

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

“COVID-19 and U.S. International Pandemic Preparedness, Prevention, and  
Response

Witness appearing before the  
Senate Committee on Foreign Relations

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Mr. Chairman, Sen. Menendez, and members of the Committee, it's an honor to be with you to discuss the World Health Organization (WHO) and the Global Health Security Agenda, or GHSA.

Last month, Secretary Azar addressed the World Health Assembly, which is WHO's governing body, expressing concerns with WHO and Member State response to the COVID-19 outbreak.

The Committee is aware of the President's statements and letter expressing his concerns, as well as his May 29 statement that the United States is terminating its relationship with WHO.

With respect to WHO, allow me to go back even before the first reporting of the outbreak in Wuhan, China and briefly highlight the concerns of the United States, and then address GHSA.

After the SARS pandemic, which also originated in China, WHO Member States revised the International Health Regulations, or IHRs, in 2005 to improve transparency and reinforce and expand obligations of countries to provide accurate, timely and sufficient information related to outbreaks.

After the 2014 West Africa Ebola crisis, the WHO Health Emergencies Program was created. The program has had some success on the ground, responding to complex emergencies, like Ebola in the Democratic Republic of Congo, but it has not met the global challenge of COVID-19.

Unfortunately, 14 years after SARS, China failed *again*. We have grave concerns that China did not provide accurate, timely and sufficiently detailed information to WHO in accordance with the IHRs about its COVID-19 outbreak and, in fact, withheld information that could have helped countries take actions *earlier* to protect global public health. China had a responsibility to share this information with the rest of the world as it was the first to know about the virus.

WHO did not call out the Chinese government on its lack of transparency and timely information-sharing, and we believe that not doing so exacerbated the pandemic we are now

experiencing. To the contrary, statements from WHO leadership *praised* the Chinese government. while criticizing other nations.

As early as February, when missteps of China and WHO were becoming apparent, our team was compiling information about the *lack* of sharing accurate, timely and sufficiently detailed information for the purpose of identifying gaps in WHO's outbreak response toolkit. This led to an intense discussion with partner countries about reform of WHO relating to outbreak response tools and preparedness programs.

For example, it is critical that WHO's Director-General use his platform to call for compliance with IHR obligations. The Director-General and WHO's Health Emergencies Program must be insulated from political pressure. Improvements to the process for declaring a Public Health Emergency of International Concern are needed. And the practice of linking travel restrictions must be reexamined so countries can take proactive measures, as the U.S. did to protect our citizens, without criticism or retaliation.

If these reforms are enacted, regardless of the United States' relationship with WHO, it would be good for the world by enabling WHO to fulfill its mandate, and increasing transparency and accountability of all Member States, in particular those with responsibility during infectious disease outbreaks in their territory.

Switching to the Global Health Security Agenda -- eighteen months into the second phase of GHSA – called GHSA 2024 – the need for a strong, multi-sectoral approach to pandemic preparedness is greater now than ever.

GHSA was created in the midst of the 2014 West Africa Ebola crisis to help countries meet their obligations to comply with the International Health Regulations. GHSA is a voluntary group of 67 countries, as well as international organizations, NGOs and companies working together to prepare for infectious disease threats. Under GHSA, nations make concrete commitments to elevate global health security and improve their capacity to prevent, detect and respond to

infectious diseases as a national priority. GHSA members provide support for implementation through advocacy, collaboration, information sharing, and technical advice.

The U.S. is a leading voice on the GHSA 2024 Steering Group, as the chair of the Accountability and Results Task Force, ensuring that GHSA continues to focus on addressing gaps and challenges in countries' core capacities. The GHSA 2024 target is to have more than 100 countries with improved capacities by 2024. It also seeks to sharpen the focus on accountability and tracking country and partner commitments in a transparent manner.

We also collaborate with partners as the chair of the Sustainable Financing for Preparedness Action Package to use momentum from the COVID-19 response to mobilize resources to invest in preparedness.

HHS, alongside U.S. government partners at State Department, USAID, and beyond, works with many countries to improve their health security capacities pursuant to GHSA commitments. This includes helping complete a Joint External Evaluation to assess their current state of preparedness, developing National Action Plans for Health Security, and mobilizing resources. Since the launch of GHSA, the United States Government has invested over \$3 billion to strengthen national capacity in partner countries to prevent, detect, and respond to existing and emerging-infectious disease threats.

As GHSA core capacities are based on the International Health Regulations, the two efforts I have discussed -- forging ahead on WHO reforms focused on strengthening the IHRs, and leading in GHSA 2024 -- are mutually reinforcing and will help bring about a safer world.

Thank you, Mr. Chairman, for your attention and interest. We look forward to working with the Committee on global health security in the future.