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We are the middle of the greatest global public health crisis in a century. The COVID-19 pandemic has wreaked havoc on lives, healthcare systems, and economies around the globe. In most countries around the world, cases and deaths are still rising, and an effective, widely deployed vaccine is likely at least a year away. Yet at this critical moment in global public health, U.S. leadership is lacking. The most striking example of this lack of leadership is our Administration's decision to withdraw the US from the World Health Organization (WHO). This is a decision that will harm not only the health of people around the world, but also US leadership and scientific prowess. And ultimately, the withdrawal from WHO, if it is to be finalized, will harm the health of the American people at a time when Americans are getting sick and dying at an unprecedented rate.

WHO has a unique and incomparable ability to coordinate and support international pandemic response. Now more than ever, we should be investing in and supporting this organization that is uniquely poised to tackle COVID-19.

The Pandemic is Not Over

The COVID-19 pandemic is still accelerating. We are continuing to see record-breaking daily increases in COVID-19 cases, and deaths are also rising worldwide. The pandemic is still in its early stages in most parts of the world, with cases still on their first uphill climb in Latin America, Africa, and large parts of Asia, as well as a resurgence of cases right here in the US.

The Latin American region recently reached 2.2 million cases after infections doubled over the past two months, and its combined death toll passed 100,000 last week.¹ Brazil has been described

as a “worst-case scenario,” with overflowing hospitals and morgues;² last week, they saw their largest rise in daily infections and passed 50,000 deaths.³ India is now recording record numbers of single-day cases after easing the strict national lockdown that had been imposed.⁴ Reports of overwhelmed hospitals and lack of access to tests or treatment reveal the dire state of the pandemic there.⁵ South Africa is also seeing an uphill trend and new daily records of confirmed cases.⁶ They are now reporting about 7,000 new cases per day, about four times the number of daily new cases from a month ago.⁷ Israel has seen a rise in cases since easing restrictions at the end of May. During the month of May, they were seeing only dozens of new cases each day; now, daily cases counts hit 400 and 500.⁸

And these are just a few examples. Globally, we are still early in the crisis. Most nations are in the middle of an uphill climb in cases, and some countries that did have some success in battling the virus early are now seeing second peaks after lifting their lockdowns. While the scientific community has made remarkable progress on diagnostics, vaccines, and therapeutics, the disease remains deadly for many. The pandemic is far from over.

The Critical Role of WHO

The World Health Organization’s response to the COVID-19 pandemic has been highly visible and at times, less than ideal. WHO is not perfect, by any means. I have historically criticized WHO a number of times, particularly following their leadership failures during the 2014 Ebola outbreak in West Africa.⁹ Then, WHO’s response was slow and diffuse and contributed directly to several thousand preventable deaths. Indeed, the United Nations even created a new entity to coordinate the response, typically WHO’s prerogative, when it created the UN Mission for Ebola Emergency

Response. I co-chaired a commission that examined the failures of the global community to respond effectively to Ebola, and our report specifically called out WHO's shortcomings and failures as a major contributor to the poor outcomes we saw in West Africa.

While the shortcomings of the global Ebola response went far beyond WHO, its poor performance was one critical element. To that end, our commission made a series of recommendations about WHO reforms, many of which have indeed been taken up and implemented, while others have not. As a result, WHO's response to the COVID-19 pandemic has been much stronger than its Ebola response.

But that is still not enough. WHO has made important mistakes in its response to the COVID-19 pandemic. WHO excessively praised China's early response to its outbreak, calling it "transparent" and "responsible" despite early clues that China's response was anything but that.¹⁰

Some have argued that WHO should have refused to take China's claims at face value and done more to independently investigate the early outbreak. For example, WHO probably should have considered it a greater possibility that human transmission was already occurring, even when officials in Wuhan said otherwise.¹¹ Although WHO does not have the power to forcibly investigate their own member states, it may have been beneficial for them to not have so quickly accepted China's data and statements as truth.

Furthermore, WHO remained opposed to implementing travel restrictions until late February. While travel restrictions have not been proven to stop the spread of disease, some studies have

found that they may delay its spread,¹² and some have argued that countries could have bought more time to prepare their response if they had not been encouraged to keep their borders open.

So yes, WHO's response has been imperfect, but that doesn't mean it is in our interest – or the world's interest – for the US to leave WHO. Instead, we should stay involved to encourage improvement of the organization as an active member. After WHO's failures during the Ebola crisis— which were far more dismal than any failures related to COVID-19— the US government engaged deeply with the organization and helped implement necessary changes. These changes included establishing a unified WHO platform for outbreaks and emergencies, creating the WHO Health Emergencies Programme, and implementing a framework for R&D preparedness and capacity.¹³ WHO also worked to address shortages in funding that limited its ability to respond to the outbreak, including through the establishment of a Contingency Fund for Emergencies.

WHO's role in helping countries, particularly low- and middle-income countries (LMICs), cannot be overstated. These nations' ministries of health are heavily dependent on WHO for technical expertise and guidance on pandemic response. WHO is deeply embedded in LMICs— whereas local health officials in the US turn to the CDC for help, health officials in most other countries turn to WHO during an outbreak. For example, WHO has distributed tests to 126 countries around the world,¹⁴ many of which lack the capacity to develop their own test kit quickly enough and thus rely on WHO's technical expertise. When countries receive help from non-governmental organizations (NGOs), it is WHO that helps provide coordination. When countries need access to scientific expertise to inform policies, conduct disease surveillance, and acquire necessary resources and supplies, they turn to WHO. And given the longstanding relationship that local

WHO offices have in many LMICs, they are uniquely able to collect and collate new data coming out of these countries. WHO is the primary hub of the knowledge and skills needed to prevent cross-national infectious disease outbreaks. Now is a time when LMICs are relying on WHO the most.

The US's partnership plays an important role in ensuring that WHO has the capacity to do these things. The US provides about 15% of WHO's funding.¹⁵ 10% of WHO's collaborating centers for research and development are hosted in the US.¹⁶ And the US CDC has played a critical role in facilitating public health emergency management training events and supporting the deployment of staff and resources to respond to crises. It's clear that cutting US ties with WHO significantly hampers WHO's ability to execute on its mission.

Leaving WHO Harms the US

The decision to leave WHO doesn't just harm the rest of the world—it hurts the United States, as well. By ending our relationship with WHO at this critical moment, the US is removing itself from the most important decisions surrounding this virus. We are sending a message that the US is an undependable partner, that we cannot be counted on for collaboration in a global crisis. And we are leaving a leadership vacuum within WHO for other countries to fill. Some European countries are already starting to step up to fill the space the US has left behind—last week, Germany pledged \$560 million and France pledged \$100 million to support WHO's work.¹⁷ And China may also seize the opportunity to exert more influence over WHO.

Leaving WHO also separates the US from much of the leading research and development around COVID-19. Scientists from countries around the world turn to WHO to share samples and collaborate on quickly building an evidence base. A notable example of this is WHO's SOLIDARITY Trial, the world's largest clinical trial of COVID-19 therapies.¹⁸ Over 3,500 patients have already been recruited into this trial, and WHO is actively supporting 60 countries with ethical and regulatory approvals, identification of participating hospitals, training on usage of the online data system, and procurement of necessary medications. The SOLIDARITY Trial is believed to reduce the time needed to design and conduct a randomized controlled drug trial by 80%.

WHO is also playing a key role in COVID-19 vaccine development and manufacturing.¹⁹ They have created a coalition of 300 scientists, developers, and funders with the goal of expediting exchange of scientific results and reducing duplication of research efforts. They are designing a large international vaccine trial that would ensure faster turnaround of results—around 3-6 months to determine the efficacy of each vaccine candidate. An expert group convened by WHO is working to prioritize the vaccine candidates with the most potential and develop a protocol for later trial phases that can be used around the world. WHO also played a role in creating the ACT-Accelerator, which, in addition to several other goals, is working to ensure that a vaccine will be manufactured and distributed quickly and equitably once it is developed.²⁰ This level of international scientific cooperation is critical to allowing us to rapidly develop tools to fight this virus—but the US will no longer be able to shape or participate in this work.

In addition to hindering US scientific and global health leadership, the decision to leave WHO threatens the health of Americans. As we have so clearly seen during this pandemic, diseases do not respect borders. We can't keep travel restrictions in place forever, and until this pandemic is under control globally, we will continue to be at risk of spread in the US. If low- and middle-income countries continue to have large outbreaks, they will become the sources of spread of the disease globally. No level of fortified borders will prevent disease spread from other nations. Unless we shut off all travel and trade from every other nation in the world, a physical impossibility, we will continue to import cases from other countries (and export cases as long as our outbreak remains large). Importing more cases of COVID-19 from other nations puts Americans' health at greater risk. If we really want to protect the health of the American people, a central feature is to control the disease in the US and help other countries control their outbreaks as well.

These implications don't only apply to this current outbreak, but also future ones. WHO provides critical information on most major public health threats, including influenza season and emerging diseases, and we will no longer have the same access to that information. We will no longer be able to inform the global scientific and political response to those outbreaks. Collaborating with other countries to keep future diseases from entering our own borders will be more difficult. While COVID-19 is our major concern currently, the harms to the US of pulling out of WHO are far-reaching.

There is no substitute

There is no substitute for WHO. Its unique position as an international agency made up of 194 member states gives it an unparalleled legitimacy and capacity to facilitate collective action and political will. Because of its international leverage, WHO is uniquely positioned to set and communicate public health norms and coordinate critical research and development across countries. It also has the ability to coordinate with international institutions from other sectors, like the World Trade Organization or the World Bank— an important asset for an interdisciplinary field like global health.

The leadership of WHO is chosen by member states. The deep relationship between individual nations and WHO, as I have outlined above, makes the organization essential for many countries around the world. If we were to get rid of WHO today, we would have to recreate a WHO tomorrow with many of the same features. There is no substitute for the essential work that WHO does.

A US-based global health organization, or even other international organizations like the World Bank, are no substitutes for WHO. There are no other organizations with the same reach into ministries of health. No other organizations have earned the same level of trust from healthcare organizations and frontline health workers here in the US and around the world. WHO's role as a membership organization made up of nearly every nation in the world makes its presence accepted and welcomed in many countries in a way that the presence of a US government organization or even World Bank would not be, at least not in the health sector. And for global issues, you need truly global collaboration.

Conclusion

The U.S. potentially leaving WHO has dire consequences for both global health and for the health and well-being of the American people. WHO plays a critical role in providing support during health emergencies and accelerating scientific research. It is irreplaceable. During this pandemic, its response has been extraordinary, although not without some missteps. Some of the urgent reform efforts laid out in the post-Ebola period have yet to be completed. But there is no substitute for WHO. If we were to leave WHO, we would have no legitimacy or ability to make WHO a stronger organization. Instead, we should engage with WHO, support its important mission, and work to improve and strengthen it. Our ability to beat this pandemic—and to improve the health of people in the U.S and around world —depends on it.

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- ¹ Henley J. Global report: India has highest rise in Covid-19 cases as Latin America toll passes 100,000. *The Guardian*. <https://www.theguardian.com/world/2020/jun/24/global-report-india-has-highest-rise-in-covid-19-cases-as-latin-america-toll-passes-100000>
- ² Leite J, Preissler Iglesias S, Viotti Beck M, Bronner E. The pandemic's worst-case scenario is unfolding in Brazil. *Bloomberg Businessweek*. <https://www.bloomberg.com/news/features/2020-06-24/coronavirus-pandemic-brazil-faces-worst-case-scenario>
- ³ Otte J, Gayle D, Quinn B, Perraudin F, Sullivan H. Bolsonaro silent as Brazil passes 50,000 deaths; global cases reach 9 million – as it happened. *The Guardian*. <https://www.theguardian.com/world/live/2020/jun/22/coronavirus-live-news-covid-19-update-china-us-uk-brazil-latest-updates>
- ⁴ Henley J. Global report: India has highest rise in Covid-19 cases as Latin America toll passes 100,000. *The Guardian*. <https://www.theguardian.com/world/2020/jun/24/global-report-india-has-highest-rise-in-covid-19-cases-as-latin-america-toll-passes-100000>
- ⁵ Dewan A, Woodyatt A. A surge in cases shows the coronavirus won't go away soon. *CNN*. <https://www.cnn.com/2020/06/23/world/coronavirus-spikes-after-lockdown-intl/index.html>
- ⁶ Coronavirus in South Africa: Restrictions ease as Covid-19 cases rise rapidly. *BCC News*. <https://www.bbc.com/news/world-africa-53093832>
- ⁷ Johns Hopkins University Coronavirus Resource Center. <https://coronavirus.jhu.edu/map.html>
- ⁸ Johns Hopkins University Coronavirus Resource Center. <https://coronavirus.jhu.edu/map.html>
- ⁹ Jha AK. A race to restore confidence in the World Health Organization. *Health Affairs Blog*. <https://www.healthaffairs.org/doi/10.1377/hblog20170406.059519/full/>
- ¹⁰ Rauhala E. Chinese officials note serious problems in coronavirus response. The World Health Organization keeps praising them. *Washington Post*. https://www.washingtonpost.com/world/asia_pacific/chinese-officials-note-serious-problems-in-coronavirus-response-the-world-health-organization-keeps-praising-them/2020/02/08/b663dd7c-4834-11ea-91ab-ce439aa5c7c1_story.html
- ¹¹ Pérez-Peña R, McNeil DG. WHO, now Trump's Scapegoat, warned about coronavirus early and often. *New York Times*. <https://www.nytimes.com/2020/04/16/health/WHO-Trump-coronavirus.html>
- ¹² Narea N. Coronavirus is already here. Blocking travelers won't prevent its spread. *Vox*. <https://www.vox.com/2020/3/12/21176669/travel-ban-trump-coronavirus-china-italy-europe>
- ¹³ Chan M. Learning from Ebola: readiness for outbreaks and emergencies. *Bulletin of the World Health Organization*. <https://www.who.int/bulletin/volumes/93/12/15-165720/en/>
- ¹⁴ Rolling updates on coronavirus disease (COVID-19). *World Health Organization*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>
- ¹⁵ Joseph A, Branswell H. Trump: U.S. will terminate relationship with the World Health Organization in wake of Covid-19 pandemic. *STAT*. <https://www.statnews.com/2020/05/29/trump-us-terminate-who-relationship/>
- ¹⁶ The United States of America: Partner in global health. *World Health Organization*. <https://www.who.int/about/planning-finance-and-accountability/financing-campaign/us-impact>
- ¹⁷ Schmitz R. Germany and France promise new financial support to World Health Organization. *NPR*. <https://www.npr.org/sections/coronavirus-live-updates/2020/06/25/883302474/germany-and-france-promise-new-financial-support-to-world-health-organization>

¹⁸ “Solidarity” clinical trial for COVID-19 treatments. *World Health Organization*.
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/solidarity-clinical-trial-for-covid-19-treatments>

¹⁹ Accelerating a safe and effective COVID-19 vaccine. *World Health Organization*.
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/global-research-on-novel-coronavirus-2019-ncov/accelerating-a-safe-and-effective-covid-19-vaccine>

²⁰ Access to COVID-19 Tools (ACT) Accelerator. *World Health Organization*.
[https://www.who.int/publications/m/item/access-to-covid-19-tools-\(act\)-accelerator](https://www.who.int/publications/m/item/access-to-covid-19-tools-(act)-accelerator)