de la
Organización Mundial de la Salud**

30 de octubre de 2020

Señores miembros del Consejo Ejecutivo:

Tengo el honor de referirme, en nombre del Presidente del Consejo Ejecutivo, Dr. Harsh Vardhan, y en el mío propio, a las decisiones WHA73(8) (2020) y EB147(9) (2020), en virtud de las cuales los órganos deliberantes decidieron que la reanudación de la 73.^a Asamblea Mundial de la Salud y la 147.^a reunión del Consejo Ejecutivo, tendrían lugar en las fechas que decidiera el Consejo Ejecutivo, ya fuera en Ginebra o con arreglo a las modalidades definidas por el Consejo.

Como saben, el Consejo Ejecutivo decidió en agosto de 2020 las fechas de las próximas reuniones de los órganos deliberantes y en septiembre de 2020 decidió además celebrar dichas reuniones con un formato híbrido, por el que un miembro de la delegación asistiría presencialmente a la reunión y los demás miembros de la delegación participarían a través de una plataforma virtual.

Ahora bien, debido a la situación epidemiológica en Ginebra y en todo el mundo y a las recientes recomendaciones de que, por razones sanitarias, la 73.^a Asamblea Mundial de la Salud y la reunión del Consejo Ejecutivo que se reanuden deberían adoptar un formato totalmente virtual, el Dr. Harsh Vardhan mantuvo consultas con la Mesa del Consejo Ejecutivo, la cual apoya el giro a un formato totalmente virtual.

En vista de lo anterior, invito por la presente a los miembros del Consejo Ejecutivo a que convengan en decidir el formato de las reuniones de los órganos deliberantes correspondientes mediante un procedimiento por escrito.

Por consiguiente, se invita a los miembros del Consejo Ejecutivo a señalar por escrito a la dirección de correo electrónico hqgoverningbodies@who.int, **a más tardar el 3 de noviembre de 2020 a las 18.00 horas (hora de Ginebra)**, cualquier objeción a la adopción de las siguientes propuestas, a saber:

- 1) La reanudación de la 73.^a Asamblea Mundial de la Salud se celebrará en un formato virtual;
- 2) La reanudación de la 147.^a reunión del Consejo Ejecutivo se celebrará en un formato virtual;

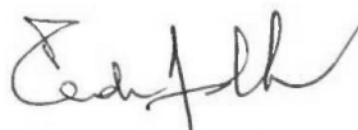
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Si algún miembro del Consejo Ejecutivo presenta una objeción por escrito a la adopción de cualquiera de las propuestas antes mencionadas dentro del plazo establecido, se considerará que dicha propuesta no ha sido adoptada por el Consejo Ejecutivo.

Si en el plazo fijado no se recibe ninguna objeción por escrito de ningún miembro del Consejo Ejecutivo, se considerará que las propuestas antes mencionadas han sido válidamente adoptadas por el Consejo Ejecutivo.

Finalmente, como probablemente sepan, está en curso la revisión de los procedimientos especiales para reglamentar la celebración de reuniones virtuales con respecto a la reanudación de la 73.^a Asamblea Mundial de la Salud y la 147.^a reunión del Consejo Ejecutivo, respectivamente. Se ha programado una sesión de información dirigida a los Estados Miembros el martes 3 de noviembre de 2020 con el fin de debatir y ultimar los procedimientos especiales antedichos antes de someterlos a un procedimiento de aprobación tácita la próxima semana.

Les ruego acepten, señores miembros del Consejo Ejecutivo, el testimonio de mi más alta consideración.



Dr. Tedros Adhanom Ghebreyesus
Director General