April 24, 2020

President Donald Trump
The White House
1600 Pennsylvania Avenue NW
Washington, D.C. 20500

Dear President Trump:

During this unprecedented global crisis, it is imperative for the U.S. to demonstrate leadership by working with the global community not only to stop the spread of COVID-19, but also to help strengthen the global public health architecture to mitigate a crisis of this magnitude from happening again. Therefore, we, the undersigned organizations, urge the U.S. Administration to continue to fund the World Health Organization (WHO) to end this pandemic.

The United States cannot rid this insidious virus from the country, nor around the world, without WHO.

WHO is the only organization with the technical capacity and global mandate to support the public health response of all countries during this critical time. China first alerted WHO to the possibility of a novel type of coronavirus on December 31, 2019. WHO worked closely with U.S. public health institutions like the U.S. Centers for Disease Control and Prevention (CDC) and the National Institutes of Health (NIH), as well as the global community, to collect, analyze, and disseminate public health information about COVID-19.

These actions equipped countries with advance warning and guided states’ efforts to prepare for the spread of the virus. Just one day after receiving the alert from China, WHO alerted the CDC and by January 10, WHO issued guidance to countries on how to detect, test, and manage potential cases of the novel virus, and best practices to protect health workers delivering care on the frontlines of the response.

As the threat became more understood, WHO continued to engage with the Chinese government to ensure vital public health data from the Wuhan epicenter was conveyed to the global community at rapid pace – unlike during the 2002-2004 SARS epidemic. Through this engagement, China shared genetic sequencing of the novel virus, accelerating the development of vaccine candidates and therapeutics. While their transparency in many areas was still lacking, this paved the way for a WHO technical team to visit Wuhan in late January and again in February to study the disease, gaining knowledge that informed containment and response measures now being implemented by member states globally. The February visit also included scientists from NIH and CDC.

Led by WHO, work began immediately to design a global Research & Development Blueprint. Hundreds of researchers from dozens of countries participated; paving the way for more than 78 vaccine candidates being worked on in dozens of countries, with five in clinical trials. This pace is both essential and unprecedented and would not have been possible without rapid WHO engagement.
At the same time, WHO began essential, rapid work – often done collaboratively with CDC technical experts – to design more than 50 pieces of technical guidance to help countries and communities prepare. These resources have been used by hospitals and frontline staff throughout various cities and states in the United States, as well as all over the world.

Given the lack of scientifically proven and effective treatments, by March 18, WHO launched a study called the “Solidarity Trial” to compare the effectiveness of four potential treatments for COVID-19 against one another. Over 90 countries are now participating in this trial.

During an unprecedented and hugely complex public health crisis like this, there are bound to be challenges. After WHO and the global community turn the tide against COVID-19, WHO has signaled an eagerness to assess where mistakes occurred and how best to strengthen the institution and global public health response capacities of all countries in the future.

It is without question, however, that WHO efforts have been vital to flattening the curve, slowing the virus’ spread, and ultimately saving lives in the U.S. and around the world.

As the virus continues to spread into poorer countries ill equipped to combat the disease, WHO’s role will become even more vital as it supports fragile health systems already struggling to provide basic health interventions to vulnerable populations. In this capacity, WHO’s interventions will not only save lives but also ensure economic stability as the world recovers from this devastating disease.

With a COVID-19 vaccine still at least 12-18 months away, all countries must strengthen efforts to stop the spread of the virus, save lives, and restart the global economy. At a time of the worst public health disaster in the last 100 years, suspending funding to WHO would be like cutting the water supply to a firefighter in the middle of a fire. More than 1,000 organizations and individuals are joining to express their support. We believe it is critical to continue to support WHO’s work, especially as they partner closely with leading U.S. agencies like CDC, NIH, USAID and the Department of State, to keep people safe around the world and here at home.

Sincerely,

1,000 Days
Access Challenge
Action Against Hunger
Action on Smoking and Health
Advancing Synergy
Advocates for Youth
Alliance for Surgery and Anesthesia Presence (ASAP)
America’s Voice
American Academy of Pediatrics

American College of Nurse-Midwives
American College of Obstetricians and Gynecologists
American Jewish World Service
AMERICAN LEPROSY MISSIONS
American Public Health Association
American Society for Clinical Pathology
American Society of Tropical Medicine and Hygiene
Amref Health Africa
Medical IMPACT, Mexico
London School of Hygiene and Tropical Medicine, United Kingdom
Oxford University Clinical Research Unit-Nepal, Nepal
Institute of Research and Actions in Africa, Cote d’Ivoire
Grandmother Project - Change through Culture, Senegal
Action for Global Health Network, United Kingdom,
Policy Cures Research, Australia,
International Society for Infectious Diseases, South Africa
Health Poverty Action, United Kingdom
International Union of Basic and Clinical Pharmacology (IUPHAR), Switzerland
Primary Trauma Care Foundation, United Kingdom
TINADA YOUTH ORGANIZATION (TiYO), Kenya
Centre for Human Rights & Governance, Democratic Republic of the Congo
Local Initiatives Development Agency (LIDA), Kenya
Rural Infrastructure and Human Resource Development Organization (RIHRDO), Pakistan
Carbone Guinee, Guinea
Women Volunteers for Peace, Kenya
Zero Poor Africa (ZPA), Guinea
Centre for Family Health Initiative (CFHI), Nigeria
Lake Region Public Benefit Organizations Network (LPN), Kenya
YOUTH INITIATIVE FOR THE PROMOTION OF GOOD LEADERSHIP IN NIGERIA, Nigeria
Youth and Environment Vision, Tanzania
Emonyo Yefwe International, Kenya
MeTA Kenya CSOs Alliance for SRHR, Kenya
Public Health International Consulting Center (PHICC), Cameroon
Nigeria Universal Health Coverage Actions Network (NUHCAN), Nigeria
Association for Promotion Sustainable Development, India
ASSOCIATION D’ASSISTANCE AU DÉVELOPPEMENT (ASAD), Cameroon
Rwenzori Center for Research and Advocacy, Uganda
International Planned Parenthood Federation, United Kingdom
ENHANCE CHILDREN AND WOMEN OF TANZANIA, Tanzania
Advocacy Network Africa (AdNetA), Kenya
Meera Foundation, India
Community Initiative Action Group Kenya (CIAG-K), Kenya
Golden change for concerned youth forum, Nigeria
ASPAT PERU, Peru
Civil Society Support and Support Network for Vaccination and strengthening of the health system in Mauritania "Vacnet-Mauritanie", Mauritania
MUMBO INTERNATIONAL, Kenya
The LAC Key Correspondent Team, Argentina
The Hospital for Sick Children, Canada
World Merit Burundi, Burundi
Aidsfonds, Netherlands
Imani House, Inc., Liberia
Nigerian Women Agro Allied Farmers Association, Nigeria
Fundacion Octaedro, Ecuador
Albino Trust of Zimbabwe, Zimbabwe
Fundacion Huesped, Argentina
Human rights n Health Institute, Peru
People’s Health Movement Tanzania, Tanzania
Strategic Poverty Alleviation Systems—SPAS, Kenya
ASPAT International, Peru
The George Institute for Global Health, United Kingdom,
The Fred Hollows Foundation, Australia
Asia Pacific Network of People Living with HIV (APN+), Thailand
MEDIBETH GLOBAL HEALTH CENTRE, OSOGBO, Nigeria
Sukaar Welfare Organization-Pakistan, Pakistan
EANNASO, Tanzania
Connected Advocacy for Empowerment and Youth Development Initiative, Nigeria
IMRO, Rwanda
Youth Nexus, Bangladesh, USA
Uhuru Community Development Project (UCDP), Kenya
Uganda NCD Alliance, Uganda
Shanduko Yeupenyu Child Care, Zimbabwe
Blood Patients protection Council, India
World Action Fund, Uganda
SCI Foundation, United Kingdom, Organisation pour Développement Inclusif au Niger (ODI NIGER), Niger
Institute for Tropical Medicine, Belgium
VIKASH-SAMUKHYA, India
Interagency Coalition on AIDS and Development (ICAD), Canada
Integrated Management for Health services, Rwanda
NGO- Ayandeh Sazan Fardaaye javanaan, Iran
African Centre for Global Health & Social Transformation (ACHEST), Uganda
Bimmed Medical Foundation Inc., Nigeria
Friends of the Global Fund Europe, France
Medical IMPACT, Mexico
Nigerian Women Agro Allied Farmers Association, Nigeria
Bestway Initiative for Health, Education and Self-sufficiency, Nigeria
Foundation for African Research and Development (FARD), Ghana
Bezev, Germany
NCD Child, Canada
RESULTS UK, United Kingdom
World Vision India
Our Lady of Charity of the Good Shepherd Sisters, Canada
Union des Amis Socio Culturels d’Action en Development (UNASCAD), Haiti
TB Europe Coalition, Netherlands
SAVATHA FOUNDATION GOOD NEWS CHARITABLE TRUSTS, India
Newlands west Baptist Church, South Africa
CHEN - patient fertility association, Israel
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