WORLD HEALTH ORGANIZATION
ORGANISATION MONDIALE DE LA SANTÉ
WELTGESUNDHEITSORGANISATION
ВСЕМИРНАЯ ОРГАНИЗАЦИЯ
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Date: 18 November 2020

Mr Robby De Caluwe
Chair
Special Committee to examine the Belgian approach on the COVID-19 epidemic
Brussels
Belgium

Our reference:
Notre référence:
Unser Zeichen:
См. наш номер:

Your reference: G/BCSCOMCOVID-19/
Votre référence: CO/15102020
Ihr Zeichen:
На Ваш номер:

Dear Mr De Caluwe,

Thank you for your letter of 20 October 2020 providing the WHO Regional Office for Europe with a list of written questions from the Special Committee to examine the Belgian approach on the COVID-19 epidemic.

On a voluntary basis and without prejudice to, and any waiver of WHO's privileges and immunities and those of its officials, please find attached to this letter the Organization's written replies to the Special Committee's questions.

I hope the Special Committee will find the replies exhaustive and useful.

Yours sincerely,

Dr Hans Henri P. Kluge
Regional Director

Encls:
Replies to the questions from the Special Committee

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GENERAL QUESTIONS

1. **A free translation of the French-language version of the WHO website reads: 'In emergencies, the operational role of WHO consists particularly of leading and coordinating the health response in support of countries, carrying out risk assessments, identifying priorities and establishing strategies, providing essential technical advice, supplies and financial resources, as well as monitoring the health situation". In your opinion, have all these missions been fulfilled? What are those where you encountered most problems? What ought to be improved? All in all, what is your view of the working of the WHO during this crisis (which is not yet over)? What role does the WHO have to play in the event of a pandemic? In your opinion, was it able to fulfil that role?**

Article 2 of the Constitution of WHO describes the functions of WHO, including several that are directly relevant to the work of WHO in emergencies, including 'to act as the directing and coordinating authority on international health work' and 'to furnish appropriate technical assistance and, in emergencies, necessary aid upon the request or acceptance of Governments'.[1]

The International Health Regulations (2005) are a binding instrument of international law, through which WHO Member States agreed to specific actions to control the international spread of disease. The objective of the IHR (2005) is to "prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade". The IHR (2005) prescribe specific responsibilities of WHO in global outbreak and alert and response to public health events, in accordance with its mandate.[2]

The role of WHO in emergencies is described in detail in the WHO Emergencies Response Framework and its six critical incident management functions.[3]

Resolution EUR/RC68/R7, with its action plan to improve public health preparedness and response in the WHO European Region 2018–2023, outlines the action plan to be implemented by States Parties and the WHO Regional Office for Europe in collaboration with key partners and in line with the requirements of the IHR (2005).[4]

An interim assessment of the performance of WHO in the COVID-19 response was carried out by the WHO Independent Oversight Advisory Committee for the WHO Health Emergencies Programme and reported to WHO Member States in May 2020.[5]

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[1] https://www.who.int/governance/eb/who_constitution_en.pdf
[2] https://www.who.int/publications/i/item/9789241580496
[3] https://apps.who.int/iris/bitstream/handle/10665/258604/9789241512299-eng.pdf?sequence=1
[4] https://www.euro.who.int/en/publications/abstracts/action-plan-to-improve-public-health-preparedness-and-response-in-the-who-european-region-20182023#:~:text=The%20action%20plan%20to%20improve,to%20affected%20countries%2C%20when%20necessary.
[5] https://www.who.int/about/who_reform/emergency-capacities/oversight-committee/IOAC-interim-report-on-COVID-19.pdf?ua=1

The 73rd World Health Assembly adopted resolution WHA73.1, which includes operative paragraph 9.10, requesting the 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 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; and (iv) 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.[6]

On 9 July 2020, the WHO Director-General announced the appointment of former President Ellen Johnson Sirleaf (Liberia) and former Prime Minister Helen Clark (New Zealand) as co-chairs of an 'Independent Panel for Pandemic Preparedness and Response' (IPPR) to carry out the evaluation commissioned by the World Health Assembly in the resolution adopted on 19 May. The IPPR has begun its work, and the co-chairs gave a progress report[7] to the WHO Executive Board Special Session on 6 October. They will present their final report to the World Health Assembly in May 2021.

The Director-General has convened a Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response.[8] It will be the responsibility of this Committee to consider how the IHR (2005) have performed in the COVID-19 response, and to make recommendations.

The 2020 report of the Global Preparedness Monitoring Board 'A World In Disorder'[9], co-convened by WHO and the World Bank, is based on lessons learned so far in the COVID-19 pandemic, and calls for action in five areas: responsible leadership; engaged citizenship; strong and agile systems for health security; sustained investment; and robust global governance of preparedness.

The WHO emergencies programme also carries out intra-action reviews to allow for adjustments of the COVID-19 response in real time and has adapted the methodology to the requirements of this crisis.

2. On 10 January, the WHO published a technical guide for its 194 Member States on how to screen, test and manage potential cases. At that time, the WHO stated that the scientific data appeared to show "that there is no human-to-human transmission, or that it is limited". The WHO changed its mind 10 days later, stating that there was a degree of human-to-human transmission. What factors caused this essential information to change? Would it not have been preferable to exercise caution in the initial statements?

It is incorrect to say that 'WHO changed its mind.' WHO has always referred to the possibility of human-to-human transmission and consistently sought evidence of whether this had occurred. The first Disease Outbreak News (DON), published on 5 January, directed readers to WHO guidelines on 'Infection

[6] https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf
[7] https://apps.who.int/gb/ebwha/pdf_files/EBSS5/IPPR_Co-chair_en.pdf
[8] https://www.who.int/teams/ihr/ihr-review-committees/covid-19
[9] https://apps.who.int/gpmb/annual_report.html

prevention and control of epidemic-and pandemic prone acute respiratory infections in health care'.[10] The DON stated that no evidence of significant human-to-human transmission and no health care worker infections had been reported.[11]

The earliest WHO technical guidance to countries on novel coronavirus, published on 10 January, emphasized the primary importance of surveillance to "detect confirmed cases/clusters of nCoV infection and any evidence of amplified or sustained human-to-human transmission."[12]
On 14 January, at a news briefing at UN Geneva, WHO's technical lead for COVID-19, stated that, "Epidemiological investigations are underway and we are waiting for the results of these, but yes, it is certainly possible that there is limited human-to-human transmission."[13] She further warned of transmission amplification and the possibility of superspreading events, particularly in health care facilities, and said, "So far with the current virus we have limited human to human transmission, but what we're preparing for is the possibility that there will be and could be [super spreading events]."
Immediately following the press briefing, the Reuters news agency published a report headlined "WHO says new China virus could spread, it's warning all hospitals".[14]

Later that day, WHO posted on its Twitter account that, "Preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission of the novel #coronavirus (2019-nCoV) identified in #Wuhan, #China."[15] "No clear evidence of human-to-human transmission" does **not** mean that the coronavirus could not be transmitted between humans.

On 19 January, based on analysis of the new cases reported by China and the report of a patient in Japan who had not visited the Human Seafood Wholesale Market in Wuhan but had been in close contact with a person with pneumonia,[16] WHO confirmed human-to-human transmission: "According to the latest information received and @WHO analysis, there is evidence of limited human-to-human transmission of #nCOV. This is in line with experience with other respiratory illnesses and in particular with other coronavirus outbreaks. While there is currently no clear evidence of sustained human-to-human transmission, we do not have enough evidence to evaluate the full extent of human-to-human transmission. This is one of the issues that @WHO is monitoring closely".[17]

By this time, WHO had already released the PCR assay protocol and started development of test kits to support countries detect cases. WHO had already issued guidance to help countries find suspected cases and to protect health workers from human-to-human transmission. WHO monitored the situation closely at all times and adjusted its response swiftly, in line with best emergency response practice in evolving crises.

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[10] https://www.who.int/csr/bioriskreduction/infection_control/publication/en/
[11] https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/
[12] https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance-publications?healthtopics=b6bd35a3-cf4f-4851-8e80-85cb0068335b&publishingoffices=aeebab07-3d0c-4a24-b6ef-7c11b7139e43&healthtopics-hidden=true&publishingoffices-hidden=true
[13] https://www.unmultimedia.org/avlibrary/asset/2521/2521905/
[14] https://www.reuters.com/article/china-health-pneumonia-who/who-says-new-china-virus-could-spread-its-warning-all-hospitals-idUSL8N29F48F
[15] https://twitter.com/WHO/status/1217043229427761152
[16] https://www.who.int/csr/don/17-january-2020-novel-coronavirus-japan-ex-china/en/
[17] https://twitter.com/WHO/status/1217523866703814656?s=20

3. In mid-March 2020, the WHO declared the COVID 19 epidemic to be a pandemic. What were the practical consequences of that decision?

The trigger for global action is the declaration of a Public Health Emergency of International Concern (a "PHEIC"), not the announcement of a pandemic.

A PHEIC is the highest level of global health emergency under the International Health Regulations (2005) and triggers specific actions that all countries should take. Unfortunately, many countries did not act upon this warning. The Director-General declared a PHEIC when there were 98 cases in 18 countries outside China, including 8 cases of human-to-human transmission in four countries: Germany, Japan, Viet Nam and the United States of America.[18]

Following the declaration of the PHEIC, the Director-General has continued to call for urgent and comprehensive action by all Member States to address COVID-19. He began daily briefings for the media in mid-January and has subsequently continued with thrice-weekly and later bi-weekly briefings. He began holding weekly Member State briefings from mid-February, and WHO issued daily situation reports from 21 January to 16 August, and weekly reports since then.

In early February, the Director-General described the novel coronavirus as "public enemy number one." On 4 February, WHO published the Strategic Preparedness and Response Plan, outlining 'the public health measures that the international community stands ready to provide to support all countries to prepare for and respond to 2019-nCoV.'[19]

On 15 February, at the Munich Security Conference, the Director-General called for countries to intensify preparedness: "All countries must be prepared for the arrival of cases, to treat patients with dignity and compassion, to prevent onward transmission, and to protect health workers."[20]

A pandemic is simply the term used to describe the epidemiological situation. Describing the situation as a pandemic does not change WHO's assessment of the threat posed by this virus nor what countries should do. As the Director-General stated at that time, "It doesn't change what WHO is doing, and it doesn't change what countries should do."[21]

4. In a letter sent to the Prime Minister on 23 March, the DG of the WHO said the following: "The exchange of capacities, lessons learned , good practice, information, tools and scientific data is indispensable to deal with this epidemic as well as the compassion that world leaders show in their vision and their inclusive treatment of humanity." A series of recommendations were formulated to attain this shared objective: activation of relevant emergency protocols and strengthening of the funding of emergency actions, establishment of a national COVID-1 9 emergency management bureau , implementing pan-governmental coordination systems - associating health, transport, travel, trade, finance, security and other sectors concerned, banning

[18] https://www.who.int/dg/speeches/detail/who-director-general-s-statement-on-ihr-emergency-committee-on-novel-coronavirus-(2019-ncov)
[19] https://www.who.int/docs/default-source/coronaviruse/srp-04022020.pdf
[20] https://www.who.int/dg/speeches/detail/munich-security-conference
[21] https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020

public gatherings, implementation of a national strategy for screening, isolation and verification of compliance with quarantine requirements, establishment of a national emergency plan, providing local public health authorities and all front-line organisations with the necessary resources and the means to respond as the situation evolves (the necessary diagnostic capacity, personal protective equipment (PPE) and capacity to sufficiently step up health care provision). Were these recommendations not made rather late? Did you receive feedback about what was introduced in the various Member States? Was a good practice guide able to be drawn up based on the scientific data available?

The Director-General wrote to Heads of State and Government on 23 March because he was concerned that countries were not taking sufficient steps to stop the pandemic, despite numerous calls for urgent action and extensive guidance on the public health measures that all countries needed to take.

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

5. **On 25 March 2020, the Global Humanitarian Response Plan for the COVID-19 pandemic was launched. Can you explain for us the role played by the WHO in this context, as well as what was expected of member countries?**

As the Health Cluster Lead Agency within the United Nations humanitarian response, WHO led the efforts to integrate and deliver the public health response to COVID-19 through implementation of the Global Humanitarian Response Plan for COVID-19 (COVID-19 HRP), providing coordination and operational support to the 63 GHRP countries.[22] The COVID-19 HRP is a comprehensive UN inter-agency response plan that aggregates and updates relevant existing humanitarian appeals from UN and non-UN entities, including WFP, WHO, IOM, UNDP, UN-Habitat, UNFPA, UNHCR, UNICEF, and taking into consideration the International Red Cross and Red Crescent Movement. It also integrates inputs from the humanitarian NGO community that have captured the perspectives of local organizations. The Plan focuses on strategies for preparedness and response to the initial immediate and urgent health and non-health needs and response to the pandemic, including to secure supply chains and humanitarian personnel mobility. In the 48% (30) of GHRP countries already affected by major humanitarian crises, WHO-led Health Clusters strengthened the coordinated efforts of member countries to implement COVID-19-specific public health measures and maintain essential health services in partnership with 900 national and international partners, to meet the needs of some of the most vulnerable people. Since the launch of the GHRP, the number of people targeted by Health Cluster assistance has increased from 63 million to 107 million.

WHO established the Global Health Cluster COVID-19 Task Team to support GHRP countries and partners to identify critical challenges and to adapt and implement WHO's guidance on COVID-19 preparedness and response operations to low-capacity and humanitarian settings. WHO and the Health

[22] https://www.unocha.org/sites/unocha/files/Global-Humanitarian-Response-Plan-COVID-19.pdf

Cluster led the development of country multi-sectoral response plans in collaboration with respective UN/Humanitarian Country Teams; fostering collaboration and guiding the work of other sectors to mainstream public health and social measures while mitigating the socio-economic impact. WHO and the Global Health Cluster co-lead the newly established Global Information Management, Assessment and Analysis Cell on COVID-19, in collaboration with OCHA, UNHCR and IOM. This cell manages and analyses COVID-19-related information to support global decision-making and provides technical support and services to prioritized GHRP countries.

The COVID-19 HRP is relevant for countries with other humanitarian emergencies; it addresses the additional needs from the COVID-19 pandemic building on, but without prejudice to, the ongoing humanitarian operations for pre-COVID-19 emergencies. Funding ongoing plans remains an utmost priority given that people targeted in these plans will be the most affected by the direct and indirect effects of the pandemic. The public health response outlined in the Global HRP is fully aligned with WHO's Strategic Preparedness and Response Plan for COVID-19 (SPRP), which has a much broader remit than the Global Humanitarian Response Plan.

In the WHO European Region the emergency operations that are covered by HRP are under: Ukraine and the Whole-of-Syria approach from Turkey.

6. **Was the WHO's crisis communication plan followed? In very precise and technical terms, how did information flows from member countries to the WHO occur on the one hand and from the WHO to the member countries on the other? How could those information flows be improved if necessary?**

Information flows directly between WHO and Member States by email through the Event Information System of the International Health Regulations, and publicly through daily situation reports (weekly from 17 August), social media, the WHO website, and regular media briefings provided by the WHO Director-General, the Executive Director of the WHO Emergencies Programme, and technical experts. In addition, the Director-General holds regular virtual briefings for all Member States. WHO/EURO Regional Director has been meeting with Ministers and leaders from MOH, Ambassadors, networks and specific countries, as well as press and media regularly. Some of the meetings and information flow can be found on the WHO/EURO Timeline: https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/publications-and-technical-guidance/strategic-documents/eurrc70inf.doc.7-a-timeline-of-whos-response-to-covid-19-in-the-who-european-region

This question will be addressed by the IPPR, which will present a final report to the World Health Assembly in May 2021.

7. **What explanation is there for rather unclear and often contradictory communication by the WHO?**

Please provide specific examples to assist in providing a response to this question.

8. **Why was there no real leadership by an international body in this crisis?**

From 31 December 2019 to the present day, WHO has consistently sought to fulfill its constitutional mandate to 'act as the directing and coordinating authority on international health work' in relation to

the COVID-19 response. It has done so in close collaboration with the UN system through the UN Crisis Management Team, activated in early February, following the declaration of a PHEIC.

The Independent Panel for Pandemic Preparedness and Response (IPPR), established to carry out the evaluation requested by the World Health Assembly in May, has been tasked with reviewing experience gained and lessons learned from the WHO-coordinated international health response to COVID-19.[23]

9. What is the WHO's internal assessment of the crisis management worldwide?

This question will be addressed by the IPPR, which will present a final report to the World Health Assembly in May 2021.

10. What benefits did the WHO bring to the member countries in this crisis?

Throughout the COVID-19 pandemic, WHO's global, regional and country-level leadership, facilitation, coordination, guidance, technical and logistic support have been tailored to countries' gaps and specific needs and requests.

Through the Strategic Preparedness and Response Plan for COVID-19 Pandemic (SPRP), all countries can benefit from WHO's support in: i) country-level coordination, planning and monitoring; ii) risk communication and community engagement; iii) surveillance, rapid-response teams and case investigators; iv) points of entry, international travel and transport data sharing; v) national laboratories; vi) infection prevention and control; vii) case management; viii) operational support and logistics; ix) essential health services continuity, including assessment, health system response monitor and vulnerable populations.

These actions are detailed below.

<u>Surveillance</u>

- WHO continuously monitors global, regional and country COVID-19 situations. WHO continues to collect, compile and analyze COVID-19 epidemiologic data on a daily basis, updating the WHO COVID-19 Dashboard (https://covid19.who.int/) multiple times a day and providing detailed analysis to guide the work of WHO, partners and Member States.
    - To date, WHO has produced 209 daily epidemiological situation reports and 12 weekly epidemiological situation updates.
- WHO continues to support countries and the global community in improving and augmenting surveillance activities.
    - Guidance for the appropriate use of antigen tests has been published, and there is guidance in development on expansion of testing capacity at sub-national levels.
    - WHO, together with partners, is supporting Member States to enhance contact tracing activities through a multi-pronged approach.

[23] https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf

    - WHO is providing guidance to countries on how to maintain influenza surveillance and leverage existing surveillance systems to monitor COVID-19.

Technical expertise

- Since January, WHO has been engaging with and leveraging expert networks to learn as much as we can as fast as we can about COVID-19. This ranges from clinical management, IPC, diagnostics, surveillance, contact tracing, sero-epidemiology, virus evolution, to ventilation and more.
    - As an example, the virus evolution working group is frequently leveraged when a new virus variant emerges. This group was recently heavily involved in understanding the SARS-CoV-2 virus variant in minks.
- One of WHO's core roles is providing evidence-based guidance to countries on preparing for and responding to COVID-19. WHO has published more than 400 technical guidance documents covering all key areas of emergency preparedness, readiness and response for COVID-19. These have been developed in coordination with expert networks and partners and updated as science evolves.
- In an effort to further disseminate this guidance and improve the response in real time, WHO has produced 140 online courses on COVID-19 – all available on OpenWHO, WHO's interactive, web-based, knowledge-transfer platform, in 42 languages. To date, there have been more than 4.5 million course enrollments.
- WHO has deployed more than 106 technical support missions to countries. With travel restrictions in place, WHO has also provided virtual technical support to many countries in all regions.
- In One Health, WHO continues to support around 20 projects studying animal susceptibility to SARS-CoV-2 infection and transmission, as well as virus persistence. WHO continues to work with FAO, OIE and UNEP on several guidance documents related to food markets and protection of the food supply.
    - In line with this area of work, WHO deployed an advance team to China to discuss virus origin with Chinese colleagues. Since this advance mission, ToRs for studies to be undertaken and the composition of an international team to be deployed have been agreed. The international team met for the first time in October and is now conducting meetings with Chinese counterparts.

Research

- Using its global expert networks and worldwide reach, WHO coordinated and funded the world's largest randomized control trial on COVID-19 therapeutics, enrolling more than 13 000 patients in 500 hospital sites in 30 countries. In just six months, the trial generated conclusive evidence on the effectiveness of repurposed drugs for the treatment of COVID-19.
    - The progress achieved by the Solidarity Therapeutics Trial shows that large international trials are possible, even during a pandemic, and offer the promise of quickly and reliably answering critical public health questions concerning therapeutics.
- To address the many unknowns that come with the emergence of a new virus (transmission patterns, immunity, severity, clinical features, risk factors, etc.), WHO, in collaboration with technical partners, developed several generic investigation protocols – the WHO Unity Studies.

As of 3 November, these are being implemented in 63 countries, and a further 111 countries have confirmed their intention to implement them.

Leveraging partnership for a coordinated response

- WHO leads or co-leads various coordination bodies across the UN system:
    - WHO continues to lead the UN Crisis Management Team (CMT) – made up of 23 UN agencies – and to co-lead the IASC group on COVID-19 in humanitarian settings.
    - WHO has been working hand-in-hand with OCHA and other partners on the implementation of the Global Humanitarian Response Plan.
    - WHO has played a key role in driving the UN Framework for the socio-economic response, developed with other UN partners.
    - WHO developed the COVID-19 Partners Platform. The Partners Platform, launched by WHO with UN DCO, was launched as a tool to enable countries, implementing partners, donors and contributors to collaborate in the global COVID-19 response. More than 125 countries are using the platform and more than 50 global donors have recorded contributions.
- WHO has also leveraged operational partnerships throughout the response.
    - The Global Outbreak Alert and Response Network (GOARN) has deployed 132 experts to 26 countries to support COVID-19 response – in the areas of laboratory, epidemiology and surveillance, data management, case management and infection prevention and control.
    - The Emergency Medical Teams (EMT) Initiative has deployed more than 55 teams internationally as surge capacity to countries, to provide technical support, specialized care teams, community facilities and more.
    - Currently, Health Cluster assistance targets 107 million people – 44 million more than in January 2020. The Global Health Cluster COVID-19 Task Team was established to strengthen the coordination and effectiveness of the Health Cluster response to COVID-19.

Risk communication and Infodemic Management

- In the new field of infodemic management, WHO has led by publishing a global infodemic management framework, establishing a research agenda, training future infodemic managers and providing them with the tools they need.
    - WHO launched, in early November, the first Infodemic Management Training programme with 268 trainee participants from 83 countries. By the end of the programme, participants who successfully complete the assessment will join the WHO roster of infodemic managers.
    - The WHO Information Network for Epidemics (EPI-WIN) has created innovative platforms and products for managing the infodemic. WHO EPI-WIN has hosted more than 75 webinars reaching more than 55 000 people, produced more than 52 infographics and 30 animations and videos for the global community.
- With regard to risk communication and community engagement (RCCE), WHO, UNICEF and IFRC have established the Collective Service for RCCE. The Collective Service ensures more consistent,

systematic and predictable support to partners involved in public health, humanitarian and development responses to the pandemic.

Supplies

- The global COVID-19 outbreak led to an acute shortage of essential supplies. At the request of the UN SG and WHO DG, and in support of the UN Crisis Management Team, a Supply Chain Task Force was convened to oversee the establishment of the COVID-19 Supply Chain System (CSCS) WHO stepped in to coordinate this inter-agency response to re-establish a global supply chain system and become a provider of last resort. Over 518 million items have been supplied to 180 countries: over 360,000 bio-medical products, over 39.2 million diagnostic products and over 476 million personal protective equipment products purchased through the CSCS.

Communicating and sharing lessons learned and best practices

- WHO HQ has hosted weekly Member State Information Sessions, where Member States share country experience and best practices with other Member States, partners and WHO.
- So far, WHO colleagues, working with national authorities, have carried out 102 country readiness assessments and 26 intra-action reviews to understand country capacities and improve response operations in real time.

Since the beginning of the COVID-19 pandemic, WHO has been communicating with the global community on a regular basis on all things related to the pandemic. To date, WHO has conducted more than 125 global press conferences for the world's media and hosted more than 50 live events on social media, with direct public interaction.

For further details please see:
https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/publications-and-technical-guidance/whoeuropes-covid-19-country-support-dashboard-beta-version

11. Were precautions taken at international level to deal with a pandemic? Are risk assessments available? If so, were plans made for an international approach to that risk? Were there exercises/training courses (that you are aware of) to assess the scale of the problem, and what were the most important outcomes of those exercises/training courses?

WHO conducted a risk assessment of this event and communicated this to all IHR National Focal Points (NFPs) on 5 January 2020. Subsequently, seven more risk assessments have been conducted (eight in total), the latest on 28 October 2020. The risk assessments consider risk at national, regional, and global levels.

There have been frequent training interactions with National Focal Points over the last few years in EURO and other regions. The National IHR Focal Point for Belgium attended a 3-day WHO workshop for selected IHR NFPs in Copenhagen, Denmark,16-18 October 2019, and also in the WHO/Europe simulation exercise "JADE" in November 2019 for all 55 IHR NFPs in the European Region. WHO and ECDC communicate continuously about risk assessments of events inside and outside the EU Member States.

12. What is the impact of the US withdrawing from the WHO? Could this mean that a future pandemic will not be recognised at the appropriate time by WHO?

The United States of America has been a longstanding supporter of, and contributor to, WHO since the Organization's establishment in 1948. On 6 July 2020, the United States notified the United Nations Secretary-General, as depositary of the WHO Constitution, of the United States' decision to withdraw from WHO, effective, according to the notice, on 6 July 2021. The United States currently remains a member of WHO, and WHO hopes they will remain so.

CORONA VIRUS ALERT

13. The WHO officially notified the first cases on 4 January. The epidemic was declared as a 'Public Health Emergency of International Concern' by the Organization on 30 January. Some people have said that this decision was taken too late. An initial meeting was held on 22 and 23 January, to find out whether a 'Public Health Emergency of International Concern' ought to be declared, but the committee was unable to reach a consensus. What are the criteria on which this kind of decision is based? What is the phasing in deciding the level of alert? What does this declaration change in terms of strategy to contain the virus, in terms of recommendations made to countries? In the exchanges of information to which we have had access, the WHO stated that it was considering introducing a more nuanced system that would allow for an intermediate alert level. Such a system could assess the seriousness of an outbreak, its consequences and the relevant policies, and facilitate international coordination. Is that still under consideration?

The Emergency Committee met on 22 and 23 January. The committee did not reach a recommendation on 22 January based on the limited information presented. The Director-General asked the committee to continue its deliberations the next day.[24] To note that China announced the lockdown of Wuhan that evening.

The Emergency Committee met again on 23 January and members were equally divided in their opinion as to whether the event constituted a PHEIC, as several members considered that there was still not enough information to recommend a PHEIC, given its restrictive and binary nature (only PHEIC or no PHEIC can be determined; there is no intermediate level of warning). WHO's assessment then was that the event constituted a very high risk in China, and high risk regionally and globally. Based on the divergence of views, the Emergency Committee did not advise the Director-General that the event constituted a PHEIC but said it was ready to be reconvened within 10 days. The Director-General accepted the advice of the committee. He went on to say "Make no mistake. This is an emergency in China, but it has not yet become a global health emergency. It may yet become one." [25] At that time there were only 9 cases and no deaths reported outside China.

The Director-General reconvened the Emergency Committee on 30 January 2020, and based on its advice, declared a PHEIC. This declaration was based upon the evolution of the outbreak and the need

[24] https://www.who.int/docs/default-source/coronaviruse/transcripts/ihr-emergency-committee-for-pneumonia-due-to-the-novel-coronavirus-2019-ncov-press-briefing-transcript-22012020.pdf?sfvrsn=b94d86d9_2

[25] https://www.who.int/docs/default-source/coronaviruse/transcripts/ihr-emergency-committee-for-pneumonia-due-to-the-novel-coronavirus-2019-ncov-press-briefing-transcript-23012020.pdf?sfvrsn=c1fd337e_2

for all countries to prepare for further spread. At that time there were 83 cases and no deaths in 18 countries outside China. Four countries had evidence (8 cases) of human-to-human transmission outside China (Germany, Japan, Viet Nam, and the United States of America).[26]

The Director-General has convened a Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response.[27] It will be the responsibility of this Committee to consider how the IHR (2005) have performed in the COVID-19 response, and to make recommendations. These may include proposals for intermediate levels of alert, as discussed by the Review Committee on the Role of the IHR in the Ebola Outbreak and Response in 2016, and recommended by the Independent Oversight Advisory Committee in its recent report.[28] The IHR Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response began its work on 8 and 9 September 2020 and will meet regularly and report on its progress, through the Director-General, to WHO Governing Bodies.

14. **According to the documents available to us today, the first mail sent by the WHO contact point to our authorities dates from 21 January. The WHO indicates that the crisis is considered as a grade 2 emergency (a single or multiple country event with moderate public health consequences that requires a moderate international WHO response with examination and assessments of ongoing risks). The mail indicates that the rapid spread of the virus is a cause for concern. However, no recommendation was formulated directly at that time for our health authorities. What were the reasons for that? Were they sent through different channels? How did member countries react to the initial announcements? Did they request more information? What about Belgium?**

The first official notification from WHO to all IHR national focal points, including the Belgian authorities, was on 5 January through the IHR Event Information System (EIS). WHO also published the first 'Disease Outbreak News'[29] on the cluster that same day. The first formal notification through the EIS included a risk assessment and advice to countries on the measures to be taken.

A few days earlier, WHO had alerted the Global Outbreak Alert and Response Network (GOARN) partners about the cluster of cases and held a teleconference with them. The more than 250 GOARN partners include major public health agencies in more than 70 countries (including several government, non-government and academic institutions in Belgium), laboratories, sister UN agencies, international organizations and NGOs.

An updated risk assessment, including advice for countries, was provided through the IHR EIS on 12 January to all IHR national focal points, including Belgium.

It is important to emphasize that WHO grading is an internal activation procedure under the ERF that is conducted to:

1. Activate WHO's Incident Management System and Emergency SOPs

[26] https://www.who.int/docs/default-source/coronaviruse/transcripts/ihr-emergency-committee-for-pneumonia-due-to-the-novel-coronavirus-2019-ncov-press-briefing-transcript-30012020.pdf?sfvrsn=c9463ac1_2
[27] https://www.who.int/teams/ihr/ihr-review-committees/covid-19
[28] https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_10-en.pdf
[29] https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/

2. Inform the Organization of the level of WHO's operational response to an emergency and the need for mobilization of internal and external resources
3. Determine the need for a surge of additional human and material resources
4. Permit the use of resources from the CFE above US$ 50,000
5. Convey to partners, donors and other stakeholders WHO's assessment of the scale of unmet needs within the health sector and, by extension, the requirement for additional international resources.

On 23 January 2020 the WHO European Region Incident Management Support Team (IMST) was activated, a day before the first case in the European Region was confirmed. Following WHO's risk assessment and grading the event as a G3 emergency, WHE in the Regional Office formally activated the IMST for the Region in relation to the outbreak of the novel coronavirus. Since then, the IMST has been supporting all countries and areas in the Region and coordinates WHO's country-focused responses. Through the WHO health emergency preparedness and response hubs and country and liaison office teams, WHO/Europe has been providing direct support to countries and areas in coordination with United Nations country teams and other operational partners.

Please review the following timeline of actions taken by WHO in general and the European Region in particular: https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/publications-and-technical-guidance/strategic-documents/eurrc70inf.doc.7-a-timeline-of-whos-response-to-covid-19-in-the-who-european-region

15. As early as March 2020, some people were criticizing the WHO "for having raised the alarm too late, delayed in dispatching experts to the affected region, prevaricated before classifying the situation as a pandemic and failing to harmonise the international response". In January, there had already been many deaths in China, but it was only at the beginning of February that the WHO started informing other countries of the danger. Why did it wait such a long time before raising the alarm? What is your position with regard to those criticisms? Do you acknowledge, if not possible shortcomings, at the very least a lack of effectiveness in carrying out some of your missions?

This statement is incorrect. WHO publicly reported on the outbreak on 4 January and issued a warning to countries on 5 January. Please see response to question 19.

16. Were warnings or signals (of all kinds: mails, letters, etc.) sent to you by organisations, countries, whether they are members or not, by academics or others from the month of December 2019 alerting you to the potential dangers of the virus?

WHO was first alerted to the cluster of cases in Wuhan on 31 December 2019, when reports from Chinese media were first published. From the very beginning, WHO was aware of the potential dangers of this virus and issued numerous warnings to countries. Please see response to question 19.

17. How binding are documents/recommendations published by the WHO for the member countries? Is there follow-up to ensure that these recommendations are correctly implemented? How does the WHO make sure that its new recommendations are disseminated (are they sent to member countries, or is it up to those countries to check the information available on the WHO website?)

The WHO Constitution provides the World Health Assembly with the authority to adopt conventions and agreements (per Article 19), adopt regulations on specific topics (per Article 21), and make recommendations to WHO Member States with respect to matters within the Organization's competence (per Article 23).

As mentioned in question 1 above, the International Health Regulations (2005), adopted pursuant to Article 21 of the Constitution, are a binding instrument of international law, through which WHO Member States agreed to specific actions to control the international spread of disease. The IHR (2005) do not confer on WHO any authority to compel compliance with them.

With respect to WHO recommendations and other technical guidance, these do not immediately produce binding obligations for WHO Member States, rather they represent the Organization's recommendations to those to whom they are addressed.

With respect to WHO's follow-up on implementation of its recommendations and policies, this can include regular reporting from Member States as well as other modalities as appropriate, depending on the specific recommendation/policy.

With respect to the dissemination of WHO recommendations and policies, this is done through different channels based on the nature of the recommendation/policy, which may include direct communications with Member States via WHO's Headquarters, Regional, and Country offices, the WHO website (www.who.int), social media, and other communications modalities.

CHINA

18. **Particularly at the start of this crisis, did the WHO challenge/question the information and data supplied by China? Or was that data taken on trust, without being questioned? Do you consider the information and data supplied by China, specifically at the start of the crisis as dependable? What is your response to the suspicions of collusion by the WHO with member countries like China that can be read in the press?**

The International Health Regulations (IHR) require State Parties to notify WHO within 24 hours of assessment of public health information, of all events that may constitute a public health emergency of international concern (the wording of the IHR requirement and its context are found in Article 6).[30]

On 1 January, the WPRO IHR focal point officially asked the China IHR NFP for more information on the outbreak. The China IHR NFP acknowledged the request and confirmed they would contact the relevant department for their response. The WHO Representative to China also emailed the National Health Commission offering WHO support and urging the NHC and IHR focal point to respond urgently to the requests for additional information. The same day, WHO activated the Incident Management System within the Emergency Response Framework[31] and established an Incident Management Support Team to coordinate Organization-wide support for the response to the outbreak.

[30] https://apps.who.int/iris/bitstream/handle/10665/246107/9789241580496-eng.pdf;jsessionid=6E4F24E5D8804B6693561C70918DFDA5?sequence=1

[31] https://apps.who.int/iris/bitstream/handle/10665/258604/9789241512299-eng.pdf?sequence=1

On 2 January, the WHO Representative to China wrote to the China National Health Commission offering WHO support and repeating the earlier request for information. On the same day, WHO informed the Global Outbreak Alert and Response Network (GOARN) partners about the cluster of cases and held a teleconference with them.

On 3 January, the WPRO IHR focal point followed up on the requests of 1st and 2nd January to the China IHR NFP and requested verification under Article 10 of the IHR within 24 hours. That afternoon, officials from the Department of International Cooperation of the National Health Commission met with WHO officials from the WHO Country Office in Beijing and provided an update on the investigation and additional information on the cases.

On 4 January, WHO publicly confirmed that China had reported a cluster of pneumonia cases, and that investigations were underway.[32]

19. How do you think that the WHO so seriously underestimated the virus at the start of the outbreak? What role did China play in that? Was the WHO informed promptly by China about the outbreak of this new virus? Was the flow of information adequate? In your opinion, is it possible that China tried to keep the outbreak secret?

WHO did not underestimate the seriousness of this virus. WHO has consistently warned of the threat posed by the new coronavirus from the first days of the reported outbreak.

On 4 January, WHO publicly confirmed that China had reported a cluster of pneumonia cases, and that investigations were underway.[33]

On 5 January, WHO took prompt action to carry out a rapid risk assessment of the situation, share information with Member States as required under the IHR (2005) on 5 January 2020, and develop advice and guidance on prevention and control, including alerting early on to the possibility of human-to-human transmission due to the respiratory nature of the disease. WHO informed state parties to the IHR of the cluster of cases of pneumonia of unknown cause, through the IHR Event Information System (EIS) and also issued the first 'Disease Outbreak News'[34] on the cluster.

From 10-12 January, WHO issued a technical guidance package covering infection prevention and control; laboratory testing; national capacities review tool; risk communication and community engagement; travel advice; clinical management; and surveillance case definitions.

In early January WHO had also released the PCR assays to develop laboratory tests and by 2 February had begun distributing test kits to 150 countries.

On 30th January, the Director-General declared a Public Health Emergency of International Concern.

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[32] https://twitter.com/WHO/status/1213523866703814656?s=20

[33] https://twitter.com/WHO/status/1213523866703814656?s=20

[34] https://www.who.int/csr/don/05-january-2020-pneumonia-of-unkown-cause-china/en/

20. At the end of December 2019, China notified the WHO, but it was only on 30 January 2020 that the WHO declared the coronavirus epidemic to be a Public Health Emergency of International Concern (PHEIC). Why only on 30 January? Was that timely?

The Emergency Committee met on 22 and 23 January. The committee was not able to reach a conclusion on 22 January based on the limited information presented. China announced the lockdown of Wuhan that evening. As the committee was not able to make a recommendation, the Director-General asked the committee to continue its deliberations the next day.[35]

The Emergency Committee met again on 23 January and members were equally divided in their opinion as to whether the event constituted a PHEIC, as several members considered that there was still not enough information to recommend a PHEIC, given its restrictive and binary nature (only PHEIC or no PHEIC can be determined; there is no intermediate level of warning). WHO's assessment then was that the event constituted a very high risk in China, and high risk regionally and globally. Based on the divergence of views, the Emergency Committee did not advise the Director-General that the event constituted a PHEIC but said it was ready to be reconvened within 10 days. The Director-General accepted the advice of the committee. He went on to say "Make no mistake. This is an emergency in China, but it has not yet become a global health emergency. It may yet become one." [36] At that time there were only 9 cases and no deaths reported outside China.

The Director-General reconvened the Emergency Committee on 30 January 2020, and based on its advice, declared a PHEIC. This declaration was based upon the evolution of the outbreak and the need for all countries to prepare for further spread. At that time there were 83 cases and no deaths in 18 countries outside China. Four countries had evidence (8 cases) of human-to-human transmission outside China (Germany, Japan, Viet Nam, and the United States of America).[37]

21. In an initial phase, the epidemic was limited to Wuhan in the Chinese province of Hubei. What was the WHO's advice to Member States for people travelling from that region (testing, quarantine, etc.)?

Please see Annex 1 and 2 for details of WHO travel advice to Member States.

22. At the beginning of May, the Chinese authorities who had at the time over 80,000 infections and nearly 5,000 deaths, themselves admitted that COVID- 19 had revealed 'deficiencies' in its system for health care and prevention of infectious diseases. China stated at that time that it shared all the data at its disposal rapidly with WHO and other countries. The Deputy Health Minister pointed out several avenues for improving the Chinese health system, including the creation of a 'centralised, unified and efficient command structure'. Is it now known whether the information could have been sent earlier, particularly to the WHO? After his trip to Beijing, Dr. Tedros stated on 28 January that China had established "a new standard for controlling epidemics". On 15

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[35] https://www.who.int/docs/default-source/coronaviruse/transcripts/ihr-emergency-committee-for-pneumonia-due-to-the-novel-coronavirus-2019-ncov-press-briefing-transcript-22012020.pdf?sfvrsn=b94d86d9_2

[36] https://www.who.int/docs/default-source/coronaviruse/transcripts/ihr-emergency-committee-for-pneumonia-due-to-the-novel-coronavirus-2019-ncov-press-briefing-transcript-23012020.pdf?sfvrsn=c1fd337e_2

[37] https://www.who.int/docs/default-source/coronaviruse/transcripts/ihr-emergency-committee-for-pneumonia-due-to-the-novel-coronavirus-2019-ncov-press-briefing-transcript-30012020.pdf?sfvrsn=c9463ac1_2

February, he told world leaders meeting at the Munich Security Conference that China's actions had "enabled the world to save time". However, it became apparent that several doctors in Wuhan who had raised the alarm about the emergence of a new virus had been interrogated by the police and accused of spreading 'rumours'. How was it possible at that time, when the WHO had notified the initial cases at the beginning of January, for the WHO Director General to be so positive about the measures taken by China to contain the epidemic, and about the information passed on by China?

WHO has consistently called upon all States Parties to the International Health Regulations (2005) to comply with the requirements of the IHR, as they are legally obligated to do.

WHO welcomed the early and specific steps that China took in the first days and weeks of the outbreak to rapidly identify the virus, share the genetic sequences with the rest of the world, and enable a WHO team to visit Wuhan. The drastic steps that China took in the second half of January implementing a full lockdown in Wuhan city and introducing strict physical distancing and other public health measures appeared extreme at the time but were highly effective in bringing their outbreak under control and used as a model in many other countries around the world for a whole-of-government approach that can successfully limit the spread of the virus.

WHO is aware of media reports in March indicating that there may have been restrictions on doctors speaking about or publishing information on the outbreak during the very early phases of the outbreak. WHO does not have the mandate to investigate allegations of this nature, but strongly supports the transparent sharing of information, and as a matter of principle, is deeply concerned if health workers are prevented from doing so.

The Director-General has been consistent in publicly praising for countries for their efforts and has not treated China any differently from others. This is consistent with WHO practice and protocol. The Organization does not issue public statements criticizing the actions of a Member State but addresses them directly to the Member State concerned. Only when normal channels of communication with the government of a Member State are closed does the Organization make a public statement of concern or criticism.

23. From 16 to 24 February, a scientific mission including 25 experts from the United States, China, Germany, Japan, South Korea, Nigeria, Russia, Singapore, Canada and the WHO went to Wuhan. What was the outcome of this mission and was information sent to the member countries as a result?

A team of WHO staff from HQ, Regional Office and Country Office had already made a visit to Wuhan on 20-21 January.[38]

Following the Director-General's meeting with President Xi on 28 January, an advance team of WHO staff had already been set up, and was on standby, awaiting permission from the Chinese authorities to travel to China. The same day that permission was received (9 February), the advance team of WHO HQ staff flew to China to prepare for the WHO-China Mission and arrived in Beijing on 10 February, and

[38] https://www.who.int/china/news/detail/22-01-2020-field-visit-wuhan-china-jan-2020

mission members arrived from 14 February. Every possible measure was taken to maximize expediency and ensure that the international team could arrive in Beijing at the earliest possible time.

The Joint Mission consisted of 25 national and international experts from China, Germany, Japan, Korea, Nigeria, Russian Federation, Singapore, United States of America and WHO. It was led by Dr Bruce Aylward of WHO with Dr Wannian Liang of China as co-lead. The nine full days of work undertaken by the Mission were preceded by five days of intensive preparatory work by the WHO HQ advance team working with China's National Health Commission, the China Centre for Disease Control, local partners and related entities and the WHO China Country Office. The objectives of the mission were to enhance understanding of the evolving COVID-19 outbreak in China and the nature and impact of ongoing containment measures; to share knowledge on COVID-19 response and preparedness measures being implemented in countries affected by or at risk of importations of COVID-19; to generate recommendations for adjusting COVID-19 containment and response measures in China and internationally; and to establish priorities for a collaborative programme of work, research and development to address critical gaps in knowledge and response and readiness tools and activities.

The co-leads of the mission gave a media briefing at the conclusion of the mission on 24 February.[39] The Director-General provided a briefing to Member States on the outcome of the mission on 26 February,[40] and a full report was published on 28 February.[41]

EUROPE

24. How were the contacts with the European Union?

WHO has been working closely with the EU, EC and its institutions from the start of the pandemic. For example, on the 31 December, WHO/Europe shared information received through the WHO Regional Office for the Western Pacific with the European Centre for Disease Prevention and Control (ECDC), building on existing cooperative arrangements.

On 6 January 2020, WHO/Europe reviewed together with ECDC a risk assessment of the cluster of atypical pneumonia cases to facilitate the sharing of information between WHO and ECDC risk assessment teams.

The assessment of the risk was then shared with all countries and areas in the Region. WHO/Europe and ECDC moved quickly to identify laboratory needs and capacities in the Region. Laboratories are part of the strong influenza-related infrastructure built over decades and strengthened after the H1N1 pandemic of 2009, guided by the global Pandemic Influenza Preparedness (PIP) Framework, and the WHO/Europe Better Labs for Better Health initiative.

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[39] https://www.who.int/docs/default-source/coronaviruse/transcripts/joint-mission-press-conference-script-english-final.pdf?sfvrsn=51c90b9e_2

[40] https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-mission-briefing-on-covid-19---26-february-2020

[41] https://www.who.int/docs/default-source/coronaviruse/who-china-joint-mission-on-covid-19-final-report.pdf

On 9 January 2020, WHO reported that Chinese authorities had determined that the outbreak was caused by a novel coronavirus.[42] Since 9 January 2020, seven WHE/Europe coordination meetings took place before the official activation of the Incident Management Support Team (IMST) on 23 January, after which daily emergency management meetings took place. During the first meeting, the team discussed next steps, including roles and functions under the WHO Emergency Response Framework (ERF) and coordination with key European partners, such as ECDC and the European Commission.

For further details, please see the sources listed in question 25.

25. The outbreak in Europe seems to have accelerated due to the spring half-term holidays (including via holidaymakers returning from Northern Italy and Ischgl). Did the various authorities in Europe do enough in the period between 30 January 2020 (when the WHO declared the coronavirus outbreak a PHEIC) and the end of February 2020 (end of the spring half-term holidays)? Specifically, in Belgium? Was the approach sufficiently pro-active?

For an overview of actions taken during this period, please, review the following links:

- A timeline of WHO's response to COVID-19 in the WHO European Region (living document 1.0 - 30 July 2020): https://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/70th-session/documentation/information-documents/eurrc70inf.doc.7-a-timeline-of-whos-response-to-covid-19-in-the-who-european-region
- Timeline of WHO's Response to COVID-19: https://www.who.int/news/item/29-06-2020-covidtimeline
- WHO Europe's COVID-19 Country Support Dashboard (beta): https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/publications-and-technical-guidance/whoeuropes-covid-19-country-support-dashboard-beta-version
- COVID-19 Health Systems Response Monitor – Belgium: https://www.covid19healthsystem.org/countries/belgium/countrypage.aspx

26. In June, you stated that three of the most important lessons learned from this pandemic in Europe are that: a stockpile of medical equipment such as ventilators and masks is necessary; common indicators are needed for monitoring a pandemic; solidarity is essential since nobody is safe until everybody is safe. Since then, are there other lessons that have been learned that you can tell us about?

The lessons learned so far can be found here: https://apps.who.int/iris/handle/10665/334385 However, we are encouraging Member States to carry out the Intra Action Review that was developed by WHO. We are ready to assist. https://www.who.int/publications/i/item/WHO-2019-nCoV-Country_IAR-2020.1

27. You 'asked former European Commissioner for Finance, Mario Monti, to chair a commission to map out the resilience of our social and health systems. He will be accompanied by 25 eminent

[42] https://www.who.int/china/news/detail/09-01-2020-who-statement-regarding-cluster-of-pneumonia-cases-in-wuhan-china

figures drawn from various sectors.' Can you tell us more about this commission? Is it expected to submit a report? Will it be public, and if so, when can we receive it?

The Pan-European Commission on Health and Sustainable Development is an independent and interdisciplinary group of leaders convened by the WHO Regional Office for Europe to rethink policy priorities in the light of pandemics. Comprising former Heads of State and Government, distinguished life scientists and economists, heads of health and social care institutions, and leaders of the business community and financial institutions from across the European Region, the Commission brings together individuals with outstanding expertise and experience. The mandate of the Commission is to draw lessons from the ways in which different countries' health systems have responded to the COVID-19 pandemic and make recommendations on investments and reforms to improve the resilience of health and social care systems. It seeks to build consensus on these recommendations and to elevate health and social care as societal and political priorities, recognized as being critical to both sustainable development and social cohesion. The group of 19 Commissioners is chaired by Professor Mario Monti, President of Bocconi University and former Prime Minister of Italy and a former European Commissioner. Professor Elias Mossialos, Founder and Director of the London School of Economics Department of Health Policy, is the Commission's Scientific Coordinator, and its deliberations are supported by a Scientific Advisory Board. The Commission's work will culminate in a report to be published in September 2021 with recommendations on investments and reforms to improve health and social care systems.

More information can be found here: https://www.euro.who.int/en/health-topics/health-policy/european-programme-of-work/pan-european-commission-on-health-and-sustainable-development.

28. **In your contacts with member countries, have you identified a determination to harmonise measures to combat COVID-19? Did you get the feeling that the various countries were curious or interested in the measures adopted by other countries? What problems, if any, are created by a lack of harmonisation in the fight against the virus? In your opinion, would increased harmonisation of measures (on a voluntary basis, of course) be desirable? How could you contribute to that?**

WHO has been working with countries to harmonize policy decisions, approaches and tools. For this WHO has shared many guidance, policy and operational documents. These documents are tailored by the governments aiming to match and respond to the specific needs, setups and challenges. Specific WHO/Europe information can be found here: https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19.

29. **What is the difference between the objective, mission and task of the WHO and that of the ECDC? To what extent do they overlap, and to what extent are they complementary?**

According to Article 3 of the Founding Regulation, ECDC's mission is to identify, assess and communicate current and emerging threats to human health posed by infectious diseases. In order to achieve this mission, ECDC works in partnership with national health protection bodies across Europe to strengthen and develop continent-wide disease surveillance and early warning systems. By working with experts throughout Europe, ECDC pools Europe's health knowledge to develop authoritative scientific opinions about the risks posed by current and emerging infectious diseases. Within the field of its mission, the

Centre shall: 1. search for, collect, collate, evaluate and disseminate relevant scientific and technical data; 2. provide scientific opinions and scientific and technical assistance including training; 3. provide timely information to the Commission, the Member States, community agencies and international organisations active within the field of public health; 4. coordinate the European networking of bodies operating in the fields within the Centre's mission, including networks that emerge from public health activities supported by the Commission and operating the dedicated surveillance networks; and 5. exchange information, expertise and best practices, and facilitate the development and implementation of joint actions.[43]

WHO, as the directing and coordinating authority on international health within the United Nations system, adheres to the UN values of integrity, professionalism and respect for diversity. These values are inspired by the WHO vision of a world in which all peoples attain the highest possible level of health, and our mission to promote health, keep the world safe and serve the vulnerable, with measurable impact for people at country level. We are individually and collectively committed to put these values into practice.[44]

The WHO Regional Office for Europe (WHO/Europe) is one of WHO's six regional offices around the world. It serves the WHO European Region, which comprises 53 countries, covering a vast geographical region from the Atlantic to the Pacific oceans.

ECDC and WHO/Europe have developed a successful partnership framed under a 2011 Administrative Agreement and reinforced in 2018 through general principles for collaboration. This has resulted in important achievements in coordinating activities against communicable diseases, increasing the impact of our respective initiatives while at the same time decreasing the risk of overlap, duplication and double reporting, among others. This partnership has been essential in the context of the current pandemic where WHO/Europe and ECDC cooperate and collaborate extensively.

30. How did the EU assess the consequences of different methodologies for counting deaths in Belgium compared with other European countries?

This question would be best addressed to the EU.

REPORTING

31. What do you think of the different reporting methodologies used by various countries? In your opinion, which indicators should they favour? What do you think of the rate of excess deaths? How could the indicators used by different countries, and therefore the reporting methodology, be harmonised at international level?

WHO published the first surveillance and reporting guidelines for COVID-19 on 25 January 2020. All Member States were required to report cases to WHO through the WHO Regional Office. Approximately two-thirds of countries shared some information with WHO, although completeness and timeliness have been sub-optimal. Many countries do not use WHO surveillance case definitions for cases and deaths, which makes it difficult to harmonize data internationally. For many EU Member States, WHO received

[43] https://www.ecdc.europa.eu/en/about-uswhat-we-do/ecdcs-mission
[44] https://www.who.int/about/who-we-are/our-values

daily counts of cases and deaths from ECDC, which itself had to manually extract the data from Member States websites as these data are not routinely reported by EU Member States to WHO or ECDC. The IHR NFP for Belgium immediately reported the first detected COVID-19 case (ex Wuhan, China) to WHO by phone on 4 February 2020 at 09:37. Full details of the cases were subsequently reported to WHO. All further COVID-19 cases and deaths have since been reported promptly and transparently both to WHO and ECDC by Belgium. Since 20 March 2020, WHO/Europe is using ECDC data on COVID-19 cases and deaths reported to ECDC daily by the EU/EEA countries, in order to avoid duplication and to ensure consistency of the data reported by WHO and ECDC.

MASKS

32. Without going into technical details, the WHO's opinion on wearing masks has evolved. Initially, you only recommended it under certain conditions. Then the importance of masks became much more obvious for you. How do you explain that change? Did it not have some repercussions, particularly on the recommendations issued by countries on this subject?

The type of mask to use depends on its purpose and target audience. With respect to health workers, the WHO advice on the use of masks first published on 27 January defined when health workers in health facility settings should wear a medical mask and respirators. It also defined use of medical masks in the community, specifically, for symptomatic individuals and those caring for them at home.

WHO guidance on 5 June 2020 elaborated on mask use by the general public; the update was based on several factors, including a better understanding of the role of pre- and asymptomatic transmission, a growing compendium of observational evidence on the use of masks by the general public in countries and, importantly, new research findings on the effectiveness of materials that could be used to make non-medical/fabric masks for the public, thus providing the potential for a new mask type that could be used by the general public. Consequently, WHO advised decision makers to apply a risk-based approach following certain criteria when considering the use of masks for the general public. The risk-based approach was well received and used by countries, allowing them to define their mask policy based on local context.

In some situations/settings, such as on public transport, humanitarian camps and crowded urban settings, it may be difficult to maintain adequate physical distance of at least 1 metre. This, combined with the then newly published research findings (incorporated into the 5th of June mask publication) on the filtration effectiveness of materials used to make non-medical/fabric masks, provided an opening for non-medical/fabric masks to be used in these settings, while preserving the critical supply of medical masks at that time for frontline health workers.

WHO emphasises that masks are a part of a comprehensive package of infection prevention and control measures, including physical distancing and hand hygiene.

33. Could you explain to us how the WHO's thinking evolved concerning the usefulness of wearing masks, bearing in mind that on 6 April, WHO was still not advocating their use, and that two months later, it went on to recommend their use in busy locations.

Please see response to question 32.

BELGIUM

34. How were the contacts with the Belgian authorities?

Belgium has been one of the champions of the International Health Regulations, ever since the IHR(2005) entered into force in June 2007. The cooperation between Belgium and WHO/Europe has been close and very constructive. When the first COVID-19 case was detected in Belgium on 4 February 2020, the IHR NFP for Belgium immediately informed WHO/Europe IHR Contact Point, in full accordance with IHR. Full details on the case were promptly provided to WHO by Belgium, as they became available. Ever since, Belgium has been fully transparent on the COVID-19 cases and related deaths and provided daily information both to WHO/Europe and ECDC. On the highest levels of authority Belgium and WHO/Europe have excellent relations and are in frequent communication.

35. As early as April, you stated in the press that basically, there is an immediate and urgent need to rethink and modify the workings of retirement homes. Even among very old people who are vulnerable and living with multiple chronic illnesses, many have good prospects of recovery if they are well cared for. Could you expand on your remarks and give us details?

Early evidence gathered over the course of the COVID-19 pandemic suggested that it is possible to mitigate the impact of the virus on long-term care (LTC) systems through timely and comprehensive policy action that reflects an understanding of how services are received and delivered. Older people (those above 65 years) and those with underlying health conditions who require care and support from others have been cited as being particularly susceptible to severe infection by COVID-19. Some countries with community transmission reported more than 40–60% of total confirmed COVID-19 deaths in LTC facilities. Older people using LTC services make up a large proportion of those most affected by COVID-19. These infections are transmitted to older people by the people caring for them (families and care staff). Without addressing this it is difficult to control the spread of the virus. In addition, LTC settings do not fall exclusively within the scope of health systems. In fact, the majority of services are provided outside the health care system. This structural element of how, where and who is responsible for delivering LTC to older people appears to have created difficulties in developing coordinated responses to prevent and manage the impact of COVID-19 in many settings, and in keeping those delivering these services safe.

36. In August, in the Echo newspaper, you stated: "Belgium is often criticised, but it should not be overlooked that at the time of the peak, occupancy of intensive-care beds was only 56%. If we compare that with the situation in Italy, Spain and even Sweden, we can see that our country comes out rather well. The testing capacity in Belgium has already increased greatly, but today tracing needs to move up a gear." Is that still your opinion? Could you expand on that?

As Dr Tedros, WHO Director-General, said back in July, “No country can get control of its epidemic if it doesn’t know where the virus is.” While testing is the basic public health measure to find where the virus is, contract tracing is essential to contain its spread by quarantining contacts of positive cases and isolating those who develop symptoms and test positive. As such, contact tracing remains indispensable for every country, in every situation to break the chains of transmission. It can prevent individual cases from becoming clusters, and clusters from turning into community transmission.

Across the European Region we are seeing a resurgence of cases. While many countries have intensified testing, many are also challenged to trace contacts of positive cases. We understand the challenges when cases are spiraling, but it is critically important that no country gives up on contact tracing and instead breaks down their epidemics into manageable parts, for example, focusing on super-spreading events.

Any efforts for contact tracing, digital or otherwise, can be effective only if they become dual efforts of health authorities and the community. This entails engaging communities to increase their compliance with contact tracing procedures. This is a critical moment for all of society, including governments, to take action to curb transmission.

37. What critical analysis has there been of the handling of the crisis in Belgium (including epidemiological surveillance? Do you think Belgium applied the WH O recommendations properly? How do you view the Belgian approach to this crisis? How do you assess the statistics on deaths in Belgium compared with other European countries (e.g. the Netherlands and Sweden)? Which countries are the models for other countries?

Belgium has been following joint WHO/ECDC COVID-19 surveillance recommendations. Belgium has been reporting case data through to the Tessy database, which has enabled the unfolding epidemiology of COVID-19 to be described and compared with that of other countries. Belgium, together with 23 other European countries/regions, participates in the WHO/ECDC supported EuroMoMo network, which monitors excess all-cause mortality using a standardized model to analyse routine death statistics, which enables comparison with other participating countries such the Netherlands and Sweden.

38. Will there be a report comparing how the EU Member States reacted, how fast they reacted and what the effect is on the statistics and on the policy implemented (compared with the others)?

WHO Europe is collecting data from all Member States (including all EU member states) on the public health and social measures implemented and work is currently underway alongside research institutions to further understand and measure the impact of non-pharmaceutical measures implemented across the region. This will be used in the development of models and other tools to be shared with countries.

Several international and national review processes are already underway:

- The use of existing tools and processes: country-specific and country led Intra-Action Reviews
- The ongoing activities of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
- The 2020 report of the Global Preparedness Monitoring Board 'A World In Disorder'[45], co-convened by WHO and the World Bank
- The Independent Panel on Pandemic Preparedness and Response (see response to question 1)
- The Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response (see response to question 13)

[45] https://apps.who.int/gpmb/annual_report.html

Annex 1: Timeline of WHO activities in relation to international travel measures during the COVID-19 pandemic

Legend for colour-coding of the table:

Travel advice	Emergency Committee	Circular Letters from DG to Member States	EIS postings	Situation reports	WHO interim Guidance

Timeline of WHO activities

31 December	WHO was alerted to a cluster of cases of pneumonia of unknown cause in Wuhan on 31 December 2019, when reports from Chinese media were first published.	
10 January	First travel advice	• **General precautions for international travelers to protect against respiratory infections** • **WHO does not recommend any specific health measures for travellers. It is generally considered that entry screening offers little benefit, while requiring considerable resources. In case of symptoms suggestive of respiratory illness before, during or after travel, the travellers are encouraged to seek medical attention and share travel history with their health care provider. WHO advises against the application of any travel or trade restrictions on China based on the information currently available on this event.** • **Reminds requirements for capacities at Points of entry under the IHR**
22/23 January	1st meeting of the IHR Emergency Committee	• **Several members considered that it is still too early to declare a PHEIC, given its restrictive and binary nature. Based on these divergent views, the EC formulates the following advice: […]** **To China:** • **Conduct exit screening at international airports and ports in the affected provinces, with the aim of early detection of symptomatic travellers for further evaluation and treatment, while minimizing interference with international traffic.** • **Encourage screening at domestic airports, railway stations, and long-distance bus stations as necessary.** **To all countries:** • **Follow WHO travel advice and WHO guidance**
24 January	Second travel advice	• **Maintain general precautions for travellers** • **Advice about comprehensive exit screening in Wuhan, China** • **Advice about comprehensive entry screening in other countries** • **WHO advises against the application of any restrictions of international traffic based on the information currently available on this event.**

27 January	Third travel advice	• **Provides additional technical details about entry screening** • **WHO advises against the application of any restrictions of international traffic based on the information currently available on this event.**
30 January	2nd meeting of Emergency Committee – PHEIC	• **The Committee agreed that the outbreak now meets the criteria for a Public Health Emergency of International Concern and proposed the following advice to be issued as Temporary Recommendations.** **To China**: • **Continue to conduct exit screening at international airports and ports, with the aim of early detection of symptomatic travellers for further evaluation and treatment, while minimizing interference with international traffic.** **To all countries:** • **Countries should place particular emphasis on reducing human infection, prevention of secondary transmission and international spread, and contributing to the international response though multi-sectoral communication and collaboration and active participation in increasing knowledge on the virus and the disease, as well as advancing research.** • **The Committee does not recommend any travel or trade restriction based on the current information available.** • **Countries must inform WHO about travel measures taken, as required by the IHR. Countries are cautioned against actions that promote stigma or discrimination, in line with the principles of Article 3 of the IHR.** • **The Committee asked the Director-General to provide further advice on these matters and, if necessary, to make new case-by-case recommendations, in view of this rapidly evolving situation.**
6 February	Circular Letter from DG to Member States  CL_2_20-en.pdf	• **Recalled Temporary Recommendations following declaration of PHEIC** • **Recalled obligations of States Parties under the IHR to inform WHO about the measures that significantly interfere with international traffic** • **"Evidence on travel measures that significantly interfere with international traffic for more than 24 hours shows that such measures may have a public health rationale at the beginning of the containment phase of an outbreak, as they may allow affected countries to implement sustained response measures, and non-affected countries to gain time to initiate and implement effective preparedness measures. Such restrictions,**

		however, need to be short in duration, proportionate to the public health risks, and be reconsidered regularly as the situation evolves."
6 February	First EIS posting	22 States Parties reporting on additional health measures under Article 43
13 February	Second EIS posting	30 States Parties implementing additional health measures under Article 43 (8 additional reports since last posting)
14 February	Key planning recommendations for Mass Gatherings during COVID-19	
17 February	Second Circular Letter from DG to Member States  CL_4_20-en.pdf	• **Reminded Member States of their joint obligations under the International Health Regulations (2005) (IHR) on collaboration and on implementing additional health measures. As mentioned in C.L.2.2020, such measures should be commensurate with the public health risk of the event, be informed by scientific evidence, and be reconsidered regularly as the situation evolves.** • **Reminded Member States about the WHO Technical Guidance about this event, which is regularly updated on the WHO website, the WHO travel advice, which is also updated regularly, about the daily situation reports, which provide up-to-date information about the evolution of the outbreak, as well as about the outcome of the global research and innovation forum convened by WHO on 11–12 February 2020, to assess the current level of knowledge about the new COVID-19 disease, and identify global research priorities.** • **Reminds Article 2 of the IHR – prevent, protect and respond to international spread of diseases, in was commensurate with the public health risk and which avoid unnecessary interference with international traffic.** • **Presents a summary of public health rationale provided by Member States in their reports to WHO on additional health measures, in accordance with provision of Article 43:** **1. WHO determination of the PHEIC, WHO advice that the outbreak is still in containment phase, and the Temporary Recommendations to all countries to be prepared for containment;** **2. New, unknown virus, with limited knowledge about its characteristics, including: the animal source, the duration of persistence of the virus in the environment, the potential for its mutation;** **3. Vulnerabilities in receiving countries: limited laboratory capacities, concerns about overburdening the public health response capacities, given the concomitant**

		influenza season in many countries, limited capacities to quarantine returning travellers; specificities of small island States, with reduced public health response capacities in case of importation of cases; **4. Limited knowledge about the epidemiology of the disease, including: ability of transmission from asymptomatic carriers, and the full clinical spectrum of the disease and its severity;** **5. The lack of a specific treatment or vaccine;** **6. Perceived public anxiety due to large volume of travel for business and tourism from the affected provinces, perceived threats to safety and security.**
21 February	Third EIS posting	34 States Parties reporting on additional health measures under Article 43 (4 additional since last reporting)
22 February	Management of ill travelers at POE	Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID-19 outbreak
28 February	Situation report 39	Subject in focus travel and trade –updated information on travel measures reported by countries
28 February	Fourth EIS posting	41 States Parties implementing additional health measures under Article 43 (7 additional reports since last posting)
29 February	Forth Travel Advice	• **WHO continues to advise against the application of travel or trade restrictions to countries experiencing COVID-19 outbreaks.** • **In general, evidence shows that restricting the movement of people and goods during public health emergencies is ineffective in most situations and may divert resources from other interventions. Furthermore, restrictions may interrupt needed aid and technical support, may disrupt businesses, and may have negative social and economic effects on the affected countries. However, in certain circumstances, measures that restrict the movement of people may prove temporarily useful, such as in settings with few international connections and limited response capacities.** • **Travel measures that significantly interfere with international traffic may only be justified at the beginning of an outbreak, as they may allow countries to gain time, even if only a few days, to rapidly implement effective preparedness measures. Such restrictions must be based on a careful risk assessment, be proportionate to the public health risk, be short in duration, and be reconsidered regularly as the situation evolves.** • **Travel bans to affected areas or denial of entry to passengers coming from affected areas are usually not effective in preventing the importation of cases but may have a significant economic and social impact.**

1 March	Managing COVID-19 on board ships	Operational considerations for managing COVID-19 cases/outbreak onboard ships
5 March	Fifth EIS posting	45 States Parties implementing additional health measures under Article 43 (4 additional reports since last posting)
10 March	Situation report 50	Subject in focus travel and trade –updated information on travel measures reported by countries
11 March	Characterization of the situation as a pandemic	
11 March	FAQs on Mass Gatherings and COVID-19, including Sporting Events FAQs	
12 March	Sixth EIS posting *Large-size files uploaded in separate announcements for each region*	51 States Parties implementing additional health measures under Article 43 (6 additional reports since last posting)
18 March	Managing COVID-19 in aviation	Operational considerations for managing COVID-19 cases/ outbreak in aviation
19 March	Seventh EIS Posting *Large-size files uploaded in separate announcements for each region*	89 States Parties implementing additional health measures under Article 43 (38 additional reports since last posting)
19 March	Management of ill travelers at POE – *Update from 22 Feb guide*	Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID-19 outbreak
19 March	Generic Risk Assessment and Mitigation Checklist and WHO interim guidance on how to use risk assessment and mitigation checklist	
22 March	Managing ill travelers at POE	Training on Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID-19 outbreak
25 March	Managing COVID-19 on board ships *Update from 1 March guide*	Operational considerations for managing COVID-19 cases/outbreak onboard ships
25 March	Handbook for ground /cross border collaboration	Handbook for public health capacity-building at ground crossings and cross-border collaboration
26 March	Eighth EIS posting	136 States Parties implementing additional health measures under Article 43 (47 additional reports since last posting)
27 March	Situation report 67	Subject in focus travel and trade –updated information on travel measures reported by countries
31 March	Managing COVID-19 cases/outbreak on board ships	Training on operational considerations for managing COVID-19 cases/outbreak onboard ships

1 April	Decision tree flow chart for mass gatherings in context of COVID-19	
2 April	Ninth EIS posting	158 States Parties implementing additional health measures under Article 43 (22 additional reports since last posting)
7 April	Recommendations for religious leaders and faith-based communities Religious Risk Assessment Decision tree	Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19
11 April	Tenth EIS posting	167 States Parties implementing additional health measures under Article 43 (9 additional reports since last posting)
14 April	FAQs on Mass Gatherings and COVID-19, including Sporting Events FAQs *Updated from 11 March*	
15 April	Key considerations for sport Sporting Risk Assessment	Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19
16 April	WHO Interim Guidance on Considerations in adjusting public health and social measures	One of the six key considerations relates to the risk of exporting and importing cases from communities with high risks of transmission, through an analysis of the: - likely origin and routes of importations - the epidemiological situation of areas of origin and destination, and measures in place to rapidly detect and manage suspected cases among travellers both at departure and at destination, including exit and entry screening and capacities for isolation of sick travellers, as well as capacity to quarantine individuals arriving from areas with community transmission. It is also important to consider, through multisectoral engagements, measures that can be taken at airports or points of entry to diminish the risk for travellers, such as passenger and facility management, and airside operations and safety.
16 April	Ramadan guidelines	Safe Ramadan practices in the context of the COVID-19- Interim guidance • **Cancelling social and religious gatherings should be seriously considered** • **If after risk assessment, decision is to proceed, implement measures to mitigate the risk of COVID-19 transmission: physical distance, communication on healthy behaviors, etc.**
16 April	Operational considerations for managing COVID-19	Training on operational considerations for managing COVID-19 cases/ outbreak in aviation

	cases/ outbreak in aviation	
17 April	Eleventh EIS posting	183 States Parties implementing additional health measures under Article 43 (16 additional reports since last posting)
17 April	Situation report	Subject in focus travel and trade –updated information on travel measures reported by countries
24 April	Twelve EIS posting	186 States Parties implementing additional health measures under Article 43 (3 additional reports since last posting)

Annex 2: WHO Guidance on travel-related issues – travel advice, repatriation, management of COVID in aviation, and maritime sectors

Portal for travel advice
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/travel-advice

WHO site on travel and tourism sector
https://www.who.int/teams/risk-communication/travel-and-tourism-sector

Travel advice	**Published date**	**Updated date**
WHO advice for international travel and trade in relation to the outbreak of pneumonia caused by a new coronavirus in China	10 January 2020	
Updated WHO advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV		24 January 2020
Updated WHO advice for international traffic in relation to the outbreak of the novel coronavirus 2019-nCoV		27 January 2020
Updated WHO recommendations for international traffic in relation to COVID-19 outbreak		29 February 2020
Key considerations for repatriation and quarantine of travellers in relation to the outbreak of novel coronavirus 2019-nCoV	11 February 2020	

Portal for points of entry and mass gatherings
https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/points-of-entry-and-mass-gatherings

Point of Entry guidance documents		
Management of ill travellers at points of entry – international airports, ports and ground crossings	16 Feb 2020	
Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID-19 outbreak		19 Mar 2020
Operational considerations for managing COVID-19 cases/outbreak on board ships- Interim guidance	24 February 2020	

Operational considerations for managing COVID-19 cases/outbreak on board ships		25 March 2020
Operational considerations for managing COVID-19 cases/ outbreak in aviation	18 March 2020	
Handbook for public health capacity-building at ground crossings and cross-border collaboration	25 March 2020	
Online interactive training courses on point of entry		
Management of ill travellers at Points of Entry – international airports, seaports and ground crossings – in the context of COVID-19 outbreak	22 March 2020	
Operational considerations for managing COVID-19 cases/outbreak on board ships	31 March 2020	
Operational considerations for managing COVID-19 cases/ outbreak in aviation	16 April 2020	
Mass gatherings guidance documents and tools		
Key planning recommendations for Mass Gatherings during COVID-19-	14 February 2020 (missing link to first document)	19 March 2020
FAQs on Mass Gatherings and COVID-19 including Sporting Events FAQs	11 March 2020 (missing link to first FAQ)	14 April 2020
WHO interim guidance on how to use risk assessment and mitigation checklist and Generic Risk Assessment and Mitigation Checklist	19 March 2020	
Operational considerations for COVID-19 management in the accommodation sector	31 March 2020	
Decision tree flow chart for mass gatherings in context of COVID-19	1st April 2020	
Practical considerations and recommendations for religious leaders and faith-based communities in the context of COVID-19 a. Recommendations b. Religious Risk Assessment c. Decision tree	7 April 2020	
Considerations for sports federations/sports event organizers when planning mass gatherings in the context of COVID-19 a. Key considerations b. Sporting Risk Assessment	15 April 2020	
Ramadan guidelines	16 April 2020	
Joint statements/technical guidance with other travel and trade organizations		
Joint ICAO-WHO Statement on COVID-19	11 March 2020	

Joint Statement IMO-WHO on the response to COVID-19 (21 February)	21 February 2020	
Joint statement on tourism and COVID-19	27 February 2020	
https://www.who.int/news-room/detail/16-03-2020-icc-who-joint-statement-an-unprecedented-private-sector-call-to-action-to-tackle-covid-19	16 March 2020	
Joint statement FAO, WHO and WTO	30 March 2020	
Joint press release OHCHR-IOM-UNHCR-WHO	31 March 2020	
Other useful guidance documents related to social measures		
Critical preparedness, readiness and response actions for COVID-19	19 March 2020	
WHO Interim Guidance on Considerations in adjusting public health and social measures	16 April 2020	
"Immunity passports" in the context of COVID-19	24 April 2020	