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"Rummaging in the government's attic"

Description of document: Centers for Disease Control and Prevention (CDC) Records at the Center for Global Health discussing the withdrawal of the US from the World Health Organization (WHO), during July-August 2020

Requested date: 17-August-2023

Interim Release date: 13-November-2023

Final Release date: 19-December-2023

Posted date: 18-August-2024

Source of document: FOIA Request
CDC
FOIA Officer, MS-D54
1600 Clifton Road, N.E.
Atlanta, GA 30333
Email: FOIARequests@cdc.gov
[CDC FOIA web page \(PAL\)](#)
[FOIA.gov](#)

Note: Records released 19-December-2023 begin on PDF page 430

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November 13, 2023

Via email

This letter is regarding your attached Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of August 17, 2023, assigned #23-01650-FOIA.

This is an interim release in response to attached original your Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of July 17, 2023, assigned 23-01650-FOIA.

This interim release consists of 425 pages of responsive records (395 pages released in full or part; 30 pages withheld in full).

After a careful review of these pages, some information was withheld from release pursuant to 5 U.S.C. §552 Exemptions 4, 5 and 6. The foreseeable harm standard was considered when applying these redactions.

Exemption 4 protects trade secrets and commercial or financial information obtained from a person that is privileged or confidential. We have determined that the information withheld is customarily and actually kept private and confidential by the submitter of the information.

Exemption 5 protects inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency. Exemption 5 therefore incorporates the privileges that protect materials from discovery in litigation, including the deliberative process, attorney work-product, and attorney-client privileges. Information withheld under this exemption was protected under the deliberative process privilege. The deliberative process privilege protects the decision-making process of government agencies. The deliberative process privilege protects materials that are both predecisional and deliberative. The materials that have been withheld under the deliberative process privilege of Exemption 5 are both predecisional and deliberative, and do not contain or represent formal or informal agency policies or decisions. Examples of information withheld include drafts.

Exemption 6 protects information in personnel and medical files and similar files when disclosure would constitute a clearly unwarranted invasion of personal privacy. The information that has been withheld under Exemption 6 consists of personal information, such as leave information, personal emails, personal addresses and telephone numbers. We have determined that the individual(s) to whom this information pertains has a substantial privacy interest in withholding it.

We also located an additional pages of records belonging to: the U.S. Department of Health and Human Services (387 pages); and the State Department (260 pages). In accordance with the Department of

Health and Human Services' implementing regulations, CDC does not make decisions on the release or denial of other agencies' documents. We have referred these records along with your request the following respective addresses:

Department of Health and Human Services (HHS) Office of the Secretary (OS)
Freedom of Information Act Office
Hubert H. Humphrey Building, Room 729H
200 Independence Avenue, SW
Washington, D.C. 20201
Submit FOIA requests to: <https://requests.publiclink.hhs.gov/App/Index.aspx>
Send general questions and referrals/consultations to: FOIARequest@hhs.gov
Phone: 202-690-7453
Fax: 202-690-8320
FOIA Officer: Arianne Perkins
FOIA Public Liaison: Beth Kramer; email: HHS_FOIA_Public_Liaison@hhs.gov
E-mail: foia@hq.dhs.gov

U. S. Department of State Office of Information Programs and Services
A/GIS/IPS/RL
2201 C Street N.W., Suite B266
Washington, D.C. 20520-0000
(202) 261-8484.
Kellie Robinson, Public Liaison
FOIAReferrals@state.gov

All records responsive to your request have been processed, but we are waiting on a consultation on an additional 5 pages from other government entities. Consultation times are delayed, and it may take several additional months to receive their responses.

We are therefore asking that you choose an option below that works best for you:

- Option 1: If this interim response meets your informational needs, no response is necessary. We will assume you are no longer interested and will close your request if we have not received a response from you by August 23, 2023
- Option 2: If you are interested in receiving all responsive documents currently pending consultation, please let us know. Your FOIA request will be closed, but we will still send out a supplemental release of the consultation records.

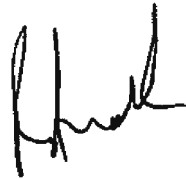
Please direct your response and any questions regarding your request to Mark Harper at wzj6@cdc.gov or by phone at 770-488-8154.

You may also contact our FOIA Public Liaison at 770-488-6246 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with this interim response to this request, you may administratively appeal to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, via the online portal at <https://requests.publiclink.hhs.gov/App/Index.aspx> .

Your appeal must be electronically transmitted by February 11, 2024.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Andoh', is positioned above the typed name.

Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
(770) 488-6399 main
foiarequests@cdc.gov main
Fax: (404) 235-1852

23-01650-FOIA

From: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 19 Aug 2020 15:01:10 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Cc: Bartee, Maureen S. (CDC/DDPHSIS/CGH/OD); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: Readout of this morning's orientation to RDs
Attachments: Regional Directors_DGHT_DPDM_GID.pptx

Hi Rebecca and all,

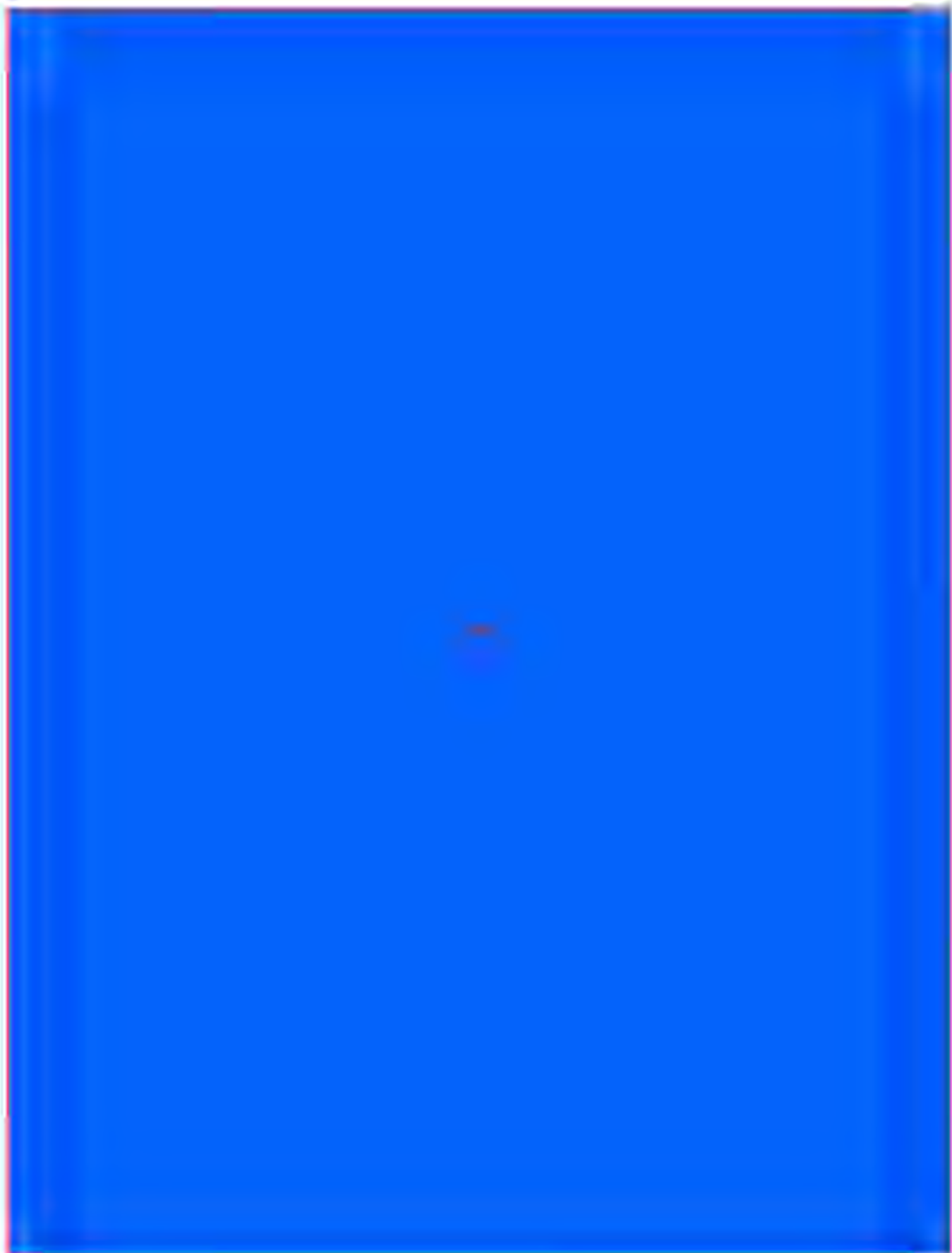
DGHT, DPDM, and GID had their orientation with the regional directors this morning and it went pretty well. I believe Heather and Juliette were PCSing as we spoke so I don't think either one was able to join at any point, but the others plus Mitch and GHCU were on the line. Surbhi Modi and Susan Maloney spoke for DGHT, Barb Marston spoke for DPDM, and Will Schluter spoke for GID. I've attached the slideset used for reference.

Each division took a different approach but within their remarks also covered some common themes:

- Operational models and how they relate to or could interface with the regional platforms
 - DGHT emphasized their expansive footprint, reliance on LE staff, presence of TB advisors
 - DPDM highlighted the role of headquarters-based support while noting Ras
 - GID mentioned detailees but also growing number of staff assigned to country offices
 - GID also highlighted CDC staff assigned to regional advisory groups as a resource
- Ways in which their work builds crosscutting capacity
 - DGHT noted the many innovations/contributions of PEPFAR and TB towards COVID-19 response
 - DPDM highlighted the integrated serosurveillance and linking with PHIA's
 - GID mentioned a longer-term vision of building lab/surveillance capacity in NPHIs to support VPD work (in Q&A)

There wasn't a ton of time for discussion, but here are my notes:





(b)(5)

Thanks,
Michael

Michael Bartenfeld

vdv4@cdc.gov

Cell: 470-217-1313

Division of Global HIV & TB

Surbhi Modi, MD, MPH
Acting Principal Deputy Director, DGHT

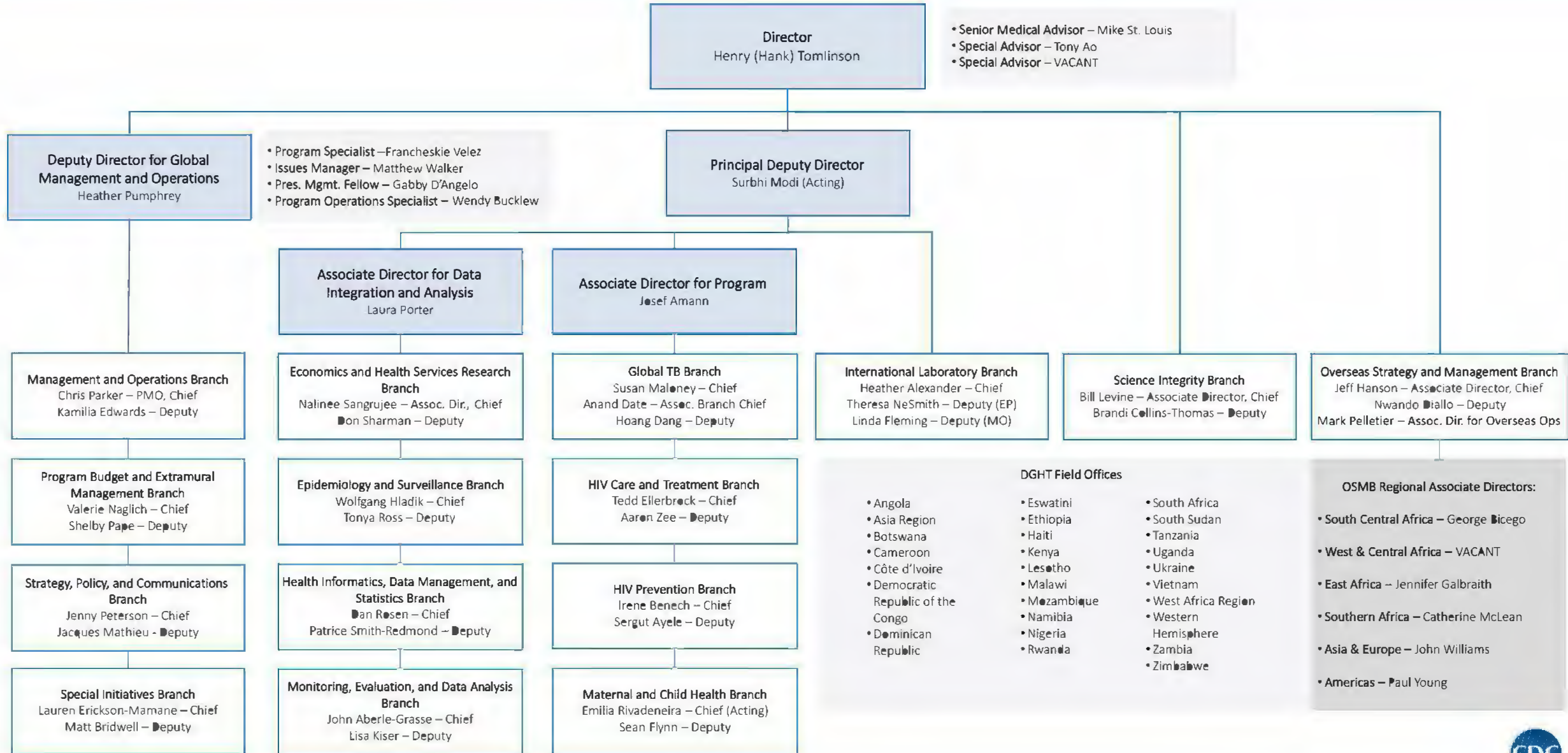
CDC Regional Directors Orientation
August 19, 2020





Who We Are
What We Do
Where We Work

Division of Global HIV and TB (DGHT)



PEPFAR Agencies



Office of the Global AIDS Coordinator
(OGAC)



Agency	FY20 Total Approved Amount	% of Total	FY21 Total Approved Amount	% of Total
DOD	129,514,041	2.8%	151,973,266	3.2%
HHS/CDC	1,998,281,290	42.5%	2,017,556,345	41.9%
HHS/HRSA	20,937,152	0.5%	35,493,160	0.7%
HHS/SAMHSA	1,273,462	0.03%		
PC	26,084,241	0.6%	29,287,670	0.6%
State	33,022,414	0.7%	68,105,094	1.4%
USAID	2,493,670,243	53.0%	2,517,373,384	52.2%
Grand Total	4,702,782,843		4,819,788,919	

PEPFAR Programmatic Fundamentals

PEPFAR 1.0

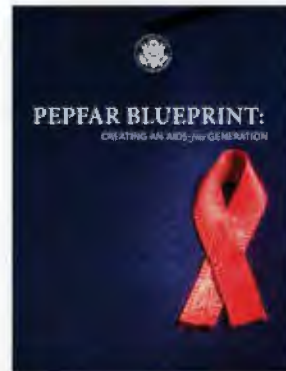
(2003-2007)

- President George W. Bush's initiative
- Congress bi-partisan support
- Emergency response
- **2/7/10 goal:**
 - Initiate 2 million on ART
 - Prevent 7 million new infections
 - Provide support care for 10 million people

PEPFAR 2.0

(2008-2014)

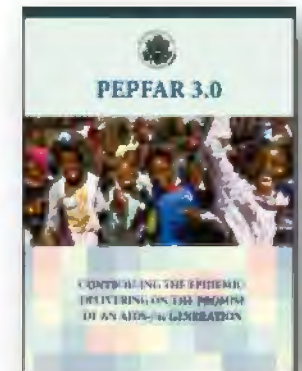
- Shift from emergency to sustainability
- Shared responsibility and country-driven programs
- Scaling up ART, PMTCT, PrEP, Treatment as Prevention



PEPFAR 3.0

(2014-Present)

- Right things, right place, right time, right way
- *...pivoting on a data-driven approach that strategically targets geographic areas and populations where we can achieve the most impact...*
- Guiding principles:
 - Sustainability & shared responsibility
 - Quality, oversight, transparency, and accountability
 - Accelerating core interventions for epidemic control



PEPFAR Epidemic Control Strategy (2017-2020)

- Achieve control of the HIV epidemic in high-burdened countries by the end of 2020
 - Focus on 13 priority high-burdened countries
 - Ongoing commitment in over 50 countries
- Increase global targets to 95-95-95
 - 95% of people living with HIV know their status
 - 95% of people who know their status are accessing treatment
 - 95% of people on treatment have suppressed viral loads
- Continue aggressive focus, quarterly analysis, and partner alignment for maximum impact



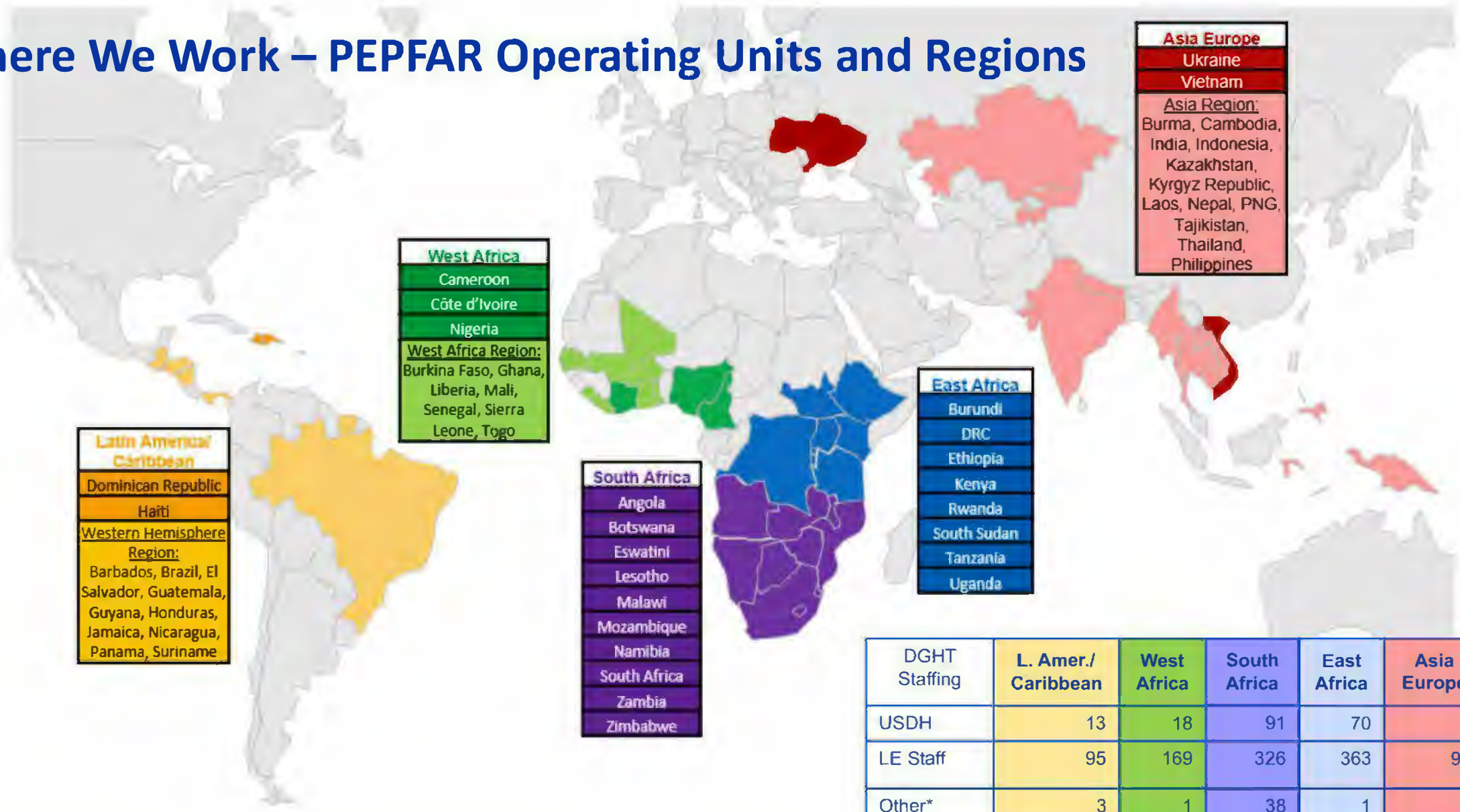
PEPFAR

U.S. President's Emergency Plan for AIDS Relief

Strategy for Accelerating HIV/AIDS
Epidemic Control (2017-2020)



Where We Work – PEPFAR Operating Units and Regions



DGHT Staffing	L. Amer./ Caribbean	West Africa	South Africa	East Africa	Asia Europe	Total
USDH	13	18	91	70	9	201
LE Staff	95	169	326	363	91	1,044
Other*	3	1	38	1	0	43
Total	111	188	455	434	100	1,288

*Other = Contractor/EFM/Fellow

DGHT At-a-Glance

DGHT works in over 45 countries



Scientific and technical expertise

- Support to >2200 laboratories
- Infectious disease clinical expertise
- Prevention sciences



Technical know-how to build sustainable HIV and TB programs and public health systems



500+ HQ positions 1,200+ field staff

- 200+ direct hires
- 1,000+ locally employed staff



\$2B annual budget

- ~\$1.6B for extramural portfolio



Strong and trusted relationships with host governments and international multilateral organizations



Strategic use of surveillance and program data to increase impact and cost effectiveness



Results and Impact

DGHT's Program Results



Antiretroviral Treatment for Men, Women, and Children**



Voluntary Medical Male Circumcisions (VMMC)****



People Who Received a Positive HIV Test Result***



HIV-Positive Persons Screened in Care for Tuberculosis***



Antiretroviral Treatment to Prevent Mother-to-child Transmission**

% CDC	59%	50%	57%	58%	59%
CDC	9.2 million	11.5 million	1.7 million	6.8 million	482,000
TOTAL*	15.7 million	22.9 million	3 million	11.7 million	818,000

*Includes other agencies (USAID, DOD, Peace Corps, HRSA)

Source: PEPFAR Panorama; Data as of Sept 30, 2019

PHIA: Population-based HIV Impact Assessments



PHIA 1.0 surveys:

Malawi, Zimbabwe, Zambia, Swaziland, Lesotho, Uganda, Tanzania, Namibia, Cameroon, Cote d'Ivoire, Ethiopia, Kenya, Rwanda, Haiti

Non-PHIA surveys:

- *South Africa (HSRC)
- *Nigeria (University of Maryland Baltimore)¹
- *Botswana (Government of Botswana)²

¹Nigeria survey was CDC-funded, implemented using PHIA design and methods

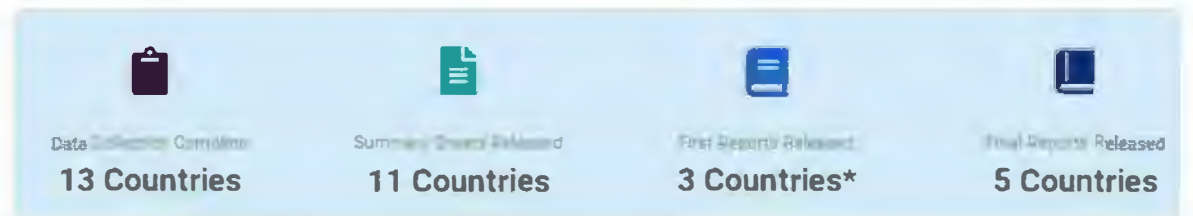
²Agreement between PEPFAR and GOB currently being finalized for PEPFAR-funded CDC-supported HIV-only survey in 2020

PHIA 2.0 surveys:

2019: Zimbabwe, Lesotho

2020: Malawi, Uganda, Zambia³, Eswatini, Mozambique

³Implemented by UMB; All others by ICAP



PHIA Reports and Results

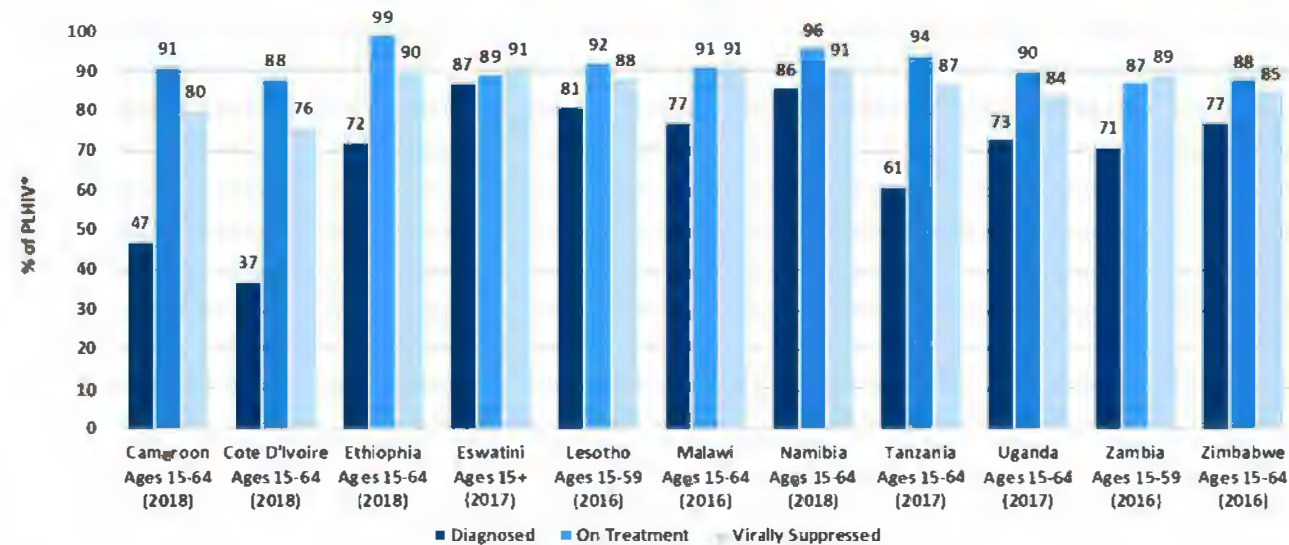
First and Final Reports



Summary Sheets



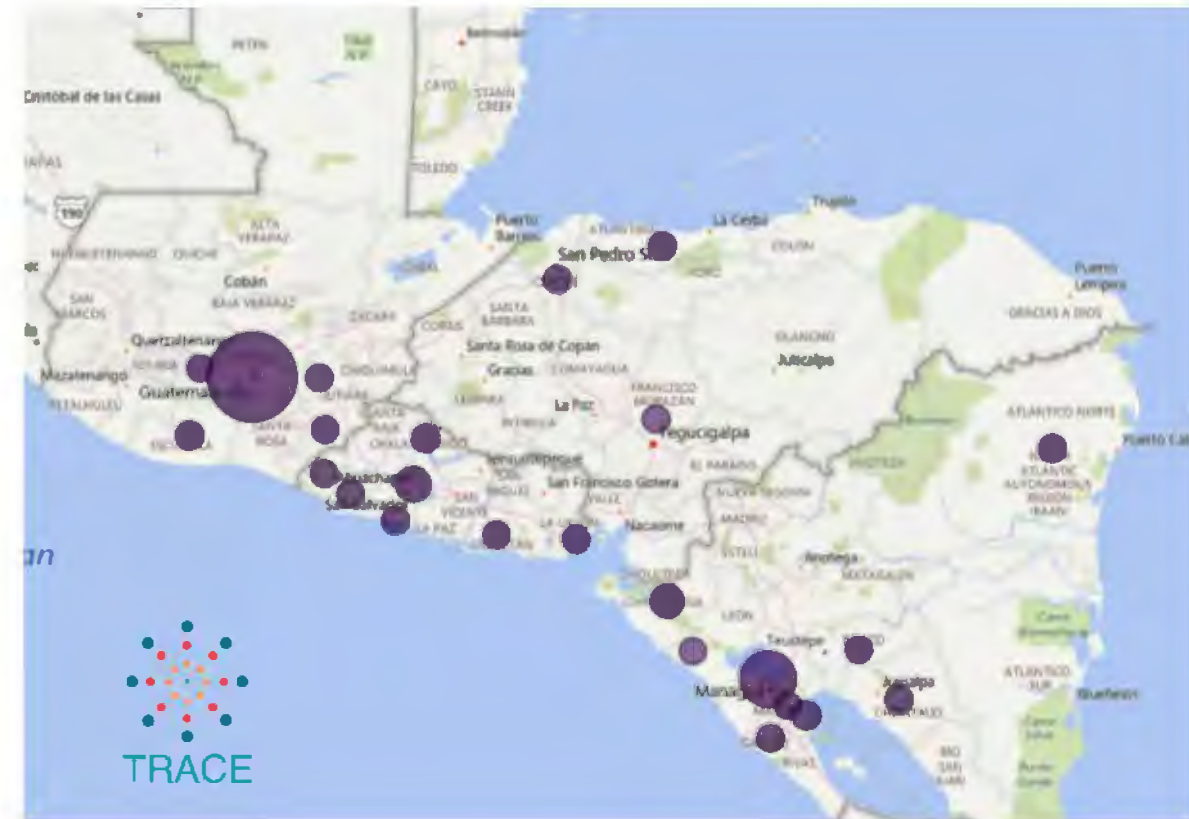
Progress Towards UNAIDS Global 90-90-90 Targets among PEPFAR Countries, 2016-2018



TRACE: Tracking with Recency Assays to Control the Epidemic

- Recent HIV infection surveillance
 - 12 PEPFAR countries + Central America Region
 - Establish an alert system for recent infections to describe person, place, and time
 - Investigate potential clusters of transmission to determine if there is an epidemiological link and intervene
 - Finer sex/age disaggregation provides signals for further investigation

Confirmed recent HIV infection cases in Central America, October 2017-October 2018





COVID-19 and Global HIV & TB

Estimates of Impact on COVID-19 on Global HIV & TB

- Modeled estimates from UNAIDS and WHO estimate that a 6-month disruption of ART could lead to 500,000 excess deaths from AIDS-related illnesses, including TB, in sub-Saharan Africa in 2020–2021.
 - Disruptions in HIV testing and treatment for mothers and children could also result in increases in new child HIV infections, ranging from 37% in Mozambique up to 104% in Uganda.
- According to modeling done by Stop TB Partnership, the COVID-19 pandemic could result in an additional 6.3 million TB cases and 1.4 million TB deaths by 2025.
 - A 25% global reduction in TB detection over the course of 3 months could lead to a 13% increase in TB deaths, setting TB mortality levels back to what they were over 5 years ago

1. Halpin D, et al. Do chronic respiratory diseases or their treatment affect the risk of SARS-CoV-2 infection? *The Lancet Respiratory Medicine*; Volume 8, ISSUE 5, P436-438, 2020-438, MAY 01, 2020
2. World Health Organization. WHO Information Note: Tuberculosis and COVID-19. 12 May 2020. <https://www.who.int/docs/default-source/documents/tuberculosis/infonote-tb-covid-19.pdf>
3. Davies, Mary-Ann, on Behalf of Western Cape Department of Health. "Western Cape: COVID-19 and HIV/Tuberculosis. What predisposes to poor COVID-19 outcomes in South Africa". Virtual and slide presentation to Western Cape Government, June 9, 2020.
4. Jewell B, Mudimu E, Stover J, et al for the HIV Modelling consortium, Potential effects of disruption to HIV programmes in sub-Saharan Africa caused by COVID-19: results from multiple models. Pre-print, <https://doi.org/10.6084/m9.figshare.12279914.v1>, <https://doi.org/10.6084/m9.figshare.12279932.v1>.
5. Alexandra B. Hogan, Britta Jewell, Ellie Sherrard-Smith et al. The potential impact of the COVID-19 epidemic on HIV, TB and malaria in low- and middle-income countries. Imperial College London (01-05-2020). doi: <https://doi.org/10.25561/78670>

Maintaining Essential Services for HIV and TB

Challenges

- Access to services disrupted
- Disruptions in TB & HIV case identification, prevention and treatment
- Safety of staff, care provider, and patients compromised
- Supply chain delays
- Host country government and CDC staff attention shifted to COVID-19

Solutions

- PEPFAR COVID-19 technical guidance released weekly
- Differentiated service delivery and multi-month dispensing
- Community-based testing and delivery of PrEP, TPT, ART
- Virtual TDYs and site visits
- PPE and IPC training
- Enhanced tracking and oversight for supply of essential commodities

DGHT's Integral Role in Ending the Global TB Epidemic

Susan A. Maloney
Branch Chief, Global TB Branch
Division of Global HIV & TB
Center for Global Health, U.S. Centers for Disease Control and Prevention



Tuberculosis is the world's top infectious disease killer,

**CLAIMING
1.5 MILLION
LIVES EACH YEAR**

1.7 BILLION

people are infected with latent TB
(23% of the world's population)

10 MILLION

people become ill with the disease each year
1,100,00 million are children

251,000 deaths

from TB among HIV-positive people;
leading cause of death for PLHIV

484,000 new cases

of MDR/RR-TB in 2018; accounts for
nearly **30%** of projected AMR disease
and death

WHAT IS DRIVING THE CONTINUED SPREAD OF TB?



**Missed
TB**

More than 30%
of all TB cases go
undetected,
unreported, or
not linked to care



**Weak Health Care
Systems**

Patients are not being
diagnosed and treated
effectively, leading to
continued transmission
and growing threat of
drug resistance



**TB/HIV
Co-Infection**

TB is a top killer of
people living with HIV,
whose weakened
immune systems make
them more susceptible
to becoming ill with TB

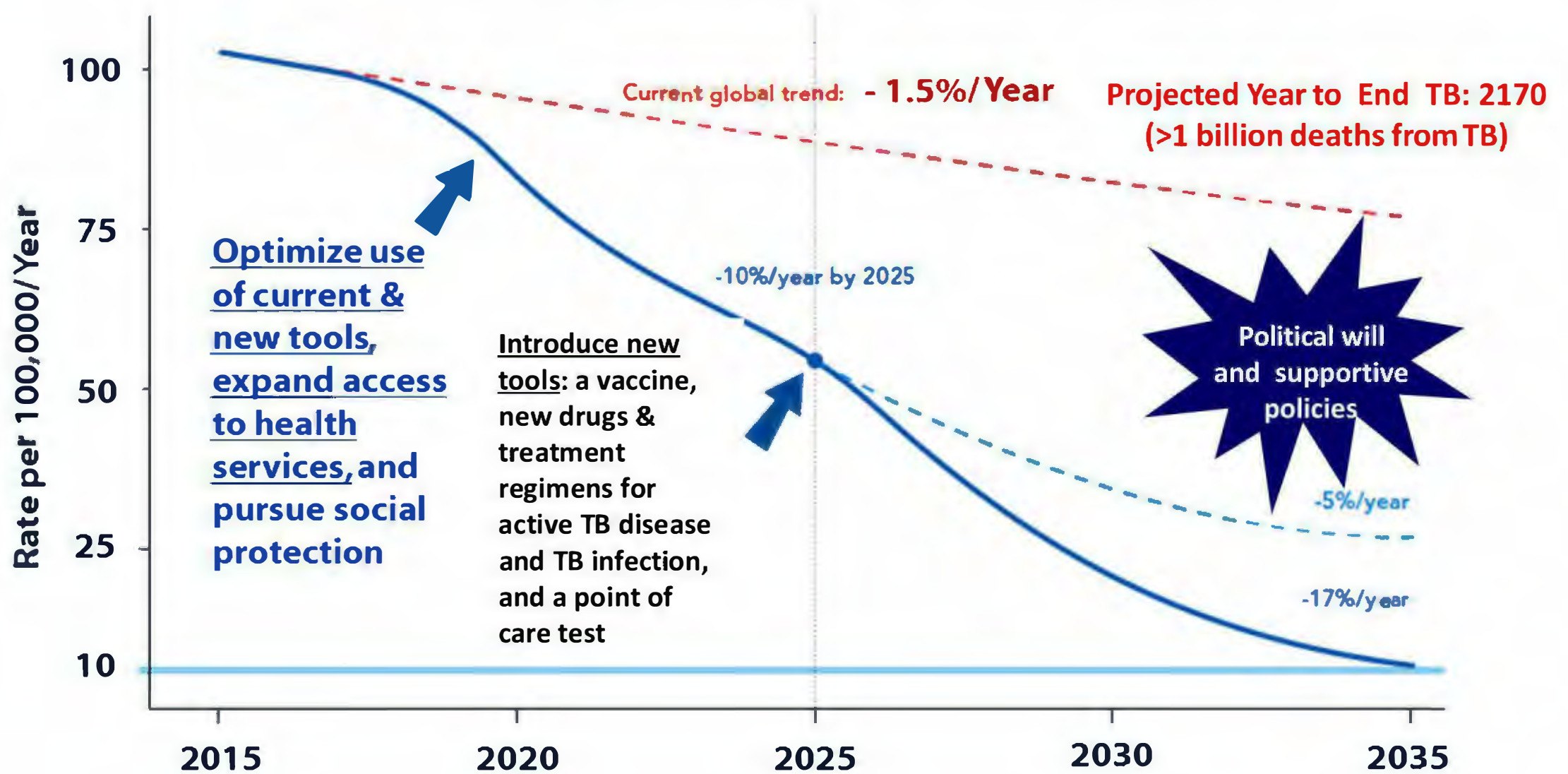


Drug Resistant TB

TB has grown resistant
to available drugs.
DR-TB is deadlier,
costlier, and harder to
treat. It's now found in
every country.

WHO End TB Strategy

Accelerate Impact to EndTB & MDRTB by 2035



Rate per 100,000/Year

100
75
50
25
10

2015 2020 2025 2030 2035

Optimize use of current & new tools, expand access to health services, and pursue social protection

Introduce new tools: a vaccine, new drugs & treatment regimens for active TB disease and TB infection, and a point of care test

Current global trend: -1.5%/Year

Projected Year to End TB: 2170 (>1 billion deaths from TB)

-10%/year by 2025

Political will and supportive policies

-5%/year

-17%/year



UNITED NATIONS
HIGH-LEVEL MEETING ON THE
FIGHT TO END TUBERCULOSIS
26 SEPTEMBER 2018, UNHQ, NEW YORK

Political leadership, collaboration and multi-sectoral accountability key requirements

Reaffirmed the 2030 agenda for Sustainable Development

- Goal 3: Ensure healthy lives & promote well being

People on treatment (2018-2022)

- TB: 40 million
- Children with TB: 3.5 million
- MDR-TB: 1.5 million
- Children with MDR-TB: 115,000
- TB Preventive treatment: > 30 M: 6 million PLHIV, 4 million children, 20 million household contacts

Resources (2018-2022)

- 13 billion USD avg. per year for implementation
- 2 billion USD per year for research

2018 UNGA TB UNHLM Bold Targets for 2022

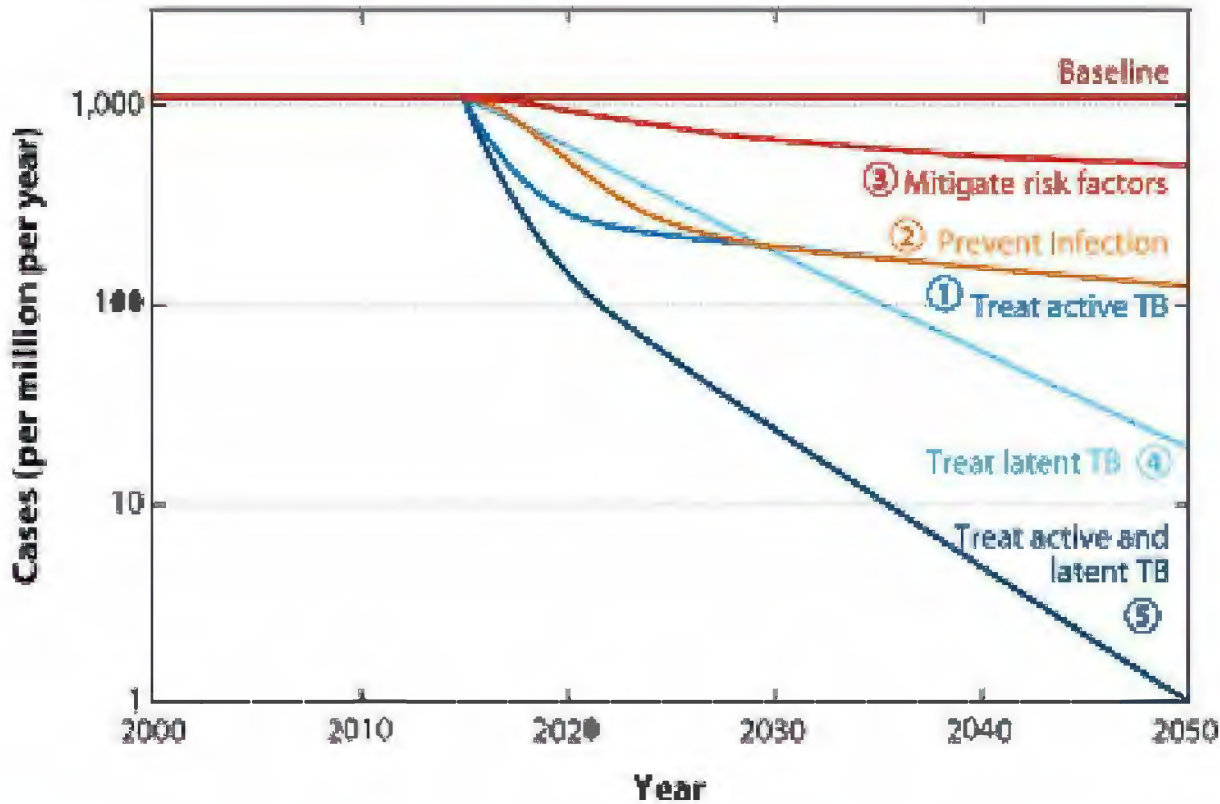


The screenshot shows the 'Key Targets & Commitments' page of the UNHLM on TB website. It features the 'END TB' logo and the text: 'MULTISECTORAL ACCOUNTABILITY FRAMEWORK TO ACCELERATE PROGRESS TO END TUBERCULOSIS BY 2030'. Below this, there is a section for 'COUNTRY TARGETS' and a table with columns for 'Country', 'Target', and 'Commitment'. The World Health Organization logo is visible at the bottom left of the page.



Innovations to End TB in Our Lifetime

Tackling TB on Every Front



Prevent Infection:

- Breaking the cycle of transmission is essential to protect our health workforce and reduce new infections and cases

Find and Cure Active TB:

- 40% of adult and 60% of childhood TB cases are missed each year – most missing cases are in just 6 countries*

Prevent Disease – Treat TB infection:

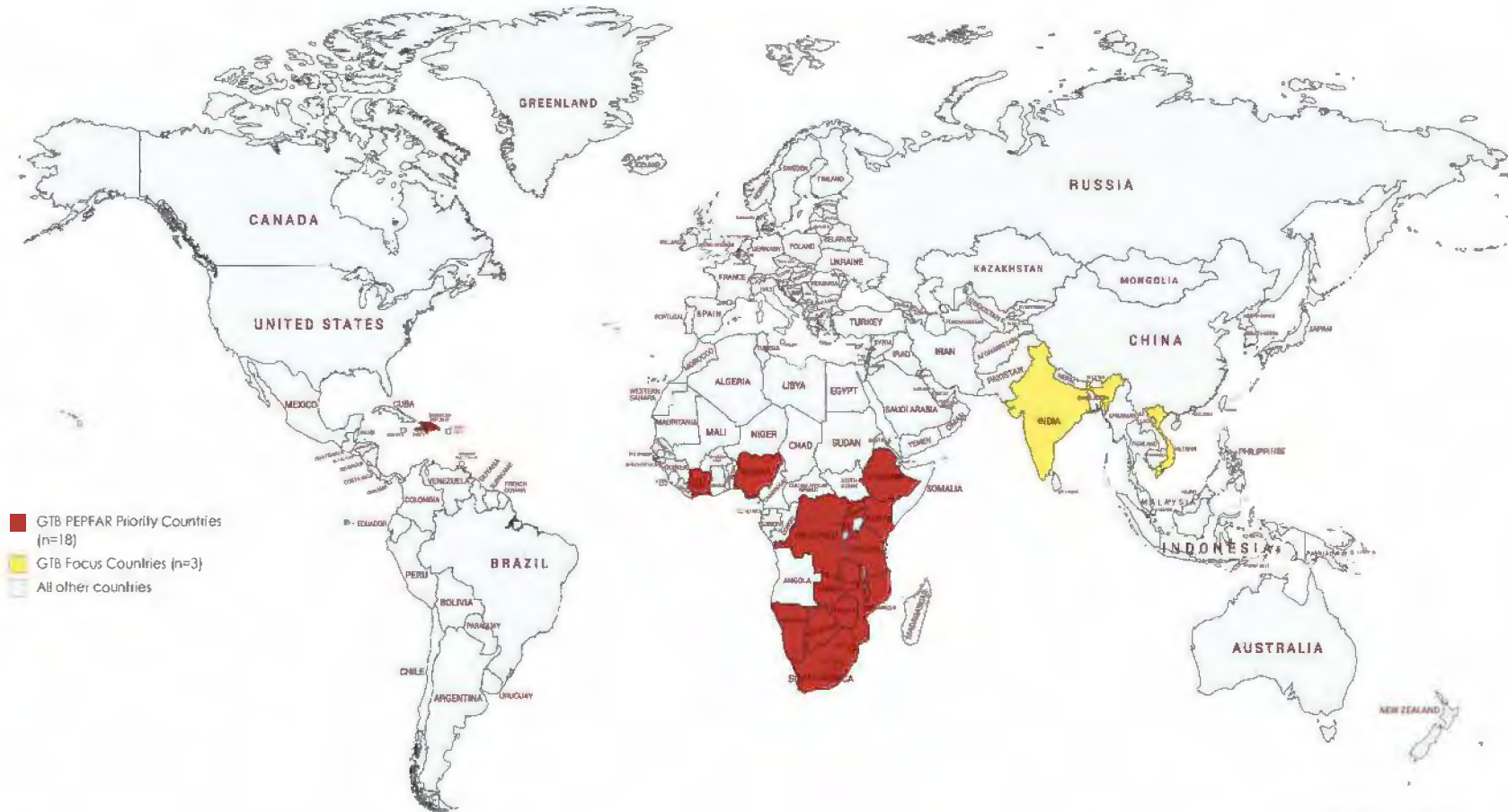
- PLHIV and children are 30x and 10x more likely to develop disease and die from TB than others, and benefit most from TB Preventive Treatment (TPT), which can reduce risk of death by up to 80%

CDC's Global TB Strategic and Geographic Priorities

Strategic Priorities

1. Provide and develop leadership to contribute to the global public good needed to end TB
2. Accelerate the global response to HIV-associated TB
3. Support the global epidemic response to TB in selected countries
4. Strengthen surveillance and laboratory systems and the use of strategic information to optimize performance of TB programs

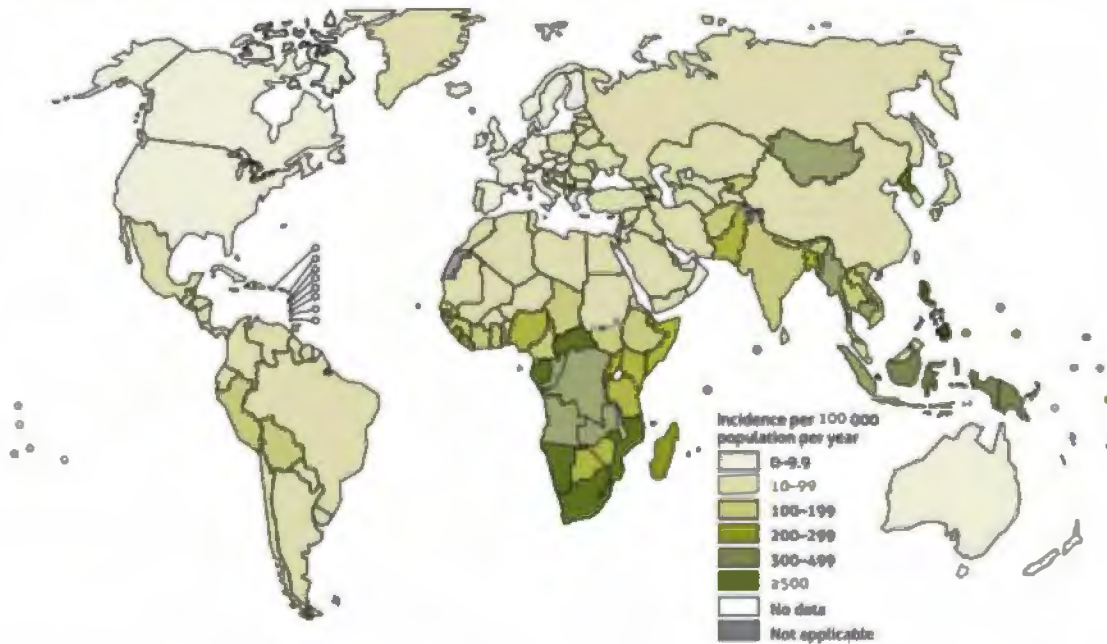
Geographic Priorities



Strategic Investments and Innovations: The Right Tools in the Right Place at the Right Time to Drive Impact

FIG. 3.4

Estimated TB incidence rates, 2018



GTB PEPFAR Priority Countries: Botswana, Cote d'Ivoire, DRC, eSwatini, Ethiopia, Haiti/DR, Kenya, Lesotho, Malawi, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Zambia, Zimbabwe

GTB Focus Countries: India, China, and Vietnam

Right Tools: Technical experts on the ground using strategic information to target our best interventions to epidemiologic hotspots in each country that will break the cycle of transmission, find and cure active TB, and prevent disease

Right Place: Worldwide, priority countries represent:

- 54% of total missed TB cases;
- 72% of HIV-associated TB;
- 3 of the 5 countries that contribute most to TB cases in the US.

Right Time: With new tools and the political will to mount a response equal to the threat, no time has been better to address TB. If we remain at status quo, instead of ending TB by 2050, it will claim 75 million additional lives at a cost to the global economy of \$17 trillion.

CDC's Global TB Efforts

Scaling Up What Works

Implement TB preventive treatment (TPT) for all eligible persons

Optimize TB/HIV integration and treat all patients with TB and HIV

Improve infection control to stop transmission

Support evaluation of new TB and MDR-TB treatment regimens



Find missing 3M through active case finding approaches, especially for vulnerable populations

Workforce development

Strengthen laboratory capacity

Improve Surveillance Systems

CDC's Global TB Efforts

Scaling Up What Works and Innovations for Impact

Implement TB preventive treatment (TPT) for all eligible persons

TB preventive treatment (including 3 HP) for US-bound immigrants

Optimize TB/HIV integration and treat all patients with TB and HIV

Scaling-up ART, screening for TB, and TB preventive treatment among PLHIV

Improve infection control to stop transmission

TB BASICS
(Building and Strengthening Infection Control Strategies)

Support evaluation of new TB and MDR-TB treatment regimens

Expanding access to treatment and adherence support for high-risk groups (including miners)

Find missing 3M through active case finding approaches, especially for vulnerable populations

Enhanced TB case-finding, diagnosis, treatment and prevention for children

Workforce development

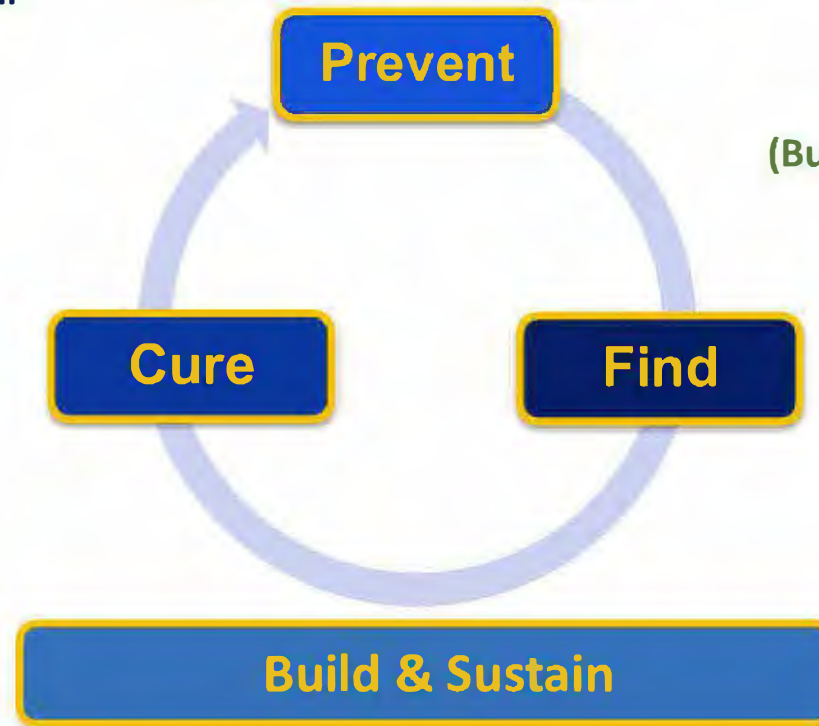
OR training courses; FETP TB cohorts

Strengthen laboratory capacity

Optimizing implementation of Xpert®

Improve Surveillance Systems

Prevalence/Catastrophic cost surveys
TB Data For Decision Making



CDC's Global TB Efforts

Scaling Up What Works and Innovations for Impact

Implement TB preventive treatment (TPT) for all eligible persons

TB preventive treatment (including 3 HP) for US-bound immigrants

Prevent

Improve infection control to stop transmission

TB BASICS
(Building and Strengthening Infection Control Strategies)

Optimize TB/HIV integration and treat all patients with TB and HIV

Scaling-up ART, screening for TB, and TB preventive treatment among PLHIV

Support evaluation of new TB and MDR-TB treatment regimens

Expanding access to treatment and adherence support for high-risk groups (including miners)

Cure

Find

Find missing 3M through active case finding approaches, especially for vulnerable populations

Enhanced TB case-finding, diagnosis, treatment and prevention for children

Build & Sustain

Workforce development

OR training courses; FETP TB cohorts

Strengthen laboratory capacity

Optimizing implementation of Xpert®

Improve Surveillance Systems

Prevalence/Catastrophic cost surveys
TB Data For Decision Making

1 Baseline Country Assessment



TB Preventive Treatment (TPT)



6 Planned Scale-up & Achievements

Planned PEPFAR TPT Scale-up vs Prior Achievements: Graph



2 TPT Implementation Toolkit and Operational Guide



3 Raising Awareness



UNITED NATIONS
HIGH-LEVEL MEETING ON THE
FIGHT TO END TUBERCULOSIS
FOR A HEALTHIER WORLD

4 Technical Assistance

TPT scale-up in Kenya, 2015-2018



SOUTH-TO-SOUTH TPT MENTORSHIP: KENYA
(UGANDA, ZAMBIA, ZIMBABWE)

5 Partnerships

HIV Differentiated Service Delivery
Opportunities and Challenges for TB Prevention and Care

MEETING REPORT
March 26-29, 2019
Lusaka, Zambia

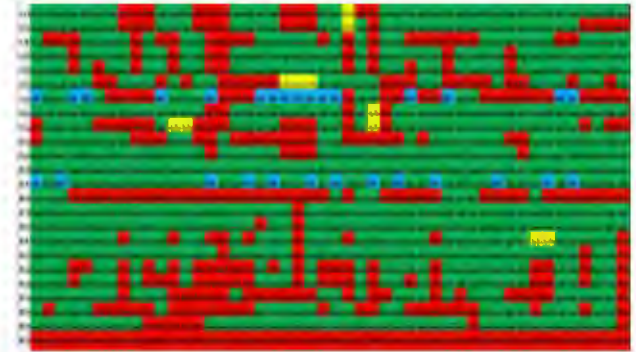
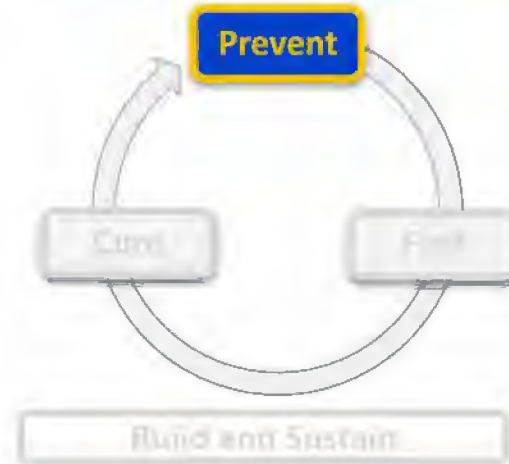


JUNE 26, 2019 | COUIM
Uganda and Zambia Receive Funding to Adapt TB Preventive Treatment for Differentiated ART Models

- *Innovative mentorship and training program to strengthen TB infection control
- *Designs tailored interventions to address gaps
- *Implements M&E and ongoing program improvement
- *Emphasizes sustainable, local capacity development
- *Scaling-up in > 15 countries in Africa and Asia

TB BASICS

Building and Strengthening Infection Control Strategies



TB Infection Control in HIV Clinics and Out-Patient Settings: a Team Approach



Every Person Counts

- Clinic Administrator**
 - Endorse and fund a written TB infection control plan
 - Appoint an Infection Control Focal Person
 - Ensure supplies and equipment are available and maintained
 - Allocate facility space for routine TB investigations
- Infection Control Focal Person**
 - Develop a TB infection control plan
 - Ensure exam and waiting rooms are well-ventilated
 - Conduct on-site staff training
 - Keep a record of health care workers who develop TB
 - Monitor infectious control practices daily
- Administrative Clerk**
 - Give coughing patients tissues, cloths, or surgical masks
 - Send coughing patients to a separate waiting area
 - Protect TB suspects to see a clinician quickly
- Clinicians and Nurses**
 - Screen patients for TB symptoms
 - Isolate and treat patients as early as possible
 - Wear respirators (N95, P95 or other rating for patients with suspected or proven TB (especially SMR-TB or MDR-TB))
 - Collect sputum in a well-ventilated area
- Patients**
 - Cover mouth and nose when coughing
 - Put used tissue in the wastebasket
 - Wear a face mask if asked by clinic staff
 - Take TB medications as prescribed
- Laboratory Staff**
 - Implement laboratory infection control procedures
 - Ensure that results are returned to clinicians quickly
- Entire Team**
 - Seek care promptly if you think you may be infected
 - Discuss ways to improve TB infection control procedures in your clinic
 - Think TB Infection Control!



Building and Strengthening Infection Control Strategies to Prevent Tuberculosis — Nigeria, 2015

Tuberculosis (TB) is the leading cause of infectious disease mortality worldwide, accounting for more than 1.5 million deaths in 2014, and is the leading cause of death among persons living with human immunodeficiency virus (HIV) infection. Nigeria has the world's highest annual number of TB cases among countries, with an estimated incidence of 500 per 100,000 population, and the second highest prevalence of HIV infection, with 3.4 million infected persons. In 2014, 100,000 incident TB cases and 72,000 TB deaths occurred among persons living with HIV infection in Nigeria. TB infection in resource-limited settings, such as countries with HIV infection and health care workers, can be prevented and the TB infection burden at health care facilities can be reduced by TB infection control in health care settings. A lack of TB infection control in health care settings has resulted in outbreaks of TB among persons TB care systems and health care workers, leading to cases morbidity and mortality. In March 2015, in collaboration with the Nigeria Ministry of Health (MoH), CDC implemented a pilot initiative, aimed at increasing health care worker knowledge about TB infection control, assessing infection control conditions at health facilities, and developing plans to address identified gaps. The approach resulted in substantial improvements in TB infection control practices at seven selected facilities, and scale-up of these practices across other facilities across the country. TB transmission in Nigeria and globally.

To address the risk for TB transmission in protected premises, the World Health Organization (WHO) recommends implementation and testing of TB infection control measures to reduce and interrupting infection control practices in health facilities, addressing gaps, and ensuring that training and education of persons with presumptive TB with identification and treatment of TB patients, and environmental improvements of building design and patient flow to reduce the accumulation of TB droplet nuclei in the air and control directional flow of potentially infectious aerosols (ventilation and personal protective equipment (PPE) use, implemented in conjunction with other infection control measures, to reduce the risk for TB transmission in health care facilities.

Preventing environmental TB transmission, aimed at reducing the impact of TB on persons living with HIV, is also a priority for the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). However, infectious disease resources to prevent TB transmission in health care facilities have not been adequately implemented, especially in settings with high incidence of TB and limited resources.

A four-phase TB infection control initiative, *Building and Strengthening Infection Control Strategies to Prevent Tuberculosis (TB BASICS)*, was developed to test, assess and improve health care facility infection control practices and implementation of TB care, using a community-based participatory approach. The initiative includes (1) TB infection control training of health care workers, (2) baseline health facility assessment and development of intervention plans, (3) implementation, and (4) monitoring and evaluation through engagement of local health care staff and health care workers' organizations across the country. The pilot project was conducted in seven health care facilities in Edo, Lagos, and Oyo states that are supported by a PEPFAR implementing partner in southwestern Nigeria. These facilities provide services to 1.08 million persons and, during the past year, treated 1,600 TB patients.

A 3-day training workshop based on the WHO policy on TB infection control in health care facilities, equipment use, and disinfection (4) and defined for MoH and CDC, was conducted for 50 health care workers, including physicians, nurses, residents from the Nigerian Health Engineering and Laboratory Training Program (NHETL) TB and HIV programs, and MoH and PEPFAR program officials from the MoH. A procedure manual detailing infection control in the area (peer-reviewed knowledge, including scientific evidence and practical) was provided to participants to facilitate their training of other staff members in their respective health facilities.

Trainers' completed baseline assessments of TB infection control practices at each of the seven facilities using a standardized facility assessment tool that included staff interviews, observation of

As part of the Gates-funded PERCH study, we demonstrated TB is one of top 10 causes of pneumonia in children.



TB in Children



Build and Sustain

CDC/Union collaboration:
The Child and Adolescent TB Centre of Excellence

The Union

Roadmap towards ending TB in children and adolescents
Second edition



In Kenya, we are identifying the fastest, most effective way to diagnose TB in children: assessing innovative specimens & tests

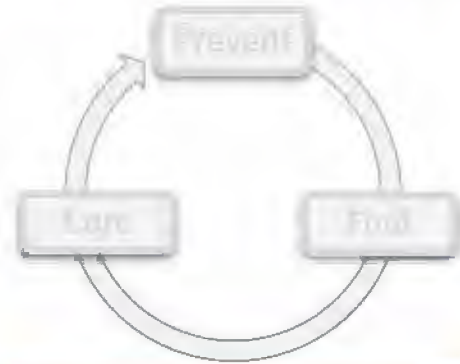
Our work in South Africa has also led to WHO guideline changes for treatment of drug-resistant TB among children



In Mozambique and Uganda, we're implementing and evaluating approaches to household-based contact investigations to identify and treat children at risk for TB



Laboratory and Surveillance System Strengthening



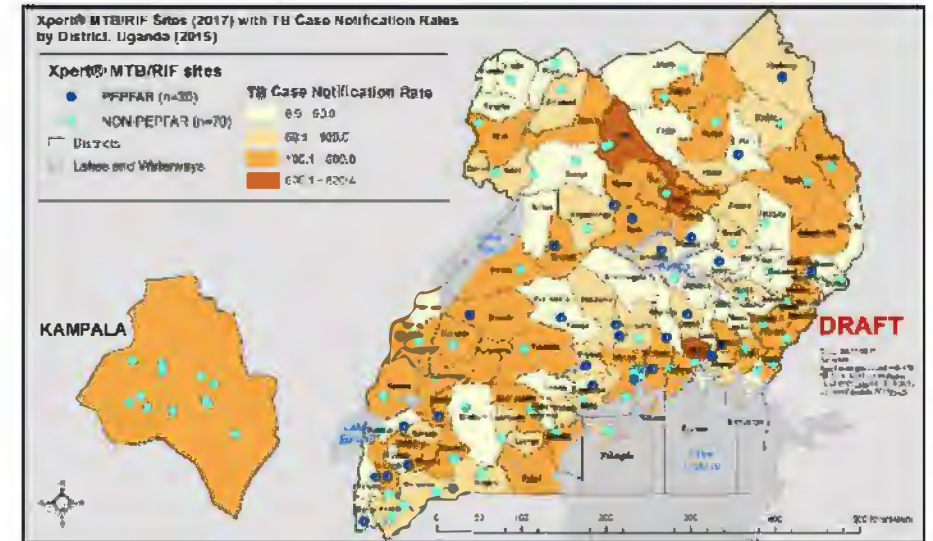
Build and Sustain

Data Use to Improve Program

Engaging Local Experts to Validate and Analyze TB data to END TB



Diagnostic Network Optimization



Mentorship and Monitoring Quality of Testing



Sustaining Global TB Efforts During COVID-19

- DGHT developed an *Operational Considerations* documents for maintaining essential services and providing prevention, care, and treatment for tuberculosis and HIV in low-resource non-US settings during the COVID-19 pandemic.
- In Zambia, Through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), CDC's DGHT staff are leveraging Zambia's laboratory capacity to combat COVID-19 while maintaining essential services for TB and HIV.
- In Vietnam and India, CDC's DGHT staff are building on the TB BASICS IPC platform to rapidly pivot and ramp up COVID-19 IPC response.
- In Kenya, rapid, flexible and successful efforts demonstrate resiliency of the Kenya TPT program and ensure COVID-19 will not undermine progress towards a TB-free Kenya.
- COVID-19 Funding Proposals: IEI Proposals and CARES Act

Operational Considerations for Maintaining Essential Services and Providing Prevention, Care, and Treatment for Tuberculosis (TB) in Low-Resource non-US Settings During the COVID-19 Pandemic



Acknowledgements

- Tony Ao, Special Advisor, DGHT Office of the Director
- Jeff Hanson, Chief, Overseas Strategy and Management Branch
- Allison Hoskins, Health Communications Fellow, Global TB Branch
- The Policy Team, Strategy, Policy, & Communications Branch



the authors and do n
Prevention.

in this report are those of t
for Disease Control and P

Thank
You

**Division of Parasitic Diseases and
Malaria (DPDM)**

Barb Marston

Aug 19, 2020





Middle East/N Africa: Training support, G6PD deficiency, spread of *An. stephensi*

Central Asia

South America: Drug resistance monitoring, *P. vivax* radical treatment, G6PD deficiency testing

SE Asia: Artemisinin drug resistance, elimination efforts, managing *P. vivax* and G6PD testing, radical cure

South America

- Monitor malaria drug resistance
- Support/evaluate *P. vivax* radical treatment
- Support management of G6PD deficiency
- Support vector control networks for Zika/other
- Build capacity for integrated serosurveillance (Paraguay/Brazil)
- Support NTD elimination efforts



Middle East / North Africa

- Build capacity for molecular diagnostics and antimalarial drug resistance monitoring
- Support management of G6PD deficiency
- Conduct testing for HRP- deleted *P. falciparum*
- Monitor spread of *An. stephensi*



Southeast Asia

- Monitor artemisinin drug resistance
- Support malaria elimination efforts
- Support *P. vivax* control and G6PD testing
- Support vector control networks





Global Immunization Division Update

<http://www.cdc.gov/globalhealth/immunization>



A photograph on the left side of the slide shows a woman in a patterned dress and a young girl in a white headscarf. The woman is holding a document and pointing to it, while the girl looks on. The image is overlaid with a semi-transparent blue filter.

Agenda

- Who We are
- What we do
- COVID-19 Impact on Immunizations
- GID Priority Countries


Leadership Team

Global Immunization Division

Center for Global Health



Director
W William Schluter, MD, MSPH



Senior Advisor
Stephen Cochi, MD, MPH



Deputy Director for Science & Program
Eric Mast, MD, MPH



Deputy Director Management & Operations
Virginia N Swezy, MPH



Polio Eradication Branch Chief
John F Vertefeuille, PhD, MHS



Accelerated Disease Control Branch Chief
Robert Linkins, PhD, MPH



Immunization System Branch Chief
David Fitter, MD



Strategic Information and Workforce Development Branch Chief
Kathy Banke, PhD

- Africa
- Nigeria
- Eastern Mediterranean
- Surveillance, Innovation & Research (SIR)
- Outbreak Response

- Measles
- Rubella
- Hepatitis B & Tetanus
- Cholera & Typhoid

- Vaccine Introduction
- Demand for Immunization
- Immunization Delivery Science
- Immunization Safety

- STOP
- Workforce Development
- Strategic Information
- VPD Surveillance



Who We Are

Who We Are

295 Between Atlanta & the Field

224

Full-time
Staff

40

Contractors

3

EIS

19

Fellows

4

CDC
Foundation

5

Taskforce
for Global
Health

Currently

16% of FTE staff detailed to international partner organizations:

WHO, UNICEF, GAVI Alliance & International Federation of the Red Cross

NSDD38 positions in 5 countries: Ethiopia, Nigeria, Ukraine, DRC & Myanmar

LES positions in 6 countries: Ethiopia, Indonesia, Nigeria, Ukraine, Vietnam & DRC



Global Immunization Division Field Staff - August 2020

35
Field Staff Placed

13
Vacancies

7
LES

23
Contractors

78
Total





What We Do

What We Do

- Eradicate polio and maintain a polio-free world
- Achieve a world free of measles and rubella
- Optimize VPD outbreak detection and response
- End VPD deaths among children under age 5 years
- Reduce chronic disease and cancer deaths from VPDs

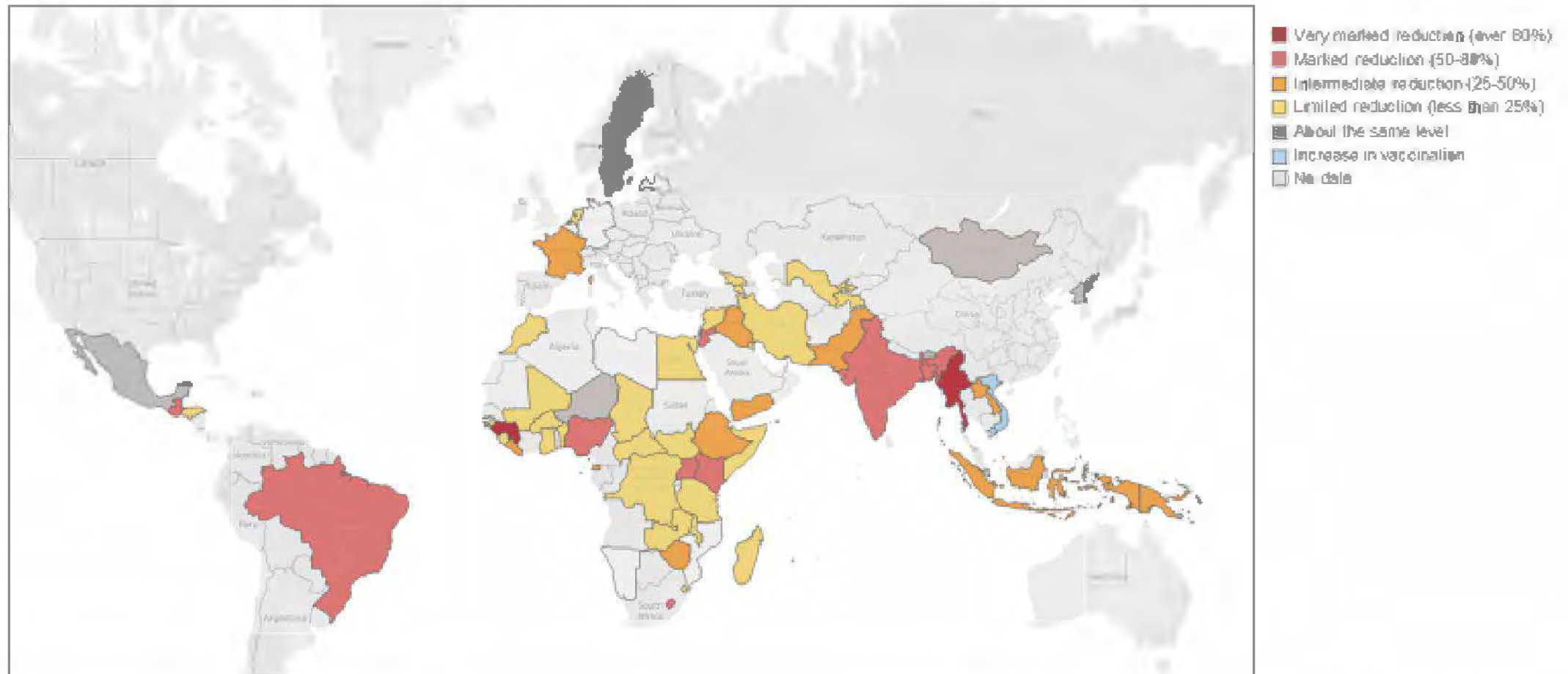




COVID-19 Impact on Immunizations

COVID-19 Impact: Routine Immunization

Reported change to the current level of vaccination services in May 2020 since January-February 2020



Source: Immunization Pulse Poll 2, Question 16, National respondents only. Analysis shows average response of all national level respondents within a particular country. The data collected are subject to limitations inherent to voluntary self-reporting, self-selection bias, not all countries responded, countries with only one response vis-à-vis countries with many, possibility of fraudulent responses and not having a sampling frame to make inferences. Furthermore, the information about each country does not represent official reporting from Member States to WHO or UNICEF. Thus, the results presented here need to be interpreted with caution and do not represent in any way a WHO or UNICEF position regarding any country or territory for which one or more replies were received.

COVID-19 Impact: Postponed Campaigns in 2020

Diseases/ Vaccines	No. of countries with postponed campaigns (fully or partially)	No. of campaigns postponed (fully or partially)	No. of campaigns postponed by region					
			AFR	AMR	EMR	EUR	SEAR	WPR
Measles/ Measles Rubella/ Measles Mumps Rubella (M/MR/MMR)	26	27	5	7	4	5	3	3
Polio (IPV)	8	8	7					1
Bivalent Oral Poliovirus (bOPV)	12	13	4		4		3	2
Monovalent Oral Poliovirus Type2 (mOPV2)	12	24	16		3			5
Meningitis A (Men A)	2	2	2					
Yellow Fever (YF)	7	8	6	2				
Typhoid (TCV)	3	3	2		1			
Cholera (OCV)	5	6	3		1		2	
Tetanus (Td)	6	7	2		3			2
Total postponed	56*	98	47	9	16	5	8	13

*Total no. of countries with at least one VPD immunization campaign postponed (fully or partially)

Data source: WHO/IVB Repository, as of 17th August 2020

WARNING: Information contained in this repository is information provided by users of this forum for the purpose of partner coordination and programmatic monitoring of country immunization programs and contains both unofficial information as well as official information reported by WHO Member States. The information obtained through this forum should not be cited as official information from WHO or the country. WHO does not guarantee that the information contained herein is complete and correct.

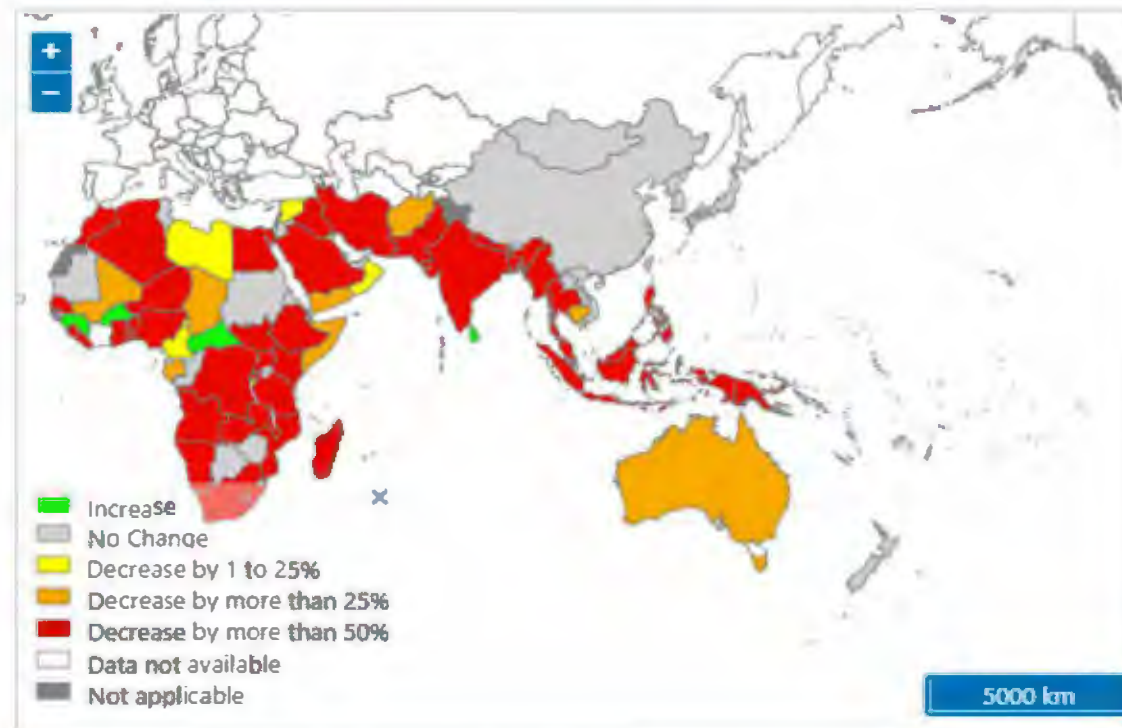
COVID-19 Impact: Polio

Initial GPEI POB guidance (24 March): suspend all immunization activities *in alignment with WHO global guidance on response to COVID-19*. Critical functions such as PV surveillance & nOPV2 roll out should continue.

GPEI capacities supporting the pandemic response: surveillance, GPLN, data management, risk communication, and >31k staffs / contractors.

A 'continuity Planning & Facilitation Group (PFG)' formed to develop short term workplan & coordinate efforts within GPEI & with EPI / other programs.

% drop in AFP Reporting; May 2019 vs May 2020



Plans to Restart Polio SIA Immunization

Rg./ COs	Status (as of 21 Jul 2020)
Endemics	Pak: 15 / 17 Aug (moPV2) Afg: 24 Aug (mOPV2)
EMR	Somalia: early Sep.
WPR	<ul style="list-style-type: none"> Philippines: bOPV / mOPV2 (simultaneous) round (started 20 Jul) – further reports awaited Malaysia: mOPV2 round in progress in a phased way

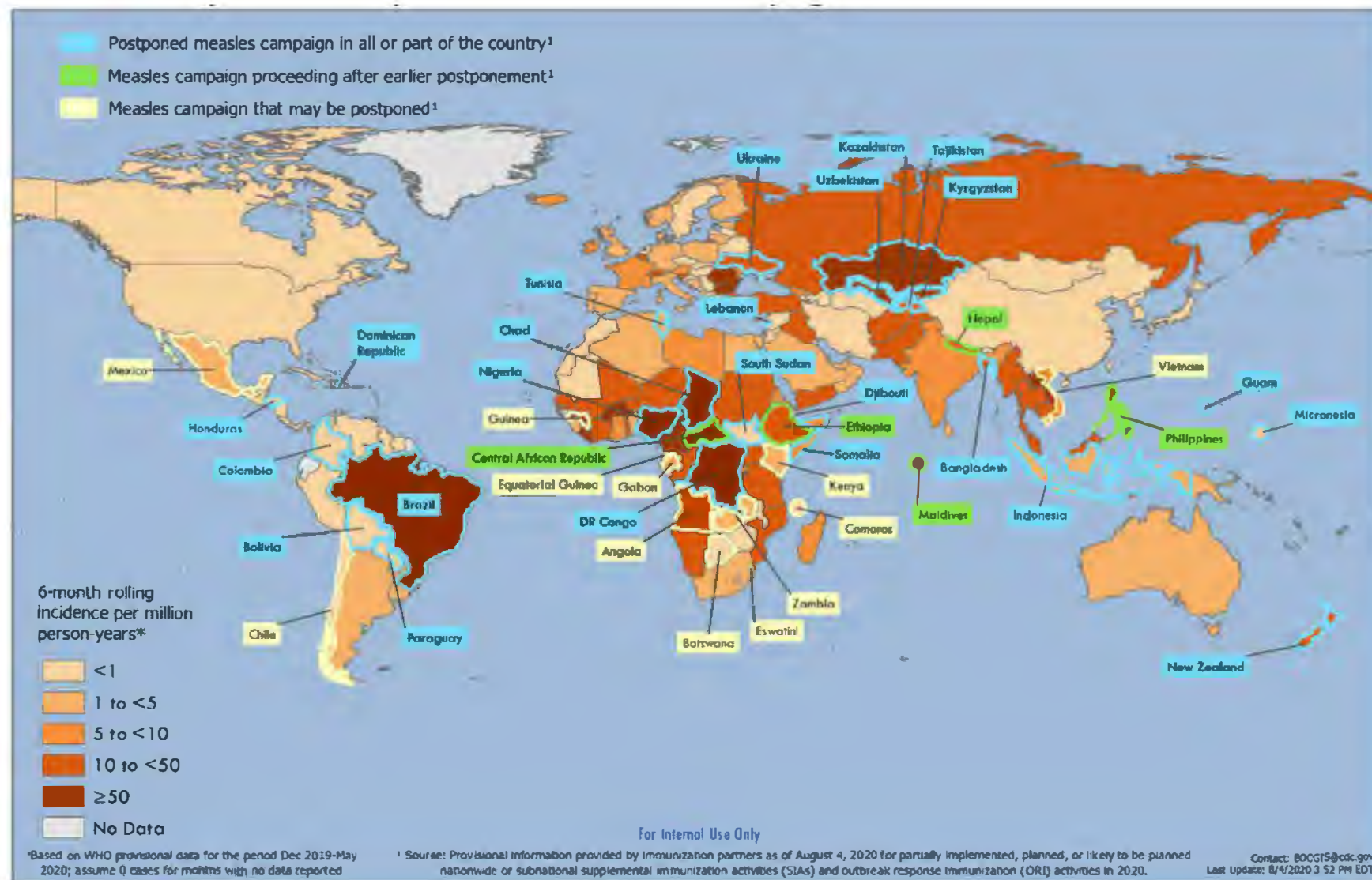
COVID-19 Impact: Measles

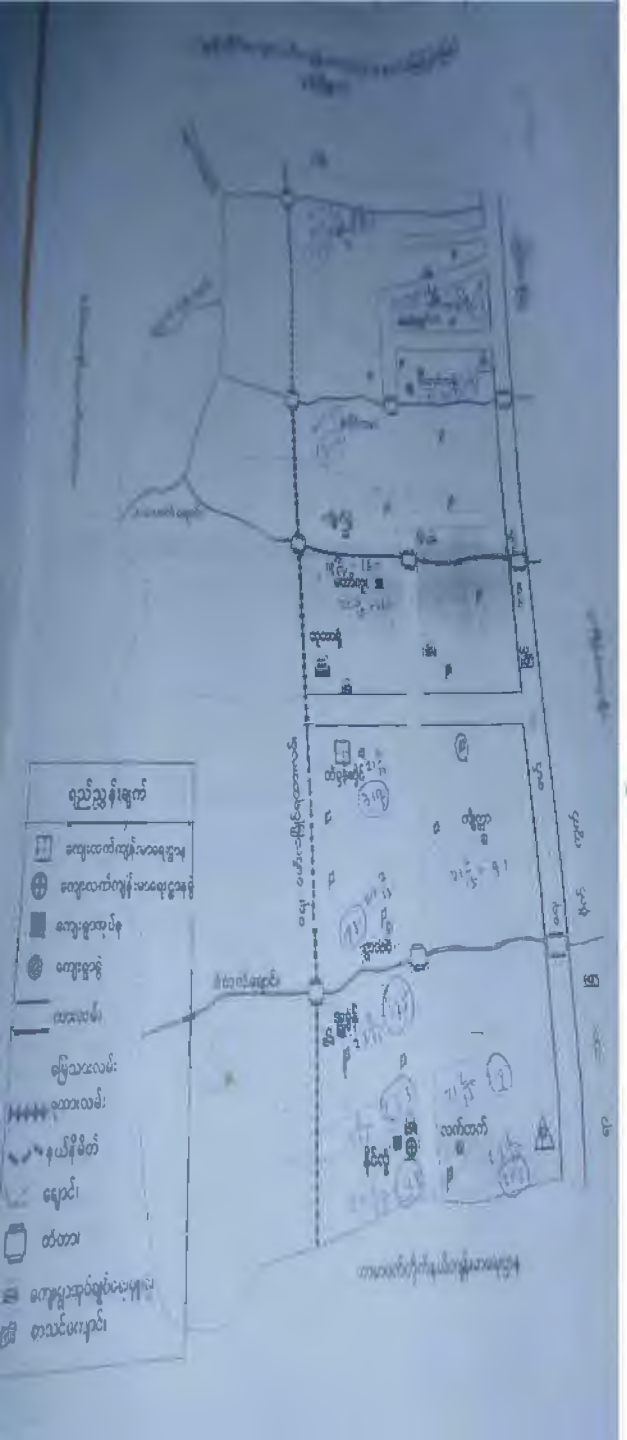
178 M

> 178 million
vaccinations delayed

5

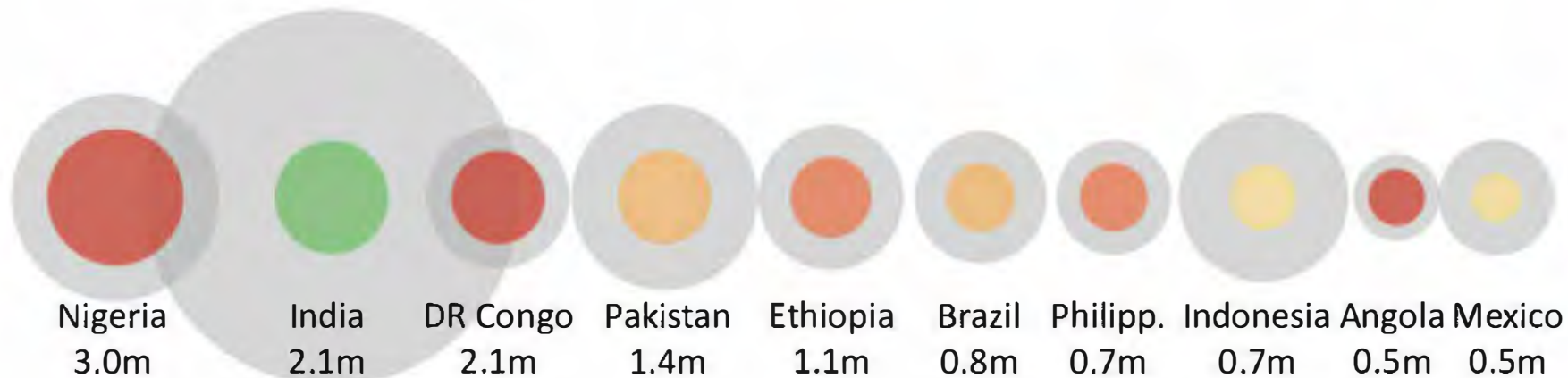
Only 5 countries
resumed vaccination
during COVID-19





GID Priority Countries

Just 10 countries account for 62% of unprotected children



● <60%
 ● 60-69%
 ● 70-79%
 ● 80-89%
 ● 90-94%
 ● ≥95%

DTP3 coverage according to legend, bubbles sized to numbers of surviving infants and unprotected children.



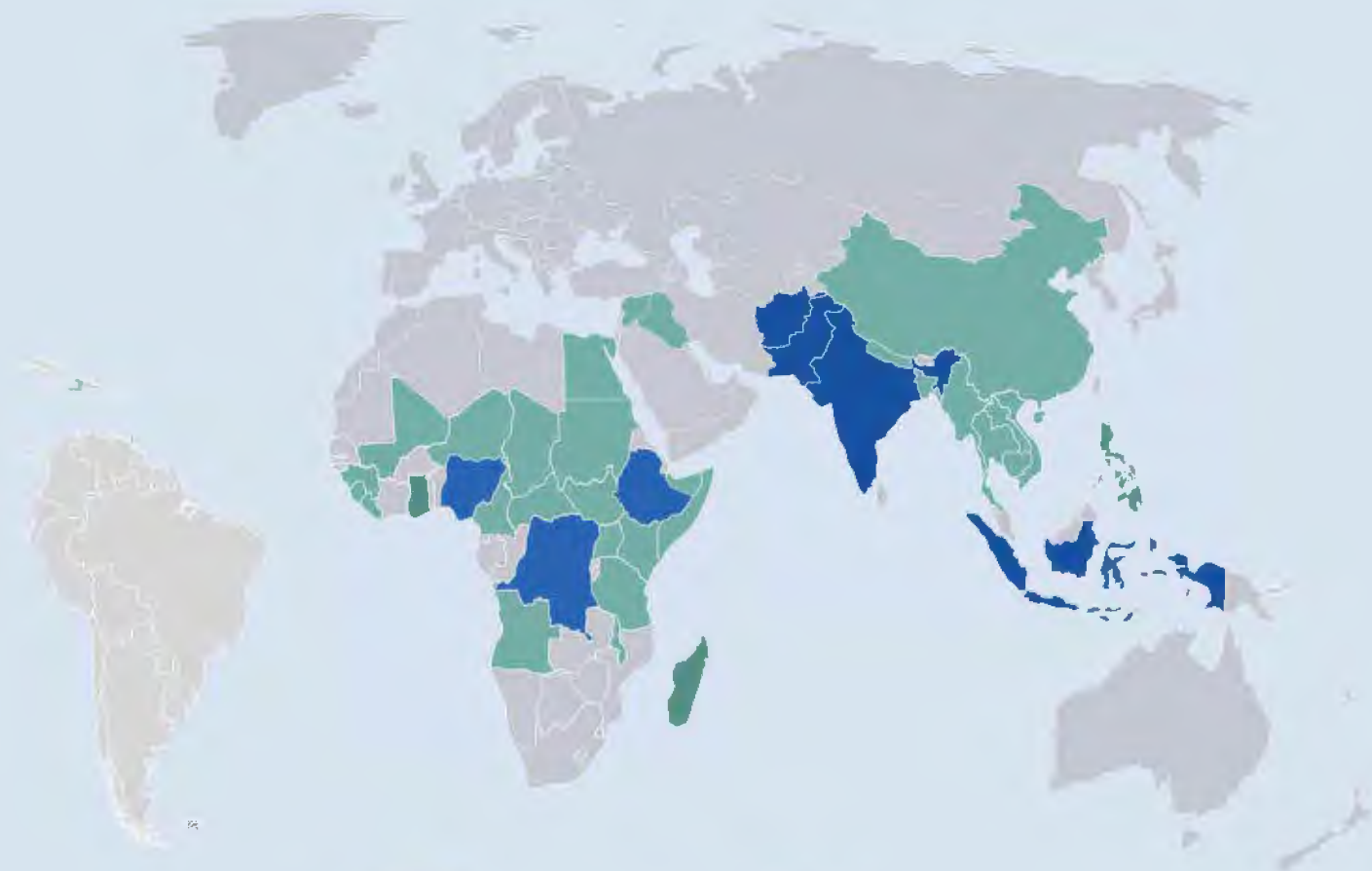
Countries with most unprotected children

10 countries account for 12.2 of the 20 million under and un vaccinated children in the world (62%). This list includes some countries with moderate or high coverage and very large birth cohorts, and other countries with substantially lower coverage.

Middle income countries occupy an increasing share of this list.

Un- or under vaccination and lack of protection is measured through the lack of DTP-3 in this analysis

GID Priority Countries



 Tier 1

 Tier 2

Tier 1 countries

(DRC, India, Ethiopia, Indonesia, Nigeria, Pakistan, Afghanistan) Include the 3 polio endemic countries; Account globally for:

>50% of unvaccinated children

>75% of measles deaths

Tier 2 countries

Have a strategic priority:



Critical to achieve VPD eradication, elimination or control goal



High number of unvaccinated children



Opportunity for key demonstration or science project

GID Staff at Work in Your Regions

Eastern Europe Central Asia

- Ukraine

Middle East/ North Africa

- Afghanistan
- Egypt
- Iraq
- Pakistan
- Somalia
- Sudan
- Syria
- Yemen

South America

- Brazil

Southeast Asia

- Bangladesh
- Cambodia
- Indonesia
- Laos
- Myanmar
- Philippines
- Thailand
- Vietnam

GID Staff Serving on Regional Advisory Groups

Eastern Europe Central Asia

- **Measles-Rubella Regional Verification Commission:** Robb Linkins

Middle East/ North Africa

- **Immunization Technical Advisory Group:** Will Schluter
- **PAK/AFG Polio TAG:** Mark Pallansch

South America

- **Immunization Technical Advisory Group:** Nancy Messonnier
- **Polio Regional Certification Commission:** Mark Pallansch
- **Measles-Rubella Regional Verification Commission:** Susan Reef

Southeast Asia

- **Immunization Technical Advisory Group:** Robb Linkins (SEARO), Kim Fox (WPRO)
- **Polio Regional Certification Commission:** Steve Wassilak (WPRO)
- **Measles-Rubella Regional Verification Commission:** Joe Icenogle (SEARO), Jeff McFarland/Paul Rota (WPRO)



Thank you

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 10 Jul 2020 18:33:28 +0000
To: Daniel, Katherine Lyon (CDC/DDPHSIS/OD); Greco Kone, Rebecca (CDC/DDPHSIS/OD)
Cc: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Cain, Kevin (CDC/DDPHSIS/CGH/OD); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: RE: Action required, deliverables due Friday July 10 & Friday July 24 -- CGH response
Attachments: Center 1 Pager Template_2020_FINALDRAFT_20200710.docx, Division 1 Pager_2020_DGHT_07082020.docx, Division 1 Pager Template_2020_GID_07082020.docx, Division 1 Pager Template_2020_DGHP_07082020.docx, Division 1 Pager Template_2020_DPDM_07082020.docx

Dear Katherine and Rebecca,

Please find five briefing document for Dr. Nate Smith's briefing book + CGH Org Chart.

If there is an opportunity to provide additional background materials at this time, please let me know.

Otherwise, we look forward to working with you on the series of briefings you have outlined for the late summer / early fall.

Sincerely,

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Friday, June 19, 2020 12:48 PM
To: Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>
Cc: Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Greco Kone, Rebecca (CDC/DDPHSIS/OD) <ftm1@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: Action required, deliverables due Friday July 10 & Friday July 24 -- CGH response

Dear KLD,
Message well-received. For CGH, Serena Vinter, copied, will be our POC.

Many thanks, Rebecca

From: Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>
Sent: Tuesday, June 16, 2020 5:13 PM
To: Liburd, Leandris C. (CDC/DDPHSIS/OMHHE/OD) <lel1@cdc.gov>; Dreyzehner, John (CDC/DDPHSIS/CPR/OD) <PWN3@cdc.gov>; Montero, Jose (CDC/DDPHSIS/CSTLTS/OD)

<znn3@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Hall, Jeffrey (CDC/DDPHSIS/OMHHE/OD) <dzu4@cdc.gov>; Williams, Ian (CDC/DDPHSIS/CPR/OD) <iaw3@cdc.gov>; Reynolds, Steven L. (CDC/DDPHSIS/CSTLTS/OD) <slr6@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Greco Kone, Rebecca (CDC/DDPHSIS/OD) <ftm1@cdc.gov>
Subject: FW: Action required, deliverables due Friday July 10 & Friday July 24
Importance: High

Hello DDPHSIS Leadership team,

Please see the below and attached. Following discussions, we have proposed that our Community of Practice use these template materials and this process to build the welcome and onboarding of our new Deputy Director, Dr. Nate Smith. This backs the work up a few weeks, but should help streamline the work and reduce the burden. Here is the current proposed timeline:

- Send us the name of the designated point of contact (POC) for your work CIO
- Planning period for both submissions to be complete before early July (Note: review attachments before SL meeting on June 22)
- Packet materials due for Dr. Smith's briefing package due July 10
- Packet materials due for the presidential transition package due July 24 (per info below)
- Phone briefings with Dr. Smith as scheduled ad hoc in August to prepare for onboarding
- In-person or virtual in-depth program briefings for Dr. Smith when he officially begins Aug 31st
- Sept also begins D2R2 season, keeping that in mind (CPR's is Aug 17, CGH's is Sept 10, CSTLTS's is Nov 2)

Rebecca Greco Koné and I will be working on the DDPHSIS fact sheet with your input, and provide overall guidance to ensure our packet is consistent and complete. This is a challenging time within the public health front, and we appreciate you making the time to prepare for this. Thank you so much! KLD

From: Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>
Sent: Monday, June 15, 2020 9:16 PM
To: Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>
Cc: Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>
Subject: Action required, due Friday July 24

Good morning –

On June 22, we have a senior leader working session meeting at 9:30am, and on the agenda is the required “transition planning” process across the federal government.

Please note:

- The Partnership for Public Service leads the “Center for Presidential Transition”
- The Center provides a roadmap, tools, and a timeline for planning:
<https://presidentialtransition.org/wp-content/uploads/sites/6/2018/01/Presidential-Transition-Guide-2018.pdf>
- The White House released guidance: <https://www.whitehouse.gov/wp-content/uploads/2020/04/M-20-24.pdf>

This summer, we will be developing CDC materials including CIO-specific fact sheets.

Attached, please find:

- Four fact sheets that were developed for your CoP four years ago (Note: we do not have a fact sheet for DDPHSIS because it did not exist)
- An example fact sheet illustrating the new format we will be using
- A word document for each CIO to input text only (with the number of words allowed per sections)

Task: Please submit five fact sheets (using the Word template, input text only – please do not format) to me no later than **Friday, July 24, at 2:00pm**. We will be working with OADC Division of Creative Services (DCS) to finalize the fact sheets. An important element we are working to include are data visualizations that help clearly and simply communicate important CDC findings or data. CIO's may contact DCS directly with questions about images to include on the fact sheets.

If you have any questions, let me know.

Thank you,
Sherri

Sherri A. Berger, MSPH
Chief Operating Officer
Chief Strategy Officer
Centers for Disease Control and Prevention
SBergcr@cdc.gov
404-639-7846

CIO name: Center for Global Health

Mission: CDC's Global Health mission is to improve the health, safety, and security of Americans while reducing morbidity and mortality worldwide.

Organization: See organizational chart attached

Center Priorities: CDC's Global Health Goals are:

1. Health Impact: Save lives, improve health outcomes, and foster healthy populations globally
2. Health Security: Protect Americans and populations across the globe by strengthening global public health prevention, detection, and response; and
3. Public Health Science Leadership: Lead and influence the advancement of global public health science and practice

Why We're Here:

The Center for Global Health is the central coordination point for CDC's global engagements. The Center's deep and long-term commitment to global health impact and security has saved millions of lives. CGH implements the largest global public health programs at the agency along with several smaller programs all geared towards addressing high-burden diseases and the prevention and detection of and response to emerging threats. CGH assumes leadership for the international function of any CDC emergency response, engaging experts from other CIOs and coordinating most of CDC's international response deployments. CGH is CDC's largest CIO by staff and funding and includes a large overseas footprint. Managing CDC's overseas operation requires a robust CGH headquarters function to manage country operations and personnel. This infrastructure serves the entire agency--for instance, CGH operates CDC's global travel office and is responsible for working directly with the Department of State (DoS) on all overseas moves and change of duty stations.

Working globally, we conduct science to drive our programs and initiatives. Through our health diplomacy efforts, CGH builds and sustains key country and global partnerships. CGH leads the implementation of most of the agency's global health work, including signature global health initiatives, and is responsible for sustaining key relationships with Ministry of Health and other in-country partners.

How We Work-- Describe the Center's work and partners

CDC works in 61 countries, with 396 U.S. direct hire and 1,306 locally-employed staff. CGH staff comprise 90% of CDC's U.S. direct-hire overseas workforce¹ and 97% of the agency's overseas workforce overall. CDC global health objectives align with several national strategies including the U.S. National Security Strategy, the U.S. National Biodefense Strategy, the U.S. Global Health Security Strategy, the Department of Health and Human Services (HHS) Strategic Plan, and the CDC Strategic Framework. CGH programs implement signature global health initiatives including the President's Emergency Plan for AIDS Relief (PEPFAR), the President's Malaria Initiative (PMI), the Global Health Security Agenda, the Global Polio Eradication Initiative, the Measles and Rubella Initiative, and the Neglected Tropical Disease Initiative. These programs address key global health threats, each with ambitious goals to eliminate or eradicate disease. In addition, all programs contribute to building key public health infrastructure towards the establishment of National Public Health Institutes in partner countries.

¹ CDC has 396 USDH position in 61 countries, 354 are CGH staff 1

CDC partners with U.S. government agencies, including HHS, DoS, the U.S. Agency for International Development (USAID), the Department of Defense, and the Department of Agriculture to implement global health initiatives. CDC also works with international partners at the global, regional, and country levels including Ministries of Health, the World Health Organization (WHO); UNICEF; The Global Fund to Fight AIDS, Tuberculosis and Malaria; Gavi; the Pan American Health Organization (PAHO); and with non-governmental organizations such as the CDC Foundation; among others. These diverse, multi-sectoral partnerships position the agency to affect change, maximize impact, and prevent disease among people in the United States and around the world.

What's Needed– What's needed now to make progress towards meeting your priorities?

To advance CDC's global health mission and to more fully realize gains from investments in global disease elimination and capacity development work, CDC must continue supporting a "one-CDC" approach by identifying and realizing opportunities to improve bilateral and regional coordination and develop synergies across disease specific programs. Currently, 75%+ of the Center's work and funding is initiative-led (e.g. PEPFAR, PMI, and others), and CDC needs to grow appropriations for disease agnostic activities (i.e. Global Disease Detection and Emergency Response) to further support key priorities including development of public health surveillance and laboratory, workforce, and emergency response capacities as well as research and innovation in global health. CDC should continue strengthening the Global Rapid Response Team, managed by CGH, to ensure the agency can nimbly respond to disease threats, and CDC's role in global infectious disease response could be further clarified by statute. Additionally, growing work to create and sustain CDC-like organizations overseas through the National Public Health Institutes program holds promise to improve country-level coordination, ownership, and sustainability for gains made through CDC's global health investments.

Long-Term Opportunities– What are big, long-term Center efforts?

- **Ensuring that CGH is a fair, diverse and equitable workplace for everyone**, with plans for retention and career paths for CGH's workforce. It will take sustained investment and planning to ensure we have a workforce representative of the public we serve.
- **Continuing to identify and realize opportunities to synergize and leverage our scientific and programmatic work across the global health portfolio**- for instance, samples gathered through PEPFAR's large-scale Population-based HIV Impact Assessments can be used to measure progress for other disease elimination programs, such as malaria and vaccine-preventable diseases. Identifying opportunities like this across programs and CIOs holds promise for more efficient realization of global health goals.
- **Protecting the US' health security through our domestic to global work**. CDC's global health work protects Americans from major health threats at home and abroad. No other U.S. agency has this responsibility or works along the whole domestic to global health continuum. CDC works directly with partner country governments to strengthen public health systems and reduce the risk of infectious disease outbreaks. This work culminates in the creation of NPHIs, providing more sustainable platforms for partner countries to achieve longstanding disease specific goals (e.g. HIV, malaria, measles, polio), responding to emerging infectious disease threats, and for addressing additional priorities such as cholera, neglected tropical diseases, and the introduction and adoption of new vaccines, among others.
- **Working in insecure areas**- Disease threats can and do occur anywhere, including in insecure parts of the world. For instance, the remaining natural polio reservoir persists in the border region of Pakistan and Afghanistan, and the recent 10th outbreak of Ebola in the Democratic Republic of Congo occurred in that country's insecure eastern region.
- **Working across the community of practice (DDPHSIS) to build strong domestic and global preparedness and response platforms**. CPR, CSTLTS, OMHHE, and CGH together form the foundation

for a CDC-wide platform, given our expertise, functions and reach (domestically and globally). Working across DDPHSIS, with engagement from all other CIOS at CDC (foundational areas and all infectious and non-infectious disease expertise), the community of practice could lead the work for CDC to have strong platforms for preparedness and response strategies domestically and globally.

How your Center has contributed to the COVID-19 response or is adapting programs in light of COVID-19:

- CDC has staff stationed in more than 60 countries, who are world experts in epidemiology, surveillance, informatics, laboratory systems, and other essential public health roles. They are working every day with our in-country partners to adapt programs and service delivery to address the COVID-19 response.
- CGH has deployed 670 staff representing 15% of the total number of responders across all centers at CDC.
- As a critical component of CDC's overall Incident Management Structure for COVID-19 response, an International Task Force (ITF) was developed to focus on the international aspects of CDC's COVID-19 response.
- The ITF has been providing technical support and resources to CDC country offices around the world.
- Since January 2020, 638 CGH HQ staff (45%) have been engaged in the COVID-19 response, bringing global expertise to support the ITF as well as other key Task Forces.
- CDC is working closely with the USG, WHO, our ministry of health colleagues, and other partners to respond to requests to assist countries to respond to COVID-19.
- CDC's globally-focused Field Epidemiology Training Program (FETP) greatly reduces the risk of local health threats evolving and supports countries with the public health capacities they need to respond to outbreaks, including the current COVID-19 pandemic.
 - Of more than 60 active FETP sites around the world, 85% of FETP programs have trainees supporting their country's COVID-19 response efforts and 94% of countries with FETP programs have graduates involved in data collection, response, and investigation of COVID-19 cases and contacts.
 - FETP graduates and residents are closely involved in COVID-19 screening at borders, risk communications, and country, regional, and district-level response coordination.
- Through our country offices and through a variety of world class experts in our Headquarters, CDC is helping support countries in carrying out WHO recommendations related to the identification of people who might have COVID-19, diagnosis and care of patients, and tracking the pandemic.
- CDC is working to communicate timely, relevant information about the COVID-19 response to partner organizations to ensure the best possible international preparedness for this global health emergency.
- CDC is applying lessons learned from addressing global HIV, tuberculosis, malaria, influenza, Ebola, dengue, Zika, and many other pathogens to the global COVID-19 response.
 - More specifically, CDC staff are providing global expertise on:
 - Coordination,
 - Surveillance, laboratory and ports of entry,
 - Case management and infection prevention and control,
 - Community mitigation
 - Risk communication, and
 - Logistics

Division Name: Division of Global HIV & TB (DGHT)

Mission: CDC's Division of Global HIV & TB (DGHT) is dedicated to ensuring progress toward HIV epidemic control as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and finding, curing, and preventing tuberculosis (TB) worldwide. By applying rigorous scientific and technical expertise, and continuously using data in program planning and assessment, DGHT aims to increase HIV and TB program impact and cost effectiveness.

Organization (i.e. branches): (see attached org chart)

Office of the Director

- Overseas Strategy and Management Branch (OSMB)
- Science Integrity Branch (SIB)
- International Laboratory Branch (ILB)

Branches

Data Integration and Analysis

- Economics and Health Services Research Branch (EHSRB)
- Epidemiology and Surveillance Branch (ESB)
- Health Informatics, Data Management and Statistics Branch (HIDMSB)
- Monitoring, Evaluation and Data Analysis Branch (MEDAB)

Programs

- Global TB Branch (GTB)
- HIV Care and Treatment Branch (HCTB)
- HIV Prevention Branch (HiP)
- Maternal and Child Health Branch (MCHB)

Management and Global Operations

- Management and Operations Branch (MOB)
- Program Budget and Extramural Management Branch (PBEMB)
- Special Initiatives Branch (SPIN)
- Strategy, Policy and Communication Branch (SPCB)

Division Priorities (80 words or less):

DGHT strives to:

1. Achieve outcomes and impact
2. Support an effective and nimble workforce

3. Find solutions to barriers
4. Use data for decisions
5. Act swiftly and with quality
6. Tell our stories

Programmatic priorities:

1. Ensure 95% of all people living with HIV know their status, 95% of those are on treatment, and 95% of those are virally suppressed
2. Prevent mother-to-child HIV transmission
3. Prevent new HIV infections, including a focus on adolescent girls and young women
4. Develop high quality laboratories
5. Build sustainable health systems and workforce
6. Strengthen local surveillance
7. Find, cure and prevent TB

Why We're Here (100 words or less) – Describe high-level work of the Division

HIV and TB are the world's two most deadly infectious diseases, with 37 million people living with HIV, two billion people are infected with TB each year. Although TB disease is preventable, it remains the leading cause of death for people living with HIV. DGHT, through PEPFAR, is focused on accelerating HIV and TB treatment and prevention worldwide through a targeted approach that relies on evidence-based approaches and regular review and use of program data to continuously improve.

How We Work (150 words or less) – Describe the Division's work and partners

CDC/DGHT serves as an implementing agency for PEPFAR, in collaboration with the U.S. Department of State, U.S. Agency for International Development, National Institutes of Health, Health Resources and Services Administration, Department of Defense, Peace Corps, and other U.S. government agencies. DGHT works in more than 45 countries in Africa, Asia, Central America, and the Caribbean. DGHT awards cooperative agreements (with substantial technical and management involvement) to international, local, and governmental implementing partners to provide technical assistance or direct service delivery support to the national HIV and TB response. DGHT implements integrated HIV and TB care, treatment and preventive programs, services, and systems through strong collaborations with country governments, including Ministries of Health as well as non-governmental organizations, leading universities, faith-based organizations, multilateral organizations (World Health Organization, UNAIDS, and Global Fund), and the private sector. We develop and strengthen laboratory services and provide epidemiologic science, informatics, and research support to develop sustainable public health systems.

What's Needed (150 words or less) – What's needed now to make progress towards meeting your priorities?

- Strengthen the core public health system functions – surveillance, laboratory, and infection control – required for sustained and effective response to the HIV and TB epidemics.
- Expand patient-centered approach to prevention, testing, treatment, and retention for HIV, including tailored service delivery approaches that meet the unique needs of men, pregnant women, children/adolescents, and key and vulnerable populations.
- Aggressively scale up use of TB preventive treatment for all people living with HIV.
- Expand access to better screening, contact tracing, and diagnostic tools and networks to find missing TB cases, including for children.
- Optimize treatment for TB and its drug resistant forms, including identifying and evaluating better treatment regimens and expanding access to care and treatment.
- Work with national governments and indigenous organizations to plan for a sustainable HIV and TB response.

Long-Term Opportunities (150 words or less) – What are big, long-term Division efforts?

- Enhance investment in data systems (including electronic medical records, HIV and TB national data warehouses, HIV case-based surveillance, and recency surveillance) that collect, analyze, and visualize data in real time for country programs and stakeholders.
- Focus on 12 high TB burden countries, to better understand and characterize each country's epidemic and to use this improved epidemiologic data and profiles to target and implement high-impact programmatic interventions to improve diagnosis, treatment and prevention of TB.
- Ensure that the political will for country-led response to HIV and TB is strong and sustained.

Key Accomplishments (150 words or less) – Key statistics of accomplishments over the past 4 years

- In fiscal year (FY) 2019, CDC's contributions included:
 - Antiretroviral treatment for 9.2 million people living with HIV, more than one third of all people on treatment worldwide.
 - 11.5 million voluntary medical male circumcisions (50% of 22.9 million for PEPFAR)
 - 6.8 million people living with HIV screened for TB (58% of 11.7 million for PEPFAR)
 - 482,000 pregnant women provided with antiretroviral treatment to prevent mother-to-child HIV transmission (59% of 818,000 for PEPFAR)
 - 1.7 million people who received an HIV-positive test result (57% of 3 million for PEPFAR)

- CDC has built the capacity of more than 700 labs in more than 40 countries, enabling them to identify and prevent the spread of HIV and other diseases that can threaten health and safety across the globe.

2-3 infographics and or key activities to highlight in a graphic:

- CDC has developed and is currently evaluating a simple, rapid test that can simultaneously diagnose HIV and identify if an infection is recent
- CDC is implementing Option B+, a bold strategy to protect newborns from HIV
- CDC is partnering with World Bank in four countries in Southern Africa as part of a 5-year effort to expand diagnoses and treatment to miners, their families and communities

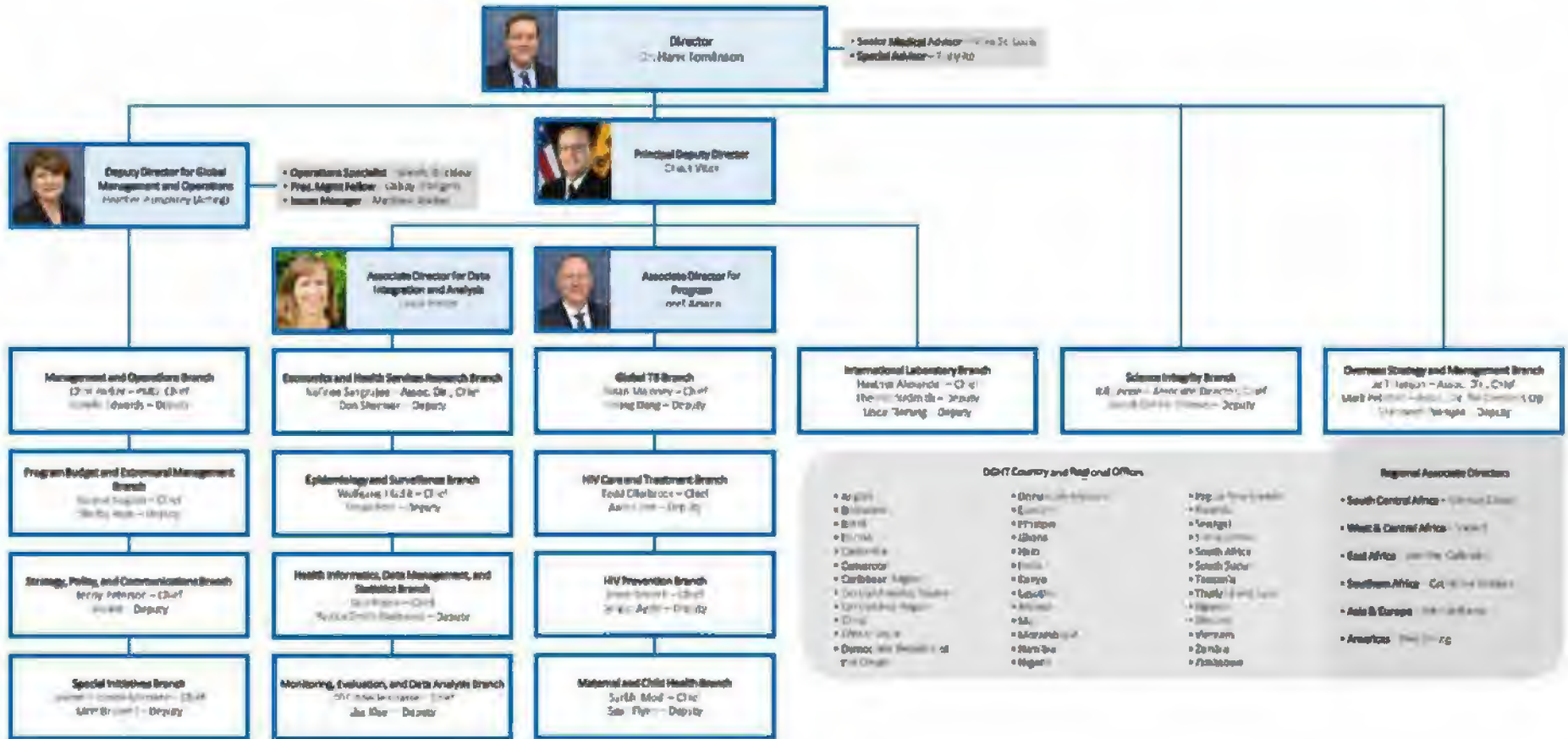
How your Division has contributed to the COVID-19 response or is adapting programs in light of COVID-19:

The COVID-19 outbreak has helped to accelerate efforts to move to multi-month dispensing of antiretroviral treatment, so that people living with HIV can receive three to six months of medications. Many countries have eliminated policy barriers to this approach to decongest the health care system and to decrease potential exposure to COVID-19. Programs are implementing innovative approaches to client-centered service provision, such as contactless delivery of pre-exposure prophylaxis by motorbike to hard-to-reach key populations in Vietnam and innovative use of technology in all countries to support people living with HIV.

DGHT-funded staff (both direct hires and local staff) are supporting the COVID-19 response in many countries. While continuing to manage the HIV and TB programs, they provide technical assistance to the Ministries of Health in policy development, health communication, laboratory capacity, surveillance, clinical education, infection prevention and control, port of entry screening, case investigation and contact tracing, testing and patient care protocol review and development, identification of accredited laboratories, supply procurement, case management, human resources capacity building, sanitation and hygiene, risk communication, and community engagement.

Approximately 800 headquarters and in-country DGHT staff have deployed in support of the COVID-19 response.

Division of Global HIV & TB



Updated – 05/28/2020

Division Name: Global Immunization Division

Mission: CDC's Global Immunization Division (GID) is dedicated to ensuring that everyone, everywhere shares in the benefits of immunization. We do this by providing scientific and public health expertise, and by making evidence for action available for optimal policy and programmatic decision-making at all levels, from community to global. Our vision is a world with healthy people protected from vaccine-preventable diseases, disabilities, and death.

Organization (i.e. branches):

Office of the Director (see attached org. chart)

Branches

- Polio Eradication Branch
- Accelerated Disease Control and Vaccine Preventable Disease Surveillance Branch
- Strategic Information and Workforce Development Branch
- Immunization Systems Branch

Division Priorities (80 words or less):

1. Eradicate polio and maintain a polio-free world
2. Achieve a world free of measles and rubella
3. Optimize VPD outbreak detection and response
4. End VPD deaths among children under age 5 years
5. Reduce chronic disease and cancer deaths from VPDs

Why We're Here (100 words or less) – Describe high-level work of the Division

CDC's global immunization activities focus on reaching children in developing countries who are at the highest risk for illness and death from VPDs in order to prevent these diseases from reaching U.S. borders. CDC's global immunization program plays an essential role in early detection of VPDs and provides technical support for other nations to control disease outbreaks at the source. CDC provides epidemiologic, laboratory, and programmatic support in developing, monitoring, and evaluating programs and national-level surveillance VPDs in other countries, with an emphasis on polio and measles.

How We Work (150 words or less) – Describe the Division's work and partners

CDC's leadership and guidance in accountability, environmental surveillance, and scientific and programmatic implementation has contributed substantially to the more than 99.9% decline in global polio cases. CDC's activities focus on quality assurance, diagnostic confirmation, and genomic sequencing of samples obtained worldwide; as well as to promote national ownership, oversight, and accountability. CDC performs these functions as a member of the Global Polio Eradication Initiative along with WHO, Rotary, UNICEF, Gavi, and the Bill & Melinda Gates Foundation.

Another focus of GID's work is measles and rubella elimination through work with the Measles & Rubella Initiative, a partnership with the American Red Cross, WHO, UN Foundation, and UNICEF. CDC strengthens the collection and use of surveillance data to better guide program strategy and implementation for measles and rubella elimination. Additionally, efforts focus on capacity building collaborations with countries experiencing the highest burden to achieve sustainability of their own immunization programs and surveillance systems.

What's Needed (150 words or less) – What's needed now to make progress towards meeting your priorities?

- Prioritize continuity in global immunization investments following the certification of wild poliovirus eradication to continue filling gaps in vaccine coverage and surveillance in a post-polio world.
- Expand CDC participation in partnership efforts with key stakeholders to drive data sharing while using analysis to target subnational levels for programmatic intervention; and
- Assert the necessity of expanding vaccine-preventable disease surveillance and outbreak response directly in line with GPEI's Post-Certification Strategy and CDC's Global Health Security goals of early detection.
- Assess the impact of U.S. withdrawal from WHO and develop plans for a way forward on global immunization goals, including the Global Polio Eradication Initiative.

Long-Term Opportunities (150 words or less) – What are big, long-term Division efforts?

- Building strong programs to maintain a polio and measles/rubella free world. CDC is strengthening our collaborations with countries to develop the ability to detect, respond to, and prevent VPD outbreaks under the Global Health Security Agenda and through other programmatic efforts including global and regional immunization partnerships that provide capacity and coordination needed to maximize the health impact of vaccines.
- Optimize vaccine preventable disease (VPD) outbreak detection and response along with strong VPD surveillance
- Reduce deaths from VPDs. CDC is increasing its collaboration with countries that have a high burden of VPDs, helping these countries build capacity to sustain their own immunization programs.
- Support the development and introduction of new vaccines to protect against leading causes of morbidity and mortality and emerging infectious disease threats.

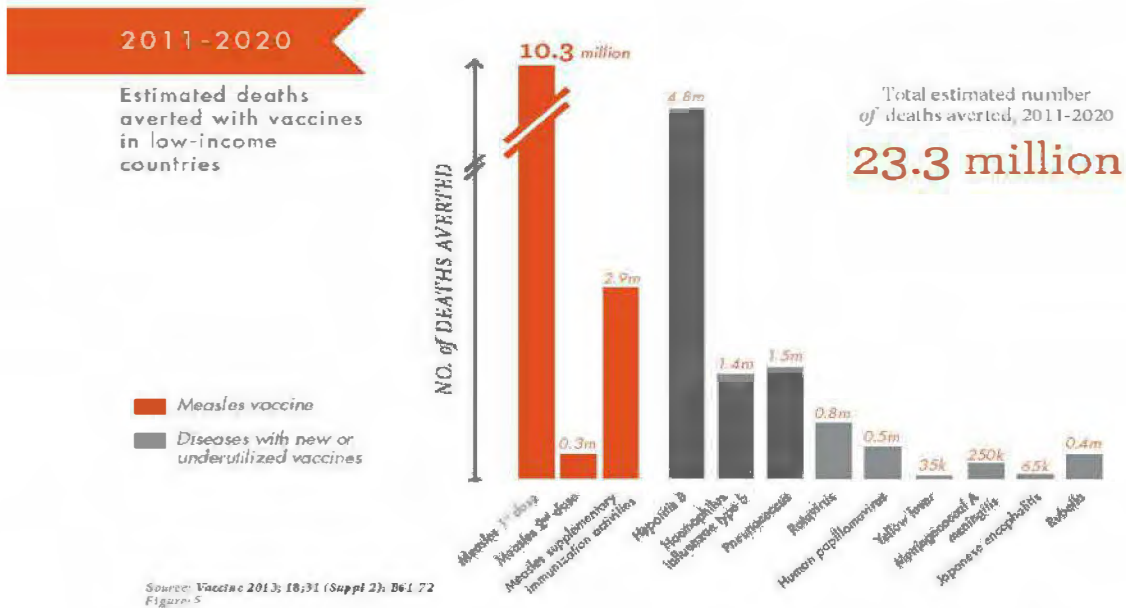
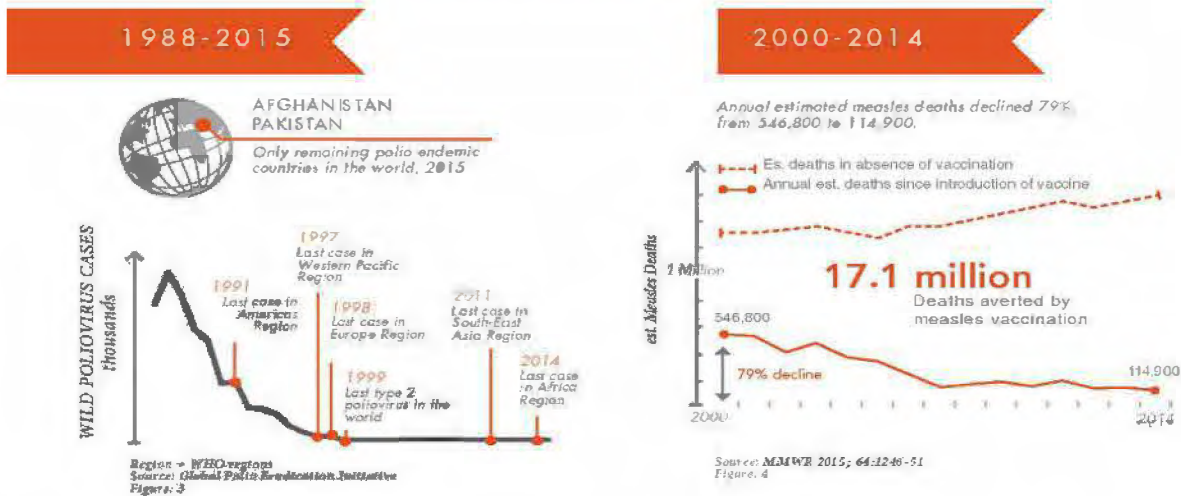
Key Accomplishments (150 words or less) – Key statistics of accomplishments over the past 4 years

- Since CDC and partners began to work towards eradication, polio cases have decreased from more than 350,000 per year in 1988. While three countries remain endemic for polio (Afghanistan, Pakistan, and Nigeria), only Afghanistan and Pakistan have reported wild poliovirus cases since 2016, and CDC works closely with them to implement program improvements to achieve final eradication. As of June 24, 2020, there have been 72 wild polio virus cases and 168 cVDPV cases reported world-wide this year.

- 119 million people were vaccinated against measles in 2018 as a result of CDC outbreak investigation and response in 15 countries with outbreaks and CDC support for four high burden countries with supplemental immunization activities to address endemic measles virus transmission.

2-3 infographics and or key activities to highlight in a graphic:

The Global Impact of Vaccines in Reducing Vaccine-Preventable Disease Morbidity and Mortality



How your Division has contributed to the COVID-19 response or is adapting programs in light of COVID-19:

The COVID-19 pandemic has greatly impacted global immunization efforts. On March 26, 2020 the WHO's Strategic Advisory Group of Experts on Immunization recommended the suspension of mass vaccination campaigns against all vaccine-preventable diseases. This calculated action to protect vulnerable populations from the spread of COVID-19 also means that millions of children globally will not be immunized against vaccine-preventable diseases while the pandemic is ongoing. Additional guidance has been circulated to all countries detailing considerations for conducting immunization work during COVID-19 for outbreak response and routine immunization.


Some of the shifting activities for skilled CDC global immunization staff to the COVID-19 response include:

- Stop Transmission of Polio (STOP) program participants in Angola, DRC, Gabon, Guinea, Guinea Bissau, Haiti, Jordan, Madagascar, Mauritania, Niger, Nigeria, and Somalia have supported the COVID-19 response by performing contact tracing, case verification, social mobilization, development of communication plans, data collection and analysis, and surveillance.
- In Pakistan and Afghanistan, CDC polio staff are assisting the US Embassy with the COVID-19 response and acting as a liaison with local health leaders. The relationships established between CDC, Ministry of Health, and the governments of Pakistan and Afghanistan through polio response efforts are being leveraged to help with the COVID response.
- In Ukraine, a CDC field staff member was name requested by the Ministry of Health to support the Ukrainian National EOC for the COVID-19 response on a full-time basis.
- The CDC polio assignee to WHO based in Kenya is coordinating the investigations on suspect cases for Somalia, ensuring the lab samples move from field to the lab in Kenya, and is acting as the focal point for COVID-19 surveillance for WHO in Somalia.
- In Nigeria, CDC staff, specifically the locally-employed staff are supporting the National Emergency Routine Immunization Coordinating Center (NERICC) with COVID-19 response planning.

Leadership Team Global Immunization Division Center for Global Health




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Global Immunization Division
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CGH Division Fact Sheet Content: (July 2020 Update)

Division Name: Division of Global Health Protection (DGHP)

Mission: Protecting Americans and people worldwide from public health threats by working with partners to build capacity, advance research, and respond in times of crises.

Organization (i.e. branches):

Office of the Director (see attached org. chart)

- Global Health Security Agenda (GHSA) Team and International Health Regulations (IHR) Collaborating Center
- Office of Policy and Communication
- Office for Science, Monitoring and Evaluation, and Applied Research

Branches

- Global Operations & Strategic Management Branch (GOSMB) (Proposed): ¹
- Workforce and Institute Development Branch
- Global Epidemiology, Laboratory, and Surveillance Branch (Proposed)²
- Global Noncommunicable Diseases Branch (proposed to become an office under Office of Director)³
- Emergency Response and Recovery Branch

Division Priorities (80 words or less):

DGHP prioritizes the advancement of global health security to ensure that the world can respond faster and more effectively to contain health threats by:

1. Preventing disease outbreaks by monitoring potential threats and ensuring rapid responses to global health emergencies.
2. Improving detection to mitigate the impact of global disease outbreaks and other public health events.
3. Building country, regional, and global capabilities to respond to public health threats and improve public health preparedness.
4. Collaborating to sustain and strengthen partnerships.

Why We're Here (100 words or less) – Describe high-level work of the Division

DGHP leads CDC's critical efforts to strengthen global health security. DGHP implements models of country engagement that range from technical assistance through TDY from headquarters or a regional

¹ GOSMB is combination of two previous branches (Overseas Business Operations Branch & Country Strategy and Implementation Branch) into one branch. It is pending MASO package approval, but has already begun to function as a branch..

² Proposed name change for the Epidemiology, Informatics, Surveillance, and Laboratory (EISL) Branch in the MASO package.

³ Changing from a branch to an office within DGHP OD as recommended by CDC-OD in MASO package.

office to a country office presence with expertise across the core four technical areas of work (surveillance, laboratory networks, workforce development, and emergency management) and associated public health capacities. Through these models of engagement, the division's technical assistance and investments build critical systems and capacities in country to advance health security capabilities in alignment with CDC's commitment to self-sufficiency for early detection and response to routine outbreaks.

How We Work (150 words or less) – Describe the Division's work and partners

DGHP strives to increase the security of the world's health by strengthening the capacity of countries we work with to prevent, detect, and respond to health threats. DGHP does this by:

- Monitoring new and emerging diseases 24/7 through the Global Disease Detection Operations Center (GDDOC) in Atlanta and through Global Disease Detection programs across the globe.
- Extending in-country surveillance and building a global workforce of disease detectives through the Field Epidemiology Training Program (FETP).
- Creating National Public Health Institutes (NPHI) around the world that serve as a home for public health expertise.
- Supporting countries experiencing health emergencies through Emergency Response and Recovery activities.
- Sharing resources with existing programs to reduce noncommunicable diseases caused by hypertension and tobacco use.
- Training staff to manage emergency operations centers so they can respond quickly to outbreaks.
- Gathering and using relevant health information through surveys and data sharing initiatives.

What's Needed (150 words or less) – What's needed now to make progress towards meeting your priorities?

DGHP works alongside key CDC programs, other U.S. government agencies, ministries of health, and international organizations to ensure countries around the world can address gaps in emergency preparedness and response. DGHP continues its Global Health Security activities, building a long-term, sustainable foundation that protects the American people from health threats around the world. Through additional funding and the maintenance and cultivation of strong collaborative partnerships, DGHP will be able to enhance its capacity to contain contagious disease threats where they occur— from Ebola in West Africa to polio in Pakistan and Afghanistan to pneumonia of unknown etiology in China. To achieve further progress, DGHP needs to increase the geographic and strategic positioning of its expertise to ensure early disease detection and rapid response capabilities and continue to allocate funding to meet public health security challenges worldwide stopping diseases at their source. DGHP is assessing the impact of U.S. withdrawal from WHO on the shared work in global health emergency preparedness and response.

Long-Term Opportunities (150 words or less) – What are big, long-term Division efforts?

Robust public health systems require long-term investments to ensure that local outbreaks do not become global epidemics. Examples of DGHP's long-term efforts include:

- Identifying priority countries based on regional gaps and threat analyses. This may include continuing development efforts with existing partner countries and partnering with new countries for NPHI establishment. In its NPHI 2030 Strategy, DGHP prioritized countries for continued and future engagement, hoping to expand support to an additional 13 countries in the next 10 years using a phased funding approach. This includes development of 5 NPHI centers of excellence and will include both building the NPHI's capacity at the national level and supporting the NPHI in regional and linguistic partnerships toward NPHI development in other countries.
- Working with new CDC Regional Offices to ensure strong collaboration with existing country platforms and to identify opportunities for expansion of successful programs throughout each region.
- Assisting countries in the development of National Action Plans for Health Security, which identify the resources and actions needed to address gaps identified by Joint External Evaluations.
- Strengthening global workforce capacity. DGHP currently supports 48 programs that train disease detectives in 54 countries through FETP. In order to accelerate achievement of International Health Regulations targets for field epidemiologists and to strengthen frontline disease detection, DGHP has prioritized approximately 60 countries for continued and future FETP development over the next 10 years.
- Strengthening and maintaining agency's response capacity for effective response and surge during humanitarian assistance or infectious disease outbreaks response through Global Rapid Response Team (GRRT).

Key Accomplishments (150 words or less) – Key statistics of accomplishments over the past 4 years

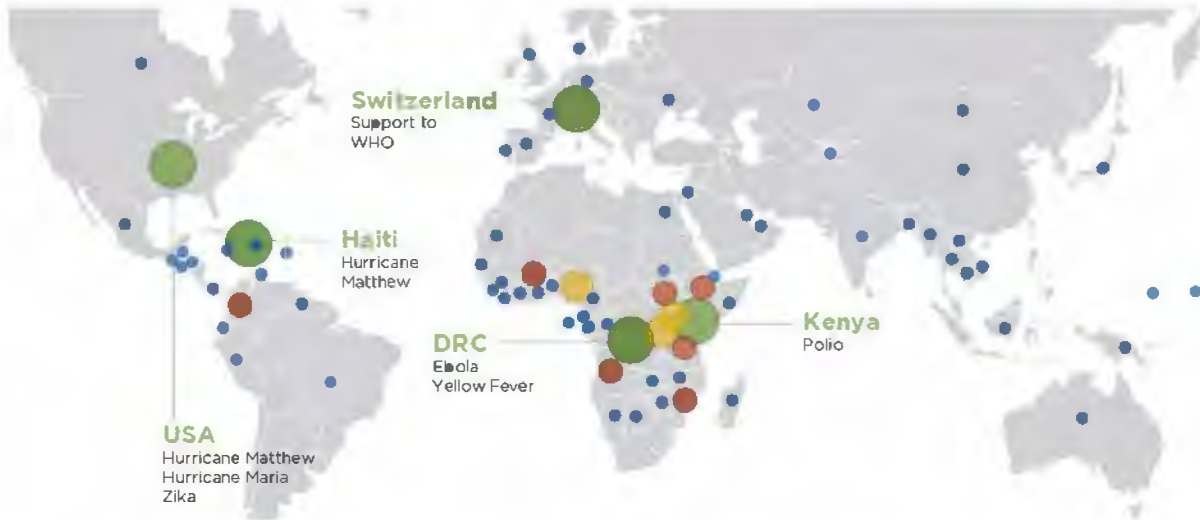
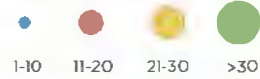
- In 2019 alone, GDDOC monitored and reported on 134 outbreaks in 88 countries.
- More than 17,900 individuals have received laboratory training from DGHP since 2006.
- Over 25 countries and one regional entity (Africa CDC) have worked with DGHP on NPHI creation and/or enhancement since 2011.
- As of January 2020, 15 of the 17 intensive support countries have had improvements in at least one GHSA technical area with technical assistance from DGHP.
- In 2019, DGHP's FETP had 1,373 graduates in total across Frontline, Intermediate, and Advanced programs, with a subset of residents responding to 337 suspected outbreaks.
- Since its inception in 2015, GRRT provided readiness and training to over 600 staff from across the agency, contributed over 41,600 person days of response, and worked in over 70 locations.

2-3 infographics and or key activities to highlight in a graphic:

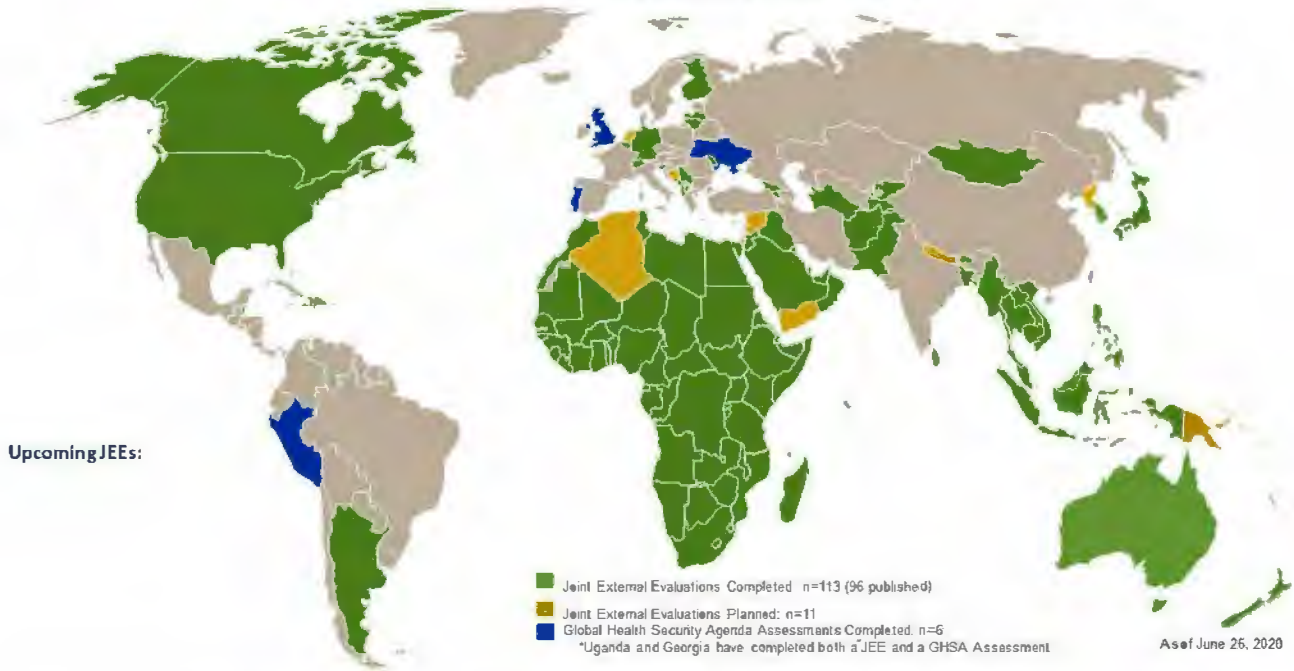
Global Rapid Response Team Deployments

October 2015-September 2019

Number of deployments by country



Country Progress with Independent Global Health Security Agenda and Joint External Evaluation Assessments



How your Division has contributed to the COVID-19 response or is adapting programs in light of COVID-19:

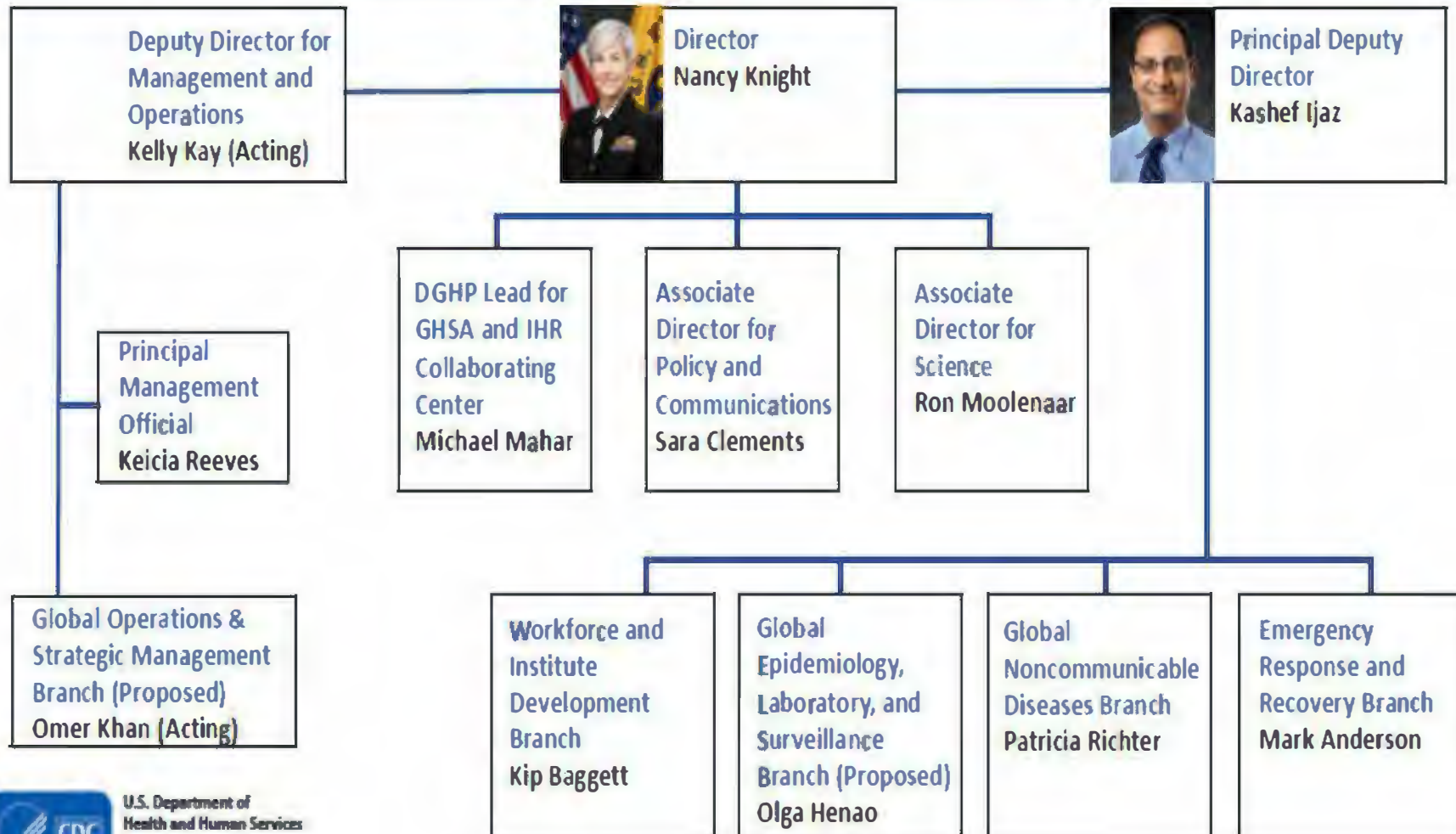
DGHP has been instrumental in the global COVID-19 response. 135 DGHP HQ Staff members (reported 7/2/2020) and 186 DGHP overseas staff from 31 country offices (reported 6/26/2020) have been involved in the ongoing COVID-19 response. As of July 6th, a total of 192 GRRT members have responded to COVID-19.

GDDOC has reported on this event 120 times, in 217 different countries and territories as of July 2, 2020. GDDOC's data and leadership has supported the COVID-19 International Task Force to develop daily internal and high-level U.S. situation reports to assist in identifying countries at risk, prioritizing support for at-risk countries, assessing the risk of importation to the U.S., and making determinations on CDC Travel Health Notices. These reports and data were also provided to CDC country offices and other response teams for situational awareness and to inform additional analyses and preparedness and response activities.

In addition, DGHP engages in various activities to help strengthen and support partner countries in COVID-19 preparedness and response. A qualitative survey conducted in April 2020 representing 24 countries found the support included:

- Implementing cascade trainings for staff from various ministerial sectors and levels in health systems which played a crucial role in rapidly preparing frontline workers. Most of the CDC trainees who engaged in the cascade training activities were from longer, more intensive programs, such as the FETP- frontline or FETP-advanced and the Public Health Emergency Management (PHEM) Fellowship in Atlanta.
- Supporting centralized national surveillance systems (as reported by 14 of the 24 countries surveyed), many of which are critical for the COVID-19 response. Surveillance systems for other diseases, such as acute influenza, were often adapted for COVID-19.
- Helping develop and support integrated laboratory systems that improved detection and notification of COVID-19 cases. CDC invested in integrated surveillance, laboratory, and EOC reporting systems that were deployed by data-driven decisions to support the COVID-19 response efforts.
- Strengthening an interconnected base of NPHIs to enhance capabilities of health institutions. Several NPHIs function as the central coordinating body for COVID response in country.
- Supporting FETP programs that supported COVID-19 response. FETP alumni from some partner countries were called on to provide leadership for surveillance, laboratory, and emergency management and response activities. In most countries with COVID-19 cases, FETP trainees were engaged in the initial outbreak activities including contract tracing, screening at airports, or training others on COVID-specific topics. All 24 countries that responded to the survey discussed the importance of FETP trainees and graduates for preparedness and response efforts and 14 reported FETP involvement in COVID-19 response efforts specifically.

Center for Global Health Division of Global Health Protection



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Division Name: Division of Parasitic Diseases and Malaria (DPDM)

Mission: The Division of Parasitic Diseases and Malaria's mission is to protect and improve the health of Americans and the global community from parasitic disease threats through evidence-based public health action.

Organization (i.e. branches):

Office of the Director (see attached org. chart)

- Office of Management and Operations
- Office of Laboratory Science
- Office of Policy and Communications
- Office for Science and Program/ADS

Branches

- Entomology Branch ¹
- Malaria Branch ²
- Parasitic Diseases Branch ³

Division Priorities (80 words or less):

1. Reduce death, illness, and disability from parasitic diseases in the United States
2. Eliminate the global burden of malaria and targeted neglected tropical diseases
3. Advance research to detect, prevent, and eliminate parasitic diseases

Why We're Here (100 words or less) – Describe high-level work of the Division

DPDM diagnoses, supports treatment, and prevents sickness and death in the U.S. and globally from parasitic infections. DPDM provides 24/7 expert consultation to health departments, physicians, hospitals, and laboratories and releases life-saving medications not available commercially.

DPDM works to reduce the substantial illnesses and disability caused by neglected tropical diseases (NTDs), with a focus on those that can be controlled through mass drug administration (MDA) or other low-cost interventions.

DPDM is a global leader in preventing and treating malaria, providing scientific expertise to endemic countries and partners to improve surveillance, laboratory systems, and management of malaria cases.

¹ provides cross-cutting entomologic expertise and support; provides essential laboratory support to states, countries, and other partners; and conducts vital research and program evaluation. Work is done in coordination with NCEZID's Division of Vector Borne Diseases where possible.

² collaborates with partners to prevent and control **malaria**, including co-implementing the **President's Malaria Initiative (PMI)**

³ collaborates with partners to prevent, control, and eliminate **neglected tropical diseases (NTDs)** and **neglected parasitic infections** both domestically and internationally.

How We Work (150 words or less) – Describe the Division’s work and partners

DPDM maintains the national parasitic disease reference laboratories, coordinates national surveillance for notifiable parasitic diseases, improves awareness and knowledge of parasitic infections in the US, provides consultation to state and local health departments about parasitic disease outbreaks and patient management, and maintains CDC’s parasitic disease drug service for otherwise unavailable drugs. Because diagnostic capacity for parasitic diseases at the state-level has declined, states rely on these systems to monitor, diagnose, and treat parasitic diseases.

Globally, we provide expertise to other U.S. government agencies, countries, and global partners to inform and support parasitic disease control and elimination programs, including the President’s Malaria Initiative (PMI) which we co-implement with USAID and the USAID NTD program. For both malaria and NTDs, we leverage CDC resources with funding from USAID and private sector to conduct research to strengthen surveillance and data use, improve program delivery, and develop/evaluate new tools to combat parasitic diseases. DPDM directly supports elimination efforts in Haiti (malaria and lymphatic filariasis) and American Samoa (lymphatic filariasis). Haiti elimination work in Haiti is supported by BMGF.

With funding from CDC’s AMD program, DPDM is working on next-generation sequencing projects related to malaria drug resistance, malaria diagnostics, a universal parasitic diagnostic assay, and cyclosporiasis genotyping.

What’s Needed (150 words or less) – What’s needed now to make progress towards meeting your priorities?

- Modernize the diagnosis of parasitic diseases to keep pace with emerging parasites and advances in technology.
- Increase awareness, education, and available data on parasitic diseases in the U.S.
- Continue scale up of proven interventions in countries.
- Expand and strengthen surveillance for data-driven decision making.
- Monitor and mitigate threats from malaria insecticide and drug resistance.

Long-Term Opportunities (150 words or less) – What are big, long-term Division efforts?

- Develop and optimize tools and strategies to reduce malaria morbidity and mortality.
- Develop better diagnostic laboratory tests for public health surveillance of NTDs.
- Develop epidemiologic/surveillance strategies to deploy new lab tools.
- Eliminate lymphatic filariasis (LF) in the Americas.
- Improve appropriate and timely diagnosis of parasitic disease in the U.S.
- Improve awareness and knowledge about parasitic diseases in the U.S.
- Improve public health monitoring for and response to parasitic disease outbreaks.
- Conduct research and advance promising interventions or tools for parasitic diseases in the U.S.
- Better position CDC’s role within PMI, including streamlining the process of receiving appropriations annually and codifying the PMI deputy position as a CDC position.

- Grow short-term AMD projects and transition them into sustained investments as support for state health departments in utilizing AMD technologies for parasitic diseases—particularly for Cyclospora surveillance—could be enhanced.

Key Accomplishments (150 words or less) – Key statistics of accomplishments over the past 4 years

- Managed distribution of IV artesunate to severe malaria cases in the US since it was neither FDA-approved, nor commercially available.
 - Artesunate received FDA approval in May. DPDM will continue to distribute artesunate until it's widely available.
- Conducts more than 7,000 diagnostic tests each year, and offers DPDx, an online resource, to provide diagnostic assistance and training in laboratory identification of parasites.
- Serves as a global resource through its WHO centers of excellence for Guinea worm, malaria, and trachoma, and world-renowned insectary and laboratories.
- Leads Malaria Zero efforts to eliminate malaria from Haiti, and efforts to eliminate lymphatic filariasis from Haiti and American Samoa.
- Employs a highly sensitive laboratory multiplex assay that can simultaneously detect infections from more than 30 viral, bacterial, and parasitic pathogens using a single, small blood sample.
- Uses Advanced Molecular Detection methods to modernize development of new tests for parasitic infections and to monitor for malaria drug and insecticide resistance.
- DPDM works with partners to improve healthcare provider awareness of neglected parasitic infections in the United States, including Chagas disease. These partners have developed new strategies, educational tools, materials, and guidelines to improve awareness and prevention of Chagas disease. These efforts have reached more than 9,200 healthcare providers nationwide.

2-3 infographics and or key activities to highlight in a graphic:

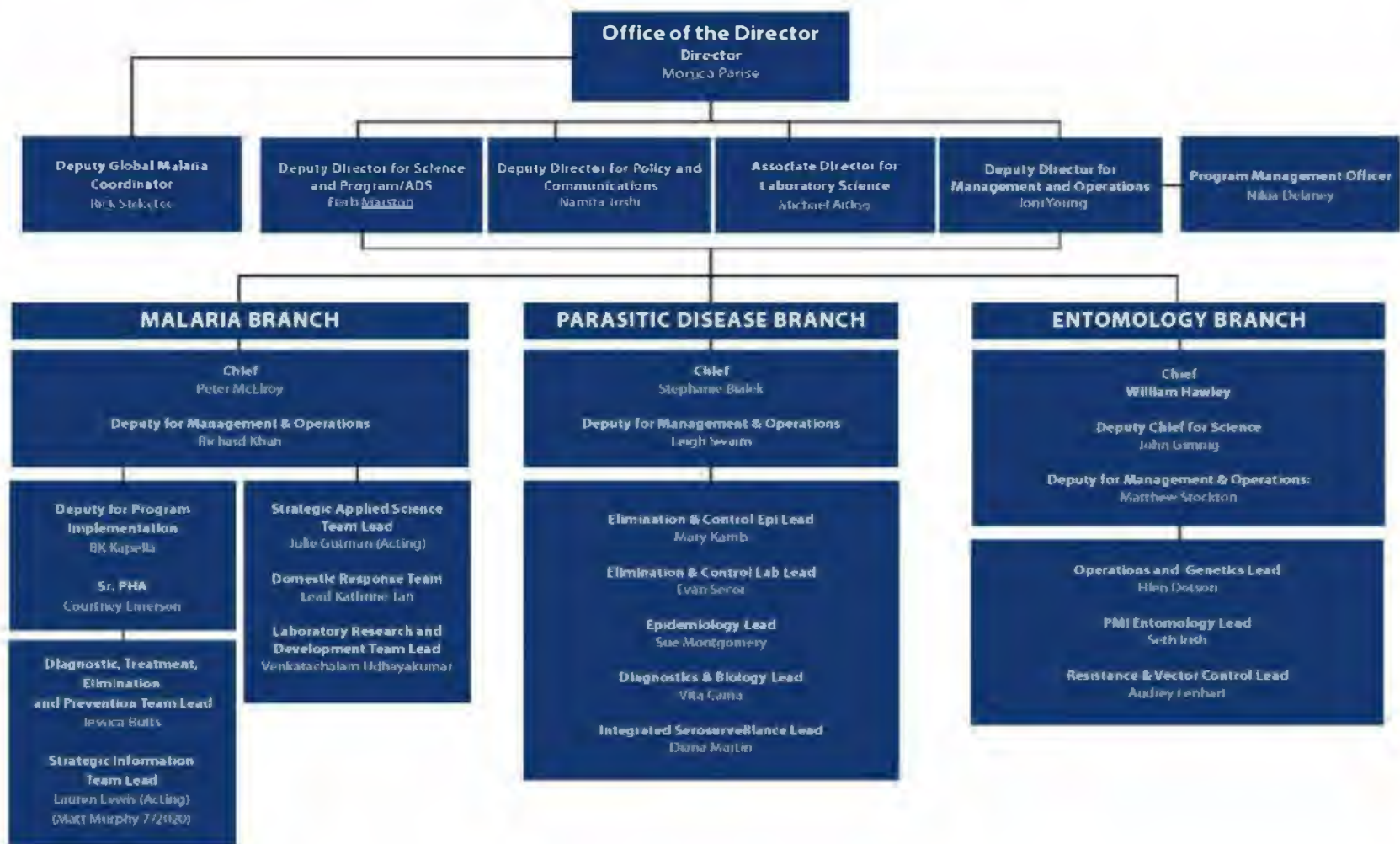
- There were more than 2,000 malaria cases in the US in 2016, the highest number since 1972. Cases in the US—essentially all of which are travel-associated—are on an upward trend (though COVID's impact on international travel is expected to decrease malaria cases in the US).
- In 2019, there were 2,408 confirmed cases of cyclosporiasis reported from 37 states. To improve control efforts, DPDM staff are developing a method for genotyping these complex organisms that will accurately identify parasite linkages and may be useful for outbreak identification and investigation.

How your Division has contributed to the COVID-19 response or is adapting programs in light of COVID-19:

- Much of DPDM's surveillance work, research, clinical trials, and planned MDAs across the world have been delayed.
- DPDM is participating in WHO-led efforts to mitigate the impact of COVID-19 on the global malaria response. Workgroups have been established to ensure key, planned malaria control activities continue. Special measures will be taken to avert exacerbation of malaria or COVID-19 in places where both exist.

- Provided expert guidance and technical assistance regarding chloroquine / hydroxychloroquine (CQ/HCQ) and COVID-19.
- Contributing to CDC and partner focus groups on malaria and COVID-19.
- Engaging in Oxford-Wellcome Trust-led trial looking at chloroquine/COVID-19.

CDC Center for Global Health Division of Parasitic Diseases and Malaria



From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 14:01:13 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD); Cain, Kevin (CDC/DDPHSIS/CGH/OD); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD)
Subject: FW: Review requested: Division onboarding briefers for Dr. Nate Smith
Attachments: Division 1 Pager Template_2020_GID_07082020.docx, Division 1 Pager Template_2020_DGHP_07082020.docx, Division 1 Pager_2020_DGHT_07082020.docx, Division 1 Pager Template_2020_DPDM_07082020.docx

Rebecca,

Here are the Division briefers for Nate Smith.

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Sager, Catherine R. (CDC/DDPHSIS/CGH/OD) <vtt4@cdc.gov>
Sent: Wednesday, July 8, 2020 3:51 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>
Subject: Review requested: Division onboarding briefers for Dr. Nate Smith

Hi Serena,

Please see attached for the draft Division briefers for your review. Thank you!

-Cassie

Catherine (Cassie) Sager, MPH, CHES

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Center for Global Health
U.S. Centers for Disease Control and Prevention
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Division Name: Global Immunization Division

Mission: CDC's Global Immunization Division (GID) is dedicated to ensuring that everyone, everywhere shares in the benefits of immunization. We do this by providing scientific and public health expertise, and by making evidence for action available for optimal policy and programmatic decision-making at all levels, from community to global. Our vision is a world with healthy people protected from vaccine-preventable diseases, disabilities, and death.

Organization (i.e. branches):

Office of the Director (see attached org. chart)

Branches

- Polio Eradication Branch
- Accelerated Disease Control and Vaccine Preventable Disease Surveillance Branch
- Strategic Information and Workforce Development Branch
- Immunization Systems Branch

Division Priorities (80 words or less):

1. Eradicate polio and maintain a polio-free world
2. Achieve a world free of measles and rubella
3. Optimize VPD outbreak detection and response
4. End VPD deaths among children under age 5 years
5. Reduce chronic disease and cancer deaths from VPDs

Why We're Here (100 words or less) – Describe high-level work of the Division

CDC's global immunization activities focus on reaching children in developing countries who are at the highest risk for illness and death from VPDs in order to prevent these diseases from reaching U.S. borders. CDC's global immunization program plays an essential role in early detection of VPDs and provides technical support for other nations to control disease outbreaks at the source. CDC provides epidemiologic, laboratory, and programmatic support in developing, monitoring, and evaluating programs and national-level surveillance VPDs in other countries, with an emphasis on polio and measles.

How We Work (150 words or less) – Describe the Division's work and partners

CDC's leadership and guidance in accountability, environmental surveillance, and scientific and programmatic implementation has contributed substantially to the more than 99.9% decline in global polio cases. CDC's activities focus on quality assurance, diagnostic confirmation, and genomic sequencing of samples obtained worldwide; as well as to promote national ownership, oversight, and accountability. CDC performs these functions as a member of the Global Polio Eradication Initiative along with WHO, Rotary, UNICEF, Gavi, and the Bill & Melinda Gates Foundation.

Another focus of GID's work is measles and rubella elimination through work with the Measles & Rubella Initiative, a partnership with the American Red Cross, WHO, UN Foundation, and UNICEF. CDC strengthens the collection and use of surveillance data to better guide program strategy and implementation for measles and rubella elimination. Additionally, efforts focus on capacity building collaborations with countries experiencing the highest burden to achieve sustainability of their own immunization programs and surveillance systems.

What's Needed (150 words or less) – What's needed now to make progress towards meeting your priorities?

- Prioritize continuity in global immunization investments following the certification of wild poliovirus eradication to continue filling gaps in vaccine coverage and surveillance in a post-polio world.
- Expand CDC participation in partnership efforts with key stakeholders to drive data sharing while using analysis to target subnational levels for programmatic intervention; and
- Assert the necessity of expanding vaccine-preventable disease surveillance and outbreak response directly in line with GPEI's Post-Certification Strategy and CDC's Global Health Security goals of early detection.
- Assess the impact of U.S. withdrawal from WHO and develop plans for a way forward on global immunization goals, including the Global Polio Eradication Initiative.

Commented [BC(1)]: Added by CGH policy for consideration

Long-Term Opportunities (150 words or less) – What are big, long-term Division efforts?

- Building strong programs to maintain a polio and measles/rubella free world. CDC is strengthening our collaborations with countries to develop the ability to detect, respond to, and prevent VPD outbreaks under the Global Health Security Agenda and through other programmatic efforts including global and regional immunization partnerships that provide capacity and coordination needed to maximize the health impact of vaccines.
- Optimize vaccine preventable disease (VPD) outbreak detection and response along with strong VPD surveillance
- Reduce deaths from VPDs. CDC is increasing its collaboration with countries that have a high burden of VPDs, helping these countries build capacity to sustain their own immunization programs.
- Support the development and introduction of new vaccines to protect against leading causes of morbidity and mortality and emerging infectious disease threats.

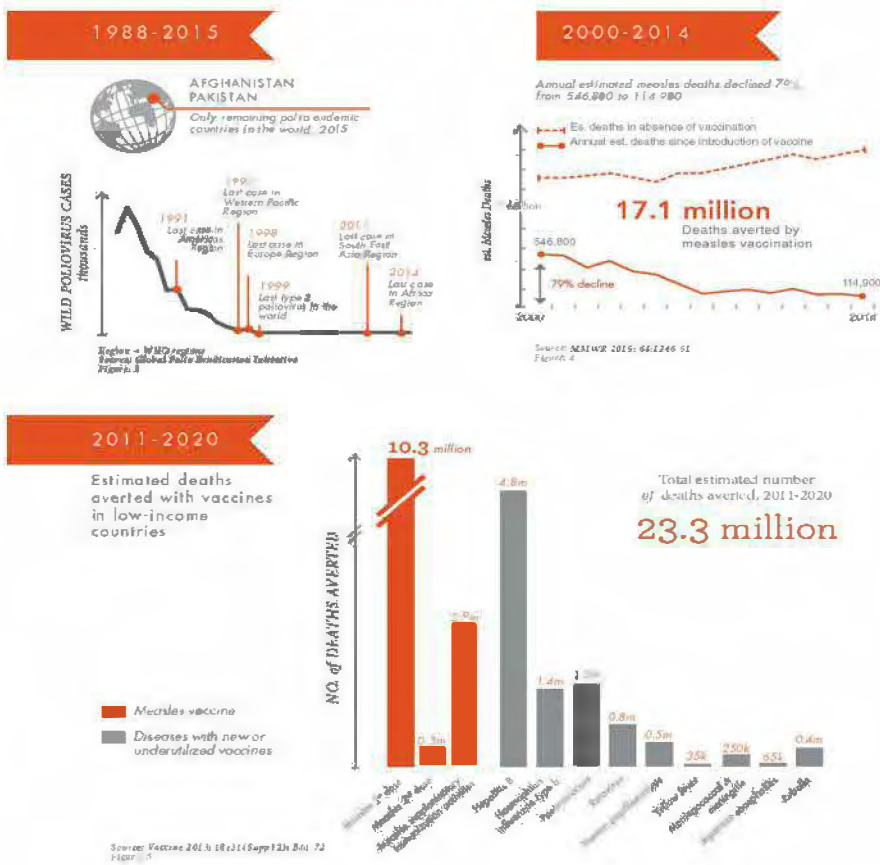
Key Accomplishments (150 words or less) – Key statistics of accomplishments over the past 4 years

- Since CDC and partners began to work towards eradication, polio cases have decreased from more than 350,000 per year in 1988. While three countries remain endemic for polio (Afghanistan, Pakistan, and Nigeria), only Afghanistan and Pakistan have reported wild poliovirus cases since 2016, and CDC works closely with them to implement program improvements to achieve final eradication. As of June 24, 2020, there have been 72 wild polio virus cases and 168 cVDPV cases reported world-wide this year.

- 119 million people were vaccinated against measles in 2018 as a result of CDC outbreak investigation and response in 15 countries with outbreaks and CDC support for four high burden countries with supplemental immunization activities to address endemic measles virus transmission.

2-3 infographics and or key activities to highlight in a graphic:

The Global Impact of Vaccines in Reducing Vaccine-Preventable Disease Morbidity and Mortality



How your Division has contributed to the COVID-19 response or is adapting programs in light of COVID-19:

The COVID-19 pandemic has greatly impacted global immunization efforts. On March 26, 2020 the WHO's Strategic Advisory Group of Experts on Immunization recommended the suspension of mass vaccination campaigns against all vaccine-preventable diseases. This calculated action to protect vulnerable populations from the spread of COVID-19 also means that millions of children globally will not be immunized against vaccine-preventable diseases while the pandemic is ongoing. Additional guidance has been circulated to all countries detailing considerations for conducting immunization work during COVID-19 for outbreak response and routine immunization.

Some of the shifting activities for skilled CDC global immunization staff to the COVID-19 response include:

- Stop Transmission of Polio (STOP) program participants in Angola, DRC, Gabon, Guinea, Guinea Bissau, Haiti, Jordan, Madagascar, Mauritania, Niger, Nigeria, and Somalia have supported the COVID-19 response by performing contact tracing, case verification, social mobilization, development of communication plans, data collection and analysis, and surveillance.
- In Pakistan and Afghanistan, CDC polio staff are assisting the US Embassy with the COVID-19 response and acting as a liaison with local health leaders. The relationships established between CDC, Ministry of Health, and the governments of Pakistan and Afghanistan through polio response efforts are being leveraged to help with the COVID response.
- In Ukraine, a CDC field staff member was name requested by the Ministry of Health to support the Ukrainian National EOC for the COVID-19 response on a full-time basis.
- The CDC polio assignee to WHO based in Kenya is coordinating the investigations on suspect cases for Somalia, ensuring the lab samples move from field to the lab in Kenya, and is acting as the focal point for COVID-19 surveillance for WHO in Somalia.
- In Nigeria, CDC staff, specifically the locally-employed staff are supporting the National Emergency Routine Immunization Coordinating Center (NERICC) with COVID-19 response planning.

Leadership Team Global Immunization Division Center for Global Health



Director
Global Immunization Division
W. William Strydom, MD, MS, FID




Senior Advisor
Stephen Cook, MD, MPH



Deputy Director for Science and Program
Liz Marc, MD, MPH



Deputy Director Management and Operations
Virginia Nowezy, MPH



Field Operations Branch Chief
Kelly Emerson, MD, MPH



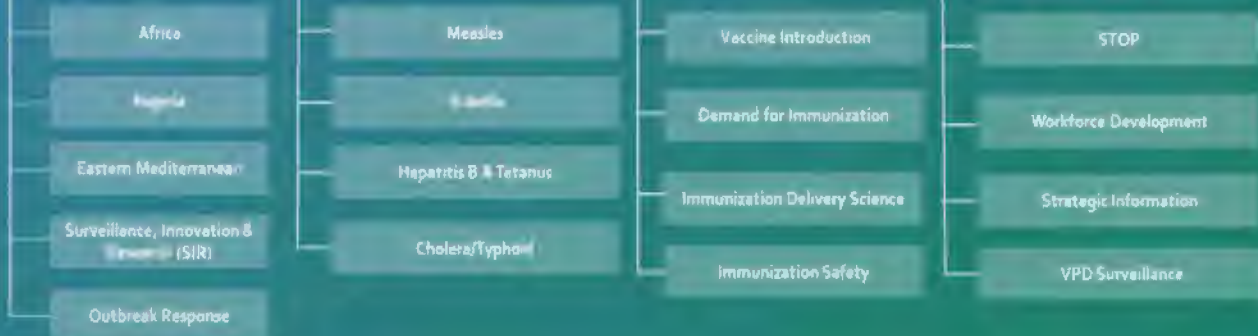
Acute and Chronic Control Branch Chief
Kathleen O'Brien-Gardner, MD, MPH



Immunization Systems Branch Chief
Jonathan Lurie, MD



Strategic Information and Workforce Development Branch Chief
Shalini Prasad, MD, MPH



Template for CGH Division Fact Sheet Content: (2020 Update)

Division Name: Division of Global Health Protection (DGHP)

Mission: Protecting Americans and people worldwide from public health threats by working with partners to build capacity, advance research, and respond in times of crises.

Organization (i.e. branches):

Office of the Director (see attached org. chart)

- Global Health Security Agenda (GHSA) Team and International Health Regulations (IHR) Collaborating Center
- Office of Policy and Communication
- Office for Science, Monitoring and Evaluation, and Applied Research

Branches

- Global Operations & Strategic Management Branch (GOSMB) (Proposed): ¹
- Workforce and Institute Development Branch
- Global Epidemiology, Laboratory, and Surveillance Branch (Proposed)²
- Global Noncommunicable Diseases Branch (proposed to become an office under Office of Director)³
- Emergency Response and Recovery Branch

Division Priorities (80 words or less):

DGHP prioritizes the advancement of global health security to ensure that the world can respond faster and more effectively to contain health threats by:

1. Preventing disease outbreaks by monitoring potential threats and ensuring rapid responses to global health emergencies.
2. Improving detection to mitigate the impact of global disease outbreaks and other public health events.
3. Building country, regional, and global capabilities to respond to public health threats and improve public health preparedness.
4. Collaborating to sustain and strengthen partnerships.

Why We're Here (100 words or less) – Describe high-level work of the Division

DGHP leads CDC's critical efforts to strengthen global health security. DGHP implements models of country engagement that range from technical assistance through TDY from headquarters or a regional

¹ GOSMB is combination of two previous branches (Overseas Business Operations Branch & Country Strategy and Implementation Branch) into one branch. It is pending MASO package approval, but has already begun to function as a branch..

² Proposed name change for the Epidemiology, Informatics, Surveillance, and Laboratory (EISL) Branch in the MASO package.

³ Changing from a branch to an office within DGHP OD as recommended by CDC-OD in MASO package.

office to a country office presence with expertise across the core four technical areas of work (surveillance, laboratory networks, workforce development, and emergency management) and associated public health capacities. Through these models of engagement, the division's technical assistance and investments build critical systems and capacities in country to advance health security capabilities in alignment with CDC's commitment to self-sufficiency for early detection and response to routine outbreaks.

How We Work (150 words or less) – Describe the Division's work and partners

DGHP strives to increase the security of the world's health by strengthening the capacity of countries we work with to prevent, detect, and respond to health threats. DGHP does this by:

- Monitoring new and emerging diseases 24/7 through the Global Disease Detection Operations Center (GDDOC) in Atlanta and through Global Disease Detection programs across the globe.
- Extending in-country surveillance and building a global workforce of disease detectives through the Field Epidemiology Training Program (FETP).
- Creating National Public Health Institutes (NPHI) around the world that serve as a home for public health expertise.
- Supporting countries experiencing health emergencies through Emergency Response and Recovery activities.
- Sharing resources with existing programs to reduce noncommunicable diseases caused by hypertension and tobacco use.
- Training staff to manage emergency operations centers so they can respond quickly to outbreaks.
- Gathering and using relevant health information through surveys and data sharing initiatives.

What's Needed (150 words or less) – What's needed now to make progress towards meeting your priorities?

DGHP works alongside key CDC programs, other U.S. government agencies, ministries of health, and international organizations to ensure countries around the world can address gaps in emergency preparedness and response. DGHP continues its Global Health Security activities, building a long-term, sustainable foundation that protects the American people from health threats around the world. Through additional funding and the maintenance and cultivation of strong collaborative partnerships, DGHP will be able to enhance its capacity to contain contagious disease threats where they occur— from Ebola in West Africa to polio in Pakistan and Afghanistan to pneumonia of unknown etiology in China. To achieve further progress, DGHP needs to increase the geographic and strategic positioning of its expertise to ensure early disease detection and rapid response capabilities and continue to allocate funding to meet public health security challenges worldwide stopping diseases at their source.

Long-Term Opportunities (150 words or less) – What are big, long-term Division efforts?

Robust public health systems require long-term investments to ensure that local outbreaks do not become global epidemics. Examples of DGHP's long-term efforts include:

- Identifying priority countries based on regional gaps and threat analyses. This may include continuing development efforts with existing partner countries and partnering with new countries for NPHI establishment. In its NPHI 2030 Strategy, DGHP prioritized countries for continued and future engagement, hoping to expand support to an additional 13 countries in the next 10 years using a phased funding approach. This includes development of 5 NPHI centers of excellence and will include both building the NPHI's capacity at the national level and supporting the NPHI in regional and linguistic partnerships toward NPHI development in other countries.
- Working with new CDC Regional Offices to ensure strong collaboration with existing country platforms and to identify opportunities for expansion of successful programs throughout each region.
- Assisting countries in the development of National Action Plans for Health Security, which identify the resources and actions needed to address gaps identified by Joint External Evaluations.
- Strengthening global workforce capacity. DGHP currently supports 48 programs that train disease detectives in 54 countries through FETP. In order to accelerate achievement of International Health Regulations targets for field epidemiologists and to strengthen frontline disease detection, DGHP has prioritized approximately 60 countries for continued and future FETP development over the next 10 years.
- Strengthening and maintaining agency's response capacity for effective response and surge during humanitarian assistance or infectious disease outbreaks response through Global Rapid Response Team (GRRT).

Key Accomplishments (150 words or less) – Key statistics of accomplishments over the past 4 years

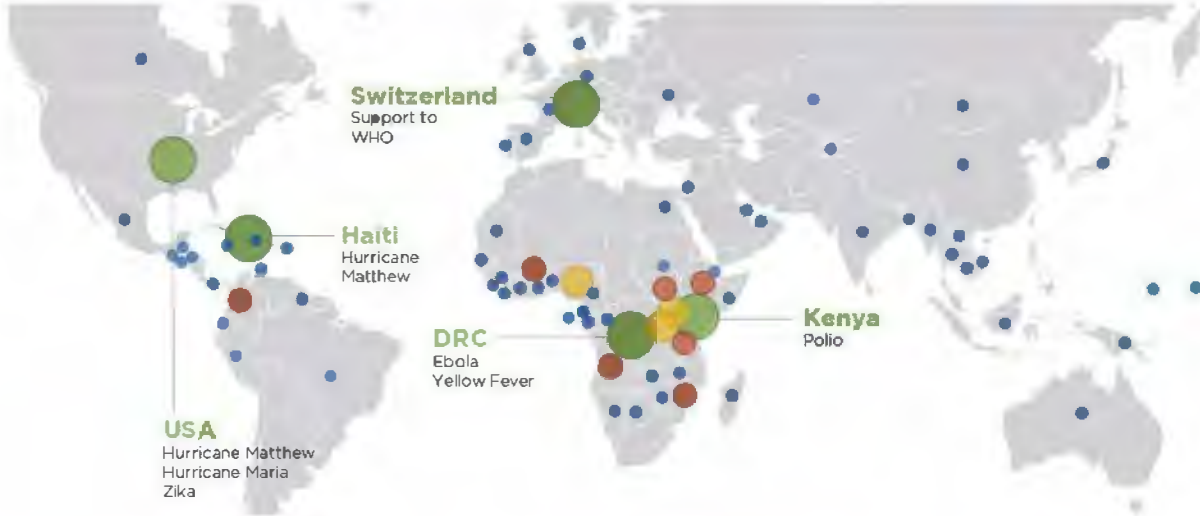
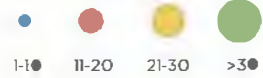
- In 2019 alone, GDDOC monitored and reported on 134 outbreaks in 88 countries.
- More than 17,900 individuals have received laboratory training from DGHP since 2006.
- Over 25 countries and one regional entity (Africa CDC) have worked with DGHP on NPHI creation and/or enhancement since 2011.
- As of January 2020, 15 of the 17 intensive support countries have had improvements in at least one GHSA technical area with technical assistance from DGHP.
- In 2019, DGHP's FETP had 1,373 graduates in total across Frontline, Intermediate, and Advanced programs, with a subset of residents responding to 337 suspected outbreaks.
- Since its inception in 2015, GRRT provided readiness and training to over 600 staff from across the agency, contributed over 41,600 person days of response, and worked in over 70 locations.

2-3 infographics and or key activities to highlight in a graphic:

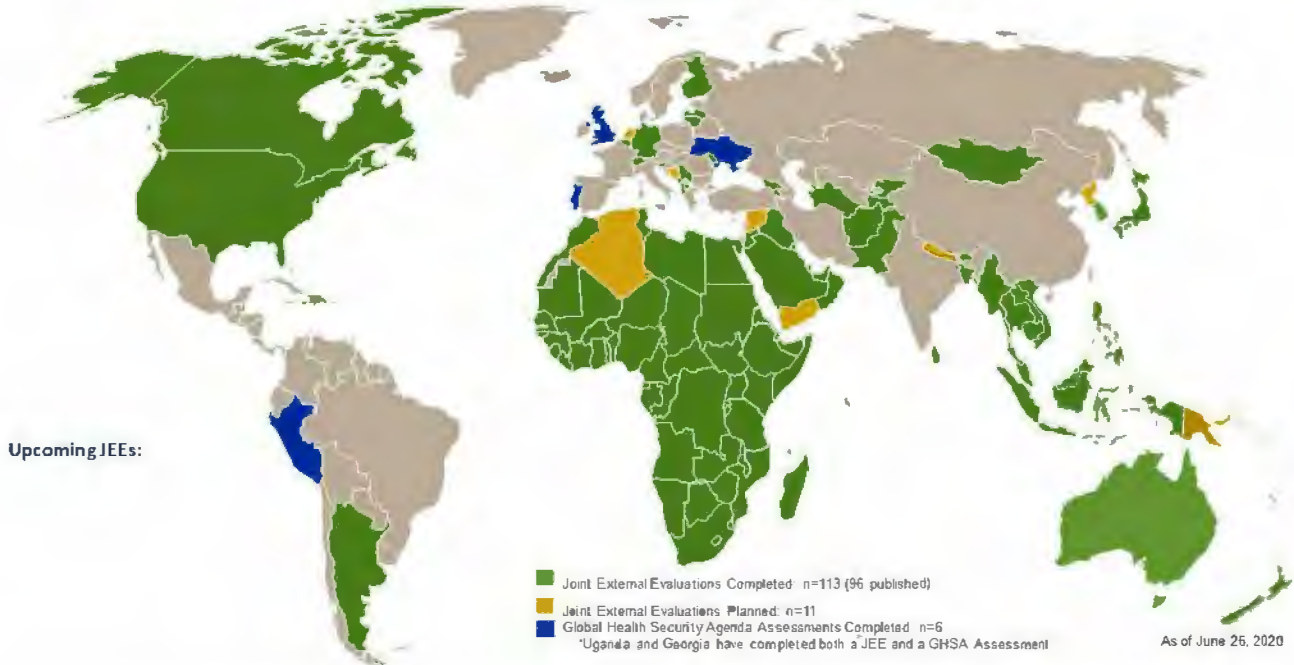
Global Rapid Response Team Deployments

October 2015-September 2019

Number of deployments by country



Country Progress with Independent Global Health Security Agenda and Joint External Evaluation Assessments



How your Division has contributed to the COVID-19 response or is adapting programs in light of COVID-19:

DGHP has been instrumental in the global COVID-19 response. 135 DGHP HQ Staff members (reported 7/2/2020) and 186 DGHP overseas staff from 31 country offices (reported 6/26/2020) have been

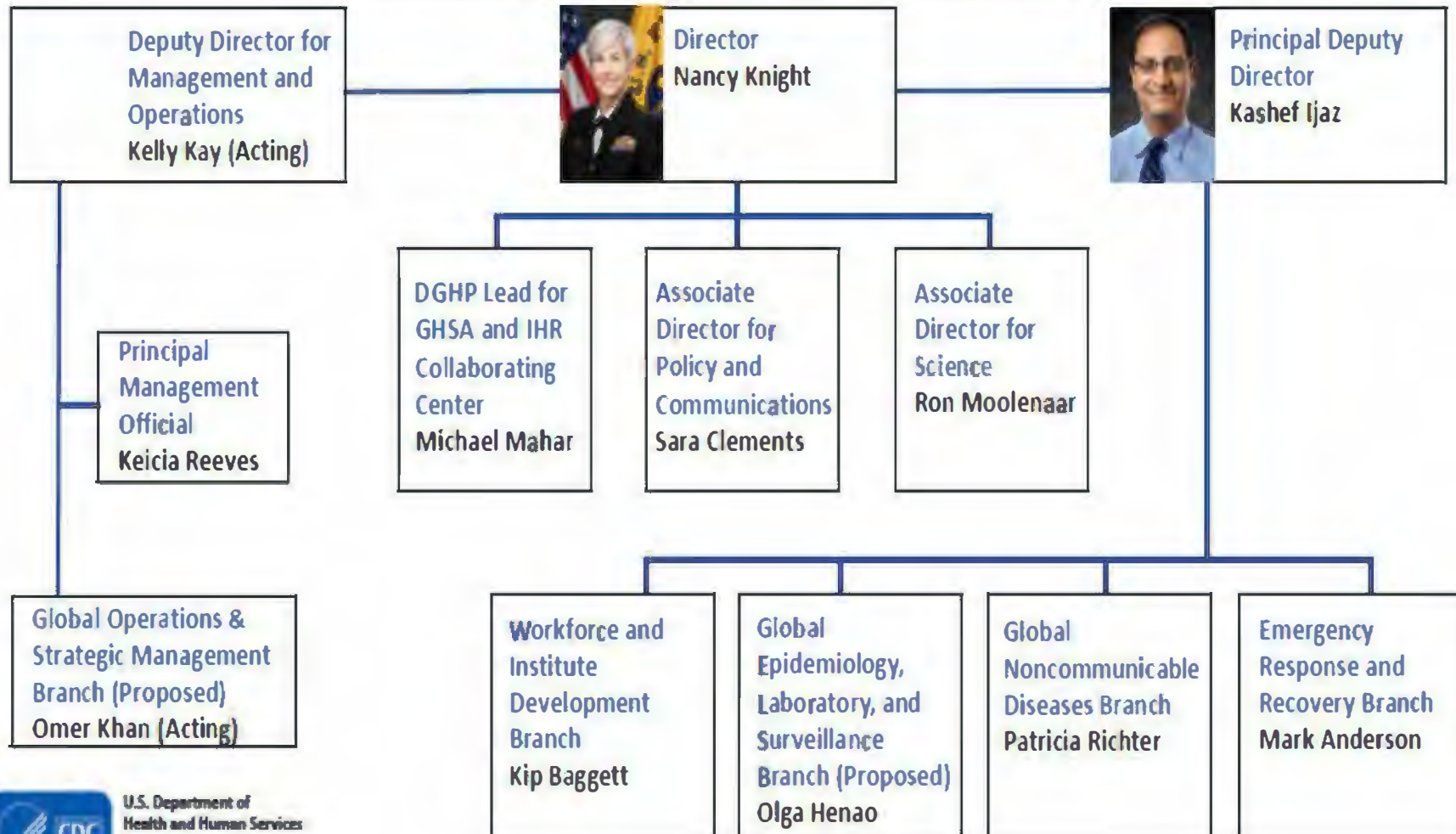
involved in the ongoing COVID-19 response. As of July 6th, a total of 192 GRRT members have responded to COVID-19.

GDDOC has reported on this event 120 times, in 217 different countries and territories as of July 2, 2020. GDDOC's data and leadership has supported the COVID-19 International Task Force to develop daily internal and high-level U.S. situation reports to assist in identifying countries at risk, prioritizing support for at-risk countries, assessing the risk of importation to the U.S., and making determinations on CDC Travel Health Notices. These reports and data were also provided to CDC country offices and other response teams for situational awareness and to inform additional analyses and preparedness and response activities.

In addition, DGHP engages in various activities to help strengthen and support partner countries in COVID-19 preparedness and response. A qualitative survey conducted in April 2020 representing 24 countries found the support included:

- Implementing cascade trainings for staff from various ministerial sectors and levels in health systems which played a crucial role in rapidly preparing frontline workers. Most of the CDC trainees who engaged in the cascade training activities were from longer, more intensive programs, such as the FETP- frontline or FETP-advanced and the Public Health Emergency Management (PHEM) Fellowship in Atlanta.
- Supporting centralized national surveillance systems (as reported by 14 of the 24 countries surveyed), many of which are critical for the COVID-19 response. Surveillance systems for other diseases, such as acute influenza, were often adapted for COVID-19.
- Helping develop and support integrated laboratory systems that improved detection and notification of COVID-19 cases. CDC invested in integrated surveillance, laboratory, and EOC reporting systems that were deployed by data-driven decisions to support the COVID-19 response efforts.
- Strengthening an interconnected base of NPHIs to enhance capabilities of health institutions. Several NPHIs function as the central coordinating body for COVID response in country.
- Supporting FETP programs that supported COVID-19 response. FETP alumni from some partner countries were called on to provide leadership for surveillance, laboratory, and emergency management and response activities. In most countries with COVID-19 cases, FETP trainees were engaged in the initial outbreak activities including contact tracing, screening at airports, or training others on COVID-specific topics. All 24 countries that responded to the survey discussed the importance of FETP trainees and graduates for preparedness and response efforts and 14 reported FETP involvement in COVID-19 response efforts specifically.

Center for Global Health Division of Global Health Protection



Division Name: Division of Global HIV & TB (DGHT)

Mission: CDC's Division of Global HIV & TB (DGHT) is dedicated to ensuring progress toward HIV epidemic control as part of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and finding, curing, and preventing tuberculosis (TB) worldwide. By applying rigorous scientific and technical expertise, and continuously using data in program planning and assessment, DGHT aims to increase HIV and TB program impact and cost effectiveness.

Organization (i.e. branches): (see attached org chart)

Office of the Director

- Overseas Strategy and Management Branch (OSMB)
- Science Integrity Branch (SIB)
- International Laboratory Branch (ILB)

Branches

Data Integration and Analysis

- Economics and Health Services Research Branch (EHSRB)
- Epidemiology and Surveillance Branch (ESB)
- Health Informatics, Data Management and Statistics Branch (HIDMSB)
- Monitoring, Evaluation and Data Analysis Branch (MEDAB)

Programs

- Global TB Branch (GTB)
- HIV Care and Treatment Branch (HCTB)
- HIV Prevention Branch (HiP)
- Maternal and Child Health Branch (MCHB)

Management and Global Operations

- Management and Operations Branch (MOB)
- Program Budget and Extramural Management Branch (PBEMB)
- Special Initiatives Branch (SPIN)
- Strategy, Policy and Communication Branch (SPCB)

Division Priorities (80 words or less):

DGHT strives to:

1. Achieve outcomes and impact
2. Support an effective and nimble workforce

3. Find solutions to barriers
4. Use data for decisions
5. Act swiftly and with quality
6. Tell our stories

Programmatic priorities:

1. Ensure 95% of all people living with HIV know their status, 95% of those are on treatment, and 95% of those are virally suppressed
2. Prevent mother-to-child HIV transmission
3. Prevent new HIV infections, including a focus on adolescent girls and young women
4. Develop high quality laboratories
5. Build sustainable health systems and workforce
6. Strengthen local surveillance
7. Find, cure and prevent TB

Why We're Here (100 words or less) – Describe high-level work of the Division

HIV and TB are the world's two most deadly infectious diseases, with 37 million people living with HIV, two billion people are infected with TB each year. Although TB disease is preventable, it remains the leading cause of death for people living with HIV. DGHT, through PEPFAR, is focused on accelerating HIV and TB treatment and prevention worldwide through a targeted approach that relies on evidence-based approaches and regular review and use of program data to continuously improve.

How We Work (150 words or less) – Describe the Division's work and partners

CDC/DGHT serves as an implementing agency for PEPFAR, in collaboration with the U.S. Department of State, U.S. Agency for International Development, National Institutes of Health, Health Resources and Services Administration, Department of Defense, Peace Corps, and other U.S. government agencies. DGHT works in more than 45 countries in Africa, Asia, Central America, and the Caribbean. DGHT awards cooperative agreements (with substantial technical and management involvement) to international, local, and governmental implementing partners to provide technical assistance or direct service delivery support to the national HIV and TB response. DGHT implements integrated HIV and TB care, treatment and preventive programs, services, and systems through strong collaborations with country governments, including Ministries of Health as well as non-governmental organizations, leading universities, faith-based organizations, multilateral organizations (World Health Organization, UNAIDS, and Global Fund), and the private sector. We develop and strengthen laboratory services and provide epidemiologic science, informatics, and research support to develop sustainable public health systems.

What's Needed (150 words or less) – What's needed now to make progress towards meeting your priorities?

- Strengthen the core public health system functions – surveillance, laboratory, and infection control – required for sustained and effective response to the HIV and TB epidemics.
- Expand patient-centered approach to prevention, testing, treatment, and retention for HIV, including tailored service delivery approaches that meet the unique needs of men, pregnant women, children/adolescents, and key and vulnerable populations.
- Aggressively scale up use of TB preventive treatment for all people living with HIV.
- Expand access to better screening, contact tracing, and diagnostic tools and networks to find missing TB cases, including for children.
- Optimize treatment for TB and its drug resistant forms, including identifying and evaluating better treatment regimens and expanding access to care and treatment.
- Work with national governments and indigenous organizations to plan for a sustainable HIV and TB response.

Long-Term Opportunities (150 words or less) – What are big, long-term Division efforts?

- Enhance investment in data systems (including electronic medical records, HIV and TB national data warehouses, HIV case-based surveillance, and recency surveillance) that collect, analyze, and visualize data in real time for country programs and stakeholders.
- Focus on 12 high TB burden countries, to better understand and characterize each country's epidemic and to use this improved epidemiologic data and profiles to target and implement high-impact programmatic interventions to improve diagnosis, treatment and prevention of TB.
- Ensure that the political will for country-led response to HIV and TB is strong and sustained.

Key Accomplishments (150 words or less) – Key statistics of accomplishments over the past 4 years

- In fiscal year (FY) 2019, CDC's contributions included:
 - Antiretroviral treatment for 9.2 million people living with HIV, more than one third of all people on treatment worldwide.
 - 11.5 million voluntary medical male circumcisions (50% of 22.9 million for PEPFAR)
 - 6.8 million people living with HIV screened for TB (58% of 11.7 million for PEPFAR)
 - 482,000 pregnant women provided with antiretroviral treatment to prevent mother-to-child HIV transmission (59% of 818,000 for PEPFAR)
 - 1.7 million people who received an HIV-positive test result (57% of 3 million for PEPFAR)

- CDC has built the capacity of more than 700 labs in more than 40 countries, enabling them to identify and prevent the spread of HIV and other diseases that can threaten health and safety across the globe.

2-3 infographics and or key activities to highlight in a graphic:

- CDC has developed and is currently evaluating a simple, rapid test that can simultaneously diagnose HIV and identify if an infection is recent
- CDC is implementing Option B+, a bold strategy to protect newborns from HIV
- CDC is partnering with World Bank in four countries in Southern Africa as part of a 5-year effort to expand diagnoses and treatment to miners, their families and communities

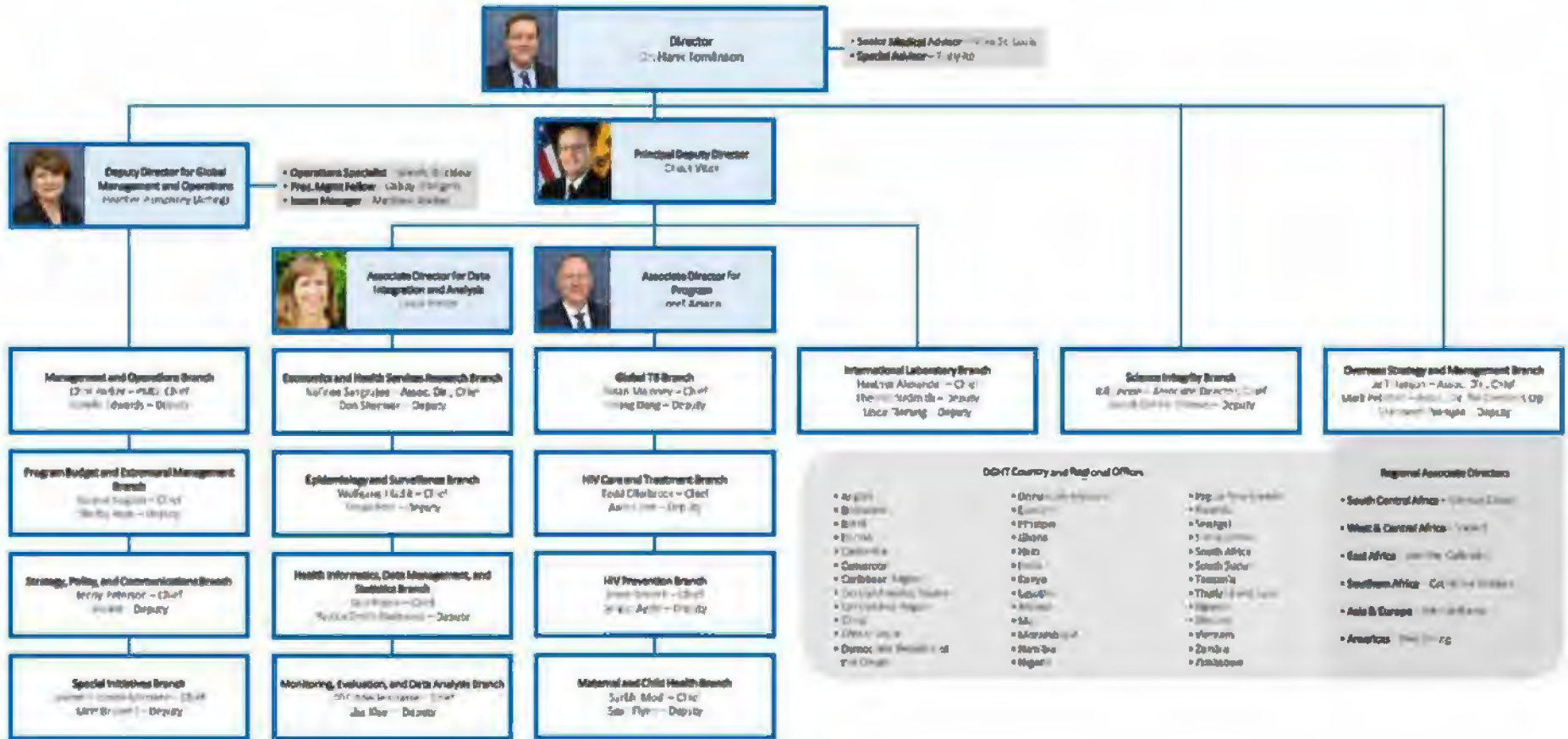
How your Division has contributed to the COVID-19 response or is adapting programs in light of COVID-19:

The COVID-19 outbreak has helped to accelerate efforts to move to multi-month dispensing of antiretroviral treatment, so that people living with HIV can receive three to six months of medications. Many countries have eliminated policy barriers to this approach to decongest the health care system and to decrease potential exposure to COVID-19. Programs are implementing innovative approaches to client-centered service provision, such as contactless delivery of pre-exposure prophylaxis by motorbike to hard-to-reach key populations in Vietnam and innovative use of technology in all countries to support people living with HIV.

DGHT-funded staff (both direct hires and local staff) are supporting the COVID-19 response in many countries. While continuing to manage the HIV and TB programs, they provide technical assistance to the Ministries of Health in policy development, health communication, laboratory capacity, surveillance, clinical education, infection prevention and control, port of entry screening, case investigation and contact tracing, testing and patient care protocol review and development, identification of accredited laboratories, supply procurement, case management, human resources capacity building, sanitation and hygiene, risk communication, and community engagement.

Approximately 800 headquarters and in-country DGHT staff have deployed in support of the COVID-19 response.

Division of Global HIV & TB



Updated – 05/28/2020

Division Name: Division of Parasitic Diseases and Malaria (DPDM)

Mission: The Division of Parasitic Diseases and Malaria's mission is to protect and improve the health of Americans and the global community from parasitic disease threats through evidence-based public health action.

Organization (i.e. branches):

Office of the Director (see attached org. chart)

- Office of Management and Operations
- Office of Laboratory Science
- Office of Policy and Communications
- Office for Science and Program/ADS

Branches

- Entomology Branch ¹
- Malaria Branch ²
- Parasitic Diseases Branch ³

Division Priorities (80 words or less):

1. Reduce death, illness, and disability from parasitic diseases in the United States
2. Eliminate the global burden of malaria and targeted neglected tropical diseases
3. Advance research to detect, prevent, and eliminate parasitic diseases

Why We're Here (100 words or less) – Describe high-level work of the Division

DPDM diagnoses, supports treatment, and prevents sickness and death in the U.S. and globally from parasitic infections. DPDM provides 24/7 expert consultation to health departments, physicians, hospitals, and laboratories and releases life-saving medications not available commercially.

DPDM works to reduce the substantial illnesses and disability caused by neglected tropical diseases (NTDs), with a focus on those that can be controlled through mass drug administration (MDA) or other low-cost interventions.

DPDM is a global leader in preventing and treating malaria, providing scientific expertise to endemic countries and partners to improve surveillance, laboratory systems, and management of malaria cases.

¹ provides cross-cutting entomologic expertise and support; provides essential laboratory support to states, countries, and other partners; and conducts vital research and program evaluation. Work is done in coordination with NCEZID's Division of Vector Borne Diseases where possible.

² collaborates with partners to prevent and control **malaria**, including co-implementing the **President's Malaria Initiative (PMI)**

³ collaborates with partners to prevent, control, and eliminate **neglected tropical diseases (NTDs)** and **neglected parasitic infections** both domestically and internationally.

How We Work (150 words or less) – Describe the Division’s work and partners

DPDM maintains the national parasitic disease reference laboratories, coordinates national surveillance for notifiable parasitic diseases, improves awareness and knowledge of parasitic infections in the US, provides consultation to state and local health departments about parasitic disease outbreaks and patient management, and maintains CDC’s parasitic disease drug service for otherwise unavailable drugs. Because diagnostic capacity for parasitic diseases at the state-level has declined, states rely on these systems to monitor, diagnose, and treat parasitic diseases.

Globally, we provide expertise to other U.S. government agencies, countries, and global partners to inform and support parasitic disease control and elimination programs, including the President’s Malaria Initiative (PMI) which we co-implement with USAID and the USAID NTD program. For both malaria and NTDs, we leverage CDC resources with funding from USAID and private sector to conduct research to strengthen surveillance and data use, improve program delivery, and develop/evaluate new tools to combat parasitic diseases. DPDM directly supports elimination efforts in Haiti (malaria and lymphatic filariasis) and American Samoa (lymphatic filariasis). Haiti elimination work in Haiti is supported by BMGF.

With funding from CDC’s AMD program, DPDM is working on next-generation sequencing projects related to malaria drug resistance, malaria diagnostics, a universal parasitic diagnostic assay, and cyclosporiasis genotyping.

What’s Needed (150 words or less) – What’s needed now to make progress towards meeting your priorities?

- Modernize the diagnosis of parasitic diseases to keep pace with emerging parasites and advances in technology.
- Increase awareness, education, and available data on parasitic diseases in the U.S.
- Continue scale up of proven interventions in countries.
- Expand and strengthen surveillance for data-driven decision making.
- Monitor and mitigate threats from malaria insecticide and drug resistance.

Long-Term Opportunities (150 words or less) – What are big, long-term Division efforts?

- Develop and optimize tools and strategies to reduce malaria morbidity and mortality.
- Develop better diagnostic laboratory tests for public health surveillance of NTDs.
- Develop epidemiologic/surveillance strategies to deploy new lab tools.
- Eliminate lymphatic filariasis (LF) in the Americas.
- Improve appropriate and timely diagnosis of parasitic disease in the U.S.
- Improve awareness and knowledge about parasitic diseases in the U.S.
- Improve public health monitoring for and response to parasitic disease outbreaks.
- Conduct research and advance promising interventions or tools for parasitic diseases in the U.S.
- Better position CDC’s role within PMI, including streamlining the process of receiving appropriations annually and codifying the PMI deputy position as a CDC position.

- Grow short-term AMD projects and transition them into sustained investments as support for state health departments in utilizing AMD technologies for parasitic diseases—particularly for Cyclospora surveillance—could be enhanced.

Key Accomplishments (150 words or less) – Key statistics of accomplishments over the past 4 years

- Managed distribution of IV artesunate to severe malaria cases in the US since it was neither FDA-approved, nor commercially available.
 - Artesunate received FDA approval in May. DPDM will continue to distribute artesunate until it's widely available.
- Conducts more than 7,000 diagnostic tests each year, and offers DPDx, an online resource, to provide diagnostic assistance and training in laboratory identification of parasites.
- Serves as a global resource through its WHO centers of excellence for Guinea worm, malaria, and trachoma, and world-renowned insectary and laboratories.
- Leads Malaria Zero efforts to eliminate malaria from Haiti, and efforts to eliminate lymphatic filariasis from Haiti and American Samoa.
- Employs a highly sensitive laboratory multiplex assay that can simultaneously detect infections from more than 30 viral, bacterial, and parasitic pathogens using a single, small blood sample.
- Uses Advanced Molecular Detection methods to modernize development of new tests for parasitic infections and to monitor for malaria drug and insecticide resistance.
- DPDM works with partners to improve healthcare provider awareness of neglected parasitic infections in the United States, including Chagas disease. These partners have developed new strategies, educational tools, materials, and guidelines to improve awareness and prevention of Chagas disease. These efforts have reached more than 9,200 healthcare providers nationwide.

2-3 infographics and or key activities to highlight in a graphic:

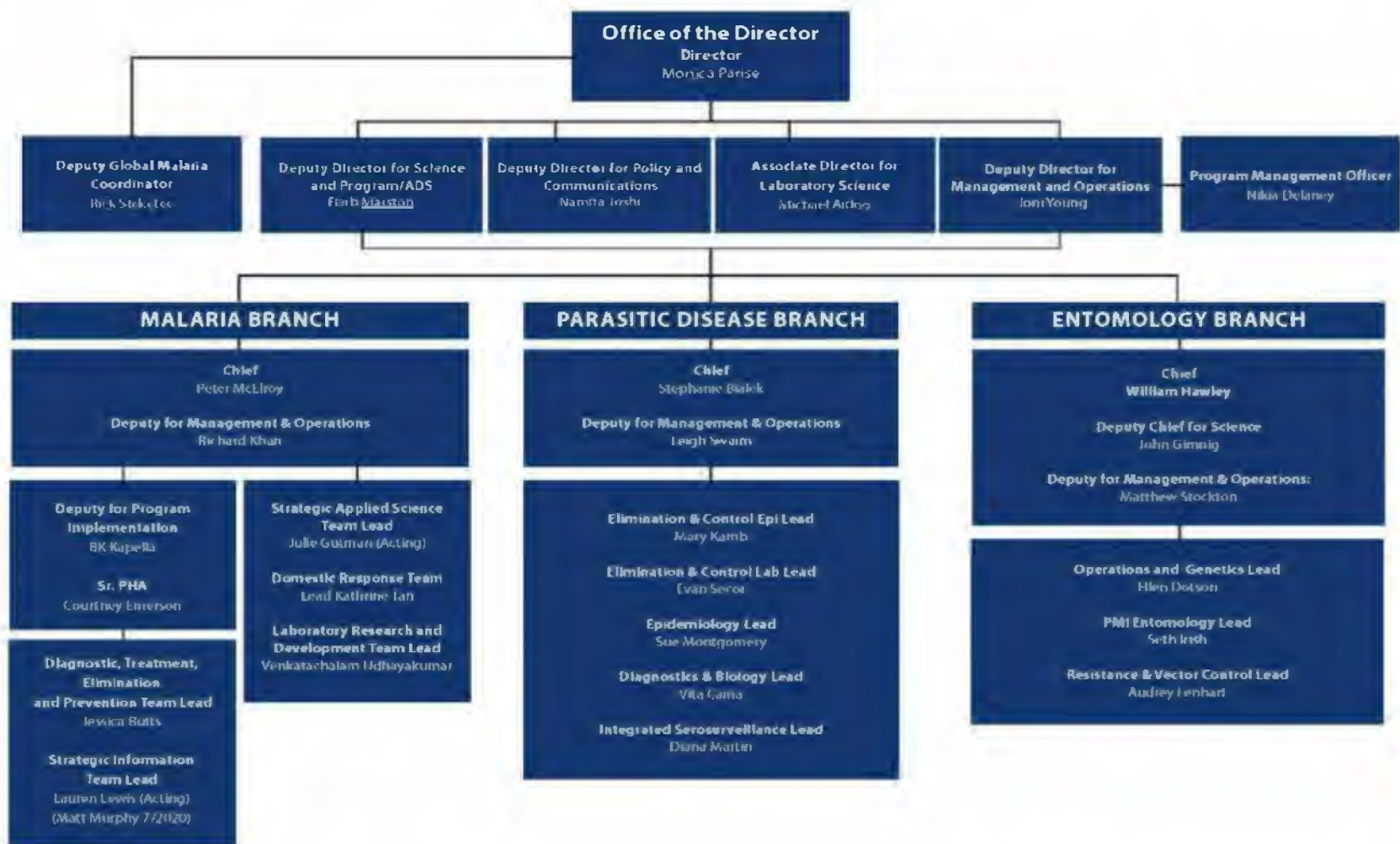
- There were more than 2,000 malaria cases in the US in 2016, the highest number since 1972. Cases in the US—essentially all of which are travel-associated—are on an upward trend (though COVID's impact on international travel is expected to decrease malaria cases in the US).
- In 2019, there were 2,408 confirmed cases of cyclosporiasis reported from 37 states. To improve control efforts, DPDM staff are developing a method for genotyping these complex organisms that will accurately identify parasite linkages and may be useful for outbreak identification and investigation.

How your Division has contributed to the COVID-19 response or is adapting programs in light of COVID-19:

- Much of DPDM's surveillance work, research, clinical trials, and planned MDAs across the world have been delayed.
- DPDM is participating in WHO-led efforts to mitigate the impact of COVID-19 on the global malaria response. Workgroups have been established to ensure key, planned malaria control activities continue. Special measures will be taken to avert exacerbation of malaria or COVID-19 in places where both exist.

- Provided expert guidance and technical assistance regarding chloroquine / hydroxychloroquine (CQ/HCQ) and COVID-19.
- Contributing to CDC and partner focus groups on malaria and COVID-19.
- Engaging in Oxford-Wellcome Trust-led trial looking at chloroquine/COVID-19.

CDC Center for Global Health Division of Parasitic Diseases and Malaria



From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 13:20:31 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Subject: FW: Petition for continued US funding to WHO
Attachments: Petition for Continued US Funding to the World Health Organization-June 30-2.pdf, Media release- Petition for Continued US Funding to the World Health Organization_ June 30-2.pdf

FYI

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Robynn Leidig <rleidig@resolvetosavelives.org>
Sent: Tuesday, July 7, 2020 2:46 PM
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: Petition for continued US funding to WHO

FYI. We also signed onto this. They said that the Petition is out via multiple channels including to the Senate Foreign Relations Committee for an upcoming vote on the WHO allocation.

On Tue, Jun 30, 2020 at 1:55 PM Lindsey Hiebert <lhiebert@taskforce.org> wrote:
Hi Tom and Amanda,

Thank you again for helping to kick-off the petition! With your help, we have gathered 19 influential, organizational signatories so far. The latest version is attached.

We have also put together a media release, which can be found online: <https://www.globalhep.org/news/media-release-leading-public-health-organizations-petition-united-states-government-continued> and is attached as well. We highlighted the critical role you played in kicking this off. We adapted our release to create a generic template, in case your organization also wanted to put something similar out.

Our comms plan from here:

- Make live on our site today
- Post to social media later this afternoon. We will plan to tag all the signatories. Hashtags circulating around USG withdrawal are: #FundWHO #ImpactWHO. Our twitter is @globalhep
- Send out in our newsletter tonight
- The Task Force for Global Health, our home organization is also pushing this out this afternoon in a newsletter and on social media
- Distribute to WHO, other partners

We are also liaising with the Global Health Council and others to see how we can further push this among congressional leadership/other avenues. Any other suggestions you have are most welcome!

John, feel free to add on.

Kind regards,
Lindsey

Lindsey Hiebert

Associate Director, Coalition for Global Hepatitis Elimination
The Task Force for Global Health

<https://www.globalhep.org/>

352-283-4350 (Mobile)

404-301-4134 (Office)

Skype: lindsey_1301

Petition to Continue United States Support for the World Health Organization to Detect Emerging Infections and Eliminate Viral Hepatitis, HIV, TB, Neglected Tropical Diseases and Other Global Health Threats

In consideration of WHO unique role's in global health

Recognizing WHO is comprised of 194 Member States with representation in the World Health Assembly which has authority to approve all WHO activities and finances;

Recognizing WHO is the trusted advisor to ministries of health in scaling up essential and effective prevention, treatment and care services;

Recognizing WHO provides technical assistance particularly for low- and middle-income countries with large burdens of infectious diseases and risks for emergence of new pathogens;

Recognizing WHO's current coordination of the response to COVID-19 pandemic and its declaration of a public health emergency of international concern on January 30 and a global pandemic on March 11, 2020;

Acknowledging the role of WHO in the eradication of smallpox, near eradication of polio, regional elimination of measles, and advancement toward elimination of viral hepatitis, HIV, TB, malaria, and neglected tropical diseases which pose significant threats to people around the world, including the United States;

Affirming the contributions of WHO to improvements in health benefit all nations including the United States;

And the consequences of the withdrawal of US Government support for WHO

Concerned the United States Government has announced withdrawal of the nation as a WHO Member State, joining Liechtenstein as the only UN member not participating in WHO;

Concerned the United States Government announced stopping \$400-500 million in annual financial support of the organization, resulting in a 20% decrease in the WHO budget;

Concerned the resulting loss of United States Government experts and resources will severely curtail WHO emergency response and communicable disease elimination activities;

Concerned the diminishment of WHO capabilities will increase the complexity and cost to international health organizations taking on activities WHO is no longer able to provide;

Concerned with the United States action seen as a model, other nations will take a similar course of action;

Concerned the United States Government decision undermines WHO leadership of the global response to the COVID-19 pandemic and will limit the organization's assistance to Member States in detection and response activities, putting all countries—including the United States—at risk of greater global spread of infectious diseases;

Concerned the United States Government decision will severely compromise WHO capacity and will reverse reductions in transmission and mortality from viral hepatitis, HIV, TB, malaria, neglected tropical diseases, and other communicable diseases targeted for elimination;

Concerned the withdrawal of the United States Government from WHO amidst the COVID-19 pandemic will result in a loss of the United States stature among nations, signal a retreat from a position of leadership in global health, and result in rising influence of other countries with motivations and interests in conflict with our own;

Affirming the United States Government support of WHO as the directing coordinating authority on international health since the birth of the organization in 1948;

Affirming COVID-19 is a stern lesson that infectious agents know no borders and the continued support, collaboration and oversight of WHO by the United States as a Member State will safeguard the nation from emerging infectious health threats, sustain progress toward elimination goals of communicable diseases and protect the health of all Americans.

We, the signatories, hereby petition the United States Government to:

- Continue participation in WHO as a Member State;
- Continue participation in the WHO Executive Board, the World Health Assembly and fulfill all leadership and oversight responsibilities of WHO priorities and operations;
- Continue provision of technical experts and other resources that support WHO response to new infectious health threats and assistance to programs advancing progress toward communicable disease elimination;
- Continue support of WHO through voluntary and assessed contributions at a level equal to or greater than that provided in FY 2017.

We look forward to our continued work with the United States Government, WHO and others to improve global health.



**Coalition for Global Hepatitis
Elimination, Task Force for Global
Health**

www.globalhep.org
John W. Ward, MD, Director

Resolve to Save Lives

<https://resolvetosavelives.org/>
Thomas R. Frieden MD, MPH, President
and CEO

PATH

<https://www.path.org/>
David Fleming, MD, Vice President, Global
Health Programs



Task Force for Global Health
<https://www.taskforce.org/>
David A. Ross, ScD, CEO/President



International Antiviral Society-USA
<https://www.iasusa.org/>
Donna Jacobsen, Executive
Director/President



ASPPH
<https://www.aspph.org/>
Tony Mazzaschi, Chief Advocacy Officer



Trust for America's Health
<https://www.tfah.org/>
 John Auerbach, MBA, President and CEO



Hep B United
<http://www.hepbunited.org/>
 Kate Moraras, MPH, Director



Treatment Action Group
<https://www.treatmentactiongroup.org/>
 Annette Gaudino,
 State & Local Policy Director



HIV Medicine Association
<https://www.hivma.org/>
 Andrea Weddle, Executive Director



National Tuberculosis Controllers Association
<http://www.tbcontrollers.org/>
 Donna Hope Wegener, Executive Director



NASTAD
<https://www.nastad.org/>
 Emily McCloskey, Director, Policy &
 Legislative Affairs



We help the world breathe
 PULMONARY • CRITICAL CARE • SLEEP
American Thoracic Society
<https://www.thoracic.org/>
 Nuala Moore, MA, Director, Government
 Relations



Infectious Disease Society of America
<https://www.idsociety.org/>
 Rabita Aziz, MPH, Senior Global Health
 Policy Specialist



American Association for the Study of Liver Diseases
<https://www.aasld.org/>
 Jorge A. Bezerra, MD, FAASLD, President



Hepatitis B Foundation
<https://www.hepb.org/>
 Chari Cohen, DrPH, MPH, Senior VP



HIV + Hep Policy Institute
cschmid@hivhep.org
 Carl Schmid, Executive Director



Global Liver Institute
<https://www.globalliver.org/>
 Andrew Scott, Director of Policy



Partners in Health
<https://www.pih.org/>
 Cate Oswald, Chief Policy and
 Partnerships Officer



National Viral Hepatitis Roundtable
<https://nvhr.org/>
 Lauren Canary, MPH, Director



International Association of Providers of AIDS Care
<https://www.iapac.org/>
 Dr. José M. Zuniga, President/CEO

For more information, contact: The Coalition for Global Hepatitis Elimination, globalhep@taskforce.org

Released on 30 June 2020.

Leading Public Health Organizations Petition the United States Government for Continued US Support of WHO

Atlanta, GA., June 30, 2020 –Leading United States-based public health organizations today petitioned the United States Government to reverse its decision and continue as a supporting member of the World Health Organization (WHO) to continue advances in global health that benefit all nations, including the United States.

The WHO has been a key player in setting global public health priorities and developing medical and public health guidance since its founding in 1948. It serves as a trusted advisor to ministries of health in scaling up essential and effective prevention, treatment and care services; provides technical assistance particularly for low- and middle-income countries with large burdens of infectious diseases and risks for emergence of new pathogens; has played a critical role in the eradication of smallpox, near eradication of polio, regional elimination of measles, and advancement toward elimination of viral hepatitis, HIV, TB, malaria, and neglected tropical diseases which pose significant threats to people around the world, including the United States; and coordinates the response to the current COVID-19 pandemic.

In April, the United States Government announced it would [halt all funding to WHO](#) and in May the United States announced it would [terminate its relationship](#). The United States has since put into motion a formal withdrawal as a member from the institution, joining Lichtenstein as the only two countries who are not members of WHO.

In response, the Coalition for Global Hepatitis Elimination at the [Task Force for Global Health](#) and [Resolve to Save Lives](#) started a petition to express their support for WHO and the vital role it plays. Other signatories include [PATH](#), [Association of Schools of Public Health and Programs](#), [National Association of State and Territorial AIDS Directors \(NASTAD\)](#), [International Antiviral Society-USA](#), [Treatment Action Group](#), [Trust for America's Health](#), [Infectious Disease Society of America](#), [Hepatitis B Foundation](#), [Hep B United](#), [National Tuberculosis Controllers Association](#), [HIV Medicine Association](#), [American Association for the Study of Liver Diseases](#), [National Viral Hepatitis Roundtable](#), the HIV and Hep Policy Institute, [American Thoracic Society](#), [Global Liver Institute](#), [Partners in Health](#), and [IAPAC](#). These institutions work closely with the World Health Organization and are concerned about both the short-term consequences during the pandemic and long-term consequences for global public health. These include the diminishingment of WHO's capability to manage the global COVID-19 pandemic response and provide assistance to low- and middle-income countries; reversal in progress of elimination and control programs including [hepatitis](#), [HIV](#), [TB](#), [malaria](#), and [neglected tropical diseases](#); and erosion of United States' leadership and influence in global health policy.

"To protect our nation's health, the US government must work with WHO to respond to emerging threats like COVID-19 and continue to eliminate hepatitis and other global scourges. Working globally protects America's health locally," says Dr. John Ward, Director of the Coalition for Global Hepatitis Elimination.



The organizations call on the United States Government to take the following actions:

Continue participation in WHO as a Member State; Continue participation in the WHO Executive Board, the World Health Assembly and fulfill all leadership and oversight responsibilities of WHO priorities and operations; Continue provision of technical experts and other resources that support WHO response to new infectious health threats and assistance to programs advancing progress toward communicable disease elimination; and Continue support of WHO through voluntary and assessed contributions at a level equal to or greater than that provided in FY 2017.

View the petition at www.globalhep.org/USG-WHO-petition.

###

Media Contacts:

Gabriella Corrigan, Task Force for Global Health: gcorrigan@taskforce.org

Lindsey Hiebert, Coalition for Global Hepatitis Elimination: lhiebert@taskforce.org

About the Task Force for Global Health

The Task Force for Global Health is an independent, 501(c)3, nongovernmental organization that exists to eliminate diseases that have plagued humankind for centuries and build the systems necessary to protect the health of entire populations. Based in Decatur, GA, The Task Force's programs focus on eliminating diseases like neglected tropical diseases, polio, and viral hepatitis and strengthening health systems through disease surveillance, information systems, medicines, medical equipment, operational research, seasonal influenza programs, pandemic preparedness, and vaccines. With partnerships and collaboration at the core of The Task Force's work, they help develop global health policies, utilize scientific and technological advances, practice deep compassion, and focus their work around the final-mile orientation to stop diseases and make a real impact by solving massive health problems so that all people can realize their right to living a healthy life.

About the Coalition for Global Hepatitis Elimination at The Task Force for Global Health

The Coalition for Global Hepatitis was launched in 2019 to accelerate progress towards HBV and HCV elimination. The Coalition is made up of over 100 HBV and HCV implementing programs, technical partners, and public and private partners. The Coalition brings together information on ongoing elimination activities, data, and best evidence for program implementation, in addition to providing technical assistance and operational research support. More information can be found at www.globalhep.org.

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 15:25:06 +0000
To: Mampilly, Thomas (CDC/DDPHSIS/CGH/OD); Mikus, Kristie (CDC/DDPHSIS/CGH/OD); Katsoyannis, Miranda (CDC/OD/CDCWO); Tourk, Nancy R. (CDC/OD/CDCWO); Rice, Peggie L. (CDC/OCOO/OFR/OA); Khan, Munmun (CDC/OCOO/OFR/OA); Daigle, David (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Cc: Olsen, Laura (CDC/DDPHSIS/CGH/OD); Brenner, Erica (CDC/DDPHSIS/CGH/OD); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: RE: U.S. Withdrawal from WHO
Attachments: US Withdrawal from WHO White Label Example.docx, Petition for Continued US Funding to the World Health Organization-June 30-2.pdf

Thanks for sharing.

There is also a petition the Task Force for Global Health is circulating.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Mampilly, Thomas (CDC/DDPHSIS/CGH/OD) <wzz8@cdc.gov>
Sent: Wednesday, July 8, 2020 11:02 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Mikus, Kristie (CDC/DDPHSIS/CGH/OD) <lqq1@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; Tourk, Nancy R. (CDC/OD/CDCWO) <wxk8@cdc.gov>; Rice, Peggie L. (CDC/OCOO/OFR/OA) <ksp4@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>; Brenner, Erica (CDC/DDPHSIS/CGH/OD) <qlk2@cdc.gov>
Subject: Fwd: U.S. Withdrawal from WHO

FYI. Please note below and attached.

As indicated, the global health policy community is actively mobilizing a response to the recent U.S. Administration decision to withdraw from the World Health Organization. The message below and the attachment were disseminated widely amongst the global health policy community, through a wide range of list-serves and other platforms.

----- Forwarded message -----
Date: Tue, Jul 7, 2020 at 2:52 PM
Subject: U.S. Withdrawal from WHO

Colleagues,

As you are aware, the United States government has moved forward with the termination of its relationship with the WHO, despite our best efforts and the strong advocacy of many partners. We are sorry to share this unfortunate news. The clock starts now to tell Congress that they should demand answers. We need to ask key questions about current investments, staffing, and the effects this decision has on current programs or collaborations. This cannot and should not be a move that the United States takes lightly. We risk a long term loss of leadership and influence globally.

As the situation continues to evolve, Global Health Council and its Multilateral Roundtable will share more news and actions that individuals and organizations can take to address the many concerns surrounding this news. For now, please see below some immediate suggested actions.

Immediate action you and your organization can take:

- Prepare a statement supporting the World Health Organization, highlighting the important programming they do, and urging Congress to investigate what this withdrawal means for U.S. global health programs that cooperate with WHO closely.
- Reach out to your grassroots and encourage them to contact Congress. See the attached sample messaging.
- Use the hashtag #WeNeedWHO on social media.
- Reference [this social media toolkit](#) for draft tweets and language.
- Reference GHC's [WHO support page](#). The most up-to-date information about advocacy efforts and other useful information will be available here.
- GHC's most recent [statement](#)

We must express our sincerest thanks to all of you for your support and actions to date. We will redouble our efforts throughout this year-long timeline to restore partnerships and minimize fallout.

Thank you,

Multilateral Roundtable Co-Chairs, Jamie Bay Nishi and Mike Beard and
the Global Health Council Team

Dear [First name or friend],

July 7th, was historic for all of the wrong reasons. The United States Ambassador to the UN presented a letter to the Secretary General of the United Nations formally withdrawing from the World Health Organization (WHO). Please tell Congress to do everything it can to restore our relationship with the WHO.

[YES, I'LL SPEAK UP FOR WHO]

Around the world we are seeing record numbers of cases of COVID-19 and the WHO is leading the global effort to combat this pandemic. The United States has a history of generosity in its response to global health security and was critical to the creation of the WHO. It is therefore both hugely regrettable and misguided that the White House has elected to pull out of the organization. This decision will make us less able to deal with the pandemic here at home and will make the world less safe.

For decades, the WHO has been a valued partner in the fight against <PLEASE INSERT MESSAGING RELATIVE TO YOUR ORGANIZATION HERE (Examples Below)> .

A strong WHO makes the world safer and healthier. Period. The U.S. should not, and cannot, tackle COVID-19 or <INSERT YOUR INTERVENTION HERE> without WHO. Tell Congress to act TODAY.

[YES, I'LL SPEAK UP FOR WHO]

Sincerely,

SAMPLE ISSUE AREAS AND MESSAGING:

POLIO:

WHO has been a valued partner in the fight against polio. WHO leads surveillance, immunization, and technical support, and is able to reach remote areas in countries where polio still exists. Without these detection capabilities, polio could surge to 200,000 cases annually within a decade.

HEALTH WORKFORCE:

WHO has been a valued partner in strengthening the health workforce around the world. WHO works with countries to build national capacities and stronger health systems so that countries have the ability to respond promptly when a disaster strikes or an outbreak flares.

SEASONAL INFLUENZA:

WHO is a valued partner in keeping my neighbors safe by coordinating the process for the development of the seasonal influenza vaccine.

MALARIA:

WHO has been a valued partner in elimination of malaria. WHO has called for minimizing interruptions to malaria prevention and treatment services during the pandemic. Disruptions in

WHO's Global Malaria Program caused by U.S. withdrawal of funding or membership will delay the effort to achieve a malaria-free world.

MEASLES:

WHO is a valued partner in keeping one of the world's most infectious and deadly diseases at bay, measles. WHO is the key implementing agency in the Measles & Rubella Initiative with its disease surveillance networks, vaccination campaigns, and technical expertise. As COVID-19 continues to spread globally, over 117 million children in 37 countries may miss out on receiving life-saving measles vaccine. Measles immunization campaigns in 24 countries have already been delayed; more will be postponed. Withdrawal of U.S. funding or membership in WHO would further upset these efforts and delay the goal of achieving and maintaining a world without measles, rubella and congenital rubella syndrome.

HIV/AIDS:

WHO is a valued partner of the U.S. government's efforts to eliminate HIV. The President's Emergency Plan for AIDS Relief relies on and helps countries implement WHO's treatment guidelines for HIV/AIDS. PEPFAR and WHO work together to enhance programs in areas including lab capacity, prevention of mother to child transmission, TB/HIV, health systems strengthening, and counseling and testing. U.S. withdrawal of funding and/or membership in WHO would have a negative impact on the ability of WHO's HIV/AIDS Program to support what has been PEPFAR's remarkable success in saving millions of lives.

PRIMARY HEALTH CARE:

WHO is a valued partner in strengthening primary health care (PHC), which can meet more than 80% of people's health needs and provides the backbone for efforts in maternal and child health, vaccinations, HIV/AIDS, TB, and Malaria, and global health security. WHO rallied the world around an ambitious agenda for primary health care, the U.S.-endorsed Astana Declaration, in October 2018, which declared that "strengthening primary health care is the most inclusive, effective, and efficient approach to enhance people's physical and mental health," and that PHC is essential to achieving the Sustainable Development Goals. WHO provides valuable guidance and technical assistance to countries working to improve equitable access to quality primary health care -- work that helps increase the reach and effectiveness of the U.S.'s own global health investments.

NONCOMMUNICABLE DISEASES:

WHO has been a valued partner for noncommunicable diseases. WHO has led the way in providing critical technical guidance to countries to integrate cost effective interventions against major NCDs into their health systems. Without WHO's work more lives will be lost to preventable deaths, especially in low- and middle-income countries who shoulder the disproportionate burden of NCDs. U.S. withdrawal from the WHO will reverse important advances made in global health and have a staggering effect on countries economic development.

MATERNAL AND CHILD HEALTH:

WHO collaborates closely with UNICEF on ensuring the prevention and treatment of pneumonia, malaria, and diarrhea (leading killers of children that are all treatable) through integrated community case management. Regarding maternal care, WHO plays a critical role in ensuring women, especially pregnant mothers, receive the care and respect they deserve while accessing health services, especially during and after childbirth.

HUMANITARIAN/FRAGILE SETTINGS:

In many conflict-affected and fragile areas in which the U.S. is invested, such as Yemen, Syria, and the DRC, WHO is the only source for basic health services and information.

Not every country has a Food and Drug Administration like the United States, and WHO approves new drugs and medicines for countries that lack this capacity.

SEXUAL AND REPRODUCTIVE HEALTH:

WHO is a valued partner in advancing the sexual and reproductive health and rights of women, young people, and marginalized communities around the world. WHO provides high-impact research and evidence-based guidelines for providing a range of sexual and reproductive health services, including contraception, infertility, sexually transmitted infections (STIs), maternal health, safe abortion where legal, and care for survivors of gender-based violence. During the COVID-19 pandemic, WHO has continued to uphold a human rights-centered approach to health, including by issuing guidelines stating that individual's rights to sexual and reproductive health care must be respected.

TECHNOLOGY, RESEARCH, AND DEVELOPMENT:

WHO has been a valued partner in strengthening health research, product development, and regulatory strengthening globally. They play a critical normative role in collecting health intelligence and helping to inform the greatest scientists, researchers, and health workers to solve the world's greatest health challenges.

The US government must continue to engage with global institutions like WHO that can reach places the US cannot and have a holistic way to receive key scientific data, health intelligence, and insights globally to advance research on HIV, tuberculosis, malaria, neglected tropical diseases, emerging infectious disease and antimicrobial resistance.

Looking at the current pandemic alone, the WHO has played a herculean role developing target product profiles to inform product developers, it is the only organization capable of coordinating the unprecedented global "Solidarity Trial" which includes the participation of over 100 countries and enables researchers to collect information and generalize results related to potential therapeutics 80% faster than single-country studies. Only WHO has the global convening power to marshal a partnership with Member States, major donors, and the private sector to create the Access to COVID-19 Technologies Accelerator to coordinate the development, manufacturing, and distribution of COVID-19 diagnostics, treatments, and vaccines. They are also coordinating safe and efficient Emergency Use Listings of COVID-19 products to help National Regulatory Agencies review products as quickly as possible when they come online. Furthermore, they have created guidelines for manufacturers, laboratories, and contract organizations participating in the WHO prequalification process during the COVID-19 pandemic and recently published a framework strategy for the distribution of future coronavirus treatments and vaccines, with over 4 billion doses needed to vaccinate the world's priority populations. Each element of their COVID-19 response touches the work of various US government agencies, private sector partners, research, and academic community working collectively to fight the pandemic.

NEGLECTED TROPICAL DISEASES:

WHO is a key leader in the effort to eliminate neglected tropical disease (NTDs). NTDs cause immense human suffering and death and remain a serious impediment to poverty reduction. WHO created and helps countries to implement the Roadmap for NTDS. Through coordination and support of policies and

strategies, WHO supports expansion to access to diagnosis, treatment and care interventions for all those in need for elimination and eradication of NTDs.

WATER, SANITATION AND HYGIENE:

Water, Sanitation, and Hygiene (WASH) is a critical part of the foundation of a strong health system, ensuring the delivery of quality care, especially for mothers and newborns, and the safety of patients, healthcare workers, and surrounding communities. WHO is a valued partner in working to ensure WASH throughout communities and health systems and in healthcare facilities in particular. The withdrawal of U.S. funding to WHO will hamper efforts to ensure that those communities and healthcare facilities have access to safe water, soap, and improved sanitation to prevent the spread of current and future infectious diseases, including COVID-19.

TUBERCULOSIS:

WHO plays a crucial and indispensable role in the global response to tuberculosis, and any reduction of US support for WHO's work on TB would imperil the global effort to end the disease and harm US interests. USAID's grant to the World Health Organization's Global Tuberculosis program's Technical Support and Coordination team enables critically needed technical assistance to 54 priority countries. Without such technical support, US assistance through the Global Fund would be much less effective in reaching its goals. USAID is also the primary funder of the annual WHO Global Tuberculosis Report, which is a comprehensive and authoritative report on the status of the TB epidemic, the level of response and what policies countries need to scale up to end the disease. This information, coming from a trusted and authoritative body, is indispensable in the effort to secure greater investment by the affected countries themselves in the effort to end the disease.

Page Title: Support the World Health Organization

Intro Text: The Administration has sent a letter to the Secretary General terminating our relationship with the WHO, please tell Congress that this decision will cripple the global response to COVID-19 and hurt <PLEASE INSERT YOUR AREA> efforts.

Email subject line: Please stand up for WHO

Email text:

Dear [elected official],

I was extremely disappointed to learn that the Trump Administration has elected to withdraw with the United States from the World Health Organization (WHO).

Members of Congress, on both sides of the aisle, have consistently worked to fully fund the WHO, in keeping with a long tradition of U.S. leadership in global public health.

The WHO needs U.S. financial support to tackle COVID-19 and to continue the organization's efforts to effectively fight diseases such as polio, measles, and HIV-AIDS <OR INSERT YOUR AREA HERE>.

From the outset of the COVID-19 pandemic, WHO recognized that testing needed to form the backbone of the global response, and they have distributed hundreds of millions of pieces of protective equipment to doctors and nurses in the most vulnerable countries around the globe. WHO is also the only agency in the world capable of coordinating unprecedented global trials on therapeutics and vaccines.

WHO has been a reliable partner in the fight against <YOUR ISSUE HERE>.

The fact is withdrawing support for the World Health Organization in the midst of the greatest pandemic facing the world is dangerous and shortsighted.

I hope that I can count on you to recognize why we must support WHO: Without combatting the disease everywhere, all Americans are at risk.

Sincerely,

xx

Petition to Continue United States Support for the World Health Organization to Detect Emerging Infections and Eliminate Viral Hepatitis, HIV, TB, Neglected Tropical Diseases and Other Global Health Threats

In consideration of WHO unique role's in global health

Recognizing WHO is comprised of 194 Member States with representation in the World Health Assembly which has authority to approve all WHO activities and finances;

Recognizing WHO is the trusted advisor to ministries of health in scaling up essential and effective prevention, treatment and care services;

Recognizing WHO provides technical assistance particularly for low- and middle-income countries with large burdens of infectious diseases and risks for emergence of new pathogens;

Recognizing WHO's current coordination of the response to COVID-19 pandemic and its declaration of a public health emergency of international concern on January 30 and a global pandemic on March 11, 2020;

Acknowledging the role of WHO in the eradication of smallpox, near eradication of polio, regional elimination of measles, and advancement toward elimination of viral hepatitis, HIV, TB, malaria, and neglected tropical diseases which pose significant threats to people around the world, including the United States;

Affirming the contributions of WHO to improvements in health benefit all nations including the United States;

And the consequences of the withdrawal of US Government support for WHO

Concerned the United States Government has announced withdrawal of the nation as a WHO Member State, joining Liechtenstein as the only UN member not participating in WHO;

Concerned the United States Government announced stopping \$400-500 million in annual financial support of the organization, resulting in a 20% decrease in the WHO budget;

Concerned the resulting loss of United States Government experts and resources will severely curtail WHO emergency response and communicable disease elimination activities;

Concerned the diminishment of WHO capabilities will increase the complexity and cost to international health organizations taking on activities WHO is no longer able to provide;

Concerned with the United States action seen as a model, other nations will take a similar course of action;

Concerned the United States Government decision undermines WHO leadership of the global response to the COVID-19 pandemic and will limit the organization's assistance to Member States in detection and response activities, putting all countries—including the United States—at risk of greater global spread of infectious diseases;

Concerned the United States Government decision will severely compromise WHO capacity and will reverse reductions in transmission and mortality from viral hepatitis, HIV, TB, malaria, neglected tropical diseases, and other communicable diseases targeted for elimination;

Concerned the withdrawal of the United States Government from WHO amidst the COVID-19 pandemic will result in a loss of the United States stature among nations, signal a retreat from a position of leadership in global health, and result in rising influence of other countries with motivations and interests in conflict with our own;

Affirming the United States Government support of WHO as the directing coordinating authority on international health since the birth of the organization in 1948;

Affirming COVID-19 is a stern lesson that infectious agents know no borders and the continued support, collaboration and oversight of WHO by the United States as a Member State will safeguard the nation from emerging infectious health threats, sustain progress toward elimination goals of communicable diseases and protect the health of all Americans.

We, the signatories, hereby petition the United States Government to:

- Continue participation in WHO as a Member State;
- Continue participation in the WHO Executive Board, the World Health Assembly and fulfill all leadership and oversight responsibilities of WHO priorities and operations;
- Continue provision of technical experts and other resources that support WHO response to new infectious health threats and assistance to programs advancing progress toward communicable disease elimination;
- Continue support of WHO through voluntary and assessed contributions at a level equal to or greater than that provided in FY 2017.

We look forward to our continued work with the United States Government, WHO and others to improve global health.



COALITION
FOR GLOBAL
HEPATITIS
ELIMINATION



**Coalition for Global Hepatitis
Elimination, Task Force for Global
Health**

www.globalhep.org

John W. Ward, MD, Director

Resolve to Save Lives

<https://resolvetosavelives.org/>

Thomas R. Frieden MD, MPH, President
and CEO

PATH

<https://www.path.org/>

David Fleming, MD, Vice President, Global
Health Programs



Task Force for Global Health

<https://www.taskforce.org/>

David A. Ross, ScD, CEO/President

International Antiviral Society-USA

<https://www.iasusa.org/>

Donna Jacobsen, Executive
Director/President

ASPPH

<https://www.aspph.org/>

Tony Mazzaschi, Chief Advocacy Officer



Trust for America's Health
<https://www.tfah.org/>
 John Auerbach, MBA, President and CEO



Hep B United
<http://www.hepbunited.org/>
 Kate Moraras, MPH, Director



Treatment Action Group
<https://www.treatmentactiongroup.org/>
 Annette Gaudino,
 State & Local Policy Director



HIV Medicine Association
<https://www.hivma.org/>
 Andrea Weddle, Executive Director



National Tuberculosis Controllers Association
<http://www.tbcontrollers.org/>
 Donna Hope Wegener, Executive Director



NASTAD
<https://www.nastad.org/>
 Emily McCloskey, Director, Policy &
 Legislative Affairs



We help the world breathe
 PULMONARY • CRITICAL CARE • SLEEP
American Thoracic Society
<https://www.thoracic.org/>
 Nuala Moore, MA, Director, Government
 Relations



Infectious Disease Society of America
<https://www.idsociety.org/>
 Rabita Aziz, MPH, Senior Global Health
 Policy Specialist



American Association for the Study of Liver Diseases
<https://www.aasld.org/>
 Jorge A. Bezerra, MD, FAASLD, President



Hepatitis B Foundation
<https://www.hepb.org/>
 Chari Cohen, DrPH, MPH, Senior VP



HIV + Hep Policy Institute
cschmid@hivhep.org
 Carl Schmid, Executive Director



Global Liver Institute
<https://www.globalliver.org/>
 Andrew Scott, Director of Policy



Partners in Health
<https://www.pih.org/>
 Cate Oswald, Chief Policy and
 Partnerships Officer



National Viral Hepatitis Roundtable
<https://nvhr.org/>
 Lauren Canary, MPH, Director



International Association of Providers of AIDS Care
<https://www.iapac.org/>
 Dr. José M. Zuniga, President/CEO

For more information, contact: The Coalition for Global Hepatitis Elimination, globalhep@taskforce.org

Released on 30 June 2020.

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Sent: Mon, 20 Jul 2020 20:31:14 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Subject: REVIEW: FW: Weekly CIO Activities Report - by COB tomorrow, 7/21
Attachments: WUB_card_July 20 2020_Final_Abr.pdf

Dear Rebecca,

Please see below for draft updates for RGK (since KLD on AL, will send this week's updates to RGK, cc'ing Freda per request). Since the request came late, they are giving us until **COB tomorrow** this week, rather than their usual deadline of COB Monday. Let me know if you have any questions or if any edits need to be made before these are shared with RGK.

Thank you,
Sukeshi

Staffing

- On Friday, 17 July, OGA abolished the requirement that personnel who work overseas for 12 years must return to the United States for at least 12 months. Personnel are still restricted to no more than 6 years in one country.

Budget

- CARES Act Proposals – CGH has notified Country Offices and Divisions of next steps for spend plan development for approximately 80 (out of originally submitted 150) proposals, now the initial ERIC review of CARES Act Proposals is complete. Next steps include:
 - Submission of spend plans to the ERIC Unit on 23 July, including a brief country planning document which outlines how the proposed activities will leverage existing country programs and fit into the bigger picture in each country.
 - Spend plans for approximately 40 additional proposals related to surveillance, electronic data systems, and research will be submitted to the ERIC Unit on 30 July.
 - We anticipate additional spend plans will be requested in the coming days related to workforce and the Field Epidemiology Training Program (FETP).
 - We will also be working to coordinate with Regional Directors, ITF and NCIRD on some of their proposal submissions.

Major Events

- July 22: Virtual CGH All Hands
- July 23: Virtual Country Director Update Call
 - *Regular Country Director Update Calls to continue on a bi-weekly basis, with optional focused discussions in between.*

Travel and Annual Leave

- Serena Vinter, CGH Deputy Director for Strategy, Policy, and Communications, is on July 20-24; Susan McClure, CGH Associate Director for Policy, is acting in her stead.

(b)(6)

Hot Topics/Issues Management

- PAHO Funding - we understand that the major hurdles have been cleared, and that the USG will move forward on its assessed contribution to PAHO.
 - A memo has reportedly been provided on this topic to Secretary Pompeo.
 - The Hill has been informed that these funds should be moved in the next few days/weeks. (Hill notice went to USAID/OLA)
 - PAHO may be undergoing an “external review” requested by USG.
- WHO - OGA is working to schedule a listening session with partners (e.g. Business Roundtable, US Chamber of Commerce, etc.) next week to hear their concerns about the withdrawal.
 - Other agencies can attend if desired; CGH requesting an invitation to listen.
 - USAID suggested hosting an additional session with civil society partners.

Accomplishments/Activities for Awareness

- *See attached for additional details.*
- Ethiopia Supplementary Immunization Activities – Ethiopia is the first large country to implement a national measles SIA in the time of COVID-19. MIMS provided \$2 million of Intensive Efforts Initiative (IEI) funds to support SIA related COVID-19 mitigation efforts. Unofficial reports indicate the SIA immunized 11.2 million children through 12 July 2020, and COVID-19 mitigation measures were implemented well.
- Cyclosporiasis 2020 Update – [Epidemiologic and traceback evidence](#) continues to indicate that bagged salad mix produced by Fresh Express is a likely source of this outbreak. Traceback investigations by [FDA](#) suggest that the Streamwood, Illinois Fresh Express production facility is the likely producer of the bagged salad mixes eaten by ill people. A total of 549 people with laboratory-confirmed *Cyclospora* infections associated with this outbreak have been reported as of July 16 from 11 states and account for the vast majority of cyclosporiasis cases reported this summer.
- MMWR on Immunodeficiency-Associated Vaccine-Derived Polioviruses – The *MMWR* article titled [“Update on Immunodeficiency-Associated Vaccine-Derived Polioviruses — Worldwide, July 2018–December 2019”](#) was published on 17 July 2020.

Take care,
Sukeshi



Sukeshi Mehta Roberts

Special Assistant to Dr. Rebecca Martin
 CDC Center for Global Health (CGH)
 Office: (404) 498-1476
 Mobile: (470) 629-1272
nwn7@cdc.gov

From: Parker, Freda M. (CDC/DDPHSIS/CPR/OD) (CTR) <ekj9@cdc.gov>
Sent: Monday, July 20, 2020 3:26 PM
To: Jones-Croft, Sonia (CDC/DDPHSIS/OMHHE/OD) <wov2@cdc.gov>; Davis, Carma L. (CDC/DDPHSIS/CGH/OD) <ctd7@cdc.gov>; Billie, Betty J. (CDC/DDPHSIS/CPR/OD) (CTR) <wir6@cdc.gov>; Escoto, Grisy (CDC/DDPHSIS/CSTLTS/OD) <nmh3@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Landon, Kelcie (CDC/DDPHSIS/CPR/DSLRL) <xwz2@cdc.gov>; Lansang Tran, Rhea Lanee (CDC/DDPHSIS/CSTLTS/OD) <ngl1@cdc.gov>; Lakshman, Meenakshi (CDC/DDPHSIS/CSTLTS/DPIFS) <ovb0@cdc.gov>
Subject: Weekly CIO Activities Report

Hello Everyone,

I apologize for the delayed message.

KLD is out of the office on leave. Acting in her place is the Associate Deputy, Rebecca Greco Kone. While KLD is out please send your weekly reports to RGK, cc'ing me, Freda Parker.

Reports **must** include the following:

- Staffing
- Budget
- Major Events
- Travel and Annual Leave
- Hot Topics/Issue Management
- Accomplishments/Activities for Awareness

Reports are due by **COB Tuesday**.

Please let me know if you have any questions or concerns.

All the best,

Freda M. Parker

Executive Assistant to Dr. Katherine Lyon Daniel, PhD

CDC Deputy Director, Public Health Service and Implementation Science (Acting)

Executive Assistant to Rebecca Greco Kone, MPH

CDC Associate Deputy Director, Public Health Service and Implementation Science (Acting)

ASRT INC. Contractor

1600 Clifton Rd. NE, **MS H21-7**, Atlanta, GA 30329-4027

CDC Office: 404.498.5241

CDC Cell: 404.398.1335

CDC E-mail: FParker@cdc.gov



Weekly Senior Leaders Update – July 20, 2020

- **MIMS** – Ethiopia is the first large country to implement a national measles SIA in the time of COVID-19, targeting 15 million children 9 to 59 months of age. MIMS provided \$2 million of Intensive Efforts Initiative (IEI) funds to support SIA related COVID-19 mitigation efforts. Unofficial reports indicate the SIA immunized 11.2 million children through 12 July 2020 and COVID-19 mitigation measures were implemented well; waiting for official reports to confirm this. The international immunization community is waiting for the monitoring and evaluation results in the hope they will guide SIA related mitigation efforts in other countries.
- **11th Ebola Outbreak in the DRC** – Since the outbreak began and as of 17 July, a total of 59 cases (55 confirmed, 4 probable) and at least 22 deaths (case fatality proportion 37%) have been reported in 19 health areas and seven HZs (new HZ – Ingende) of Équateur Province. As of 14 July, 11,960 individuals have been vaccinated (including 1399 Front Line Responders). The Provincial MOH asked for CDC support in IPC, surveillance/contact tracing and laboratory support (specifically in Bolomba). A modeling unit has been incorporated into the response (led by Dr. Martin Meltzer). Challenges in surveillance and contact listing/follow-up remain; the poor state of the ETUs and

transit centers is slowly being improved. Discussions are ongoing to increase labs operating to cover the more remote locations.

- **Cyclosporiasis 2020 Update** – [Epidemiologic and traceback evidence](#) continues to indicate that bagged salad mix produced by Fresh Express is a likely source of this outbreak. Traceback investigations by [FDA](#) suggest that the [Streamwood, Illinois Fresh Express production facility is the likely producer of the bagged salad mixes eaten by ill people](#). FDA has begun an inspection at this facility. [A total of 549 people with laboratory-confirmed Cyclospora infections associated with this outbreak have been reported as of July 16](#) from 11 states and account for the vast majority of cyclosporiasis cases reported this summer: IL (182), IA (160), KS (5), MN (63), MO (46), GA (1), NE (52), ND (6), PA (1), and WI (33). Georgia, Pennsylvania and South Dakota are the most recent states to report cases related to this outbreak. Illnesses started on dates ranging from 5/11/2020 to 7/5/2020. 34 people (7%) have been hospitalized. No deaths have been reported.
 - The [Public Health Agency of Canada](#) is investigating a cluster of *Cyclospora* infections occurring in three provinces where exposure to Fresh Express brand salad products has been identified as a likely source.

- A small cluster of 4 laboratory confirmed cases was also reported this week in Ohio, related to a meal served at a Mexican-style restaurant. This investigation is ongoing; the state preliminarily indicates that cilantro is currently the suspected food vehicle.

- **Update on Immunodeficiency-Associated Vaccine-Derived Polioviruses MMWR** – The MMWR article titled [“Update on Immunodeficiency-Associated Vaccine-Derived Polioviruses — Worldwide, July 2018–December 2019”](#) was published on 17 July 2020. From July 2018–December 2019, 16 new immunodeficient vaccine derived poliovirus (iVDPV) cases were reported from five countries (Argentina, Egypt, Iran, the Philippines, and Tunisia). In the past, the majority of iVDPV cases were identified from acute flaccid paralysis (AFP) surveillance, but more recently surveillance for poliovirus infections among patients with primary immune deficiency (PID) has been identified as an important source of persons excreting iVDPVs. Expansion of PID surveillance will facilitate early detection and follow-up.

OUTBREAKS

- **Dengue in Singapore** - As of 16 July, Singapore has reported 16,904 cases of dengue through epidemiological week (EW) 28, and 33 cases of dengue

hemorrhagic fever (DHF). This represents a significant increase in dengue cases through the same reporting period last year, during which time Singapore reported 7,317 cases of dengue and 53 cases of DHF. Singapore entered its peak dengue season in June, and the season is expected to last into October.

- **Polio (Wild Type) in Pakistan** – Two cases of wild poliovirus type 1 (WPV1) were reported in Pakistan this week in Sindh province, bringing the number of 2020 cases to 58. The total number of 2019 cases remains 147.
- **Polio (Vaccine-Derived) in Multiple Locations** – Four cVDPV2 cases were reported in Afghanistan for a total of 29 in 2020; one cVDPV2 case was reported in Angola, bringing the total to three in 2020 (total in 2019 remains 130); two cases cVDPV2 were reported in Chad for a total of 42 cases in 2020 and 10 in 2019. Seven WPV1 positive environmental samples were reported: three in Balochistan, one each in Punjab and Khyber Pakhtunkhwa, and two in Sindh.

LAST WEEK

- **July 15:** Dr. Martin and her senior staff held a CGH All Hands.
- **July 17:** Dr. Martin participated in a briefing with staffers from Senators Perdue and Loeffler with Dr. Mitch

Wolfe on CDC's global health work and global health security.

- **July 17:** from 3 to 4pm EST – CDC Central America office hosted a webinar with journalists around Central and Latin America on COVID -19 to provide information and resources to reporters to aid in accurate reporting.

THIS WEEK

- **July 22:** Dr. Martin and her senior staff will hold a CGH All Hands.

FURTHER OUT

- **July 31:** Virtual CGH OD Honor Awards.
- **August 3-14:** CGH OD will host a virtual Country Office Leadership Orientation.
- **Aug 19:** World Humanitarian Day
- **Aug 20:** World Mosquito Day
- **Aug 26:** Official WPV-free certification of AFRO via virtual livestream (Dr Redfield invited to give remarks).
- **Aug (TBD):** MMWR on declaration of AFRO free of WPV

COMMUNICATION

- **July 14:** MPAT assisted with clearance for written responses to an interview with an alumnus by Wofford Today, a college publication.
- **July 15:** CDC Namibia requested the participation of their Clinical Services Branch Chief, Dr. Steven Hong, in an interview with Eagle FM on COVID-19 and fevers. MPAT is assisting with clearance.
- **July 16:** CDC Thailand's Dr. Charatdao Bunthi participated in a Facebook Live panel discussion with [@america](#), the U.S. Embassy's American Center located in Jakarta, Indonesia. She spoke on CDC's involvement with the country's COVID-19 response. [Southeast Asia: Pandemic Successes and Lessons Learned in Low- and Middle-Income Countries \(LMICs\)](#).
- **July 21:** FETP 40th anniversary rollout continues with a new profile (Dr. Waziri) and three new country stories (Cambodia, Colombia, Pakistan). There will be a web feature, and an Around The World newsletter. CGH MPAT will support on social media.
- **July 31:** A new *Morbidity and Mortality Weekly Report* article will publish, SEAR Hepatitis B Update.

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 10 Jul 2020 13:34:04 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD); Cain, Kevin (CDC/DDPHSIS/CGH/OD); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD)
Subject: RE: Action required, deliverables due Friday July 10 & Friday July 24
Attachments: Center 1 Pager Template_2020_DRAFT_v4_20200709_TRACK CHANGES.docx

Dear Rebecca,

Adam, Cassie and I talked through your edits and worked to address them in the attached version. It is quite messy to review in track changes so please select "Simple Mark Up" to read the clean version. If you agree that your comments are well-addressed, I can clean this up and send back to Rebecca Greco Kone and KLD.

You also have the 4 Division briefers in your inbox to review if you'd like.

Thank you,

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Wednesday, July 8, 2020 11:29 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>
Subject: RE: Action required, deliverables due Friday July 10 & Friday July 24

Dear Serena,

Here are my initial comments. Kevin – not sure if you have, but your fresh eyes on this would be helpful, too. Nice work and I know we need to focus on prioritize so grouping may be important or referencing resources (sending as attachments) will be helpful.

Thanks, rebecca

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Tuesday, July 7, 2020 4:44 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>
Subject: RE: Action required, deliverables due Friday July 10 & Friday July 24

Dear Rebecca,

The CGH briefing document for Nate Smith is ready for your review. The Division-specific briefs are still in draft with Divisions and we hope to get you those tomorrow.

Please review and let me know your thoughts.

Thanks!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Sent: Tuesday, June 16, 2020 5:44 PM
To: Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phtd4@cdc.gov>
Cc: Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: Action required, deliverables due Friday July 10 & Friday July 24
Importance: High

Would like to add the idea of this to our BB tomorrow. Thanks, R

From: Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>
Sent: Tuesday, June 16, 2020 5:13 PM
To: Liburd, Leandris C. (CDC/DDPHSIS/OMHHE/OD) <lei1@cdc.gov>; Dreyzehner, John (CDC/DDPHSIS/CPR/OD) <PWN3@cdc.gov>; Montero, Jose (CDC/DDPHSIS/CSTLTS/OD) <znn3@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Cc: Hall, Jeffrey (CDC/DDPHSIS/OMHHE/OD) <dzu4@cdc.gov>; Williams, Ian (CDC/DDPHSIS/CPR/OD) <iaw3@cdc.gov>; Reynolds, Steven L. (CDC/DDPHSIS/CSTLTS/OD) <slr6@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Greco Kone, Rebecca (CDC/DDPHSIS/OD) <ftm1@cdc.gov>
Subject: FW: Action required, deliverables due Friday July 10 & Friday July 24
Importance: High

Hello DDPHSIS Leadership team,

Please see the below and attached. Following discussions, we have proposed that our Community of Practice use these template materials and this process to build the welcome and onboarding of our new Deputy Director, Dr. Nate Smith. This backs the work up a few weeks, but should help streamline the work and reduce the burden. Here is the current proposed timeline:

- Send us the name of the designated point of contact (POC) for your work CIO
- Planning period for both submissions to be complete before early July (Note: review attachments before SL meeting on June 22)
- Packet materials due for Dr. Smith's briefing package due **July 10**

- Packet materials due for the presidential transition package due **July 24** (per info below)
- Phone briefings with Dr. Smith as scheduled ad hoc in August to prepare for onboarding
- In-person or virtual in-depth program briefings for Dr. Smith when he officially begins Aug 31st
- Sept also begins D2R2 season, keeping that in mind (CPR's is Aug 17, CGH's is Sept 10, CSTLTS's is Nov 2)

Rebecca Greco Koné and I will be working on the DDPHSIS fact sheet with your input, and provide overall guidance to ensure our packet is consistent and complete. This is a challenging time within the public health front, and we appreciate you making the time to prepare for this. Thank you so much! KLD

From: Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>
Sent: Monday, June 15, 2020 9:16 PM
To: Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>
Cc: Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>
Subject: Action required, due Friday July 24

Good morning –

On June 22, we have a senior leader working session meeting at 9:30am, and on the agenda is the required “transition planning” process across the federal government.

Please note:

- The Partnership for Public Service leads the “Center for Presidential Transition”
- The Center provides a roadmap, tools, and a timeline for planning:
<https://presidentialtransition.org/wp-content/uploads/sites/6/2018/01/Presidential-Transition-Guide-2018.pdf>
- The White House released guidance: <https://www.whitehouse.gov/wp-content/uploads/2020/04/M-20-24.pdf>

This summer, we will be developing CDC materials including CIO-specific fact sheets.

Attached, please find:

- Four fact sheets that were developed for your CoP four years ago (Note: we do not have a fact sheet for DDPHSIS because it did not exist)
- An example fact sheet illustrating the new format we will be using
- A word document for each CIO to input text only (with the number of words allowed per sections)

Task: Please submit five fact sheets (using the Word template, input text only – please do not format) to me no later than **Friday, July 24, at 2:00pm**. We will be working with OADC Division of Creative Services (DCS) to finalize the fact sheets. An important element we are working to include are data visualizations that help clearly and simply communicate important CDC findings or data. CIO's may contact DCS directly with questions about images to include on the fact sheets.

If you have any questions, let me know.

Thank you,
Sherri

Sherri A. Berger, MSPH

Chief Operating Officer

Chief Strategy Officer

Centers for Disease Control and Prevention

SBerger@cdc.gov

404-639-7846

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 19:10:34 +0000
To: Mampilly, Thomas (CDC/DDPHSIS/CGH/OD)
Subject: FW: E&C Leaders Seek Justification for President Trump's Decision to Withdraw from WHO

Did you see this?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>
Sent: Thursday, July 9, 2020 8:03 AM
To: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: FW: E&C Leaders Seek Justification for President Trump's Decision to Withdraw from WHO

FYI

Adam Brush
Team Lead
Budget, Policy, and Legislation
Office of the Assoc. Dir. For Policy
Center for Global Health
Centers for Disease Control and Prevention



From: Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>
Sent: Wednesday, July 8, 2020 5:15 PM
To: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: FW: E&C Leaders Seek Justification for President Trump's Decision to Withdraw from WHO

FYI

Miranda (Randy) Katsoyannis
CDC Washington Office
202-245-0618
www.cdc.gov/washington

From: House Energy & Commerce Committee Democrats

<ecdemoutreach@ecdem.housecommunications.gov>

Sent: Wednesday, July 8, 2020 4:45 PM

To: Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>

Subject: E&C Leaders Seek Justification for President Trump's Decision to Withdraw from WHO



ENERGY & COMMERCE NEWSROOM

CHAIRMAN FRANK PALLONE, JR. | 116TH CONGRESS

FOR IMMEDIATE RELEASE

July 8, 2020

CONTACT

[CJ Young](#) (202) 225-5735

E&C Leaders Seek Justification for President Trump's Decision to Withdraw from WHO

"The Administration has not provided a coherent public health justification for the President's reckless decision and has failed to adequately explain the process by which this decision was reached."

Washington, D.C. – Energy and Commerce Chairman Frank Pallone, Jr. (D-NJ), Health Subcommittee Chairwoman Anna G. Eshoo (D-CA) and Oversight and Investigations Subcommittee Chair Diana DeGette (D-CO) [wrote](#) to Office of Management and Budget (OMB) Acting Director Russell T. Vought today requesting an explanation for President Trump's decision to withdraw from the World Health Organization (WHO) during the global COVID-19 pandemic. The Committee leaders also requested a response to a [letter they sent to Acting Director Vought](#) in April regarding President Trump's sudden decision to suspend funding for WHO. It has been more than two months since their initial letter, and the three Chairs have yet to receive a response from OMB.

"Given the devastating nature of the ongoing public health crisis—which has now killed over 500,000 people worldwide, including over 130,000 Americans—we hoped the Administration would ultimately heed the advice of numerous U.S. public health experts and resume normal relations with WHO," the Committee leaders wrote. **"Unfortunately, President Trump has doubled down on this ill-conceived policy."**

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"To date, the Administration has not provided a coherent public health justification for the President's reckless decision and has failed to adequately explain the process by which this

decision was reached,” the three Committee leaders continued in their letter to the OMB Acting Director.

The President’s decision to withdraw from WHO has been met with widespread condemnation by public health leaders who are concerned that the move will be a setback for scientific advancements, public health and global coordination efforts to defeat COVID-19.

“We share the serious concerns raised by numerous public health experts and are deeply troubled by President Trump’s disregard for the public health community, including leading public health experts in his own Administration,” the Committee leaders continued. **“To be clear, WHO—like other public health organizations navigating the rapidly evolving COVID-19 landscape—may make some mistakes. But now more than ever, we must be certain that consequential decisions like this are based on sound public health guidance, and not the political pursuit of a scapegoat or misdirected frustrations.”**

The Committee leaders requested a complete response to their April letter as well as answers to a series of new questions and requests for information by July 22, including:

- Were key U.S. public health agencies consulted about the potential public health impact of the President’s decision to withdraw from WHO?
- Did the Administration conduct any assessments regarding the extent to which the United States withdrawing from WHO would impact both the global and U.S. responses to the COVID-19 pandemic, including the implications for longstanding international relationships and coordination between WHO and U.S. agencies?
- A complete description of the process by which the Administration conducted its review of WHO leading up to the President’s decision to withdraw, including the federal departments, agencies or offices that were involved in the review and whether any contract consultants or non-governmental entities were involved and, if so, whom.
- A complete description of how the President’s decision to withdraw from WHO and the timing of this decision are necessary to achieve the Administration’s “reopening” plan goals, including a complete description of how this decision will promote the development and expeditious distribution of a COVID-19 vaccine.

To read the full letter, click [HERE](#).

###

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From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 12:16:36 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Subject: FW: E&C Leaders Seek Justification for President Trump's Decision to Withdraw from WHO

FYI

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

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From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 21 Jul 2020 23:32:01 +0000
To: Greco Kone, Rebecca (CDC/DDPHSIS/OD)
Cc: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Parker, Freda M. (CDC/DDPHSIS/CPR/OD) (CTR)
Subject: CGH Updates for DDPHSIS - 7/21/2020
Attachments: WUB_card_July 20 2020_Final_Abr.pdf

Dear Rebecca,

Please see below and attached for CGH's updates for this week and let us know if you have any questions?

Staffing

- On Friday, 17 July, OGA abolished the requirement that personnel who work overseas for 12 years must return to the United States for at least 12 months. Personnel are still restricted to no more than 6 years in one country.

Budget

- CARES Act Proposals – CGH has notified Country Offices and Divisions of next steps for spend plan development for approximately 80 (out of originally submitted 150) proposals, now the initial ERIC review of CARES Act Proposals is complete. Next steps include:
 - Submission of spend plans to the ERIC Unit on 23 July, including a brief country planning document which outlines how the proposed activities will leverage existing country programs and fit into the bigger picture in each country.
 - Spend plans for approximately 40 additional proposals related to surveillance, electronic data systems, and research will be submitted to the ERIC Unit on 30 July.
 - We anticipate additional spend plans will be requested in the coming days related to workforce and the Field Epidemiology Training Program (FETP).
 - We will also be working to coordinate with Regional Directors, ITF and NCIRD on some of their proposal submissions.

Major Events

- July 22: Virtual CGH All Hands
- July 23: Virtual Country Director Update Call
 - *Regular Country Director Update Calls to continue on a bi-weekly basis, with optional focused discussions in between.*

Travel and Annual Leave

- Serena Vinter, CGH Deputy Director for Strategy, Policy, and Communications, is on (b)(6) July 20-24; Susan McClure, CGH Associate Director for Policy, is acting in her stead.

Hot Topics/Issues Management

- PAHO Funding - we understand that the major hurdles have been cleared, and that the USG will move forward on its assessed contribution to PAHO.

- A memo has reportedly been provided on this topic to Secretary Pompeo.
- The Hill has been informed that these funds should be moved in the next few days/weeks. (Hill notice went to USAID/OLA)
- PAHO may be undergoing an “external review” requested by USG.
- WHO - OGA is working to schedule a listening session with partners (e.g. Business Roundtable, US Chamber of Commerce, etc.) next week to hear their concerns about the withdrawal.
 - Other agencies can attend if desired; CGH requesting an invitation to listen.
 - USAID suggested hosting an additional session with civil society partners.

Accomplishments/Activities for Awareness

- *See attached for additional details.*
- Ethiopia Supplementary Immunization Activities – Ethiopia is the first large country to implement a national measles SIA in the time of COVID-19. MIMS provided \$2 million of Intensive Efforts Initiative (IEI) funds to support SIA related COVID-19 mitigation efforts. Unofficial reports indicate the SIA immunized 11.2 million children through 12 July 2020, and COVID-19 mitigation measures were implemented well.
- Cyclosporiasis 2020 Update – Epidemiologic and traceback evidence continues to indicate that bagged salad mix produced by Fresh Express is a likely source of this outbreak. Traceback investigations by FDA suggest that the Streamwood, Illinois Fresh Express production facility is the likely producer of the bagged salad mixes eaten by ill people. A total of 549 people with laboratory-confirmed *Cyclospora* infections associated with this outbreak have been reported as of July 16 from 11 states and account for the vast majority of cyclosporiasis cases reported this summer.
- MMWR on Immunodeficiency-Associated Vaccine-Derived Polioviruses – The *MMWR* article titled “Update on Immunodeficiency-Associated Vaccine-Derived Polioviruses — Worldwide, July 2018–December 2019” was published on 17 July 2020.

Thank you and take care,
Sukeshi



Sukeshi Mehta Roberts
 Special Assistant to Dr. Rebecca Martin
 CDC Center for Global Health (CGH)
 Office: (404) 498-1476
 Mobile: (470) 629-1272
nwn7@cdc.gov

Weekly Senior Leaders Update – July 20, 2020

- **MIMS** – Ethiopia is the first large country to implement a national measles SIA in the time of COVID-19, targeting 15 million children 9 to 59 months of age. MIMS provided \$2 million of Intensive Efforts Initiative (IEI) funds to support SIA related COVID-19 mitigation efforts. Unofficial reports indicate the SIA immunized 11.2 million children through 12 July 2020 and COVID-19 mitigation measures were implemented well; waiting for official reports to confirm this. The international immunization community is waiting for the monitoring and evaluation results in the hope they will guide SIA related mitigation efforts in other countries.
- **11th Ebola Outbreak in the DRC** – Since the outbreak began and as of 17 July, a total of 59 cases (55 confirmed, 4 probable) and at least 22 deaths (case fatality proportion 37%) have been reported in 19 health areas and seven HZs (new HZ – Ingende) of Équateur Province. As of 14 July, 11,960 individuals have been vaccinated (including 1399 Front Line Responders). The Provincial MOH asked for CDC support in IPC, surveillance/contact tracing and laboratory support (specifically in Bolomba). A modeling unit has been incorporated into the response (led by Dr. Martin Meltzer). Challenges in surveillance and contact listing/follow-up remain; the poor state of the ETUs and

transit centers is slowly being improved. Discussions are ongoing to increase labs operating to cover the more remote locations.

- **Cyclosporiasis 2020 Update** – [Epidemiologic and traceback evidence](#) continues to indicate that bagged salad mix produced by Fresh Express is a likely source of this outbreak. Traceback investigations by [FDA](#) suggest that the Streamwood, Illinois Fresh Express production facility is the likely producer of the bagged salad mixes eaten by ill people. FDA has begun an inspection at this facility. A total of 549 people with laboratory-confirmed Cyclospora infections associated with this outbreak have been reported as of July 16 from 11 states and account for the vast majority of cyclosporiasis cases reported this summer: IL (182), IA (160), KS (5), MN (63), MO (46), GA (1), NE (52), ND (6), PA (1), and WI (33). Georgia, Pennsylvania and South Dakota are the most recent states to report cases related to this outbreak. Illnesses started on dates ranging from 5/11/2020 to 7/5/2020. 34 people (7%) have been hospitalized. No deaths have been reported.
 - The [Public Health Agency of Canada](#) is investigating a cluster of Cyclospora infections occurring in three provinces where exposure to Fresh Express brand salad products has been identified as a likely source.

- A small cluster of 4 laboratory confirmed cases was also reported this week in Ohio, related to a meal served at a Mexican-style restaurant. This investigation is ongoing; the state preliminarily indicates that cilantro is currently the suspected food vehicle.

- **Update on Immunodeficiency-Associated Vaccine-Derived Polioviruses MMWR** – The MMWR article titled [“Update on Immunodeficiency-Associated Vaccine-Derived Polioviruses — Worldwide, July 2018–December 2019”](#) was published on 17 July 2020. From July 2018–December 2019, 16 new immunodeficient vaccine derived poliovirus (iVDPV) cases were reported from five countries (Argentina, Egypt, Iran, the Philippines, and Tunisia). In the past, the majority of iVDPV cases were identified from acute flaccid paralysis (AFP) surveillance, but more recently surveillance for poliovirus infections among patients with primary immune deficiency (PID) has been identified as an important source of persons excreting iVDPVs. Expansion of PID surveillance will facilitate early detection and follow-up.

OUTBREAKS

- **Dengue in Singapore** - As of 16 July, Singapore has reported 16,904 cases of dengue through epidemiological week (EW) 28, and 33 cases of dengue

hemorrhagic fever (DHF). This represents a significant increase in dengue cases through the same reporting period last year, during which time Singapore reported 7,317 cases of dengue and 53 cases of DHF. Singapore entered its peak dengue season in June, and the season is expected to last into October.

- **Polio (Wild Type) in Pakistan** – Two cases of wild poliovirus type 1 (WPV1) were reported in Pakistan this week in Sindh province, bringing the number of 2020 cases to 58. The total number of 2019 cases remains 147.
- **Polio (Vaccine-Derived) in Multiple Locations** – Four cVDPV2 cases were reported in Afghanistan for a total of 29 in 2020; one cVDPV2 case was reported in Angola, bringing the total to three in 2020 (total in 2019 remains 130); two cases cVDPV2 were reported in Chad for a total of 42 cases in 2020 and 10 in 2019. Seven WPV1 positive environmental samples were reported: three in Balochistan, one each in Punjab and Khyber Pakhtunkhwa, and two in Sindh.

LAST WEEK

- **July 15:** Dr. Martin and her senior staff held a CGH All Hands.
- **July 17:** Dr. Martin participated in a briefing with staffers from Senators Perdue and Loeffler with Dr. Mitch

Wolfe on CDC's global health work and global health security.

- **July 17:** from 3 to 4pm EST – CDC Central America office hosted a webinar with journalists around Central and Latin America on COVID -19 to provide information and resources to reporters to aid in accurate reporting.

THIS WEEK

- **July 22:** Dr. Martin and her senior staff will hold a CGH All Hands.

FURTHER OUT

- **July 31:** Virtual CGH OD Honor Awards.
- **August 3-14:** CGH OD will host a virtual Country Office Leadership Orientation.
- **Aug 19:** World Humanitarian Day
- **Aug 20:** World Mosquito Day
- **Aug 26:** Official WPV-free certification of AFRO via virtual livestream (Dr Redfield invited to give remarks).
- **Aug (TBD):** MMWR on declaration of AFRO free of WPV

COMMUNICATION

- **July 14:** MPAT assisted with clearance for written responses to an interview with an alumnus by Wofford Today, a college publication.
- **July 15:** CDC Namibia requested the participation of their Clinical Services Branch Chief, Dr. Steven Hong, in an interview with Eagle FM on COVID-19 and fevers. MPAT is assisting with clearance.
- **July 16:** CDC Thailand's Dr. Charatdao Bunthi participated in a Facebook Live panel discussion with [@america](#), the U.S. Embassy's American Center located in Jakarta, Indonesia. She spoke on CDC's involvement with the country's COVID-19 response. [Southeast Asia: Pandemic Successes and Lessons Learned in Low- and Middle-Income Countries \(LMICs\)](#).
- **July 21:** FETP 40th anniversary rollout continues with a new profile (Dr. Waziri) and three new country stories (Cambodia, Colombia, Pakistan). There will be a web feature, and an Around The World newsletter. CGH MPAT will support on social media.
- **July 31:** A new *Morbidity and Mortality Weekly Report* article will publish, SEAR Hepatitis B Update.

From: Parise, Monica E. (CDC/DDPHSIS/CGH/DPDM)
Sent: Tue, 14 Jul 2020 00:27:49 +0000
To: Abanyie-Bimbo, Francisca (CDC/DDPHSIS/CGH/DPDM)
Cc: Parise, Monica E. (CDC/DDPHSIS/CGH/DPDM)
Subject: RE: Ask Your Senators to Support WHO

(b)(5)

CAPT Monica Parise
CDC Occupational Health Clinic
404-639-3385

From: Abanyie-Bimbo, Francisca (CDC/DDPHSIS/CGH/DPDM) <why6@cdc.gov>
Sent: Monday, July 13, 2020 4:47 PM
To: Parise, Monica E. (CDC/DDPHSIS/CGH/DPDM) <mep0@cdc.gov>
Subject: FW: Ask Your Senators to Support WHO

Hi Monica,

I hope you're well and the OHC deployment is going well

(b)(5)

(b)(5)

Any guidance would be much appreciated.

Fran

From: ASTMH <info@astmh.org>
Sent: Monday, July 13, 2020 1:18 PM
To: Abanyie-Bimbo, Francisca (CDC/DDPHSIS/CGH/DPDM) <why6@cdc.gov>
Subject: Ask Your Senators to Support WHO

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Version





Stand Up for the WHO

One Click Asks Your Senator to Co-Sponsor the Cardin Resolution in Support of the WHO

[Click Here to Send Your Message](#)

Dear ASTMH Member:

July 7 was historic for all the wrong reasons. The United States Ambassador to the UN presented a letter to the UN Secretary General formally withdrawing the United States from the WHO. We must tell Congress to do everything it can to restore our relationship with the WHO.

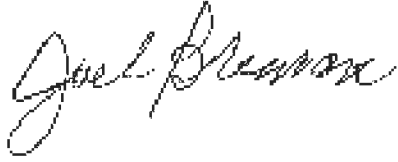
There is a resolution in support of the WHO circulating in the Senate. This resolution would send a strong message in support of the WHO and against withdrawal. We need you to help us secure your Senators' sponsorship of this resolution.

A strong WHO is a benefit to the United States and to every other country in the world. Period.

It's easy, it's fast and it matters. Send this message to your Member of Congress TODAY.

[Click Here to Send Your Message](#)

Sincerely,



Joel G. Breman, MD, DTPH, FIDSA,
FASTMH
President



Karen A. Goraleski
CEO

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Every donation helps us continue to work towards our mission of reducing the worldwide burden of tropical infectious diseases and improving global health.



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From: McClure, Susan (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 1 Jul 2020 23:25:50 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD); Davis, Carma L. (CDC/OD/OCS)
Subject: Agenda for ADP touchpoint
Attachments: Meeting with Rebecca Martin July 2 2020.docx, CGH Policy Planning June - September 2020 (002).docx

My apologies for getting this to you so late. It has been a busy day getting re-acquainted with CGH. Looking forward to catching up!

Susan McClure, MPH
Associate Director for Policy
Center for Global Health
Centers for Disease Control and Prevention
zur1@cdc.gov



Meeting with Rebecca Martin

Agenda

July 2, 2020

Risch bill

- Debrief
- CGH Policy Planning June-Sept – see attached

Response support

- COVID-19 Deployments
 - Shira Berman to policy unit – 6/29-7/28
 - Joel to ITF – 7/15-9/15
 - Gracie Storm to policy unit 8/12-9/25
 - Audrey McCulloch to policy unit – 10/1-11/14
- Ebola support
 - Peter and Lydia Menzenghie

Admin/HR

- PHI fellow

Goal 1: Maintain and increase Congressional appropriated funding for CGH's programs

- June 29: Hill and partner notice featuring FETP responders working on COVID-19
 - House E&C, Senate HELP
 - GA delegation
 - Perdue, Loeffler, Lewis, Collins, Carter, A. Scott, Graves

(b)(5)

- June 29 – Partner Petition regarding USG withdrawal from WHO (TF, Resolve, PATH)
- June 30th – 15th PMI anniversary – video
- June 30: HELP committee hearing on returning to work and school (Dr. Redfield testified with other witnesses including Dr Fauci, Dr Hahn, and ADM Giroir)
- June 30: SFR committee hearing on COVID-19 and US international pandemic preparedness, prevention, and response (witnesses include Mark Dybul, Ashish Jha, Jimmy Kolker, and Jeremy Konyndyk)
- June 30: Hill notice on the outbreak of cyclospora infections linked to bagged salad mix in multiple midwestern states
- June (TBD) - MMWR and Vital Signs on Domestic malaria – all VS postponed March-June
- July 1: House Foreign Affairs hearing on COVID-19 Response in Latin America and the Caribbean; no CDC witness, DoS and USAID witnesses
- July 2: Senate LHHS hearing on Operation Warp Speed and COVID-19 vaccine (Dr. Redfield testified)

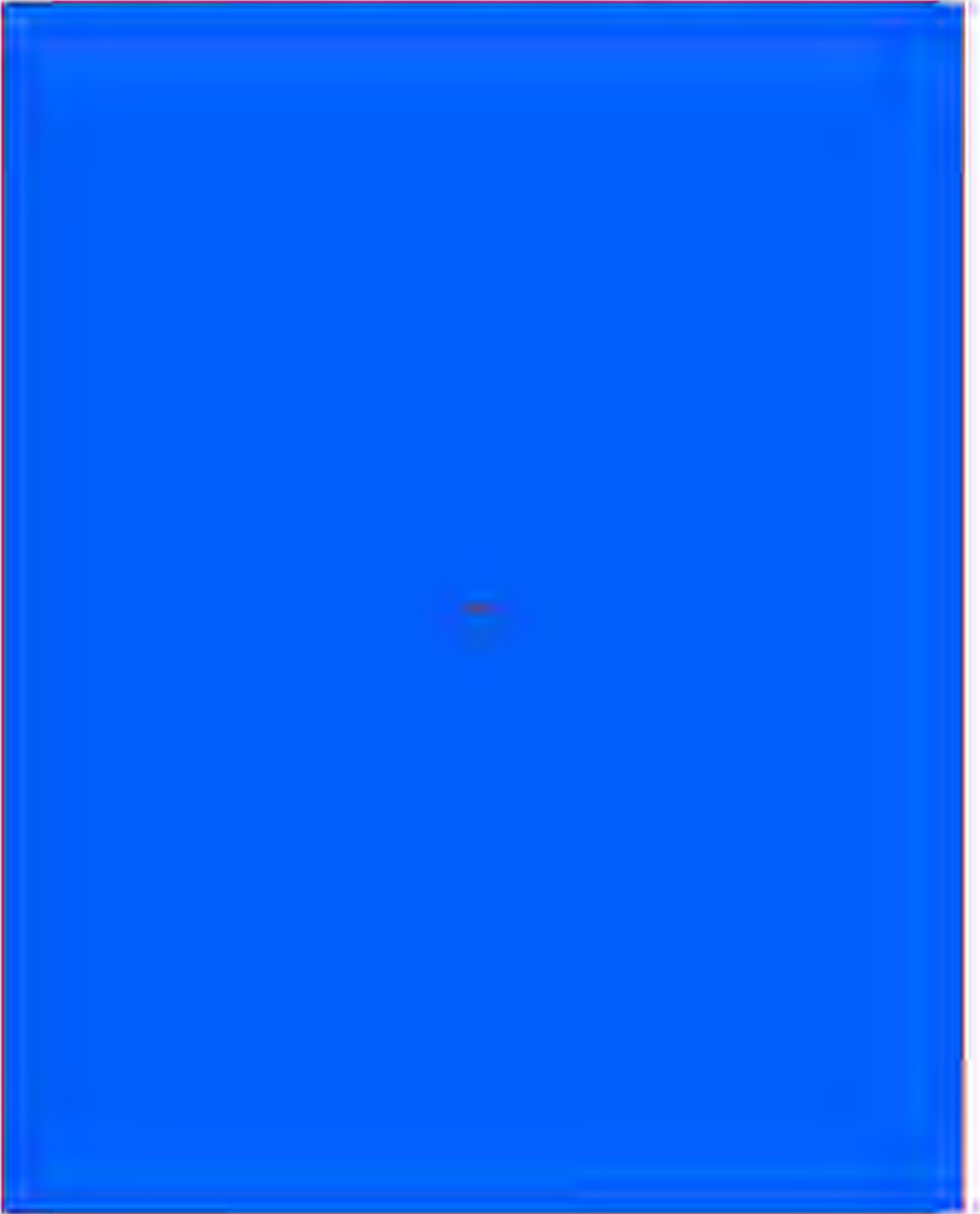
- July 6-10 – IAS conference – possible panel with Rep. Barbara Lee
- July 7: House LHHS markup
- Aug 19: World Humanitarian Day
- Aug 20: World Mosquito Day
- Aug (TBD): MMWR on declaration of AFRO free of WPV
- Nov 3 – U.S. Presidential and Congressional Elections
- (TBD) - 2019 GHSA USG/Interagency Report release (electronic)
- (TBD) – CGH 10-year anniversary event on the Hill

Goal 2: Maintain and foster CDC's brand globally

- July 6 – GHCU finalizes FY21 GHS spend plan
- July TBD – Possible Virtual Health Ministerial meeting on Venezuela Health Crisis (Panama would host; still in notional stage)
- July – CDC-BMGF annual meeting*
- Aug – CDCF trip to India – postponed*
- Aug 24-26 - CGH Strategic Leadership meeting
- Summer/Fall (TBD) – GGHA smallpox anniversary lessons learned 9-part webinar series
- Summer TBD – China trip for R3 - postponed
- Summer 2020 interagency health briefings
 - AMB: Burkina Faso (Amb.-Nominee Sandra Clark), Burma (Amb.-Nominee Thomas Vajda), Burundi (Amb.-Nominee Melanie Higgins), Eswatini (Amb.-Nominee Jeanne Maloney), Guatemala (Amb.-Nominee William Popp), Indonesia (Amb. Sung Y. Kim), Liberia (Amb.-Nominee Michael McCarthy), Tanzania (Amb.-Designate Donald-Wright), Uganda (Amb.-Nominee Natalie Brown), and Ukraine (Amb.-Nominee Keith Dayton).
 - DCM: Benin, Burma, Burundi, Cambodia, Cote d'Ivoire, Guatemala, Kazakhstan, Kyrgyzstan, Lesotho, Namibia, Sierra Leone, South Sudan, Tajikistan, and Vietnam.
- Sept 28/29 – PAHO Directing Council Meeting (virtual)
- September – UNGA75* - postponed
- September - Global measles strategic response plan
- November – World Health Assembly continuation
- November 12- Koplan lecture
- Dec - Devex world conference
- (TBD) – CGH biennial meeting
- (TBD) - DGHT/DGHP Annual Meetings

Goal 3: Enhance Country Office and Partner Country Capacity

- India – Joel - CM
- China – Joel is CM backup and continues as Policy lead
- CDCF – ongoing



From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 7 Jul 2020 20:43:56 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD); Cain, Kevin (CDC/DDPHSIS/CGH/OD); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD)
Subject: RE: Action required, deliverables due Friday July 10 & Friday July 24
Attachments: Center 1 Pager Template_2020_DRAFT_v2_20200707.docx

Dear Rebecca,

The CGH briefing document for Nate Smith is ready for your review. The Division-specific briefs are still in draft with Divisions and we hope to get you those tomorrow.

Please review and let me know your thoughts.

Thanks!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r4m4@cdc.gov>
Sent: Tuesday, June 16, 2020 5:44 PM
To: Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>
Cc: Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: Action required, deliverables due Friday July 10 & Friday July 24
Importance: High

Would like to add the idea of this to our BB tomorrow. Thanks, R

From: Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kd18@cdc.gov>
Sent: Tuesday, June 16, 2020 5:13 PM
To: Liburd, Leandris C. (CDC/DDPHSIS/OMHHE/OD) <le1@cdc.gov>; Dreyzehner, John (CDC/DDPHSIS/CPR/OD) <PWN3@cdc.gov>; Montero, Jose (CDC/DDPHSIS/CSTLTS/OD) <znn3@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r4m4@cdc.gov>
Cc: Hall, Jeffrey (CDC/DDPHSIS/OMHHE/OD) <dzu4@cdc.gov>; Williams, Ian (CDC/DDPHSIS/CPR/OD) <iaw3@cdc.gov>; Reynolds, Steven L. (CDC/DDPHSIS/CSTLTS/OD) <slr6@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Greco Kone, Rebecca (CDC/DDPHSIS/OD) <ftm1@cdc.gov>
Subject: FW: Action required, deliverables due Friday July 10 & Friday July 24
Importance: High

Hello DDPHSIS Leadership team,

Please see the below and attached. Following discussions, we have proposed that our Community of Practice use these template materials and this process to build the welcome and onboarding of our new Deputy Director, Dr. Nate Smith. This backs the work up a few weeks, but should help streamline the work and reduce the burden. Here is the current proposed timeline:

- Send us the name of the designated point of contact (POC) for your work CIO
- Planning period for both submissions to be complete before early July (Note: review attachments before SL meeting on June 22)
- Packet materials due for Dr. Smith's briefing package due July 10
- Packet materials due for the presidential transition package due July 24 (per info below)
- Phone briefings with Dr. Smith as scheduled ad hoc in August to prepare for onboarding
- In-person or virtual in-depth program briefings for Dr. Smith when he officially begins Aug 31st
- Sept also begins D2R2 season, keeping that in mind (CPR's is Aug 17, CGH's is Sept 10, CSTLTS's is Nov 2)

Rebecca Greco Koné and I will be working on the DDPHSIS fact sheet with your input, and provide overall guidance to ensure our packet is consistent and complete. This is a challenging time within the public health front, and we appreciate you making the time to prepare for this.

Thank you so much! KLD

From: Berger, Sherri (CDC/OCOO/OD) <sob8@cdc.gov>

Sent: Monday, June 15, 2020 9:16 PM

To: Daniel, Katherine Lyon (CDC/DDPHSIS/OD) <kdl8@cdc.gov>

Cc: Schuchat, Anne MD (CDC/OD) <acs1@cdc.gov>

Subject: Action required, due Friday July 24

Good morning –

On June 22, we have a senior leader working session meeting at 9:30am, and on the agenda is the required “transition planning” process across the federal government.

Please note:

- The Partnership for Public Service leads the “Center for Presidential Transition”
- The Center provides a roadmap, tools, and a timeline for planning:
<https://presidentialtransition.org/wp-content/uploads/sites/6/2018/01/Presidential-Transition-Guide-2018.pdf>
- The White House released guidance: <https://www.whitehouse.gov/wp-content/uploads/2020/04/M-20-24.pdf>

This summer, we will be developing CDC materials including CIO-specific fact sheets.

Attached, please find:


- Four fact sheets that were developed for your CoP four years ago (Note: we do not have a fact sheet for DDPHSIS because it did not exist)
- An example fact sheet illustrating the new format we will be using
- A word document for each CIO to input text only (with the number of words allowed per sections)

Task: Please submit five fact sheets (using the Word template, input text only – please do not format) to me no later than **Friday, July 24, at 2:00pm**. We will be working with OADC Division of Creative Services (DCS) to finalize the fact sheets. An important element we are working to include are data visualizations that help clearly and simply communicate important CDC findings or data. CIO's may contact DCS directly with questions about images to include on the fact sheets.

If you have any questions, let me know.

Thank you,
Sherri

Sherri A. Berger, MSPH
Chief Operating Officer
Chief Strategy Officer
Centers for Disease Control and Prevention
SBerger@cdc.gov



From: EOC Report (CDC)
Sent: Wed, 8 Jul 2020 15:23:01 +0000
To: CDC 2019 NCOV Response Distro List; CDC 2019 NCOV Response IMS Mailboxes
Cc: CDC IMS Response Coordinator -2; EOC Report (CDC)
Subject: DAILY NEWS CLIPS 07-08-20

WEDNESDAY, JULY 8, 2020

LEADING THE NATIONAL NEWS:

U.S. tops 3 million known infections as coronavirus surges <https://www.reuters.com/article/us-health-coronavirus-usa/u-s-tops-3-million-known-infections-as-coronavirus-surges-idUSKBN2482JQ>

CDC IN THE NEWS:

Virus Surge at U.S. Meat Plants Hit Minority Workers Hardest

<https://www.bloomberg.com/news/articles/2020-07-07/virus-killed-86-u-s-meat-plant-workers-through-may-cdc-says>

Coronavirus: 87% of meat workers infected were minorities <https://www.dailymail.co.uk/health/article-8498939/Nearly-nine-10-meat-poultry-workers-infected-coronavirus-minorities-CDC-finds.html>

Meatpacking facilities still present challenge to containing COVID-19, CDC says

<https://abcnews.go.com/Politics/cdc-meatpacking-facilities-present-challenge-covid-19/story?id=71651227>

Nearly 90 percent of COVID-19 cases at meat plants hit minority workers: CDC

<https://thehill.com/policy/healthcare/506190-nearly-90-percent-of-covid-19-cases-at-meat-plants-hit-minority-workers-cdc>

CDC says 9% of meatpacking plant workers have been diagnosed with Covid-19

<https://www.cnn.com/2020/07/07/cdc-says-9percent-of-meatpacking-plant-workers-have-been-diagnosed-with-covid-19.html>

COVID-19 hit U.S. meat, poultry plant workers hard in April, May: U.S. report

<https://www.reuters.com/article/us-health-coronavirus-usa-meatprocessing/covid-19-hit-u-s-meat-poultry-plant-workers-hard-in-april-may-u-s-report-idUSKBN2482PN>

Coronavirus Spread: Report Reveals How Widespread Virus Is At Meatpacking Plants

<https://www.ibtimes.com/coronavirus-spread-report-reveals-how-widespread-virus-meatpacking-plants-3007088>

Trump urges K-12 schools to reopen. Others aren't so sure

<https://www.latimes.com/politics/story/2020-07-07/trump-urges-k-12-schools-to-reopen-others-arent-so-sure>

Trump pushes state, local leaders to reopen schools in fall

<https://apnews.com/93fb781c0177eaf5ce86ddc86ce7a11>

Trump Pushes for Reopening Schools as Coronavirus Continues to Spread
<https://www.nytimes.com/2020/07/07/us/politics/trump-schools-coronavirus.html>

Trump pushes schools to open in the fall, downplaying risks as virus spreads
https://www.washingtonpost.com/education/white-house-schools-fall-coronavirus/2020/07/07/e2b1a16e-c059-11ea-9fdd-b7ac6b051dc8_story.html

Trump administration vows to work 'hand in hand' with local governments to reopen schools amid coronavirus
<https://www.foxnews.com/politics/trump-administration-vows-to-work-hand-in-hand-with-local-governments-to-reopen-schools-amid-coronavirus?ypttr=yahoo>

Trump says he will pressure governors over school reopenings even as virus surges
<https://www.cnn.com/2020/07/07/politics/trump-education-schools-reopening/index.html>

DeVos blasts school districts that hesitate at reopening
<https://www.politico.com/news/2020/07/07/white-house-cdc-pediatricians-reopening-schools-350655>

U.S. CDC reports 2,932,596 coronavirus cases
<https://www.reuters.com/article/us-health-coronavirus-usa-cdc/u-s-cdc-reports-2932596-coronavirus-cases-idUSKBN2482NU>

Former CDC acting director: Re-opening America's schools starts with controlling community spread of COVID-19
<https://video.foxnews.com/v/6170003845001/>

CDC says children should wear masks to slow COVID-19 spread
<https://www.today.com/parents/cdc-says-children-should-wear-masks-slow-covid-19-spread-t178005?ypttr=yahoo>

Ad Campaign Says Don't Let Covid-19 Fear Delay Doctor Visits
<https://www.wsj.com/articles/ad-campaign-says-dont-let-covid-19-fear-delay-doctor-visits-11594114200>

Few in Spanish, US studies had detectable COVID antibodies
<https://www.cidrap.umn.edu/news-perspective/2020/07/few-spanish-us-studies-had-detectable-covid-antibodies>

Dr. Tom Frieden: Coronavirus has the upper hand, but we can still stop the virus
<https://www.foxnews.com/opinion/coronavirus-upper-hand-can-still-stop-tom-frieden>

Older People, More at Risk From COVID-19, Taking Least Precautions: Poll
<https://www.newsweek.com/coronavirus-covid-19-precaution-older-people-less-poll-1515997>

As coronavirus cases climb in Georgia, data about race, ethnicity lag
<https://www.ajc.com/news/state-regional-govt-politics/coronavirus-cases-climb-georgia-data-about-race-ethnicity-lag/MNNQWkz4SJAmkREjn5yREL/>

Workplace testing for coronavirus remains a challenge
<https://www.rollcall.com/2020/07/08/workplace-testing-for-coronavirus-remains-a-challenge/>

Major retailers to states: Mandate face masks now

<https://apnews.com/80db3dc5dc9a0015bde700266008fe8f>

Cruise companies hire Dr. Scott Gottlieb, other coronavirus experts to help overcome 'rough patch'

<https://www.cnn.com/2020/07/07/cruise-companies-hire-dr-scott-gottlieb-other-coronavirus-experts-to-help-overcome-rough-patch.html>

Some prefer face shields to cloth masks. Experts are split on effectiveness.

<https://www.nbcnews.com/health/health-news/some-prefer-face-shields-cloth-masks-experts-are-split-effectiveness-n1232453>

A Dangerous Antibiotic-Resistant Bacteria May Now Lurk in U.S. Water, Soil

<https://consumer.healthday.com/infectious-disease-information-21/antibiotics-news-30/a-dangerous-antibiotic-resistant-bacteria-may-now-lurk-in-u-s-water-soil-759251.html>

Lyme Disease Test Claim Against CDC Rejected by Federal Circuit

<https://news.bloomberglaw.com/federal-contracting/lyme-disease-test-claim-against-cdc-rejected-by-federal-circuit>

Updated organ transplantation guidelines can make a difference for thousands of people. Some experts argue it is not enough.

https://www.stltoday.com/lifestyles/health-med-fit/updated-organ-transplantation-guidelines-can-make-a-difference-for-thousands-of-people-some-experts-argue/article_4daa4550-fb8e-5a13-ae8a-5bd40cae25d3.html

THE SECRETARY/HHS IN THE NEWS:

Trump Health Secretary Says US Healthcare Workers 'Don't Get Infected' With Covid-19 (94,000 Have Contracted the Virus)

<https://www.commondreams.org/news/2020/07/08/trump-health-secretary-says-us-healthcare-workers-dont-get-infected-covid-19-94000>

China could have done more to aid world's COVID-19 response, top U.S. health official says

<https://www.reuters.com/article/us-health-coronavir-birx/china-could-have-done-more-to-aid-worlds-covid-19-response-top-u-s-health-official-says-idUSKBN2482YF>

Trump breaks with Fauci: US in 'good place' in fight against virus

<https://thehill.com/homenews/administration/506307-trump-breaks-with-fauci-us-in-good-place-in-fight-against-virus>

Trump: 'I Disagree' With Fauci On COVID-19 In The US

<https://www.barrons.com/news/trump-i-disagree-with-fauci-on-covid-19-in-the-us-01594166705>

HHS to open 'surge' COVID-19 testing in Florida, Texas, Louisiana

<https://www.reuters.com/article/us-health-coronavirus-usa-testing/hhs-to-open-surge-covid-19-testing-in-florida-texas-louisiana-idUSKBN2482M9>

U.S. government to invest \$42 million in Becton Dickinson's injection device production

<https://www.reuters.com/article/us-health-coronavirus-becton-dickinson/u-s-government-to-invest-42-million-in-becton-dickinsons-injection-device-production-idUSKBN2491Q9>

U.S. Commits \$2 Billion for Covid-19 Vaccine, Drug Supplies

<https://www.wsj.com/articles/u-s-commits-2-billion-for-covid-19-vaccine-drug-supplies-11594132175>

Novavax Gets \$1.6 Billion for Coronavirus Vaccine From Operation Warp Speed

<https://www.nytimes.com/2020/07/07/health/novavax-coronavirus-vaccine-warp-speed.html>

Philip Morris gets FDA approval to market its 'tobacco heating system' as a healthier alternative to smoking

<https://www.marketwatch.com/story/philip-morris-gets-fda-approval-to-market-its-tobacco-heating-system-as-a-healthier-alternative-to-smoking-2020-07-07>

Tobacco Groups Win Court Challenge to FDA Warnings <https://www.courthousenews.com/tobacco-groups-win-court-challenge-to-fda-warnings/>

Heat-Not-Burn Cigarettes Win Coveted Marketing Claims

<https://www.medpagetoday.com/primarycare/smoking/87437>

FDA declines to approve Merck and Eisai's liver cancer combo therapy

<https://www.reuters.com/article/us-merck-co-fda-eisai/fda-declines-to-approve-merck-and-eisais-liver-cancer-combo-therapy-idUSKBN2491M8>

The coronavirus task force must speak with one voice

https://www.washingtonpost.com/opinions/letters-to-the-editor/the-coronavirus-task-force-must-speak-with-one-voice/2020/07/07/15a549be-bf9b-11ea-8908-68a2b9eae9e0_story.html

COVID-19 DOMESTIC:

US Posts New Daily Virus Case Record Of 60,209: Johns Hopkins

<https://www.barrons.com/news/us-posts-new-daily-virus-case-record-of-60-209-johns-hopkins-01594169104>

IHME, widening projection horizon, sees 208,000 U.S. COVID-19 deaths by November 1

<https://www.reuters.com/article/us-health-coronavirus-usa-projection/ihme-widening-projection-horizon-sees-208000-u-s-covid-19-deaths-by-november-1-idUSKBN2482OQ>

Trump is pushing to reopen schools, which he claims are closed for political reasons and not to curb the coronavirus spread

<https://www.businessinsider.com/trump-pushes-to-reopen-schools-claims-closures-are-political-2020-7>

Trump Administration Pushes for Schools to Reopen

<https://www.wsj.com/articles/trump-administration-pushes-for-schools-to-reopen-11594137764>

Trump says he will pressure states to reopen schools in fall

<https://apnews.com/be1ed8b75986393fe0385cae85b6a6c8>

DeVos demands 'fully operational' schools in the fall: 'Not a matter of if'

<https://thehill.com/homenews/administration/506225-devos-demands-fully-operational-schools-in-the-fall-its-not-a-matter>

As Coronavirus Cases Spike, Trump Pushes Reopening Schools

<https://www.npr.org/2020/07/07/888157257/white-house-pushes-to-reopen-schools-despite-a-surge-in-coronavirus-cases>

Trump tweets support of Henry Ford hydroxychloroquine study

<https://www.freep.com/story/news/health/2020/07/07/trump-support-henry-ford-hydroxychloroquine-study/5389515002/>

As Virus Spreads, States Face a Truth: 'We Cannot Test Our Way Out of This'

<https://www.nytimes.com/2020/07/08/us/politics/tennessee-coronavirus-testing.html>

Why Arizona's percent of positive tests is highest in the country

<https://www.azcentral.com/story/news/local/arizona-health/2020/07/07/why-arizonas-percent-positive-tests-highest-country/5386600002/>

Texas passes 10,000 confirmed new virus cases in single day

<https://apnews.com/f938cf1258f3511d131e090696fa2d10>

Texas tells districts: Keep schools open all week, make older students wear masks

<https://www.expressnews.com/news/education/article/Trump-insists-on-full-school-reopenings-Texas-15392255.php>

Window into virus surge: Death, recovery at Houston hospital

<https://apnews.com/c63bbec344cd39d4a2dc4603409b5ebf>

California coronavirus cases and hospitalizations surge <https://www.latimes.com/california/story/2020-07-07/coronavirus-cases-hospitalizations-surge-deaths-flat>

COVID Cuts A Lethal Path Through San Quentin's Death Row

<https://californiahealthline.org/news/covid-cuts-a-lethal-path-through-san-quentins-death-row/>

N.C. residents won't need a doctor's order for a COVID test

<https://apnews.com/5fc808458830f1d8ba9584b950fd68fd>

Bay Area counties back off indoor dining as virus surges

<https://apnews.com/249d62bc109061c4844b9b70844b8c17>

Virus fears, regional spats snarl Arizona-Mexico route

<https://apnews.com/1d988d178a66e4efbb91e9e4bf4c66a5>

Florida invited the nation to its reopening -- then it became a new coronavirus epicenter

<https://www.washingtonpost.com/national/florida-invited-the-nation-to-its-reopening--then-it->

[became-a-new-coronavirus-epicenter/2020/07/07/74645c82-c069-11ea-b178-bb7b05b94af1_story.html](https://www.nbcnews.com/news/us-news/florida-schools-must-reopen-person-instruction-education-commissioner-says-n1233061)

Florida schools must reopen with in-person instruction, education commissioner says

<https://www.nbcnews.com/news/us-news/florida-schools-must-reopen-person-instruction-education-commissioner-says-n1233061>

Dozens of Florida hospitals out of available ICU beds, state data shows

<https://www.reuters.com/article/us-health-coronavirus-usa-florida/dozens-of-florida-hospitals-out-of-available-icu-beds-state-data-shows-idUSKBN2482IS>

Delaware, Kansas, Oklahoma added to NY coronavirus list of must-quarantine states: Cuomo

<https://www.nydailynews.com/coronavirus/ny-coronavirus-quarantine-delaware-kansas-oklahoma-20200707-ooU5uw2ijvhptntghp7ubufzwa-story.html>

Three more states added to New York governor's quarantine order <https://www.reuters.com/article/us-health-coronavirus-new-york/three-more-states-added-to-new-york-governors-quarantine-order-idUSKBN24824P>

New York requires visitors from 3 more states to quarantine

<https://apnews.com/c8601b6ce263e4d8481a048790e55aa7>

Thousands of New York City Child-Care Facilities Could Reopen Next Week

<https://www.wsj.com/articles/thousands-of-new-york-city-child-care-facilities-could-reopen-next-week-11594165164>

Amid Coronavirus, Some Cooped-Up New Yorkers Buy a First Car

<https://www.wsj.com/articles/amid-coronavirus-some-cooped-up-new-yorkers-buy-a-first-car-11594130400>

Cases of coronavirus in Idaho spike after businesses reopen

<https://apnews.com/268b5af9756c681384304a442d34135c>

Coronavirus cases increase in Washington region after lowest number in months

https://www.washingtonpost.com/local/coronavirus-dc-maryland-virginia/2020/07/07/91511856-c057-11ea-9fdd-b7ac6b051dc8_story.html

Puerto Rico, Still Reeling From Old Disasters, Is Slammed by Covid-19

<https://www.nytimes.com/2020/07/08/us/coronavirus-puerto-rico-economy-unemployment.html>

New Mexico asks visitors to comply with virus safeguards

<https://apnews.com/6edbf4daa0e1e55d643f761d1eccc95>

Mississippi governor tests negative for COVID-19 after scare

<https://apnews.com/328d5874cb57b6e79185b48253bdbe7e>

Follow-Up Testing In Napaskiak Yields No New COVID-19 Cases <https://www.kyuk.org/post/follow-testing-napaskiak-yields-no-new-covid-19-cases>

<https://www.adn.com/sponsored-content/2020/07/07/coronavirus-pandemic-puts-alaskas-epidemiologists-front-and-center/>

Buffets and Salad Bars, Closed by the Pandemic, Remain Roped Off

<https://www.wsj.com/articles/buffets-and-salad-bars-closed-by-the-pandemic-remain-roped-off-11594114200>

Virus-Tracing Apps Are Rife With Problems. Governments Are Rushing to Fix Them.

<https://www.nytimes.com/2020/07/08/technology/virus-tracing-apps-privacy.html>

Biden wants US to produce more of its own pandemic supplies

<https://apnews.com/642660dbc67fbb16260a27f2f89418d8>

Businesses, sick of policing mask use, ask government to step in

<https://www.cnbc.com/2020/07/07/businesses-sick-of-policing-mask-use-ask-government-to-step-in.html>

Retailer Group Representing Target And Home Depot Urges Governors To Make Face Masks Mandatory

<https://www.ibtimes.com/retailer-group-representing-target-home-depot-urges-governors-make-face-masks-3007297>

Washington businesses now required to turn away customers without face masks

<https://www.king5.com/article/news/health/coronavirus/business-mask-requirement-in-effect/281-01536db2-f4b7-403c-9313-84475771741>

Missouri kid camp virus outbreak raises questions of safety

<https://apnews.com/b8e8f718a506456d5f914af5d3b2e711>

Summer Camp With a Daily Health Check; No Swim Lessons, High Fives

<https://www.wsj.com/articles/summer-camp-with-a-daily-health-check-no-swim-lessons-high-fives-11594118605>

Iowa governor to use \$50M in federal money for mental health

<https://apnews.com/61793797762e67244b9b520429c0fb50>

The 'Covid Cocktail': Inside a Pa. nursing home that gave some veterans hydroxychloroquine even

<https://www.washingtonpost.com/business/2020/07/07/covid-cocktail-inside-pa-nursing-home-that-gave-some-veterans-hydroxychloroquine-even-without-covid-19-testing/>

Sturgis City Council approves mass testing following annual motorcycle rally in August

https://rapidcityjournal.com/news/local/sturgis-city-council-approves-mass-testing-following-annual-motorcycle-rally-in-august/article_fbffdd5c-d739-5283-a043-663a9a4b07f8.htm#tracking-source=home-trending

Montana virus infections hit new high as nursing home hit

<https://apnews.com/78451df1cddd203327ec32245cd2c582a>

I'm a U.S. Citizen, Where in the World Can I Go?

<https://www.nytimes.com/2020/07/07/travel/american-travelers-restrictions-coronavirus.html>

Norwegian and Royal Caribbean are teaming up to create COVID-era safety standards after the virus brought cruises to a halt

<https://www.businessinsider.com/norwegian-royal-caribbean-create-coronavirus-covid-19-safety-panel-cruise-2020-7>

Coronavirus Test-Kit Maker Dissolves Amid Probes

<https://www.wsj.com/articles/coronavirus-test-kit-maker-dissolves-amid-probes-11594153304>

EPA approves two Lysol products as the first to effectively kill novel coronavirus on surfaces

<https://www.cnn.com/2020/07/07/health/epa-lysol-disinfectant-covid-19-trnd/index.html>

Man avoids prison for threatening vaccine bill supporter

<https://apnews.com/2a042491b90758dc7c3f9ca8f4611705>

The Coronavirus Is a Special Mental-Health Disaster

<https://www.theatlantic.com/health/archive/2020/07/coronavirus-special-mental-health-disaster/613510/>

Trump's pandemic happy talk is dangerous as COVID spikes across America

<https://www.usatoday.com/story/opinion/2020/07/07/coronavirus-pandemic-trump-mission-not-accomplished-column/5389774002/>

COVID-19:

'Desperation science' slows the hunt for coronavirus drugs

<https://apnews.com/db08697f6260038f196b1106fe574228>

A Second Wave Could Mean Better Survival Rates for Coronavirus Patients

<https://www.newsweek.com/second-wave-could-mean-better-survival-rates-coronavirus-patients-1516099>

Coronavirus can stay in your system for weeks, but research shows you're probably not contagious

<https://www.abc.net.au/news/2020-07-04/coronavirus-how-long-does-it-last/12419770>

Brain problems linked to even mild virus infections: study <https://www.france24.com/en/20200708-brain-problems-linked-to-even-mild-virus-infections-study>

Tucker Carlson Wrongly Claims Masks, Distancing Have 'No Basis' in Science

<https://www.newsweek.com/tucker-carlson-wrongly-claims-masks-distancing-have-no-basis-science-1516186>

Commentary: Secondhand smoke aiding coronavirus

<https://www.expressnews.com/opinion/commentary/article/Commentary-Secondhand-smoke-aiding-coronavirus-15392292.php>

COVID-19 GLOBAL:

Brazil's Skeptical President Has Virus, US Starts WHO Withdrawal

<https://www.barrons.com/news/australia-locks-down-millions-as-us-struggles-to-contain-virus-01594128609>

WHO experts to travel to China at weekend to study COVID-19 origins

<https://www.reuters.com/article/us-health-coronavirus-who-china/who-experts-to-travel-to-china-at-weekend-to-study-covid-19-origins-idUSKBN2482GY>

A disease detective on the frontlines of WHO's Covid-19 response

<https://www.statnews.com/2020/07/08/a-disease-detective-is-thrust-onto-the-front-lines-of-whos-covid-19-response/>

US notifies UN of withdrawal from World Health Organization

<https://apnews.com/9dc4077f95d183649ca24a32a18abf01>

Trump Administration Signals Formal Withdrawal From W.H.O.

<https://www.nytimes.com/2020/07/07/us/politics/coronavirus-trump-who.html>

Trump Moves to Pull U.S. Out of World Health Organization in Midst of Covid-19 Pandemic

<https://www.wsj.com/articles/white-house-says-u-s-has-pulled-out-of-the-world-health-organization-11594150928>

Trump administration submits formal notice of withdrawal from WHO

<https://www.statnews.com/2020/07/07/trump-administration-submits-formal-notice-of-withdrawal-from-who/>

US pulls out of WHO amid escalating COVID-19 activity <https://www.cidrap.umn.edu/news-perspective/2020/07/us-pulls-out-who-amid-escalating-covid-19-activity>

U.S. withdrawal from WHO over claims of China influence to take effect July 2021: U.N.

<https://www.reuters.com/article/us-health-coronavirus-trump-who/u-s-withdrawal-from-who-over-claims-of-china-influence-to-take-effect-july-2021-u-n-idUSKBN2482YZ>

Trump administration sends letter withdrawing U.S. from World Health Organization over coronavirus response https://www.washingtonpost.com/world/trump-united-states-withdrawal-world-health-organization-coronavirus/2020/07/07/ae0a25e4-b550-11ea-9a1d-d3db1cbe07ce_story.html

WHO acknowledges 'evidence emerging' of airborne spread of COVID-19

<https://www.reuters.com/article/us-health-coronavirus-who-airborne/who-acknowledges-evidence-emerging-of-airborne-spread-of-covid-19-idUSKBN2482AU>

W.H.O. to Review Evidence of Airborne Transmission of Coronavirus

<https://www.nytimes.com/2020/07/07/health/coronavirus-aerosols-who.html>

WHO confirms there's 'emerging evidence' of airborne transmission of coronavirus

<https://www.cnn.com/2020/07/08/health/airborne-transmission-of-coronavirus-who/index.html>

China reports seven new coronavirus cases for July 7, down from prior day

<https://www.reuters.com/article/us-health-coronavirus-china-cases/china-reports-seven-new-coronavirus-cases-for-july-7-down-from-prior-day-idUSKBN24903A>

Japan supercomputer suggests changes to travel, work amid airborne virus threat

<https://www.reuters.com/article/us-health-coronavirus-japan-supercompute/japan-supercomputer-suggests-changes-to-travel-work-amid-airborne-virus-threat-idUSKBN2490PE>

New infections rebound to over 60, imported cases surge to 3-month high

<https://en.yna.co.kr/view/AEN20200708002051320>

South Korea seeks remdesivir to treat over 5,000 COVID patients: lawmaker

<https://www.reuters.com/article/us-health-coronavirus-southkorea-gilead/south-korea-seeks-remdesivir-to-treat-over-5000-covid-patients-lawmaker-idUSKBN2491HW>

Indonesia reports record daily high of 1,853 coronavirus cases <https://www.reuters.com/article/us-health-coronavirus-indonesia-cases/indonesia-reports-record-daily-high-of-1853-coronavirus-cases-idUSKBN24915N>

Central Asia struggles with resurgent coronavirus after reopening <https://www.reuters.com/article/us-health-coronavirus-centralasia/central-asia-struggles-with-resurgent-coronavirus-after-reopening-idUSKBN24922O>

India Cites Low COVID-19 Death Toll as Cases Rise to 3rd Highest in World

<http://laht.com/article.asp?ArticleId=2493475&CategoryId=13936>

Air New Zealand Suspends Inbound International Flight Bookings

<http://laht.com/article.asp?ArticleId=2493455&CategoryId=12396>

Long queues at Australian border closed by coronavirus <https://www.reuters.com/article/us-health-coronavirus-australia/long-queues-at-australian-border-closed-by-coronavirus-idUSKBN24839D>

Australia deals with virus spike; Serbia erupts in violence

<https://apnews.com/52e57911691a332630a3c93a6e76612a>

Hospital closed to new admissions after coronavirus infections as Victorian aged care facilities record cases

<https://www.abc.net.au/news/2020-07-08/melbourne-hospital-and-aged-care-facilities-coronavirus-cases/12435286>

Serbia to reintroduce virus lockdown after new case spike

<https://apnews.com/651b85a438d142858cefc2e1ab3640d4>

Russian region near Mongolia testing rodents for plague <https://www.france24.com/en/20200708-russian-region-near-mongolia-testing-rodents-for-plague>

Uzbekistan to introduce second lockdown from July 10 <https://www.reuters.com/article/us-health-coronavirus-uzbekistan-lockdown/uzbekistan-to-introduce-second-lockdown-from-july-10-idUSKBN2491HL>

Oman coronavirus cases exceed 50,000, health ministry says <https://www.reuters.com/article/us-health-coronavirus-oman/oman-coronavirus-cases-exceed-50000-health-ministry-says-idUSKBN24919M>

Iran coronavirus death toll exceeds 12,000 as lockdown curbs ease <https://www.reuters.com/article/us-health-coronavirus-iran/iran-coronavirus-death-toll-exceeds-12000-as-lockdown-curbs-ease-idUSKBN2491GY>

Africa's confirmed COVID-19 cases now above a half-million
<https://apnews.com/370338604cf10db84640d9ae2bc924e7>

In Africa, lack of coronavirus data raises fears of 'silent epidemic'
<https://www.reuters.com/article/us-health-coronavirus-africa-data-insigh/in-africa-lack-of-coronavirus-data-raises-fears-of-silent-epidemic-idUSKBN24910L>

S.African pupils miss meals as virus limits school return
http://apps.kmn.kompas.com/ep/Wire_Services/Wire/Details/50691134

COVID Outbreak Spreads East from Cape into South Africa's Main Urban Centers
<http://laht.com/article.asp?ArticleId=2493466&CategoryId=13936>

Free ambulance helps save mothers and babies in Kenya lockdown <https://www.reuters.com/article/us-health-coronavirus-kenya-ambulances/free-ambulance-helps-save-mothers-and-babies-in-kenya-lockdown-idUSKBN2481KU>

Sweden's daily tally of new COVID-19 cases falls to lowest since May
<https://www.reuters.com/article/us-health-coronavirus-sweden-cases/swedens-daily-tally-of-new-covid-19-cases-falls-to-lowest-since-may-idUSKBN248240>

Sweden Has Become the World's Cautionary Tale
<https://www.nytimes.com/2020/07/07/business/sweden-economy-coronavirus.html>

Day record takes Romania's coronavirus cases over 30,000: government
<https://www.reuters.com/article/us-health-coronavirus-romania/day-record-takes-romania-covid-cases-over-30000-government-idUSKBN2491HE>

Austria Limits Travel From Romania, Bulgaria Over Virus
<https://www.barrons.com/news/austria-limits-travel-from-romania-bulgaria-over-virus-01594213806>

Spain's Catalonia makes masks compulsory in public at all times
<https://www.reuters.com/article/us-health-coronavirus-spain-masks/spains-catalonia-makes-masks-compulsory-in-public-at-all-times-idUSKBN249184>

In France, study shows virus hit African immigrants hardest

<https://apnews.com/e926cfab68103a92d2c07152e8842853>

COVID-19 cases hit 5.9 million in Americas, half in Latin America, Caribbean: WHO

<https://www.reuters.com/article/us-health-coronavirus-latam/covid-19-cases-hit-5-9-million-in-americas-half-in-latin-america-caribbean-who-idUSKBN248290>

Latin America, Caribbean surpass 3 mn virus cases: AFP

http://apps.kmn.kompas.com/ep/Wire_Services/Wire/Details/50689011

Brazil's President Bolsonaro tests positive for COVID-19

<https://apnews.com/8ceb44235a63dfb59da10f2ceffb9160>

Brazil registers over 1,200 additional coronavirus deaths on Tuesday

<https://www.reuters.com/article/us-health-coronavirus-brazil/brazil-registers-over-1200-additional-coronavirus-deaths-on-tuesday-idUSKBN248366>

President Bolsonaro of Brazil Tests Positive for Coronavirus

<https://www.nytimes.com/2020/07/07/world/americas/brazil-bolsonaro-coronavirus.html>

Brazil's Jair Bolsonaro Tests Positive for Coronavirus

<https://www.wsj.com/articles/brazil-president-jair-bolsonaro-tests-positive-for-coronavirus-11594135631>

Brazil's president says hydroxychloroquine to cure his virus

<https://apnews.com/f761b0a592f8e4083c4e64d816359eb4>

Coronavirus travel: Dubai, Jamaica, St. Maarten share reopening plans

<https://www.usatoday.com/story/travel/news/2020/05/20/international-travel-allowed-yet-when-destinations-reopening-coronavirus/5220301002/>

OPIOIDS:

Overdose rates are rising in Philadelphia's Hispanic community

<https://www.inquirer.com/health/opioid-addiction/hispanic-overdose-rate-rising-philadelphia-treatment-services-20200701.html>

GLOBAL HEALTH:

WHO's Tedros pulls out of UK event after U.S. confirms to exit WHO

<https://www.reuters.com/article/us-health-coronavirus-britain-tedros/whos-tedros-pulls-out-of-uk-event-after-u-s-confirms-to-exit-who-idUSKBN2491B2>

US formally starts withdrawal from WHO

<https://www.france24.com/en/20200707-us-formally-starts-withdrawal-from-who>

Biden says he will keep US in WHO if elected president

http://apps.kmn.kompas.com/ep/Wire_Services/Wire/Details/50687987

WHO says Sri Lanka and Maldives eliminate measles, rubella

<https://apnews.com/b20f3aefd6fd7e3ac12712d4a5e4935c>

CDC reports year's first case of infant botulism

<https://www.taipeitimes.com/News/taiwan/archives/2020/07/08/2003739565>

Bubonic plague triggers health alert in China after herder is infected

https://www.washingtonpost.com/world/asia_pacific/bubonic-plague-triggers-health-alert-in-china-after-herder-is-infected/2020/07/07/bfb8f874-c004-11ea-8908-68a2b9eae9e0_story.html

Malnutrition In Poorer Nations Costs Firms Up To \$850 Bln: Study

<https://www.barrons.com/news/malnutrition-in-poorer-nations-costs-firms-up-to-850-bln-study-01594163104>

UN warns Yemen on brink of famine again <https://www.france24.com/en/20200708-un-warns-yemen-on-brink-of-famine-again>

UN Expert Urges Global Ban On Gay 'Conversion Therapy'

<https://www.barrons.com/news/un-expert-urges-global-ban-on-gay-conversion-therapy-01594213807>

UK review into NHS hits out at glacial response to concerns

<https://apnews.com/fc44506be37c84edb88cff18c88fa90f>

HEALTH AND MEDICAL NEWS:

11th case of dengue fever confirmed in Florida Keys

<https://apnews.com/82f283ab797ad688ab5daea00414f787>

A second virus, EEE, confronts Massachusetts as officials warn of 'active' summer

<https://www.bostonherald.com/2020/07/07/a-second-virus-eee-confronts-massachusetts-as-officials-warn-of-active-summer/>

Colorado sues e-cigarette maker Juul for deceptive marketing practices that target youth

<https://www.dailycamera.com/2020/07/07/colorado-attorney-general-juul-vaping-lawsuit/>

There was an effective vaccine. An outbreak struck anyway.

<https://www.washingtonpost.com/world/2020/07/07/coronavirus-measles-samoa-vaccine/>

US government launches campaign to reduce high suicide rates

<https://apnews.com/3cdb1dbe5ce7027dced1d50b09810033>

ENVIRONMENTAL HEALTH:

Climate change turning US mountain lakes green with algae <https://www.france24.com/en/20200707-climate-change-turning-us-mountain-lakes-green-with-algae>

Cooling centers closed: How Aurora, other communities are providing heat relief amid COVID-19

<https://www.dailyherald.com/news/20200708/cooling-centers-closed-how-aurora-other-communities-are-providing-heat-relief-amid-covid-19>

Planet posts hottest June on record, tied with last year

<https://www.washingtonpost.com/weather/2020/07/07/warmest-june-siberia-planet/>

Managing expectations: climate action not a quick fix <https://www.france24.com/en/20200708-managing-expectations-climate-action-not-a-quick-fix>

HEALTHCARE NEWS:

A Shot to Protect Against H.I.V.

<https://www.nytimes.com/2020/07/07/health/hiv-shot-prep.html>

Injectable drug more effective at blocking HIV than daily pills

https://www.washingtonpost.com/health/injectable-drug-more-effective-at-blocking-hiv-than-daily-pills/2020/07/07/75f0340e-c05f-11ea-b4f6-cb39cd8940fb_story.html

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From: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 18 Aug 2020 18:22:35 +0000
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Subject: RE: CDC WHO
Attachments: Details to WHO as of 010720.xlsx

There are a couple of staffing who were not on the plan for January. Please see the report generated in January (Ignore the date on the sheet; I forgot to change it).

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Sent: Tuesday, August 18, 2020 2:02 PM
To: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD) <sjw3@cdc.gov>
Subject: FW: CDC WHO

Sandra- I think this is the same request that you already responded to. This table is from June, and lists 34 detailees, of which 3 are outside of CGH. To the best of your knowledge is this accurate for 1/1/20?

Thanks, Ted

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: Tuesday, August 18, 2020 1:30 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Cc: Russell, Lola S. (CDC/DDPHSIS/CGH/OD) <eoy0@cdc.gov>; Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; Friedly, Erik (CDC/DDPHSIS/CGH/OD) <fre5@cdc.gov>
Subject: FW: CDC WHO

Hi, Ted,
Thanks for speaking with Lola and myself.

Do you have the number all CDC or just CGH. Need the number of WHO secondees January 1.

Regards,

Esther

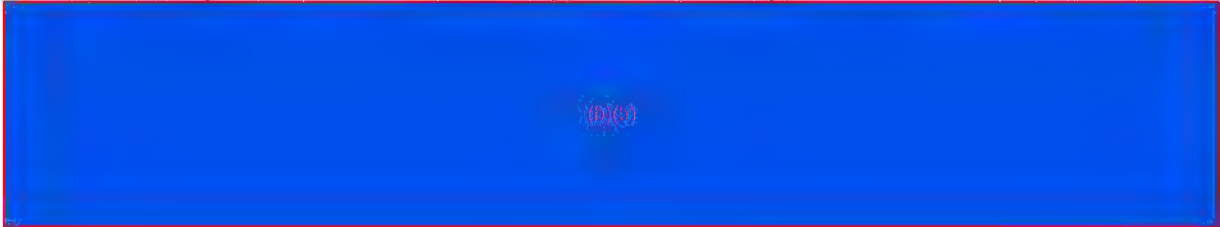
From: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Sent: Tuesday, August 18, 2020 1:19 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Cc: Thompson, Florence (CDC/OD/CDCWO) <tbf3@cdc.gov>; Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; Friedly, Erik (CDC/DDPHSIS/CGH/OD) <fre5@cdc.gov>; Russell, Lola S. (CDC/DDPHSIS/CGH/OD) <eoy0@cdc.gov>
Subject: Re: CDC WHO

Hi,

Tanks for sending. I don't know the number on Jan 1, but CGH will I believe. Just note, we need to look across CDC as other CIOs also have secondees.

Here's my suggestion for a slightly reworted answer to number 1. CGH - let me know if you disagree or have a better suggestion:

1. How many CDC staff are normally, and currently, seconded to the WHO?




Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: August 18, 2020 10:12 AM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Cc: Thompson, Florence (CDC/OD/CDCWO) <tbf3@cdc.gov>; Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; Friedly, Erik (CDC/DDPHSIS/CGH/OD) <fre5@cdc.gov>; Russell, Lola S. (CDC/DDPHSIS/CGH/OD) <eoy0@cdc.gov>
Subject: FW: CDC WHO

Good morning, Mitch,

I appreciate any help you can provide. 


This information has previously been provided to the public. I'm hoping to get this inquiry cleared this morning and a response to Betsy.

The response to question #3 is verbatim from document: Interagency Top Lines United States Withdrawal from the WHO, July 8, 2020.

I appreciate any information you can provide.

1. How many CDC staff are normally, and currently, seconded to the WHO?

(b)(5)

2. Are they all in Geneva, or elsewhere too?

See above

3. Will this change with the US withdrawal?

(b)(5)

Regards,

Esther

From: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Sent: Thursday, August 13, 2020 8:42 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Subject: Re: CDC WHO

Esther,

Mitch Wolfe feedback on answers below:

(b)(5)

Those were his feedback. I think just clarifying who else she has talk to would help. And the angle of the story.

(b)(5)

(b)(5)

Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention

News Media Branch

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: Thursday, August 13, 2020 7:38:44 PM
To: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Subject: Re: CDC WHO

I can follow up. Any other points to clarify?

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From: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Sent: Thursday, August 13, 2020 7:39:51 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Subject: Re: CDC WHO

Do you know what other agencies or people she has talked to or received information?
Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

From: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Sent: Thursday, August 13, 2020 4:47:30 PM
To: Harmon, Carrie E. (CDC/OD/OADC) <gbj2@cdc.gov>
Subject: Fwd: CDC WHO

See below for context. Please let me know if there are any questions.

Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: Thursday, August 13, 2020 4:44 PM
To: Reed, Jasmine (CDC/OD/OADC)
Subject: RE: CDC WHO

Betsey is reporting on lessons learned so far from the pandemic. WHO relies on expertise from around the world including CDC. We are one of their collaborating centers. The requested numbers will be used in referenced to the expertise that WHO draws upon.

Regards,

Esther

From: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Sent: Thursday, August 13, 2020 5:18 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Subject: CDC WHO

Can you please give me a call ASAP.

Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

Details to WHO as of 1/14/19

Center/Program	Country	City	Position Type	Name	WHO Program	Emp Type	Position	Tour Start Date	Current TED
CGH/GID/ADC	BURKINA FASO	Ouagadougou	WHO	Lucie, Richard (CC)	Immunization and Vaccine Development	CC	Epidemiologist	11/8/2017	11/8/2021
CGH/GID/ADC	CONGO (DRC)	Kinshasa	WHO	Kaka, Dja-Ray Van (T42)	Immunization and Vaccine Development	T42	Epidemiologist	7/18/2019	7/18/2021
CGH/GID/ADC	CONGO (Republic of)	Brazzaville	WHO	Kabore, Hyacinthe (GS)	Immunization and Vaccine Development, AFR	GS	Epidemiologist	2/25/2018	2/25/2020
CGH/GID/ADC	CONGO (DRC)	Kinshasa	WHO	Djawa, KP	Vaccine Preventable Diseases and Immunization, Country Office	T42	Epidemiologist	5/16/2019	5/16/2021
CGH/GID/ADC	DENMARK	Copenhagen	WHO	Daniels, Danni (GS)	Vaccine Preventable Diseases and Immunization, EURO	GS	Epidemiologist	4/27/2016	4/27/2022
NCIRD/ID	DENMARK	Copenhagen	WHO	Olsen, Soria (GS)	Health Emergency Programme	GS	Epidemiologist	5/9/2018	5/9/2020
CGH/GID/ADC	DENMARK	Copenhagen	WHO	Cainor, Patrick (GS)	Immunization and Vaccine Development Programme, EURO	GP	Physician	1/8/2017	1/8/2021
CGH/GID/ADC	GABON	Libreville	WHO	Tarifum, Patricia (T42NC)	Immunization, Vaccines and Biologicals, WHO/Gabon	T42	Epidemiologist	1/22/2018	1/22/2020
CGH/GID/PEB	GABON	Libreville	WHO	Bah, Assiat (GS) Int				1/12/2020	
CGH/GID/ISB	INDIA	New Delhi	WHO/India	Vaidyanand, Krishna (GS)	WHO, India	GS	Epidemiologist	11/24/2018	11/24/2020
CGH/GID/PEB	KENYA	Nairobi	WHO/HQA	Mdolo, Renatus (GS)	Polio Eradication Programme, WHO/Somalia	GS	Epidemiologist	5/15/2018	5/15/2022
CGH/GID/ADC	PHILIPPINES	Manila	WHO	Alison, Robin (GS) Int	Expanded Programme on Immunization, WPRO	GS	Physician		
CGH/GID/ISB	PHILIPPINES	Manila	WHO	Heflinger, James (CC)	Expanded Programme on Immunization, WPRO	CC	Medical Officer	8/4/2015	8/4/2021
CGH/GID/ADC	PHILIPPINES	Manila	WHO	Hagan, Jose (CC)	Accelerated Vaccine-Preventable Disease Control	CC	Medical Officer	8/18/2017	8/18/2021

NCH/STP/DSDP	SWITZERLAND	Geneva	WHO	Tavor, Melanie (CC)	Reproductive Health and Research	Supports reduction of the global burden of sexually transmitted infections and other reproductive tract infections through the implementation of the Global Strategy for the prevention and control of STIs	CC	Medical Officer	3/1/2016	7/31/2019
NCIRD/ID	SWITZERLAND	Geneva	WHO	Maen, Ann (GS)	Pandemic and Epidemic Diseases	Strengthens the capacity to prepare for, detect early, and mount a rapid and effective response to seasonal and pandemic influenza and to ensure that identified risks are translated into opportunities to strengthen the required national procedures, skills and coordination mechanisms in all countries as required under the IHR (2005)	GS	Epidemiologist	9/2/2017	9/8/2019
CGH/DGHT	SWITZERLAND	Geneva	WHO	Laurance, David (GS)	Department of HIV	Supports Senior WHO staff in the strengthening of WHO's role in HIV and Hepatitis control in priority countries and foster major partnerships	GP	Physician	10/26/2017	10/26/2019
CGH/DGHP,ERRB	SWITZERLAND	Geneva	WHO	Baillanger, Lucy (GS)	Health Emergency Programme	Supports development of national action plans to meet the requirements of national core capacities under the IHR (2005) and health security	GP	Physician	12/4/2017	12/4/2019
CGH/GID/ISB	SWITZERLAND	Geneva	WHO	Waldoff, Jerry (CC) link	Department of Immunization, Vaccines and Biologicals	Develops and disseminate tools for decision making regarding the optimal use of new and under utilized vaccines	CC	Medical Officer		
CGH/GID/AOC	SWITZERLAND	Geneva	WHO	Patel, Minal (CC)	Department of Immunization, Vaccines and Biologicals	Coordinates country-wide surveillance, reporting and investigation of measles, rubella, tetanus, pertussis and diphtheria	CC	Medical Officer	4/2/2016	4/2/2020
CGH/GID/ISB	SWITZERLAND	Geneva	WHO	Sedra, Samir (CC)	WHO/IVB	provide technical guidance and support to regions, countries and immunization partners to strengthen the strategic quality and impact of immunization planning, financing and service delivery	CC	Epidemiologist	7/2/2016	7/2/2020
CGH/GID/AOC	SWITZERLAND	Geneva	WHO	Kreisinger, Katrina (CC)	Expanded Programme on Immunization Plus	Provides technical assistance to WHO HQ, Regional Offices and countries in the development of guidelines and training materials required to strengthen immunization systems with a focus on global measles and rubella mortality reduction and regional elimination	CC	Medical Officer	7/11/2016	7/11/2020
CGH/GID/AOC	SWITZERLAND	Geneva	WHO	Cohen, Adam (CC)	Expanded Programme on Immunization Plus	Provides guidance and technical support to Regional Offices, In-country support teams and national counterparts to strengthen immunization programmes	CC	Medical Officer	8/24/2015	8/24/2020
CGH/GID/PEB	SWITZERLAND	Geneva	WHO	Moffatt, Daphne (CC)	WHO/Polio	Provides support to global containment of poliovirus in facilities	CC	Epidemiologist	9/3/2016	9/3/2020
CGH/GID/PEB	SWITZERLAND	Geneva	WHO	Mochimbe, Julia (GS)	WHO/Polio	Assists with planning and implementation of polio virus vaccination campaigns and coordination of STDP deployments	GS	Public Health Adviser	10/4/2016	10/4/2020
CGH/DPDM	SWITZERLAND	Geneva	WHO	Lindade, Kim (GS)	Global Malaria Programme	Provides support and technical expertise to enable countries aiming for Malaria Elimination to improve data collection and reporting	GS	Epidemiologist	1/16/2017	1/10/2021
CGH/GID/PEB	SWITZERLAND	Geneva	WHO	Tunke, Jade (T42)	SLD Surveillance, Lab and Data, Polio Eradication	Supports poliovirus essential facilities to engage in the containment certification process and demonstrate the appropriate implementation of GAPPI requirements	T42	Epidemiologist (Informatics)	1/12/2019	1/12/2021
CGH/GID/PEB	SWITZERLAND	Geneva	WHO	Gardier, Traci (CC)	Polio Eradication Programme	Serves as technical officer for surveillance, laboratory, and related data needs to support WHO's polio eradication program	CC	Epidemiologist	9/18/2017	9/18/2021
CGH/GID/PEB	SWITZERLAND	Geneva	WHO	Zomloun, Delays (T42)	SLD Surveillance, Lab and Data	Supports the implementation of surveillance improvement plans in JPR and EMRO	T42	Epidemiologist	1/31/2019	1/31/2021
CGH/GID/AOC	SWITZERLAND	Geneva	WHO	Wang, Susan (CC)	Immunization, Vaccines and Biologicals, WHO	Provides technical expertise for the development of the highest quality normative guidance on immunization and to assure optimal linkages to other technical advisory bodies, and guide on work that requires collaboration with different technical focal points across the department and beyond	CC	Medical Officer	8/11/2019	8/11/2021
CGH/GID/AOC	ZIMBABWE	Harare	WHO	Lebe, Emmanuelle (Emma) (T42)	Immunization and Vaccine Development, IST/East and Southern Africa	Provides technical assistance for areas such as routine immunization, polio eradication, new vaccine introduction and surveillance, Yellow fever, Measles and Rubella control, Meningitis control, and maternal and neonatal tetanus elimination activities at the IST level	T42	Epidemiologist	6/4/2017	6/4/2021

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 12 Aug 2020 17:21:52 +0000
To: Wilson, Esther (CDC/OD/OADC); Daigle, David (CDC/DDPHSIS/CGH/OD); Pistorius, Ted (CDC/DDPHSIS/CGH/OD)
Cc: Friedly, Erik (CDC/DDPHSIS/CGH/OD)
Subject: RE: CDC - WHO

Specifically on the # of CDC staff, there are currently 33 CDC staff detailed to WHO offices in Geneva, Switzerland and to the various WHO Regional and Country offices.

With the United States' notice of withdrawal, effective July 6, 2021, CDC expects a change in the way we work with WHO.

I would just keep the answer short and simple – and of course get it cleared by Dr. Martin and others in CDC OD.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: Wednesday, August 12, 2020 1:17 PM
To: Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Pistorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Cc: Friedly, Erik (CDC/DDPHSIS/CGH/OD) <fre5@cdc.gov>
Subject: RE: CDC - WHO

Hi, Serena,
I'm waiting on your numbers. Below is some JIC cleared language that we use in our response.

Notice of Withdrawal

- The United States' notice of withdrawal, effective July 6, 2021, was submitted to the UN Secretary-General, who is the depositary for the WHO Constitution.

Q and A

Will the United States continue to engage with the WHO during the one-year withdrawal period?

COVID-19

- Since the President's May 29 announcement that the United States will be terminating its relationship with the WHO, the United States has worked to scale down its engagement with the WHO.
- The United States has allocated more than \$10 billion that will benefit the global COVID-19 pandemic response; more than \$2 billion of this has already been committed. (NSC-Issued Guidance)
- The United States leads the world in health and humanitarian aid in an "All of America" effort and is committed to ensuring our generosity directly reaches people around the world. We account for more than 40 percent of total global health funding. (NSC-Issued Guidance)

GENERAL

- Since 2001, we have contributed more than \$142 billion-to help prevent, detect, and treat AIDS/HIV, malaria, tuberculosis, Ebola, and other diseases. We give an average of \$10 billion per year -- and this year it will be double that as we surge to fight the coronavirus around the world.

What will it take for the U.S. to consider rescinding its withdrawal notice?

- The President restated on June 15th that "I'm not reconsidering, unless they get their act together, and I'm not sure they can at this point." (From Roundtable Discussion at WH)

What happens to U.S. voluntary funding?

- Following the President's April 14 announcement, the United States halted funding to the World Health Organization pending a review.
- On May 29, the President announced that the United States will be terminating its relationship with the WHO and redirecting WHO-related foreign assistance funding to other deserving and urgent global health organizations and needs around the world.

Is the United States still leading on WHO reforms through the G7?

The President has been clear that the WHO needs to get its act together. That starts with demonstrating significant progress and the ability to prevent, detect, and respond to infectious disease outbreaks with transparency and accountability. The United States will continue efforts to reform the WHO and other international organizations to ensure they operate with transparency and fulfill their mandates, as well as efforts to press governments to uphold their commitments under international law.

Regards,

Esther

From: Daigle, David (CDC/DDPHSIS/CGH/OD) <dird4@cdc.gov>
Sent: Wednesday, August 12, 2020 10:46 AM

To: Winter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD)

<fp0@cdc.gov>

CC: Friedly, Erik (CDC/DDPHSIS/CGH/OD) <res5@cdc.gov>; Wilson, Esther (CDC/OD/OADC)

<fu3@cdc.gov>

Subject: Re: CDC - WHO

Esther will get it in clearance and coordination, thanks, d2

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From: Winter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>

Sent: Wednesday, August 12, 2020 10:42:27 AM

To: Daigle, David (CDC/DDPHSIS/CGH/OD) <dird4@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD)

<fp0@cdc.gov>

CC: Friedly, Erik (CDC/DDPHSIS/CGH/OD) <res5@cdc.gov>; Wilson, Esther (CDC/OD/OADC)

<fu3@cdc.gov>

Subject: RE: CDC - WHO

I have a spreadsheet and I am confirming w/ Rebecca Martin.

Will get back to you ASAP.

Serena Winter

Center for Global Health (CGH)

o. (404) 639-0323 | m. (404) 661-4218

uvv3@cdc.gov

From: Daigle, David (CDC/DDPHSIS/CGH/OD) <dird4@cdc.gov>

Sent: Wednesday, August 12, 2020 10:38 AM

To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fp0@cdc.gov>; Winter, Serena (CDC/DDPHSIS/CGH/OD)

<uvv3@cdc.gov>

Cc: Friedly, Erik (CDC/DDPHSIS/CGH/OD) <fre5@cdc.gov>; Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>

Subject: Fwd: CDC - WHO

Dear Serena and Ted,
Please see question from WSJ, do you happen to have the numbers? Thank you dave
Get [Outlook for iOS](#)

From: McKay, Betsy <betsy.mckay@wsj.com>

Sent: Wednesday, August 12, 2020 10:25 AM

To: Daigle, David (CDC/DDPHSIS/CGH/OD)

Subject: CDC - WHO

Hi Dave - can you tell me how many CDC staff are normally, and currently, seconded to the WHO? Are they all in Geneva, or elsewhere too?
Will this change with the US withdrawal?

Thanks!
Betsy

--

Betsy McKay

SENIOR WRITER

THE WALL STREET JOURNAL.

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E: betsy.mckay@wsj.com

T: [@betswrites](https://twitter.com/betswrites)

From: EOC Report (CDC)
Sent: Thu, 9 Jul 2020 19:24:18 +0000
To: CDC 2019 NCOV Response Distro List; CDC 2019 NCOV Response IMS Mailboxes
Cc: EOC Report (CDC); CDC IMS Response Coordinator -2
Subject: DAILY NEWS CLIPS for 07-09-2020

Below are the DAILY NEWS CLIPS for 07-09-2020:

THURSDAY, JULY 9, 2020

LEADING THE NATIONAL NEWS:

CDC: No rewriting of guidelines for reopening schools <https://apnews.com/61729068f4e39f8fc0fcac35d19ab7c0/>

CDC IN THE NEWS:

CDC won't revise school opening guidelines after Trump criticism <https://thehill.com/policy/healthcare/public-global-health/506547-cdc-wont-revise-school-opening-guidelines-after-trump>

Trump Threatens to Cut Funding if Schools Do Not Fully Reopen
<https://www.nytimes.com/2020/07/08/us/politics/trump-schools-reopening.html>

With pressure and threats, Trump pushes to fully reopen schools. Schools say: Not so fast.
https://www.washingtonpost.com/education/trump-schools-cdc-pence/2020/07/08/8a52d400-c14b-11ea-b4f6-cb39cd8940fb_story.html

Pence: CDC changing coronavirus school guidelines after Trump attack
<https://www.usatoday.com/story/news/politics/2020/07/08/pence-cdc-changing-coronavirus-school-guidelines-after-trump-attack/5398493002/>

New CDC Guidelines For Safe Reopening Of Schools To Be Released Next Week
<https://www.ibtimes.com/new-cdc-guidelines-safe-reopening-schools-be-released-next-week-3007945>

Trump Criticizes CDC Guidelines for Reopening Schools
<https://www.wsj.com/articles/trump-criticizes-cdc-guidelines-for-schools-reopening-11594225571>

CDC to issue more guidance on school openings amid Trump criticism
<https://thehill.com/homenews/administration/506430-cdc-to-issue-more-guidance-on-school-openings-amid-trump-criticism>

CDC will issue new guidance on school openings, Pence says, after criticism from Trump
https://www.washingtonpost.com/politics/trump-administration-officials-downplay-guidance-from-health-experts-as-they-push-to-reopen-schools/2020/07/08/236a6c5e-c13b-11ea-b178-bb7b05b94af1_story.html

Covid Relief Should Reward Schools That Reopen, Pence Says <https://about.bgov.com/news/covid-relief-should-reward-schools-that-reopen-pence-says/>

Trump threatens to 'cut off funding' for schools that don't reopen amid pandemic
<https://abcnews.go.com/Politics/virus-spreads-trump-threatens-cut-off-funding-schools/story?id=71670167>

CDC to release new safety guidelines for reopening schools
<https://www.nbcnews.com/health/health-news/cdc-release-new-safety-guidelines-reopening-schools-n1233187>

Trump criticizes CDC guidelines for reopening schools as "very tough & expensive"

<https://www.cbsnews.com/news/trump-cdc-criticizes-school-reopening/>

Trump says he disagrees with CDC school reopening guidelines, calls them 'impractical'

<https://www.foxnews.com/politics/trump-says-he-disagrees-with-cdc-school-reopening-guidelines-calls-them-impractical>

CDC to revise school reopening guidance

<https://www.rollicall.com/2020/07/08/cdc-to-revise-school-reopening-guidance/>

CDC softens guidelines for reopening schools after Trump calls them 'impractical' and 'expensive'

<https://news.yahoo.com/cdc-softens-guidelines-for-reopening-schools-after-trump-calls-them-impractical-and-expensive-181630718.html>

Trump disavows his own administration's guidance for reopening schools

<https://www.politico.com/news/2020/07/08/trump-white-house-reopening-schools-352236>

Trump's pressure sparks total confusion on CDC school opening guidelines

<https://www.cnn.com/2020/07/09/politics/donald-trump-coronavirus-science-education/index.html>

CDC guidelines for school reopenings: Mitch McConnell, Trump differ

<https://www.courier-journal.com/story/news/politics/2020/07/08/cdc-guidelines-school-reopenings-mitch-mcconnell-trump-differ/5399417002/>

Trump wants to reopen schools. Hint: It's not just about education.

<https://www.politico.com/news/2020/07/08/trump-reopen-schools-353245>

Pence: New federal guidance on reopening schools coming next week

<https://www.washingtontimes.com/news/2020/jul/8/pence-new-federal-guidance-reopening-schools-comin/>

CDC director says there's no data children drive coronavirus spread -- but the U.S. isn't testing many kids

<https://www.cnbc.com/2020/07/08/cdc-director-says-theres-no-data-children-drive-coronavirus-spread-but-the-us-isnt-testing-many-kids.html>

After Trump Demands Schools Reopen, Teachers, Parents Say It Shouldn't Be His Decision

<https://www.newsweek.com/after-trump-demands-schools-reopen-teachers-parents-say-it-shouldnt-his-decision-1516387>

Trump administration pushing harder for school reopenings

<https://www.washingtonexaminer.com/news/trump-administration-pushing-harder-for-school-reopenings>

DeVos 'very seriously' considering withholding funding from schools that don't reopen

<https://thehill.com/homenews/administration/506427-devos-very-seriously-considering-withholding-funding-from-schools>

Trump rips CDC, threatens school funding

<https://thehill.com/homenews/administration/506356-trump-threatens-funding-for-schools-that-dont-reopen>

Trump Orders the CDC to Change Its School Guidance

<https://www.motherjones.com/kevin-drum/2020/07/trump-orders-the-cdc-to-change-its-school-guidance/>

White House denies Trump pressured health officials to change school reopening guidelines

<https://www.independent.co.uk/news/world/americas/us-politics/trump-schools-reopen-usa-coronavirus-guidelines-white-house-a9609161.html>

Former CDC Director On Trump's Criticism Of School Reopening Guidelines : NPR

<https://www.npr.org/2020/07/09/889308024/former-cdc-director-on-trumps-criticism-of-school-reopening-guidelines?ft=nrml&f=3>

Eight Steps to Reopen Schools

<https://www.theatlantic.com/ideas/archive/2020/07/eight-steps-reopen-schools/613939/>

U.S. Hits 3 Million Confirmed Coronavirus Cases

<https://www.wsj.com/articles/new-coronavirus-cases-hit-daily-record-in-u-s-with-60-000-11594198110>

Pence touts progress in Covid-19 hot spots amid a surge of cases

<https://www.politico.com/news/2020/07/08/pence-coronavirus-progress-352928>

CDC Suggests Alternative Voting Methods As Trump Mounts Attacks On Mail-In Ballots

<https://www.forbes.com/sites/lisettevoytko/2020/07/08/cdc-suggests-alternative-voting-methods-as-trump-mounts-attacks-on-mail-in-ballots/>

CDC: Minorities affected much more in meatpacking outbreaks

<https://apnews.com/12c6f7dd8888b7f2a174ae4ba8f06b67>

More than 16,000 coronavirus cases among meat plant workers: CDC

<https://www.foxbusiness.com/markets/coronavirus-meat-packing-plants-cdc>

Covid-19 Test Results Take Longer as Infections Rise Sharply

<https://www.wsj.com/articles/wait-times-grow-for-covid-19-test-results-as-infections-rise-sharply-11594287001>

U.S. health-care workers are running short on masks, gowns and gloves. Again.

<https://www.washingtonpost.com/health/2020/07/08/ppe-shortage-masks-gloves-gowns/>

U.S. Weighs Early Vaccine Access for Minorities and Others at Risk

<https://www.nytimes.com/2020/07/09/us/coronavirus-vaccine.html>

Noem vaunts hands-off virus approach; testing draws concern

<https://apnews.com/12bec4013ad5fc13c7df8555dd44e4c1>

Senator Merkley wants to ban middle seats after packed American Airlines flight

<https://www.washingtonpost.com/travel/2020/07/08/senator-wants-ban-middle-seats-after-finding-himself-packed-flight-during-pandemic/>

CDC Develops Operational Considerations To Help Contain Covid-19 In Non-U.S. Healthcare Settings

<https://www.reuters.com/article/brief-cdc-develops-operational-considerations-idUKFWN2EF0RE>

Coronavirus "has the upper hand" in U.S., former CDC director warns <https://www.cbsnews.com/news/coronavirus-us-former-cdc-director-tom-frieden/>

Trump is shouting for schools to reopen. He needs an actual strategy.

https://www.washingtonpost.com/opinions/trump-is-shouting-for-schools-to-reopen-he-needs-an-actual-strategy/2020/07/08/89e4f084-c150-11ea-b4f6-cb39cd8940fb_story.html

Shingles Vaccination Rate Soars But Leaves Many Behind <https://kbn.org/news/shingles-vaccination-rate-soars-but-leaves-many-behind/>

Criticism of US pullout from WHO from allies, China alike

<https://apnews.com/8b8817a171c1efefdb1b9845d7efc340>

THE SECRETARY/HHS IN THE NEWS:

On Coronavirus, Birx Draws Controversy -- But Keeps Trump's Ear

<https://www.wsj.com/articles/on-coronavirus-birx-draws-controversy-but-keeps-trumps-ear-11594296000>

Volunteers can now sign up for large coronavirus vaccine studies

<https://www.washingtonpost.com/health/2020/07/08/volunteers-can-now-sign-up-large-coronavirus-vaccine-studies/>

Covid-19 Vaccine Trials Now Open To Volunteers In U.S.

<https://www.forbes.com/sites/mattperetz/2020/07/08/covid-19-vaccine-trials-now-open-to-volunteers-in-us/>

NIAID creates new COVID-19 drug and vaccine trial network through Trump's Warp Speed program

<https://www.fiercebiotech.com/cro/niaid-creates-new-covid-19-drug-and-vaccine-trial-network-through-trump-s-warp-speed-program>

Trump coronavirus vaccine rollout relies on two untested firms <https://www.latimes.com/politics/story/2020-07-08/trump-coronavirus-vaccine-strategy-syringe-providers>

Democrats rebuke White House over possibly directing virus aid away from public schools

<https://www.rollcall.com/2020/07/08/democrats-rebuke-white-house-over-possibly-directing-virus-aid-away-from-public-schools/>

TSA head orders new virus safety measures after meeting whistleblower

https://www.washingtonpost.com/local/trafficandcommuting/tsa-head-orders-new-virus-safety-measures-after-meeting-whistleblower/2020/07/08/a7f0b576-c115-11ea-b4f6-cb39cd8940fb_story.html

Court: Some employers can refuse to offer free birth control

<https://apnews.com/65d64e383b5b90cb8620c35ab2bcaecc>

Supreme Court Rulings Expand Exemptions for Religious Employers

<https://www.wsj.com/articles/supreme-court-oks-religious-and-moral-exemptions-for-birth-control-coverage-11594217946>

AstraZeneca Granted US FDA Priority Review for Anti-Stroke Drug Brilinta

<https://www.morningstar.com/news/dow-jones/202007091385/astrazeneca-granted-us-fda-priority-review-for-anti-stroke-drug-brilinta>

Merck Gets FDA Priority Review of Keytruda in Classical Hodgkin Lymphoma

<https://www.morningstar.com/news/dow-jones/202007093705/merck-gets-fda-priority-review-of-keytruda-in-classical-hodgkin-lymphoma>

COVID-19 DOMESTIC:

Grim projection: 200,000 dead by Election Day

<https://www.politico.com/news/2020/07/08/coronavirus-projection-200-000-dead-by-election-day-353473>

Widening U.S. outbreak stirs fear of resurgence in early hard-hit states <https://www.reuters.com/article/us-health-coronavirus-usa/widening-u-s-outbreak-stirs-fear-of-resurgence-in-early-hard-hit-states-idUSKBN2492HG>

More than a fifth of Americans live in counties with new highs in coronavirus cases

<https://www.washingtonpost.com/politics/2020/07/08/more-than-fifth-americans-live-counties-with-new-highs-coronavirus-cases/>

Grave Shortages of Protective Gear Flare Again as Covid Cases Surge

<https://www.nytimes.com/2020/07/08/health/coronavirus-masks-ppe-doc.html>

Surge in virus hospitalizations strains hospitals in several states <https://www.washingtonpost.com/politics/surge-in-virus-hospitalizations-strains-hospitals-in-several-states/2020/07/08/12855e5e-c135-11ea-864a->

[0dd31b9d6917_story.html](#)

'A hot mess': Americans face testing delays as virus surges
<https://apnews.com/52e57911691a332630a3c93a6e76612a>

Schools or bars? Opening classrooms may mean hard choices
<https://apnews.com/3635a94a058d515d03da479e216f1c99>

Whitmer: Health workers must get 'implicit bias' training <https://apnews.com/51bb70bf63a2b2d3e76cb3d5ef409fdb>

Health official: Trump rally 'likely' source of virus surge <https://apnews.com/ad96548245e186382225818d8dc416eb>

Churches Emerge as Major Source of Coronavirus Cases <https://www.nytimes.com/2020/07/08/us/coronavirus-churches-outbreaks.html>

California sets record for daily coronavirus cases <https://www.latimes.com/california/story/2020-07-08/california-sets-record-for-most-coronavirus-cases-in-a-single-day>

COVID-19: Ontario County blames parties for surge in young adult cases
<https://www.democratandchronicle.com/story/news/2020/07/09/covid-19-ontario-county-blames-parties-surge-young-adult-cases/5397897002/>

L.A. reopening of K-12 schools at risk from COVID-19 spike <https://www.latimes.com/california/story/2020-07-08/campus-reopening-at-risk-from-coronavirus-surge>

Florida hit with 9,989 new coronavirus cases as the death toll nears 4,000
<https://www.miamiherald.com/news/coronavirus/article244076607.html>

Florida sees nearly 10,000 new coronavirus cases <https://www.sun-sentinel.com/coronavirus/fl-ne-florida-coronavirus-cases-deaths-wednesday-july-8-20200708-czhjzrcgondvpkhr4lcnrsbqqa-story.html>

Florida legislator recovering from virus; cases rising
<https://apnews.com/3278557ee13ce4730a5a56cc256d5402>

Disney World resumes ticket sales ahead of Saturday's reopening
<https://www.usatoday.com/story/travel/news/2020/07/08/disney-world-releases-safety-video-ahead-saturdays-reopening/5403654002/>

Disney World Set to Reopen With Capacity Limits, Strict Rules
<https://www.wsj.com/articles/disney-world-reopens-with-capacity-limits-strict-rules-11594234202>

Alabama COVID-19 hospitalizations rise by 400 over 2 weeks
<https://apnews.com/0bf85d93385871f638d0f5d6b170482d>

Coronavirus Spread in Tennessee, Despite State Paying for Covid-19 Testing
<https://www.nytimes.com/2020/07/08/us/politics/tennessee-covid-testing.html>

Cuomo: Decision on reopening of schools will come in early August
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AP Explains: Bolsonaro has downplayed virus fears for months
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Supreme Court Upholds Trump Administration Regulation Letting Employers Opt Out of Birth Control Coverage

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In win for Trump, Supreme Court allows plan for religious limits to Obamacare contraceptive coverage

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US Starts Formal Withdrawal From WHO, Decried By Politicians, Scholars Alike

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Nonprofits urge Johnson & Johnson to halt sales of Baby Powder globally <https://www.reuters.com/article/us-johnson-johnson-babypowder/nonprofits-urge-johnson-johnson-to-halt-sales-of-baby-powder-globally-idUSKBN24935C>

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A Plan to Avert a 'Superbug' Pandemic

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US rule targets disease-stricken countries to deny asylum

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Walmart makes new push into healthcare with insurance business <https://www.reuters.com/article/us-walmart-health/walmart-makes-new-push-into-healthcare-with-insurance-business-idUSKBN2492HZ>

Walgreens to Open Doctors' Offices at Its U.S. Stores

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New \$1 billion fund aims to steer antibiotic companies in tough market <https://www.reuters.com/article/us-usa-health-antibiotics/new-1-billion-fund-aims-to-steer-antibiotic-companies-in-tough-market-idUSKBN24A1XR>

Bayer's Roundup Settlement Heads Back to Negotiation <https://www.morningstar.com/news/dow-jones/202007091452/bayers-roundup-settlement-heads-back-to-negotiation-wsj>

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From: Larish, Nili (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 7 Jul 2020 23:58:38 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Olsen, Laura (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: RE: Annotated Agenda for All Hands tomorrow
Attachments: CGH All Hands _Annotated _Agenda Wed_8_July_NL_REV2.docx

Rebecca, resharing the document with one late breaking edit on CRAFT from Pratima.

And, my apologies for not more formally introducing Laura! She has so very graciously agreed to assist with supporting All Hands and CD calls, at least in the immediate term, and I am excited to work with her and am bringing her up to speed. She has already been a tremendous asset just in the last few days!

Best,
Nili

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Deputy Associate Director for Communication
CDC Center for Global Health
(404) 639-6080 | nlarish@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Tuesday, July 7, 2020 7:19 PM
To: Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>
Cc: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>; Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: RE: Annotated Agenda for All Hands tomorrow

Dear Nili,

Thank you and good to know. I have put some points together on RTWP that I will share tomorrow, too.

Best, Rebecca

(welcome and thanks to you, Laura)

From: Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>
Sent: Tuesday, July 7, 2020 7:00 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Cc: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>; Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: Annotated Agenda for All Hands tomorrow

Rebecca,

Attached please find the annotated agenda/script for the All Hands call tomorrow. I understand the topic of schools reopening is quite sensitive (both domestic and global) – I think there is very little we can say about this now and understand the ITF presentation on schools was not cleared for wide use, so is not mentioned here (and in fact I could not procure it from ITF).

Let us know if you have any questions on the attached.

Thanks,
Nili



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CGH COVID-19 ALL HANDS

Script

7.8.2020 / 8:00-8:45AM

Moderator Welcome – Nili Larish (1 minute)

- Hi, everyone. Thanks for joining us for our weekly CGH All Hands call focused on COVID 19.
- Good morning, afternoon, and evening to all.
- I'm Nili Larish, the Deputy Associate Director for Communication in the Center for Global Health.
- Today, we'll begin with a welcome and overview from our center director Dr. Rebecca Martin.
- We will then hear a responder reflection from Ashley King, who served on the International Task Force, or ITF.
- After that, we will hear some management and operations updates from Ted Pestorius.
- And we'll close out with a policy update from Serena Vinter.
- As always, we will end the call with time for questions and answers.
- With that, I will now turn it over to Dr. Rebecca Martin for opening remarks.

Welcome and overview of current COVID situation– Rebecca Martin (5 min)

- Thank you for joining this call, and welcome.
- I hope everyone had a restful and safe 4th of July holiday.
- I would like to start by providing a brief situation update on COVID-19.
- Globally, as of July 7, 2020, WHO has reported **11,500,302** confirmed cases of COVID-19, and **535,759** deaths. The five countries with the greatest numbers of reported cases over the past 7 days are the United States (339,602), Brazil (258,912), India (152,825), South Africa (61,457), and Russia (46,381).
- As of July 7, a total of **2,932,596** cases in the U.S. have been reported to CDC, and **130,133** deaths.
- CDC's COVID-19 Incident Management priorities this week include supporting US planning around school reopening (via a group called Preparing A Nation to Handle Education Re-Entry, or PANTHER); deploying staff domestically to support states, posting CDC initial guidance for

pooling specimens for COVID diagnostic testing; and posting US surveillance data on multisystem inflammatory syndrome in children (MIS-C).

- On the global front, you all likely saw in the media that yesterday the Trump Administration sent a letter to the United Nations withdrawing the United States from the World Health Organization.
- Serena Vinter is going to provide more context about this in her policy updates this morning, and we will continue to provide additional information on this as we learn more about implications for our work.
- On the domestic front, I want to share some information about COVID-19 Response Assistance Field Teams, or CRAFT.
- CRAFT teams are being deployed on interagency missions to COVID-19 hotspot locations in the United States.
- These teams are made up of 3-5 representatives from the U.S. government, including CDC.
- CRAFT teams engage local stakeholders to understand how federal agencies can better support the response, and to bring high-level visibility to strengthen community mitigation efforts.
- CRAFT teams leverage ground truth to validate data; meet with community groups to determine possible root causes; and assist State, Local, Tribal, and Territory leaders in designing a plan of action that will immediately reduce the impact of the virus.
- Over the coming weeks, staff from across CDC - including CGH - will join CRAFT teams on U.S. deployments. Representatives from CGH will leverage global health diplomacy skills in a U.S. domestic context.
- The teams will be strengthening alliances with diverse community stakeholders, supporting the use of granular data to guide local public health actions, conducting root cause analyses, and providing actionable recommendations to federal agencies, with the overall aim of encouraging holistic assessments of progress towards epidemic control.
- We will share more as CRAFT teams continue to develop and CGH's participation is further refined.
- Another area that is getting a lot of attention, and that may be front of mind for many of you, are schools reopening.

- Inside of the response, the PANTHER team has been stood up to look more closely at school reopening, screening guidance and protocols, and parent decision-making tools.
- Additionally, CDC has school-related guidance on the COVID website, including guidance for childcare and K-12 school settings; supplemental guidance for childcare programs; and guidance for institutions of higher education.
- Last week, CDC also posted Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing. These considerations detail type of testing, and when testing might be needed in regard to students and school settings.
- As the summer continues to unfold, CDC has also put out a number of guidelines or considerations documents for common summer activities, including visiting beaches and pools, and traveling amusement parks and carnivals.
- Please continue to review the CDC website on an ongoing basis to get the latest information about these and other common activities.
- With that, I will close and turn it back over to Nili now.
- Thank you.

Moderator – Nili Larish (1 minute)

Thank you, Rebecca. We'll move now to Ashley King, for a responder reflection from her time on the ITF.

COVID-19 Responder Reflection – Ashley King (3 min)

1. **Your job/duties in the response: I served in 4 position while on the response:** Box Manager, Information Management Team Lead, Staff Support Coordinator and Deputy Ops Coordinator.
2. **What was your biggest challenge of this response?** People not reading, knowing when to stop hand holding, and managing multiple workloads. Also, not being familiar with people's skill level and adjusting my expectations. Setting aside time for myself was also hard, especially as a box manager. The box was managed 6am-8pm, and there was a lot a trial and error schedules while we were understaffed. Initially there was only 2 of us, and I was the only FTE so I averaged close to 90 hours a week. Our schedule didn't initially allow for much down time or personal time. Then I served in 3 positions simultaneously (apparently, I thought I was indestructible) and it was completely overwhelming. Thankfully, I had friends and co-workers that were willing to step in and help me out. Delegating tasks was also a challenge for me. I felt that as a leader it was appropriate to carry the heavier workload and ensure tasks were completed to my level of satisfaction, so I tried to do most things myself.

I personally get satisfaction out of solving problems creatively and filling the gaps but trying to be everything everyone needed and do it well was hard and extremely exhausting.

3. **What was your greatest satisfaction in this response?** Developing other people's skill sets. When I was the team lead there was an ask to generate a tracker in anticipation of an ask other TFs had been given, and I asked a team member to do it. She had never created anything like it before, but ultimately did a really great job and I was super proud of her. Also, getting people to accept the migration to Microsoft Teams was pretty fun. Change is rarely easy but keeping them informed of the timeline and then teaching them how to use it was nice. People ultimately embraced it and that made me happy, especially since it had to be adopted by nearly 100 people on our TF. Finally, collaborating with some superstars on the resource library was pretty awesome, too. It had its own set of challenges we had to work through, but the end product was worth it and is a great resource to country teams and the agency.
4. **How do you think you've made a difference in this response, and what have you learned?** I developed new processes to streamline information, cultivated skill sets, and set the expectations/bar for my role. I helped make ITF one of the most organized TF on the response and set the framework for operations. I made information sharing more accessible and was able to innovate standard processes, like onboarding.

I learned how to package change so that it's easily digestible and fun and be (slightly) more OK with making mistakes and being transparent about them. Having weekly venting sessions with colleagues who understood the challenges first-hand was immensely helpful, too. As was developing positive working relationships- it's one of the keys to managing unmanageable workloads successfully, in my opinion.

Moderator – Nili Larish (1 minute)

Thanks, Ashley. We'll move now to Ted Pestorius, with an update on management and operations.

Latest COVID Management and Ops guidance – Ted Pestorius (3 min)

- For those of you who haven't heard, effective Thurs, July 2, 2020 the USPHS announced that they would no longer process any **new** requests for Voluntary Separation or Voluntary Retirement for officers who have between 20 to 30 years of active duty service. This means any separation/retirement paperwork with effective dates between **August 1, 2020 and December 30, 2020** will **not** be accepted or processed. The Department has notified all HHS and Non-HHS Human Resource Directors of this decision. Their message went on to say that the Office of the Assistant Secretary for Health understands this may impose a burden on those who have already made plans to depart, however, unprecedented times call for unprecedented measures – and that this moratorium does not include mandatory (30-year) retirement, age 64 retirement, disability/involuntary retirement, or involuntary separation. USPHS states that by October 1, 2020, a decision will be made regarding the acceptance and processing of future requests for Voluntary Separations and Voluntary Retirements with separation dates effective January 1, 2021 and beyond. Questions should be directed to CCHQ Office of the Director, and all officers have been notified.

- The CGH Management Office is pleased to let you know that the Center’s Staffing plans for Q3 & Q4 have been approved, and they are now working on our FY21 staffing plan. They’re currently working with each division on this request and hope to make this process as smooth as possible.
- As a final reminder, mid-year performance reviews are due by 7/24. Supervisors are asked to plan appropriately so that we may meet our deadline.

Moderator – Nili Larish (1 minute)

Thanks, Ted. Our last speaker is Serena Vinter, with a policy update.

Policy Update – Serena Vinter (3 min)

1. World Health Organization (WHO)

- Late breaking news Tuesday, July 7 that the Trump administration has sent a letter to the United Nations withdrawing the United States from the World Health Organization over its handling of the COVID-19 pandemic
 - While expected in light of the May 22 Rose Garden announcement, this is a dramatic move and has implications for global health that we are still working to understand
- Under the terms of a joint resolution passed by Congress in 1948, the United States must give a year’s notice in writing and pay its debts to the agency in order to leave.
 - It is not clear whether the president can pull the United States out of the organization and withdraw funding without Congress.
 - When the President first threatened to withdraw, some lawmakers countered that that doing so would be illegal and vowed to push back.
- CGH and CDC leadership continue to work through the Department and NSC-led interagency process to fully understand what this means for our staff who are currently detailed to WHO as well as our long-standing collaborations on critical global health programs from polio eradication to measles and rubella elimination to global health security, global HIV and TB and global malaria control.

2. FY21 Budget Process

Monday, July 6th, the House released their version of the FY 2021 Labor-H appropriations bill that funds CDC. Based on our initial read, we see:

- The overall House mark for Global Health is \$572,873,000, which is approximately \$2M above the FY20 Enacted level of \$570,843,000. Both Global HIV/AIDS and Global Health Protection would be held level from FY20 enacted level.
 - Global HIV/AIDS funding would have two years of availability
 - Global Disease Detection and Emergency Response funding would have three years of availability
- In addition, the House has included \$9B for CDC-wide activities for “*public health and emergency preparedness and response, domestically or internationally.*” Of which, there is \$1B for “*global disease detection and emergency response*” that would be available until September 30, 2025.

- This House measure is a first step in the regular appropriations process that funds CDC. The Senate is expected to release their version of the Labor-H Appropriations bill in late July. The House and Senate must agree on funding levels in these bills, including funding for CDC, prior to sending a final bill for signature. While both chambers have expressed interest in passage of the regular appropriations bills before the end of the current fiscal year, given the number of Congressional working days left before the end of the fiscal year and other competing legislative priorities, it is possible that CDC, along with other government entities, will be on a continuing resolution at the beginning of FY 2021.

3. Congressional Oversight

- The week before the July 4th Holiday, there was a flurry of COVID-19-related hearings
- The Senate Health, Education, Labor and Pensions (HELP) Committee held a hearing on Tuesday with witnesses joining in person and many Senators joining by teleconference. The witnesses were NIH/NIAID Director Dr. Anthony Fauci; CDC Director Dr. Robert Redfield; Assistant Secretary of Health Dr. Brett Giroir; and FDA Commissioner Dr. Stephen Hahn. They discussed the NIH's strategic plan for COVID research, CDC guidance for opening of K-12 schools and institutions of higher education (IHE), the national testing strategy, and the Coronavirus Treatment Acceleration Program.
- Dr. Redfield, NIH Director Dr. Francis Collins, and acting BARDA director Dr. Gary Disbrow testified before the Senate Appropriations Labor-Health and Human Services subcommittee on Thursday, July 2nd around COVID-19 vaccine development, manufacturing, distribution and administration of the vaccine.
- Finally, the Senate Committee on Foreign Relations held a virtual hearing on Tuesday – the second SFRC hearing of a series on COVID-19 and the global response. Witnesses included former Global AIDS Coordinator and Global Fund Director Mark Dybul, MD; former HHS Assistant Secretary for Global Health, Ambassador Jimmy Kolker; Harvard Global Health Institute Director, Ashish Jha, MD; and Jeremy Konyndyk, former Director of the USAID Office of US Foreign Disaster Assistance. The hearing focused on the global response to COVID-19 and included a discussion about the potential implications of the Administration's intention to withdraw from and reevaluate its relationship with the World Health Organization and a bill authored by Senator Risch codifying a governance structure for Global Health Security.

Moderator – Nili Larish (1 minute)

Thank you, Serena, Ted, Ashley, and Rebecca. We now have some time for questions. Operator, please open the lines.

From: Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID)
Sent: Thu, 13 Aug 2020 14:49:54 +0000
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM); Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD); CGH OD (CDC); Henao, Olga (CDC/DDPHSIS/CGH/DGHP); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Cain, Kevin (CDC/DDPHSIS/CGH/OD); Backes, Brianna (CDC/DDPHSIS/CGH/DGHT); Gogstad, Eric (CDC/DDID/NCIRD/ID); Alexander, Heather (CDC/DDPHSIS/CGH/DGHT)
Subject: RE: Touch Base w/CGH OD ITF
Attachments: Bloom 2020 US and WHO editorial NEJM.pdf

Not sure if everyone has seen this. So, sharing attached. Sarah

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Sent: Thursday, August 13, 2020 8:24 AM
To: Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <pgr4@cdc.gov>; CGH OD (CDC) <CGHOD@cdc.gov>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Backes, Brianna (CDC/DDPHSIS/CGH/DGHT) <puh8@cdc.gov>; Gogstad, Eric (CDC/DDID/NCIRD/ID) <elg5@cdc.gov>; Alexander, Heather (CDC/DDPHSIS/CGH/DGHT) <drz5@cdc.gov>
Subject: RE: Touch Base w/CGH OD ITF

Thanks, Pratima! I don't think Eric will be joining since he rolled off the ITF last Friday.

Olga and I can give an update on the USG discussion.

Joel Stanojevich
Partnerships, Policy and Communications Team Lead
International Task Force
2019 Novel Coronavirus Response
Centers for Disease Control and Prevention
Email: vhi9@cdc.gov
Mobile: 678-702-7154

From: Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>
Sent: Wednesday, August 12, 2020 6:01 PM
To: Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <pgr4@cdc.gov>; CGH OD (CDC) <CGHOD@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Backes, Brianna (CDC/DDPHSIS/CGH/DGHT) <puh8@cdc.gov>; Gogstad, Eric (CDC/DDID/NCIRD/ID) <elg5@cdc.gov>; Alexander, Heather (CDC/DDPHSIS/CGH/DGHT) <drz5@cdc.gov>
Subject: RE: Touch Base w/CGH OD ITF

Thank you Pratima—a few updates below (I expect Olga/Sarah may have others).
Barb

From: Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD) <pgr4@cdc.gov>
Sent: Wednesday, August 12, 2020 5:56 PM
To: CGH OD (CDC) <CGHOD@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Henao, Olga (CDC/DDPHSIS/CGH/DGHP) <dot8@cdc.gov>; Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM) <bxm5@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID) <iyk3@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Backes, Brianna (CDC/DDPHSIS/CGH/DGHT) <puh8@cdc.gov>; Gogstad, Eric (CDC/DDID/NCIRD/ID) <elg5@cdc.gov>
Subject: RE: Touch Base w/CGH OD ITF

Dear all,
Please feel free to add to the agenda for the CGH OD/ITF meeting tomorrow. Here are a couple of topics for discussion tomorrow.

1. Lab support –Heather, others
2. Updates on returning staff to country – Olga, Eric
3. 500M proposals research, others – Barb, others

Thanks,
Pratima

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

From: CGH OD (CDC) <CGHOD@cdc.gov>
Sent: Tuesday, July 7, 2020 10:06 AM
To: CGH OD (CDC); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Henao, Olga (CDC/DDPHSIS/CGH/DGHP); Raghunathan, Pratima (CDC/DDPHSIS/CGH/OD); Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Bennett, Sarah D. (CDC/DDPHSIS/CGH/GID); Cain, Kevin (CDC/DDPHSIS/CGH/OD); Backes, Brianna (CDC/DDPHSIS/CGH/DGHT); Gogstad, Eric (CDC/DDID/NCIRD/ID)
Subject: Touch Base w/CGH OD ITF
When: Thursday, August 13, 2020 4:00 PM-5:00 PM (UTC-05:00) Eastern Time (US & Canada).
Where: Zoom Details Included

Join ZoomGov Meeting

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(b)(6) JS (New York)

Meeting ID: (b)(6)

Passcode: (b)(6)

Find your local number: (b)(6)

Join by SIP

(b)(6)

Join by H.323

(b)(6) (US West)
(b)(6) (US East)

Meeting ID: (b)(6)

Passcode: (b)(6)

EDITORIALS



WHO's Next — The United States and the World Health Organization

Barry R. Bloom, Ph.D., Paul E. Farmer, M.D., Ph.D., and Eric J. Rubin, M.D., Ph.D.

Suppose a large forest fire hits California. Millions of acres are burning, and many towns are threatened. The Forest Service firefighters are cutting breaks and dropping water from helicopters. They plan their strategy using weather models that predict which way wind patterns will push the fire. Unfortunately, the models are imperfect. The wind turns in an unexpected direction. As a result, several towns are destroyed, and there are billions of dollars in damage.

What's the proper response to such a disaster? If you were the current U.S. government, you would shut down the Forest Service in the midst of the fire. At least that's what's happening now with the World Health Organization (WHO). On July 7, 2020, the President notified the United Nations that the United States plans to withdraw from the WHO (www.nytimes.com/2020/07/07/us/politics/coronavirus-trump-who.html). The full implications of this decision are not yet clear. The United States is responsible for the largest amount of funding for the WHO, 22% of assessed dues, and provides the largest voluntary contributions — to polio eradication, nutrition, and vaccine programs, for example. Because of the Covid-19 pandemic, measles and polio campaigns have already been suspended in dozens of countries (www.sciencemag.org/news/2020/04/polio-measles-other-diseases-set-surge-covid-19-forces-suspension-vaccination-campaigns), and these delays will be exacerbated by the withdrawal of U.S. financial support.

The WHO and its staff have many roles in global health. They set the standards for case definitions and therapies for common diseases

in countries that lack the public health resources to set their own policies. They provide a global standard for drug approval, helping to ensure drug safety in countries that don't have robust regulatory capacity. They develop guidelines for disease treatment, particularly for illnesses such as malaria and tuberculosis that predominantly affect the developing world. And they help persuade member states to provide adequate nutrition to infants and children and family planning resources to parents. They convene the world's top experts to provide advice to all countries. Their work touches the lives of hundreds of millions. And, of course, this work has important ramifications for the United States as well. As we have clearly seen, infectious diseases don't respect borders. What happens to our neighbors and even to remote countries affects our health as well.

The WHO is not perfect. It is governed by the consensus of 194 member states, which often renders decision-making slow and bureaucratic. In particular, the WHO has not been a highly effective rapid-response organization; its missteps in the 2010 cholera epidemic in Haiti, the 2013–2016 Ebola virus outbreak in West Africa, and the current outbreak of SARS-CoV-2 are clear. The fact is, however, that it relies on information from affected countries, along with invitations from those countries, to investigate outbreaks, and it lacks adequate funding for those investigations.

The WHO serves a role that is a bit of a hybrid of the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration,

and various other federal health agencies in the United States. It needs the authority and the funding to fulfill that role. There is no question that as the current pandemic recedes, the international community should reevaluate the priorities and needs of the WHO and should raise the funds needed for more effective responses.

Of course, our own CDC, the world's premiere public health agency, has had its own issues during the Covid-19 pandemic. Funding for the CDC's international programs, and particularly for the CDC office in China, have been severely cut back. Despite the advantage of a long lead time, the United States was inadequately prepared for Covid-19 when it arrived and stumbled through testing and early policy making. And the national response, countrywide, has been inconsistent and often ineffective. At some point

there should be a reckoning, an evaluation of why the United States has done so poorly and who is responsible for the tens of thousands of excess deaths and billions of dollars in additional economic damage that have resulted. But today, in the middle of the outbreak, we must take stock of where we are and how we can do better. To do that effectively, we need the WHO. We must not make the mistake of firing the firefighter in the midst of a fire.

Disclosure forms provided by the authors are available with the full text of this editorial at NEJM.org.

From the Harvard T.H. Chan School of Public Health (B.R.B.) and Harvard Medical School (P.E.F.) — both in Boston.

This editorial was published on July 15, 2020, at NEJM.org.

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Promoting Apoptosis with Venetoclax — A Benefit for Older Patients with AML

Charles A. Schiffer, M.D.

Acute myeloid leukemia (AML) is a molecularly heterogeneous disorder characterized by symptoms related to pancytopenia and by an accumulation of immature myeloid precursors that is a consequence of a blockage in normal cellular differentiation. Although the therapeutic approach to AML has remained largely unchanged for the past few decades, it is notable that more than 30% of children and young adults with this disease are cured after receiving chemotherapy alone (with variations in the combination of an anthracycline and cytarabine — the “3 and 7” regimen), without stem-cell transplantation.

The outcome in adults older than 60 years of age is markedly inferior to that in younger persons, with a lower incidence of complete remission and long-term disease-free survival of approximately 10%. AML in older persons often evolves from previous myelodysplastic syndromes, which may or may not have been recognized clinically, with cytogenetic and molecular characteristics suggesting the cell of origin is proximate to the hematopoietic stem cell. Many mechanisms of resistance to cytotoxic drugs are

exaggerated in undifferentiated precursors from multiple organs, including amplified expression of antiapoptotic pathways and transmembrane drug efflux pumps such as P-glycoprotein. Teleologically, it makes sense that hematopoietic and epithelial cellular precursors have developed mechanisms to survive repeated exposure to multiple “natural” environmental toxins.

Given this background of frustration, the article on the phase 3 VIALE-A trial by DiNardo et al.¹ in this issue of the *Journal* is welcome. The authors describe much improved outcomes with a combination of azacitidine and venetoclax in patients who were thought to be unsuitable candidates for standard chemotherapy because of coexisting medical conditions, an age of 75 years or older, or both. The features that make patients “too sick for chemotherapy” remain difficult to define in individual patients, although this characterization has been used in other, largely unsuccessful, studies as a “low-hanging fruit” control. Nonetheless, the clinical definitions used in this trial seem reasonable.

Azacitidine was used decades ago in high

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 18 Aug 2020 18:01:48 +0000
To: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD)
Subject: FW: CDC WHO
Attachments: WHO detailees 060120.xlsx

Sandra- I think this is the same request that you already responded to. This table is from June, and lists 34 detailees, of which 3 are outside of CGH. To the best of your knowledge is this accurate for 1/1/20?

Thanks, Ted

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: Tuesday, August 18, 2020 1:30 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Cc: Russell, Lola S. (CDC/DDPHSIS/CGH/OD) <eoy0@cdc.gov>; Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; Friedly, Erik (CDC/DDPHSIS/CGH/OD) <fre5@cdc.gov>
Subject: FW: CDC WHO

Hi, Ted,
Thanks for speaking with Lola and myself.

Do you have the number all CDC or just CGH. Need the number of WHO secondees January 1.

Regards,

Esther

From: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>
Sent: Tuesday, August 18, 2020 1:19 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Cc: Thompson, Florence (CDC/OD/CDCWO) <tbf3@cdc.gov>; Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; Friedly, Erik (CDC/DDPHSIS/CGH/OD) <fre5@cdc.gov>; Russell, Lola S. (CDC/DDPHSIS/CGH/OD) <eoy0@cdc.gov>
Subject: Re: CDC WHO

Hi,

Tanks for sending. I don't know the number on Jan 1, but CGH will I believe. Just note, we need to look across CDC as other CIOs also have secondees.

Here's my suggestion for a slightly reworded answer to number 1. CGH - let me know if you disagree or have a better suggestion:

1. How many CDC staff are normally, and currently, seconded to the WHO?



Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: August 18, 2020 10:12 AM
To: Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>
Cc: Thompson, Florence (CDC/OD/CDCWO) <tbf3@cdc.gov>; Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; Friedly, Erik (CDC/DDPHSIS/CGH/OD) <fre5@cdc.gov>; Russell, Lola S. (CDC/DDPHSIS/CGH/OD) <eoy0@cdc.gov>
Subject: FW: CDC WHO

Good morning, Mitch,

I appreciate any help you can provide 



This information has previously been provided to the public. I'm hoping to get this inquiry cleared this morning and a response to Betsy.

The response to question #3 is verbatim from document: Interagency Top Lines United States Withdrawal from the WHO, July 8, 2020.

I appreciate any information you can provide.

1. How many CDC staff are normally, and currently, seconded to the WHO?



2. Are they all in Geneva, or elsewhere too?

See above

3. Will this change with the US withdrawal?



Regards,

Esther

From: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Sent: Thursday, August 13, 2020 8:42 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Subject: Re: CDC WHO

Esther,

Mitch Wolfe feedback on answers below:



Those were his feedback. I think just clarifying who else she has talk to would help. And the angle of the story



Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: Thursday, August 13, 2020 7:38:44 PM
To: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Subject: Re: CDC WHO

I can follow up. Any other points to clarify?

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From: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Sent: Thursday, August 13, 2020 7:39:51 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Subject: Re: CDC WHO

Do you know what other agencies or people she has talked to or received information?
Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

From: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Sent: Thursday, August 13, 2020 4:47:30 PM
To: Harmon, Carrie E. (CDC/OD/OADC) <qbj2@cdc.gov>
Subject: Fwd: CDC WHO

See below for context. Please let me know if there are any questions.

Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: Thursday, August 13, 2020 4:44 PM
To: Reed, Jasmine (CDC/OD/OADC)
Subject: RE: CDC WHO

Betsey is reporting on lessons learned so far from the pandemic. WHO relies on expertise from around the world including CDC. We are one of their collaborating centers. The requested numbers will be used in referenced to the expertise that WHO draws upon.

Regards,

Esther

From: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Sent: Thursday, August 13, 2020 5:18 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Subject: CDC WHO

Can you please give me a call ASAP.

Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

CGHR	Center/Program	Country	City	Position Type	Name	Position	date of arrival in country	Tour Start Date	Current TED	Years at post at end of current tour	Consecutive years overseas prior to current tour	Total time overseas at end of current tour	Program Notes	
1225	CGH/GD/ADC	BURKINA FASO	Ouagadougou	WHO	Lucie Richards (CC)	Epidemiologist		11/3/2017	11/3/2021	4.00	9.00	13.00	no action	
62	CGH/GD/FAB	CONGO (BRC)	Kinshasa	WHO	Koko, Roy-Yvan (T42)	Epidemiologist		7/16/2019	7/16/2021	2.00		2.00	no action	
1674	CGH/GD/PFB	CONGO (BRC)	Kinshasa	WHO	Ojawa, KP (T42)	Epidemiologist		9/15/2019	9/15/2021	2.00		2.00	no action	
2135	CGH/GD/ABC	CONGO (Republic of)	Brazzaville	WHO	Kabere, Hyacinthe (GS)	Epidemiologist		2/23/2018	2/23/2022	4.00		4.00	no action	
168	CGH/GD/PFB	CONGO (Republic of)	Brazzaville	WHO	Greene, Ruth (GS) tent	Public Health Adviser							resigning	
1455	CGH/GD/SWB	DENMARK	Copenhagen	WHO	Daniel, Dorte (GS)	Epidemiologist		4/27/2018	4/27/2020	4.00		4.00	returning to country	
1365	NCIRD/ID	DENMARK	Copenhagen	WHO	Olsen, Soren (GS)	Epidemiologist		5/8/2018	5/13/2020	2.10		2.10	returning	
1088	CGH/GD/ADC	DENMARK	Copenhagen	WHO	Connor, Patrick (GS)	Physician		9/28/2015	1/9/2017	1/8/2021	4.00	1.28	5.28	no action
1369	CGH/GD/SWD	DENMARK	Copenhagen	WHO	Hjegan, Jose (CC) tent	Medical Officer							no action	
1113	CGH/GD/ISB	ETHIOPIA	Addis Ababa	WHO	Luhariar, Angela (CC) tent	Medical Officer							resigning	
1674	CGH/GD/PFB	GABON	Libreville	WHO	Bischa, Assiatat (GS)	Epidemiologist		1/20/2020	9/28/2020	2.00		2.00	no action	
987	CGH/GD/ADC	GABON	Libreville	WHO	Tandum, Patricia (T42NC)	Epidemiologist		1/22/2018	1/22/2022	4.00	5.00	9.00	no action	
57	CGH/GD/SB	GHANA	New Delhi	WHO/India	Vandana, Enfal Kristian (GS)	Epidemiologist		11/24/2018	11/24/2022	4.00		4.00	returning	
1081	CGH/GD/PFB	KENYA	Nairobi	WHO/UNHA	Mwera, Ransana (GS)	Epidemiologist		5/15/2018	5/15/2022	4.00	1.86	5.86	extension in process	
1418	CGH/GD/ISB	PHILIPPINES	Manila	WHO	Hedelinger, James (CC)	Medical Officer		8/4/2015	8/4/2021	6.01	3.00	9.01	TBD/resigning	
102	CGH/GD/ADC	PHILIPPINES	Manila	WHO	Ayson, Robert (GS) tent	Physician							no action	
1038	CGH/GD/ADC	PHILIPPINES	Manila	WHO	Hagan, Jess (CC)	Medical Officer		3/18/2017	10/16/2021	4.00		4.00	returning to another country	
1498	NCHISTP/STDP	SWITZERLAND	Geneva	WHO	Taylor, Malene (CC)	Medical Officer		3/1/2016	7/31/2020	4.42		4.42	returning	
1238	CGH/GD/ADC	SWITZERLAND	Geneva	WHO	Cohen, Adam (CC)	Medical Officer		8/24/2015	8/24/2020	5.01	4.57	9.58	TBD/resigning	
1826	CGH/GD/AD	SWITZERLAND	Geneva	WHO	Lundblad, M (GS)	Epidemiologist		1/30/2017	1/16/2021	4.00	3.80	7.80	one year extension pending	
2119	CGH/GD/ABC	SWITZERLAND	Geneva	WHO	Pisai, Miral (CC)	Medical Officer		4/2/2016	4/2/2021	5.00		5.00	extension in process	
128	CGH/GD/ADC	SWITZERLAND	Geneva	WHO	Kreisinger, Karina (CC)	Medical Officer		7/11/2016	7/11/2021	5.00		5.00	extension in process	
1558	CGH/GD/OD	SWITZERLAND	Geneva	WHO	Wang, Susan (CC)	Medical Officer		8/11/2018	8/11/2021	2.00		2.00	no action	
1457	NCIRD/ID	SWITZERLAND	Geneva	WHO	Meen, Ann (GS)	Epidemiologist		8/8/2017	9/8/2021	4.00		4.00	no action	
1551	CGH/GD/PFB	SWITZERLAND	Geneva	WHO	Gardner, Jess (CC)	Epidemiologist		8/18/2017	8/18/2021	4.00		4.00	no action	
1298	CGH/GD/HT	SWITZERLAND	Geneva	WHO	Lowman, David (GS)	Physician		10/25/2017	9/30/2021	3.93	3.27	7.20	no action	
2186	CGH/GD/HP	SWITZERLAND	Geneva	WHO	Beuvinger, Lucy (GS)	Physician		12/4/2017	12/4/2021	4.00	5.79	9.79	no action	
2008	CGH/GD/ISB	SWITZERLAND	Geneva	WHO	Sodha, Samir (CC)	Epidemiologist		7/2/2018	7/2/2022	4.00	3.42	7.42	extension in process	
2008	CGH/GD/PFB	SWITZERLAND	Geneva	WHO	Mohr, Sophie (CC)	Epidemiologist		9/5/2018	9/13/2022	4.00	5.16	9.16	returning to another country (restarting)	
1876	CGH/GD/PFB	SWITZERLAND	Geneva	WHO	Meerhouse, Lisa (GS)	Public Health Adviser		10/4/2018	10/4/2022	4.00		4.00	no action	
2005	CGH/GD/PFB	SWITZERLAND	Geneva	WHO	Turns, Jude (T42NC)	Epidemiologist		1/12/2019	1/12/2023	4.00	2.01	6.01	no action	
1588	CGH/GD/PFB	SWITZERLAND	Geneva	WHO	Zentralou, Oreste (T42NC)	Epidemiologist		10/1/2019	10/1/2023	4.00		4.00	no action	
129	CGH/GD/ISB	SWITZERLAND	Geneva	WHO	Walsh, Jeney (CC) tent	Medical Officer							returning	
1950	CGH/GD/ABC	ZAMBIA	Lusaka	WHO	Lebe, Emma Julia (Erment 42NC)	Epidemiologist		8/4/2017	8/4/2021	4.00		4.00	no action	

From: Prasher, Joanna (CDC/DDPHSIS/CPR/OD)
Sent: Wed, 29 Jul 2020 11:16:28 +0000
To: Messonnier, Nancy (CDC/DDID/NCIRD/OD); Khabbaz, Rima (CDC/DDID/NCEZID/OD); Pope, Kristin (CDC/DDID/NCIRD/OD); Breysse, Patrick N. (CDC/DDNID/NCEH/OD); Redd, Stephen (CDC/DDPHSIS/OD); Butler, Jay C. (CDC/DDID/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Dreyzehner, John (CDC/DDPHSIS/CPR/OD); Schuchat, Anne MD (CDC/OD); Berger, Sherri (CDC/OCOO/OD); Bonds, Michelle E. (CDC/OD/OADC); Williams, Ian (CDC/DDPHSIS/CPR/OD); Romanoff, Lovisa C. (CDC/DDPHSIS/CPR/OD); Daniel, Katherine Lyon (CDC/DDPHSIS/OD)
Cc: Prasher, Joanna (CDC/DDPHSIS/CPR/OD)
Subject: Preparedness Synch Report - Week ending 7/24
Attachments: Preparedness Synch Update week ending 7-24-2020_FINAL.docx

Dear leaders,

Please find the latest report from the Preparedness Synch Unit.

(b)(5)

(b)(5)

Best regards,

Joanna M. Prasher, PhD, MPH

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JPrasher@cdc.gov

Joanna.Prasher@dia.smil.mil

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 14 Jul 2020 00:23:36 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD); Stanojevich, Joel G.
(CDC/DDPHSIS/CGH/OD)
Cc: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD); Mezenghie, Lydia
(CDC/DDPHSIS/CGH/OD)
Subject: Mike Ryan briefer - WHO withdrawal TPs
Attachments: 2020-07-16 Mike Ryan call clean.docx

Hi Joel and Serena,

Lydia and I are working on a briefer for R3's call with Mike Ryan on Thursday (these are usually handled by the Ebola PU). Ashley Knotts requested we include some reactive TPs on the WHO withdrawal. I have added something cursory but wanted to check with you before sharing the doc for wider review, as I imagine other CIOs are probably looking to copy CGH talking points on this topic.

Let me know if any concerns. I mainly relied on previous bullets but could add in more detail on the WHE coag or other funding concerns. Thanks!

Best,

Peter Suwondo, MPH
Office of the Associate Director for Policy
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U.S. Centers for Disease Control and Prevention
[+1.404.718.6572](tel:+1404.718.6572)

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 12 Aug 2020 14:42:07 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Subject: FW: CDC - WHO
Attachments: CDC WHO details_07_08_2020_v4_RMM.xlsx

Rebecca - See the WSJ media request for # of CDC staff currently detailed to WHO.

By the attached spreadsheet, we would normally have 33 CDC staff detailed to WHO Geneva or Regional Offices.

We will clear the request through appropriate channels but wanted to confirm the #33 was correct.

Thanks,

Serena Vinter

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uvv3@cdc.gov

From: Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>
Sent: Wednesday, August 12, 2020 10:38 AM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Friedly, Erik (CDC/DDPHSIS/CGH/OD) <fre5@cdc.gov>; Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Subject: Fwd: CDC - WHO

Dear Serena and Ted,
Please see question from WSJ, do you happen to have the numbers? Thank you dave
Get [Outlook for iOS](#)

From: McKay, Betsy <betsy.mckay@wsj.com>
Sent: Wednesday, August 12, 2020 10:25 AM
To: Daigle, David (CDC/DDPHSIS/CGH/OD)
Subject: CDC - WHO

Hi Dave - can you tell me how many CDC staff are normally, and currently, seconded to the WHO? Are they all in Geneva, or elsewhere too?
Will this change with the US withdrawal?

Thanks!
Betsy

Betsy McKay

SENIOR WRITER

THE WALL STREET JOURNAL

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CDC detailees to WHO

Country	Name	Current tour end date	Technical category	Importance of position to U.S.
SWITZERLAND	Taylor, Melanie		n/a	Bringing back this summer
SWITZERLAND	Cohen, Adam		n/a	Bringing back this summer
SWITZERLAND	Lindblade, Kim		Malaria	Head of the Elimination Unit in the Global Malaria Program focused on the elimination objectives of the Global Technical Strategy for Malaria 2016-2030: 10 countries achieving malaria elimination by 2020. An extension to June 2021 is needed to certify two countries as malaria-free: China and El Salvador and to complete the development of official WHO evidence-based guidelines for malaria elimination that Dr Lindblade is leading. Her leadership in these efforts is critical in the fight to achieve a malaria-free world and meet USG endorsed global malaria elimination goal.
SWITZERLAND	Patel, Minal		Measles, other VPD	As VPD surveillance focal point, this role is critical for global coordination of measles and rubella surveillance. Recent large measles outbreaks in the US have been linked to transmission overseas, making strong global surveillance critical to protect Americans.
SWITZERLAND	Kretzinger, Katrina		Measles, other VPD	Serving as WHO's lead measles and rubella expert, provides essential coordination of global measles and rubella elimination activities at the global level which supports USG Global measles and rubella elimination goals.
SWITZERLAND	Wang, Susan		Global vaccine policy	Key scientist for leading the Strategic Advisory Group of Experts (SAGE) on setting global vaccine policy which will be key to work on COVID19 and nOPV vaccine introduction.
SWITZERLAND	Moen, Ann		Influenza	Chief of Influenza Preparedness and Response, responsible for all influenza activities at WHO. Oversees the Global Influenza Program (GIP) and Pandemic Influenza Preparedness (PIP) framework. This includes implementation of the Global Influenza Strategy, Vaccine Composition Meetings (VCM), and global monitoring and risk assessment for seasonal, zoonotic and potentially pandemic viruses. Critical for international and domestic influenza preparedness and response activities.
SWITZERLAND	Gardner, Traci		Polio, measles, other VPD	Supports mission critical vaccine preventable disease outbreak response and surveillance activities, particularly in Africa. This work supports USG global eradication and elimination goals for polio, measles and rubella.
SWITZERLAND	Lawrance, David		HIV/AIDS (PEPFAR)	Senior member within the WHO HIV Programme. Responsible for directly leading development of global guidelines, norms, and standards which are primary references for PEPFAR government partners in determining strategic, operational, and technical direction. Work is critical to ensure PEPFAR targets for HIV control are met.
SWITZERLAND	Boulanger, Lucy		COVID, Global Health Security	Unit head for the risk assessment and response for COVID19 as part of health emergencies, critical for prevention, control and response to COVID19 in countries, to help prevent importation of cases and reduce risk of US citizens abroad. This position is also critical for global health security, monitoring and oversight of implementation of joint external evaluation and national action plans.
SWITZERLAND	Sodha, Samir		Measles, other VPD	Global coordination of immunization strengthening activities including sustaining immunization services during the COVID 19 pandemic. This position reduces importation of Vaccine Preventable Diseases (VPDs) into the US by achieving reductions in VPD outbreaks globally and also supports USG global eradication and elimination goals.
SWITZERLAND	Moffett, Daphne		Polio	Global Polio Containment Lead in WHO's Polio Department. Also, temporarily serving in a COVID-19 Emergency Response coordination role with CDC at WHO. Moving to new position in Cameroon. US Mission to Cameroon currently in Phase D, so may need to extend for few months to allow move to Cameroon. Very high cost to staff member and CBC to move back to US, then out to Cameroon.
SWITZERLAND	Moorhouse, Lisa		Polio	Coordinates critical polio investments that bring ~220 international consultants to dozens of countries at risk for polio to improve surveillance, polio vaccine delivery, and outbreak preparedness and response.
SWITZERLAND	Turna, Jude		Polio	Provides USG technical expertise to strengthen global surveillance for polio. These surveillance systems provide information critical to documenting the progress toward global eradication of poliovirus in dozens of countries globally.
SWITZERLAND	Zomahoun, Delayo		Polio	Provides USG technical expertise to strengthen global surveillance for polio. These surveillance systems provide information critical to documenting the progress toward global eradication of poliovirus in dozens of countries globally.
SWITZERLAND	Walldorf, Jenny		Vaccine Preventable Diseases	Coordinates global new vaccine program introduction such as COVID19 and Ebola vaccine and for outbreak vaccines such as typhoid and cholera. Introducing these vaccines globally is key to preventing these diseases from entering the United States.
PHILIPPINES	Heffelfinger, James		n/a	Moving to new non-WHO related CDC position overseas.
PHILIPPINES	Allison, Robert		Hepatitis B	Leads coordination of hepatitis B (HBV) birth dose vaccination program, and hepatitis control, for the Western Pacific Region. Critical position given the enormous burden of hepatitis B in the region and the fragility of progress that has been made in reaching the region's hepatitis B elimination target. Work in direct support of USG global HBV elimination goal.
KENYA	Mweda, Rennatus		Polio	Provides critical USG leadership to polio eradication in Somalia, a country with a 2+ year polio type 2 vaccine derived outbreak. Work in direct support of USG global polio eradication goal.
INDIA	VanderEnde, Kriston		Polio, measles, other VPD	Supports immunization system strengthening to sustain polio eradication and measles elimination goals in India. This reduces importation of disease into the US and also supports USG global eradication and elimination goals.
GABON	Diaha, Assiata		Polio	USG representative in Central Africa WHO office that guides polio eradication activities impacting outbreak and at-risk countries. Work in direct support of USG global polio eradication goals.
GABON	Tarifum, Patricia		Measles, other VPD	Leadership and coordination of measles/rubella elimination activities for countries in Central Africa, and provides leadership on measles outbreak response in DRC, with over 60,000 measles cases in 2020 already. Work supports USG global measles and rubella elimination goals.
ETHIOPIA	Lehankar, Anagha		Polio, measles, other VPD	Support new vaccine introduction and immunization system strengthening to contribute to polio eradication and measles elimination goals in Ethiopia. This position reduces importation of Vaccine Preventable Diseases (VPDs) into the US by achieving reductions in VPD outbreaks globally and also supports USG global measles and rubella elimination goals and USG global polio eradication goals.
DENMARK	Daniels, Sanni		n/a	Bringing back this summer
DENMARK	Olsen, Sonja		n/a	Bringing back this summer
DENMARK	O'Connor, Patrick		Polio, measles, other VPD	Lead for polio, measles, and rubella in the European Region; all 3 diseases targeted for eradication or elimination under USG endorsed goals/targets. Serves as lead focal point for the Regional Verification Commission to ensure countries remain polio-free and reach 2020 measles and rubella elimination targets.
DENMARK	Hagan, Jose		Measles, other VPD	Supports critical vaccine-preventable disease surveillance for the European Region - with focus on Central Asia republics and east Europe, focusing on strengthening immunization systems, data quality, and data visualization. Critical to achieve USG global measles and rubella elimination goals. Recent large measles outbreaks in the US have been linked to transmission overseas, making strong global surveillance critical to protect Americans.
CONGO (Republic of)	Kabore, Hyacinte		Hepatitis B	Leads coordination of hepatitis B (HBV) birth dose vaccination program, and hepatitis control, in the Africa Region. Note that USG endorsed goal to eliminate HBV globally by 2030.
CONGO (Republic of)	Greene, Hugh		Management	Provides senior business management services to AFRO, ensuring that USG investments in support of USG-endorsed global elimination goals for vaccine-preventable diseases are maximally used. Also leads critical resource tracking and workforce gap-filling for polio eradication in the African Region.
CONGO (DRC)	Koko, Djo-Roy Van		Measles, other VPD	Lead for measles/rubella elimination activities in DRC, the location of the world's largest measles outbreak in 2019 with over 300,000 cases. This work is in direct support of USG global measles and rubella elimination goals.
CONGO (DRC)	Djawa, KP		Polio	Lead for polio eradication activities in DRC, a country with 2+ year polio type 2 vaccine derived poliovirus outbreak. Achieving global polio eradication is a priority USG goal.
BURKINA FASO	Luce, Richard		Measles, other VPD	Provides leadership on immunization issues in West Africa including COVID and yellow fever, with a primary focus on ensuring countries are advancing towards USG global measles and rubella elimination goals.

ZIMBABWE	Lelw, Emmaculate (Emma)	(b)(5)	Measles, other VPD	Coordinates measles/rubella elimination activities for countries in East and Southern Africa, and provides critical epidemiologic and policy guidance to East/South African countries and global partners. Supports USG global measles and rubella elimination goals.
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Totals

(b)(5)

From: Larish, Nili (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 7 Jul 2020 23:00:04 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Olsen, Laura (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: Annotated Agenda for All Hands tomorrow
Attachments: CGH All Hands _Annotated _Agenda Wed_8_July_NL_REV.docx

Rebecca,

Attached please find the annotated agenda/script for the All Hands call tomorrow. I understand the topic of schools reopening is quite sensitive (both domestic and global) – I think there is very little we can say about this now and understand the ITF presentation on schools was not cleared for wide use, so is not mentioned here (and in fact I could not procure it from ITF).

Let us know if you have any questions on the attached.

Thanks,
Nili



Nili Raquel Larish, MPH
Deputy Associate Director for Communication
[Center for Global Health](#)
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CGH COVID-19 ALL HANDS

Script

7.8.2020 / 8:00-8:45AM

Moderator Welcome – Nili Larish (1 minute)

- Hi, everyone. Thanks for joining us for our weekly CGH All Hands call focused on COVID 19.
- Good morning, afternoon, and evening to all.
- I'm Nili Larish, the Deputy Associate Director for Communication in the Center for Global Health.
- Today, we'll begin with a welcome and overview from our center director Dr. Rebecca Martin.
- We will then hear a responder reflection from Ashley King, who served on the International Task Force, or ITF.
- After that, we will hear some management and operations updates from Ted Pestorius.
- And we'll close out with a policy update from Serena Vinter.
- As always, we will end the call with time for questions and answers.
- With that, I will now turn it over to Dr. Rebecca Martin for opening remarks.

Welcome and overview of current COVID situation– Rebecca Martin (5 min)

- Thank you for joining this call, and welcome.
- I hope everyone had a restful and safe 4th of July holiday.
- I would like to start by providing a brief situation update on COVID-19.
- Globally, as of July 7, 2020, WHO has reported **11,500,302** confirmed cases of COVID-19, and **535,759** deaths. The five countries with the greatest numbers of reported cases over the past 7 days are the United States (339,602), Brazil (258,912), India (152,825), South Africa (61,457), and Russia (46,381).
- As of July 7, a total of **2,932,596** cases in the U.S. have been reported to CDC, and **130,133** deaths.
- CDC's COVID-19 Incident Management priorities this week include supporting US planning around school reopening (via a group called Preparing A Nation to Handle Education Re-Entry, or PANTHER); deploying staff domestically to support states, posting CDC initial guidance for

pooling specimens for COVID diagnostic testing; and posting US surveillance data on multisystem inflammatory syndrome in children (MIS-C).

- On the global front, you all likely saw in the media that yesterday the Trump Administration sent a letter to the United Nations withdrawing the United States from the World Health Organization.
- Serena Vinter is going to provide more context about this in her policy updates this morning, and we will continue to provide additional information on this as we learn more about implications for our work.
- On the domestic front, I want to share some information about COVID-19 Response Assistance Field Teams, or CRAFT.
- CRAFT teams are being deployed on interagency missions to COVID-19 hotspot locations in the United States.
- These teams are made up of 3-5 representatives from the U.S. government, including CDC.
- CRAFT teams engage local stakeholders to understand how federal agencies can better support the response, and to bring high-level visibility to strengthen community mitigation efforts.
- CRAFT teams leverage ground truth to validate data; meet with community groups to determine possible root causes; and assist State, Local, Tribal, and Territory leaders in designing a plan of action that will immediately reduce the impact of the virus.
- Over the coming weeks, staff from across CDC - including CGH - will join CRAFT teams on U.S. deployments. Representatives from CGH will leverage global health diplomacy skills in a U.S. domestic context – including seeing the big picture across multiple technical lanes, and forging alliances with local leadership and diverse groups of stakeholders.
- We will share more as CRAFT teams continue to develop and CGH's participation is further refined.
- Another area that is getting a lot of attention, and that may be front of mind for many of you, are schools reopening.
- Inside of the response, the PANTHER team has been stood up to look more closely at school reopening, screening guidance and protocols, and parent decision-making tools.

- Additionally, CDC has school-related guidance on the COVID website, including guidance for childcare and K-12 school settings; supplemental guidance for childcare programs; and guidance for institutions of higher education.
- Last week, CDC also posted Interim Considerations for K-12 School Administrators for SARS-CoV-2 Testing. These considerations detail type of testing, and when testing might be needed in regard to students and school settings.
- As the summer continues to unfold, CDC has also put out a number of guidelines or considerations documents for common summer activities, including visiting beaches and pools, and traveling amusement parks and carnivals.
- Please continue to review the CDC website on an ongoing basis to get the latest information about these and other common activities.
- With that, I will close and turn it back over to Nili now.
- Thank you.

Moderator – Nili Larish (1 minute)

Thank you, Rebecca. We'll move now to Ashley King, for a responder reflection from her time on the ITF.

COVID-19 Responder Reflection – Ashley King (3 min)

1. **Your job/duties in the response: I served in 4 position while on the response:** Box Manager, Information Management Team Lead, Staff Support Coordinator and Deputy Ops Coordinator.
2. **What was your biggest challenge of this response?** People not reading, knowing when to stop hand holding, and managing multiple workloads. Also, not being familiar with people's skill level and adjusting my expectations. Setting aside time for myself was also hard, especially as a box manager. The box was managed 6am-8pm, and there was a lot a trial and error schedules while we were understaffed. Initially there was only 2 of us, and I was the only FTE so I averaged close to 90 hours a week. Our schedule didn't initially allow for much down time or personal time. Then I served in 3 positions simultaneously (apparently, I thought I was indestructible) and it was completely overwhelming. Thankfully, I had friends and co-workers that were willing to step in and help me out. Delegating tasks was also a challenge for me. I felt that as a leader it was appropriate to carry the heavier workload and ensure tasks were completed to my level of satisfaction, so I tired to do most things myself.

I personally get satisfaction out of solving problems creatively and filling the gaps but trying to be everything everyone needed and do it well was hard and extremely exhausting.

3. **What was your greatest satisfaction in this response?** Developing other people's skill sets. When I was the team lead there was an ask to generate a tracker in anticipation of an ask other TFs had been given, and I asked a team member to do it. She had never created anything like it before, but ultimately did a really great job and I was super proud of her. Also, getting people to accept the migration to Microsoft Teams was pretty fun. Change is rarely easy but keeping them informed of the timeline and then teaching them how to use it was nice. People ultimately embraced it and that made me happy, especially since it had to be adopted by nearly 100 people on our TF. Finally, collaborating with some superstars on the resource library was pretty awesome, too. It had its own set of challenges we had to work through, but the end product was worth it and is a great resource to country teams and the agency.
4. **How do you think you've made a difference in this response, and what have you learned?** I developed new processes to streamline information, cultivated skill sets, and set the expectations/bar for my role. I helped make ITF one of the most organized TF on the response and set the framework for operations. I made information sharing more accessible and was able to innovate standard processes, like onboarding.

I learned how to package change so that it's easily digestible and fun and be (slightly) more OK with making mistakes and being transparent about them. Having weekly venting sessions with colleagues who understood the challenges first-hand was immensely helpful, too. As was developing positive working relationships- it's one of the keys to managing unmanageable workloads successfully, in my opinion.

Moderator – Nili Larish (1 minute)

Thanks, Ashley. We'll move now to Ted Pestorius, with an update on management and operations.

Latest COVID Management and Ops guidance – Ted Pestorius (3 min)

- For those of you who haven't heard, effective Thurs, July 2, 2020 the USPHS announced that they would no longer process any **new** requests for Voluntary Separation or Voluntary Retirement for officers who have between 20 to 30 years of active duty service. This means any separation/retirement paperwork with effective dates between **August 1, 2020 and December 30, 2020** will **not** be accepted or processed. The Department has notified all HHS and Non-HHS Human Resource Directors of this decision. Their message went on to say that the Office of the Assistant Secretary for Health understands this may impose a burden on those who have already made plans to depart, however, unprecedented times call for unprecedented measures – and that this moratorium does not include mandatory (30-year) retirement, age 64 retirement, disability/involuntary retirement, or involuntary separation. USPHS states that by October 1, 2020, a decision will be made regarding the acceptance and processing of future requests for Voluntary Separations and Voluntary Retirements with separation dates effective January 1, 2021 and beyond. Questions should be directed to CCHQ Office of the Director, and all officers have been notified.
- The CGH Management Office is pleased to let you know that the Center's Staffing plans for Q3 & Q4 have been approved, and they are now working on our FY21 staffing plan.

They're currently working with each division on this request and hope to make this process as smooth as possible.

- As a final reminder, mid-year performance reviews are due by 7/24. Supervisors are asked to plan appropriately so that we may meet our deadline.

Moderator – Nili Larish (1 minute)

Thanks, Ted. Our last speaker is Serena Vinter, with a policy update.

Policy Update – Serena Vinter (3 min)

1. World Health Organization (WHO)

- Late breaking news Tuesday, July 7 that the Trump administration has sent a letter to the United Nations withdrawing the United States from the World Health Organization over its handling of the COVID-19 pandemic
 - While expected in light of the May 22 Rose Garden announcement, this is a dramatic move and has implications for global health that we are still working to understand
- Under the terms of a joint resolution passed by Congress in 1948, the United States must give a year's notice in writing and pay its debts to the agency in order to leave.
 - It is not clear whether the president can pull the United States out of the organization and withdraw funding without Congress.
 - When the President first threatened to withdraw, some lawmakers countered that that doing so would be illegal and vowed to push back.
- CGH and CDC leadership continue to work through the Department and NSC-led interagency process to fully understand what this means for our staff who are currently detailed to WHO as well as our long-standing collaborations on critical global health programs from polio eradication to measles and rubella elimination to global health security, global HIV and TB and global malaria control.

2. FY21 Budget Process

Monday, July 6th, the House released their version of the FY 2021 Labor-H appropriations bill that funds CDC. Based on our initial read, we see:

- The overall House mark for Global Health is \$572,873,000, which is approximately \$2M above the FY20 Enacted level of \$570,843,000. Both Global HIV/AIDS and Global Health Protection would be held level from FY20 enacted level.
 - Global HIV/AIDS funding would have two years of availability
 - Global Disease Detection and Emergency Response funding would have three years of availability
- In addition, the House has included \$9B for CDC-wide activities for "*public health and emergency preparedness and response, domestically or internationally.*" Of which, there is \$1B for "*global disease detection and emergency response*" that would be available until September 30, 2025.

- This House measure is a first step in the regular appropriations process that funds CDC. The Senate is expected to release their version of the Labor-H Appropriations bill in late July. The House and Senate must agree on funding levels in these bills, including funding for CDC, prior to sending a final bill for signature. While both chambers have expressed interest in passage of the regular appropriations bills before the end of the current fiscal year, given the number of Congressional working days left before the end of the fiscal year and other competing legislative priorities, it is possible that CDC, along with other government entities, will be on a continuing resolution at the beginning of FY 2021.

3. Congressional Oversight

- The week before the July 4th Holiday, there was a flurry of COVID-19-related hearings
- The Senate Health, Education, Labor and Pensions (HELP) Committee held a hearing on Tuesday with witnesses joining in person and many Senators joining by teleconference. The witnesses were NIH/NIAID Director Dr. Anthony Fauci; CDC Director Dr. Robert Redfield; Assistant Secretary of Health Dr. Brett Giroir; and FDA Commissioner Dr. Stephen Hahn. They discussed the NIH's strategic plan for COVID research, CDC guidance for opening of K-12 schools and institutions of higher education (IHE), the national testing strategy, and the Coronavirus Treatment Acceleration Program.
- Dr. Redfield, NIH Director Dr. Francis Collins, and acting BARDA director Dr. Gary Disbrow testified before the Senate Appropriations Labor-Health and Human Services subcommittee on Thursday, July 2nd around COVID-19 vaccine development, manufacturing, distribution and administration of the vaccine.
- Finally, the Senate Committee on Foreign Relations held a virtual hearing on Tuesday – the second SFRC hearing of a series on COVID-19 and the global response. Witnesses included former Global AIDS Coordinator and Global Fund Director Mark Dybul, MD; former HHS Assistant Secretary for Global Health, Ambassador Jimmy Kolker; Harvard Global Health Institute Director, Ashish Jha, MD; and Jeremy Konyndyk, former Director of the USAID Office of US Foreign Disaster Assistance. The hearing focused on the global response to COVID-19 and included a discussion about the potential implications of the Administration's intention to withdraw from and reevaluate its relationship with the World Health Organization and a bill authored by Senator Risch codifying a governance structure for Global Health Security.

Moderator – Nili Larish (1 minute)

Thank you, Serena, Ted, Ashley, and Rebecca. We now have some time for questions. Operator, please open the lines.

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 23 Jul 2020 12:29:29 +0000
To: Capozzola, Christa (CDC/OCOO/OFR)
Cc: Thorne, Gregory Immel (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO query
Attachments: pending COAG no-cost extension approvals

Christa-

What would you recommend as next steps? Both Greg and I will do what we can to make ourselves available at your convenience.

Thanks, Ted

From: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Sent: Monday, July 20, 2020 2:01 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Subject: RE: WHO query

will likely be the notified withdrawal date of June 2021.

Let me know when is a good time to talk about this and the rest of the list.

Thanks,
Christa

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Sent: Thursday, July 16, 2020 6:12 PM
To: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO query

Christa- (b)(6) and I think this can wait until you return. Any chance this can happen?

Ted

From: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>

Sent: Thursday, July 16, 2020 6:00 PM

To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>

Subject: Re: WHO query

Yes, (b)(6)

Thanks!

Get [Outlook for iOS](#)

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>

Sent: Thursday, July 16, 2020 4:00:28 PM

To: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>

Subject: WHO query

Heather (b)(6) ? I think (b)(6)

(b)(6) We have not been able to approve one into the next FY. Regardless, will check once confirmed.

Ted



	AIDS Relief (PEPFAR) - 2018					
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Ted Pestorius
Dep. Dir., Mgmt & Overseas Ops
CGH/CDC

404-639-0216 (office)
404-579-1250 (mobile)



From: Capozzola, Christa (CDC/OCOO/OFR)
Sent: Fri, 10 Jul 2020 19:21:58 +0000
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Wolfe, Mitchell (CDC/OD)
Subject: pending COAG no-cost extension approvals
Attachments: WHO COAG balances 7 10 2020 ofr ogs.xlsx

Greetings,

The WHO COAGs highlighted in orange in the attached PMS drawdown report are those COAGs not on the pending exception list for new funding this FY.

(b)(5), (b)(4)

That means that as early as 8/14 for the NCDs COAG, we will have to get clearance to take any form of extension action.

We will need your input on how you want to approach each of these COAGs – with input from the relevant other CIOs with funding in them as well.

As noted in the balance column – at most, in only 2 of the 4 we see about half of the current budget period obligations drawn down to date, and in the other 2 much less.

Before we get into the funding and grant administrative issues, this is first a policy call. Happy to do a short call if helpful.

Thanks,
Christa

Christa Capozzola

Director, Office of Financial Resources &
Chief Financial Officer
Centers for Disease Control and Prevention
Tel: 678-475-4644
Cell: 404-565-3992
Email: kqr5@cdc.gov

Grant Number	Funding Opportunity Title	Budget Period End Date	Period Of Performance End Date	Sum of Obligation Amount Fy 19/20	PMS Draw Down Amount as 7/10/2020	PMS Balance
NE11CE002080	CE16-1601 The Prevention and Control of Unintentional Injury and Violence Prevention Through the World Health Organization	8/31/2020	8/31/2021	\$ 362,000.00		
NE11GH000001	Global Noncommunicable Disease Prevention and Health Promotion - 2019	8/14/2020	8/14/2024	\$ 2,165,927.00		
NU2GGH002145	Cooperative Agreement on Immunization with the World Health Organization (WHO) - 2018	9/30/2020	6/30/2023	\$ 18,728,689.00		
NU2GGH002154	Strengthening Public Health Capacity and Guidelines to Implement HIV Programs through Cooperation and Support from the World Health Organization (WHO) under the President's Emergency Plan for AIDS Relief (PEPFAR) - 2018	9/29/2020	9/29/2023	\$ 12,635,165.00		
NU2GGH002225	Strengthening Public Health Capacity and Guidelines to prevent, detect and control the spread of epidemic prone infectious diseases through Cooperation and Support from World Health Organization (WHO) - 2019	8/31/2020	8/31/2024	\$ 16,775,464.00		
NU51IP000874	Surveillance and Response to Seasonal and Pandemic Influenza by Regional Offices of the World Health Organization - 2016	9/29/2020	9/29/2021	\$ 480,000.00		
NU51IP000875	Surveillance and Response to Seasonal and Pandemic Influenza by Regional Offices of the World Health Organization - 2016	9/29/2020	9/29/2021	\$ 1,400,000.00		
NU51IP000876	Surveillance and Response to Seasonal and Pandemic Influenza by Regional Offices of the World Health Organization - 2016	9/29/2020	9/29/2021	\$ 646,535.00		
NU51IP000878	Surveillance and Response to Seasonal and Pandemic Influenza by Regional Offices of the World Health Organization - 2016	9/29/2020	9/29/2021	\$ 302,130.00		
NU51IP000879	Surveillance and Response to Seasonal and Pandemic Influenza by Regional Offices of the World Health Organization - 2016	9/29/2020	9/29/2021	\$ 1,305,000.00		
				\$ 54,800,910.00		

From: CDC Washington Office
Sent: Fri, 24 Jul 2020 18:52:55 +0000
To: CDC Washington Office
Subject: Legislative Report for CDC and ATSDR: July 24, 2020

Legislative Report for CDC and ATSDR: July 24, 2020

FLOOR ACTION

- July 22** The Senate passed [S.Res.617](#) to designate July 22, 2020 as Glioblastoma Awareness Day.
- July 23** The Senate passed [S.4049](#), the National Defense Authorization Act for Fiscal Year (FY) 2021.

COMMITTEE AND SUBCOMMITTEE ACTION

- July 20** The House Oversight and Reform (HORC) Government Operations Subcommittee held a [hearing](#) to examine federal IT modernization, focused on how the coronavirus exposed outdated systems.
- July 21** The Senate Special Aging Committee held a [hearing](#) to examine the COVID-19 pandemic and seniors, focused on a look at racial health disparities.
- The House Energy and Commerce (E&C) Oversight and Investigations (O&I) Subcommittee held a [hearing](#) to examine the pathway to a vaccine, focused on efforts to develop a safe, effective, and accessible COVID-19 vaccine.
- The House Foreign Affairs (HFAC) O&I Subcommittee held a [hearing](#) to examine consular affairs and the COVID-19 crisis, focused on assessing the State Department's response to the pandemic. Ian Brownlee and Karin King testified on behalf of the State Department.
- July 22** The House Homeland Security Committee held a [hearing](#) to examine the national response to the worsening coronavirus pandemic. Peter Gaynor testified on behalf of FEMA.
- The Senate Environment and Public Works Committee held a [hearing](#) to examine the increased risk of zoonotic disease from illegal wildlife trafficking.
- July 23** The House Education and Labor Early Childhood, Elementary, and Secondary Education Subcommittee held a [hearing](#) to examine how to overcome obstacles to safely reopen public schools.
- July 24** The HORC Environment Subcommittee held a [hearing](#) to examine FEMA's natural disaster preparedness and response efforts during the coronavirus pandemic. Peter Gaynor testified on behalf of FEMA.

Upcoming Committee and Subcommittee Action

July 28 The Senate Finance Committee will hold a [hearing](#) to examine protecting the reliability of the U.S. medical supply chain during the COVID-19 pandemic.

July 30 The Senate Finance Committee will hold a second [hearing](#) to examine protecting the reliability of the U.S. medical supply chain during the COVID-19 pandemic.

The HFAC Africa, Global Health, Global Human Rights, and International Organizations Subcommittee will hold a [hearing](#) to examine the COVID-19 pandemic response in Africa. Tibor Nagy will testify on behalf of the State Department and Christopher Maloney on behalf of USAID.

July 31 **The HOCR Select Coronavirus Crisis Subcommittee will hold a [hearing](#) to examine the urgent need for a national plan to contain the coronavirus. Dr. Robert Redfield will testify on behalf of CDC, Dr. Anthony Fauci on behalf of NIH, and Dr. Brett Giroir on behalf of HHS.**

BILL INTRODUCTIONS

July 20 Rep. Don Beyer (D-VA) introduced [H.R.7674](#) to require the CDC Director to create a standardized method for state, Tribal, and local health departments to report to the Centers with respect to COVID-19.

Rep. Joe Kennedy (D-MA) introduced [H.R.7686](#) to establish a program to provide full compensation to any essential COVID-19 frontline worker who was seriously injured or died as a result of having COVID-19.

Rep. Lucy McBath (D-GA) introduced [H.R.7689](#) to direct the HHS Secretary, acting through the CDC Director, to support research and programmatic efforts that will build on previous research on the effects of adverse childhood experiences.

Rep. Dan Kildee (D-MI) introduced [H.R.7687](#) to protect firefighters from exposure to per- and polyfluoroalkyl substances (PFAS) and to establish a presumption of service connection for certain veterans exposed to such substances.

July 21 Sen. Kamala Harris (D-CA) introduced [S.4248](#) to establish a grant program to provide funds for health care entities to establish or improve bias and anti-racism training to help reduce racial and ethnic disparities in COVID-19 testing, treatment, health outcomes, and vaccine access.

Rep. Joe Kennedy (D-MA) introduced [H.Res.1057](#) to express the sense of the House of Representatives that in order to effectively address the high prevalence of those suffering from mental health conditions and substance use disorders, the U.S. needs to make historic financial investments into mental health and substance use disorder care and finally acknowledge such care as a priority in health care equal to physical health.

Rep. Maxine Waters (D-CA) introduced [H.Res.1059](#) to support the goals and ideals of National Clinicians HIV/AIDS Testing and Awareness Day.

Sen. Dick Durbin (D-IL) introduced [S.4242](#) and Rep. Matt Cartwright (D-PA) introduced [H.R.7701](#) to establish programs related to prevention of prescription opioid misuse.

Sen. Ben Cardin (D-MD) introduced [S.Res.653](#) to express the sense of the Senate that a U.S. withdrawal from the World Health Organization (WHO) undermines U.S. global health leadership and the international COVID-19 response.

Sen. Thom Tillis (R-NC) introduced [S.4249](#) to ensure the protection of human genetic information collected as a result of diagnostic testing for COVID-19.

Sen. Chris Coons (D-DE) introduced [S.4240](#) to prohibit the use of funds to withdraw the U.S. from the WHO.

July 22

Rep. Karen Bass (D-CA) introduced [H.R.7718](#) to address the health needs of incarcerated women related to pregnancy and childbirth.

Rep. Joe Kennedy (D-MA) introduced [H.R.7723](#) to establish the position of Interagency Coordinator for Behavioral Health to coordinate the programs and activities of the federal government relating to mental health.

Rep. Debbie Wasserman Schultz (D-FL) introduced [H.R.7732](#) to direct the HHS Secretary, acting through the CDC Director, to carry out a national campaign to increase awareness and knowledge of the virus that causes COVID-19.

Sen. Todd Young (R-IN) introduced [S.4289](#) and Rep. John Curtis (R-UT) introduced [H.R.7695](#) to require the HHS Secretary to collect, analyze, and report qualitative and quantitative data on the use of telehealth during the COVID-19 public health emergency.

Sen. Sherrod Brown (D-OH) introduced [S.Res.655](#) to declare racism a public health crisis.

Sen. Joe Manchin (D-WV) introduced [S.4282](#) to amend the Community Mental Health Service Block Grant to authorize a set-aside for crisis care services.

Sen. Tim Kaine (D-VA) introduced [S.4269](#) to improve maternal health and promote safe motherhood.

Sen. Bob Menendez (D-NJ) introduced [S.4262](#) to direct the HHS Secretary to develop an action plan, make targeted grants, and develop public awareness campaigns with respect to COVID-19 and the disproportionate impact of the COVID-19 pandemic on racial and ethnic minorities and other vulnerable populations.

July 23

Rep. John Curtis (R-UT) introduced [H.R.7733](#) to authorize the imposition of sanctions with respect to the deliberate concealment or distortion of information about public health emergencies of international concern.

Sen. Jeff Merkley (D-OR) introduced [S.4293](#) and Rep. David Cicilline (D-RI) introduced [H.R.7741](#) to promote airline passenger safety during the COVID-19 public health emergency.

Rep. Austin Scott (R-GA) introduced [H.R.7758](#) to provide for assistance to rural health, education, and public safety facilities affected by the COVID-19 pandemic.

Sen. Catherine Cortez Masto (D-NX) introduced [S.Res.657](#) and Rep. Eddie Bernice Johnson (D-TX) introduced [H.Res.1064](#) to support the goals and ideals of Black, indigenous, and people of color (BIPOC) Mental Health Awareness Month in July 2020.

Rep. Abigail Spanberger (D-VA) introduced [H.R.7760](#) to make a supplemental appropriation for the COVID-19 Telehealth Program of the Federal Communications Commission for the FY ending September 30, 2020.

Rep. Ben Ray Lujan (D-NM) introduced [H.R.7750](#) to prohibit unfair or deceptive acts or practices in connection with the public health emergency resulting from COVID-19.

Sen. Jeanne Shaheen (D-NH) introduced [S.4313](#) to establish a grant program for purposes of providing training to physicians on the health effects of exposure to PFAS.

Sen. Angus King (I-ME) introduced [S.4315](#) to authorize the HHS Secretary to award grants to eligible entities to conduct testing and contact tracing for COVID-19, and related activities such as supported isolation, through mobile health units and, as necessary, at individuals' residences.

Sen. Todd Young (R-IN) introduced [S.4302](#) to utilize national service programs to directly respond to the COVID-19 outbreak.

BRIEFINGS AND CONGRESSIONAL MEETINGS

- July 20** Subject Matter Expert from the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention briefed by phone minority staff to the HFAC Committee on the COVID-19 response.
- July 23** CDC Director briefed by phone minority Members of the E&C Committee on the COVID-19 response.

CONGRESSIONAL REQUESTS FOR INFORMATION

Between July 17 and July 23, 2020, the CDC Washington Office received over 14 Congressional inquiries regarding COVID-19.

- July 17** CDCW staff shared information with Senate and House health legislative assistants and staff to the HELP and E&C Committees on COVID-19 updates.
- July 18** CDCW staff shared information with staff to Reps. Danny Davis (D-IL) and John Sarbanes (D-MD) on contract awards.
- July 20** CDCW staff shared information with Senate and House health legislative assistants and staff to the HELP and E&C Committees on the partner call update on the COVID-19 response.

CDCW staff shared information with Senate and House health legislative assistants and staff to the HELP and E&C Committees on COVID-19 updates.

July 21

CDCW staff shared information with staff to Rep. Gerry Connolly (D-VA) on a contract award.

Staff to Sen. Cory Gardner (R-CO) inquired about the World Trade Center (WTC) Health Program on behalf of a constituent.

Staff to Rep. Lori Trahan (D-MA) inquired about a grant award.

CDCW staff shared information with staff to Sens. Michael Bennet (D-CO) and Cory Gardner (R-CO) and Rep. Doug Lamborn (R-CO) on PFAS exposure assessment.

CDCW staff shared information with staff to the Senate Foreign Relations, HELP, HFAC, and E&C Committees and the Global Health Caucus on the COVID-19 outbreak response with the National Public Health Institutes.

CDCW staff shared information with Senate and House health legislative assistants and staff to the HELP and E&C Committees on COVID-19 updates.

CDCW staff shared information with staff to Reps. Diana DeGette (D-CO) and Tom Reed (R-NY) on the Clinician Outreach and Communication Activity call on underlying conditions and the COVID-19 response.

July 22

Staff to Rep. Brian Mast (R-FL) inquired about state and county death data.

Staff to Sen. Cory Gardner (R-CO) inquired about the PFAS exposure assessment meeting.

CDCW staff shared information with staff to Rep. Garret Graves (R-LA) on a constituent employee.

CDCW staff shared information with staff to the Tri-Caucus on the webinar on promising practices in health equity and the COVID-19 response.

CDCW staff shared information with Senate and House health legislative assistants and staff to the HELP and E&C Committees on COVID-19 updates.

July 23

Staff to Sen. Tim Scott (R-SC) inquired about the WTC Health Program on behalf of a constituent.

CDCW staff shared information with Senate and House health legislative assistants and staff to the HELP and E&C Committees on COVID-19 updates.

CDCW staff shared information with Senate and House health legislative assistants and staff to the HELP and E&C Committees on school resources, the CDC media telebriefing, and the interagency telebriefing on the COVID-19 response.

CURRENT CORRESPONDENCE

July 17 Reps. Mike Doyle (D-PA), Conor Lamb (D-PA), and Guy Reschenthaler (R-PA) wrote to the HHS Secretary and CDC Director regarding upgrades for the National Personal Protective Technology Laboratory.

Reps. Jim Clyburn (D-SC), Raja Krishnamoorthi (D-IL), and Carolyn Maloney (D-NY) wrote to the HHS Secretary and CDC Director regarding the National Healthcare Safety Network and TeleTracking programs.

July 20 Sen. Elizabeth Warren (D-MA) wrote to the CDC Director regarding the Interstate Quarantine Authority.

For questions about this report, please contact [Marissa Thomas at mthomas9@cdc.gov](mailto:Marissa.Thomas9@cdc.gov).

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Sent: Mon, 20 Jul 2020 16:06:55 +0000
To: McClure, Susan (CDC/DDPHSIS/CGH/OD); Pestorius, Ted (CDC/DDPHSIS/CGH/OD); Cain, Kevin (CDC/DDPHSIS/CGH/OD); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD)
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Subject: RE: REQUEST: Weekly CIO Activities Report to KLD - by 3pm today, 7/20

Thank you Susan!

From: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Sent: Monday, July 20, 2020 12:04 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: REQUEST: Weekly CIO Activities Report to KLD - by 3pm today, 7/20

Regarding PAHO, a couple of items

- **PAHO funding:** we understand that the major hurdles have been cleared, and that the USG will move forward on its assessed contribution to PAHO.
 - Memo reportedly provided on this topic to Sec Pompeo
 - The Hill has been informed that these funds should be moved in the next few days/weeks. (Hill notice went to USAID/OLA)
 - PAHO may be undergoing an “external review” requested by USG.
- **Private sector listening session:** OGA is working to schedule a listening session with partners (e.g. Business Roundtable, US Chamber of Commerce, etc.) next week to hear their concerns about the withdrawal.
 - Other agencies can attend if desired; CGH requesting an invitation to listen
 - USAID suggested hosting an additional session with civil society partners

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Monday, July 20, 2020 11:59 AM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Martin, Rebecca

(CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: REQUEST: Weekly CIO Activities Report to KLD - by 3pm today, 7/20

Hi Everyone,

I have not yet received the request from DDPHSIS for this but don't want to delay in collecting responses any further. Please see below for this week's request for updates for KLD and **share any key CGH HR/Budget issues or updates, as well as any major events on your radar or any "hot topics/issues management" that you would like to propose for inclusion by 3:00pm today, 7/20/2020** so that we can review/finalize by the usual-requested deadline of COB today. Let me know if you have any questions.

Staffing

-

Budget

- *Anything related to CARES proposals?*

Major Events

- July 22: Virtual CGH All Hands
- July 23: Virtual Country Director Update Call
 - *Regular Country Director Update Calls to continue on a bi-weekly basis, with optional focused discussions in between.*

Travel and Annual Leave

- Serena Vinter, CGH Deputy Director for Strategy, Policy, and Communications, is on (b)(6) July 20-24; Susan McClure, CGH Associate Director for Policy, is Acting in her stead.

Hot Topics/Issues Management

- *Anything related to WHO, presidential transition packet, or DDPHSIS onboarding packet?*

Take care,
Sukeshi



Sukeshi Mehta Roberts

Special Assistant to Dr. Rebecca Martin
CDC Center for Global Health (CGH)
Office: (404) 498-1476
Mobile: (470) 629-1272
nwn7@cdc.gov

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 30 Jul 2020 13:08:54 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Subject: FW: Secondment extension - Dr Kim Linblade
Attachments: Extension request direct-pay secondment [REDACTED] pdf
Importance: High

Just flagging this for you. I am not sure if there is much to do more than move forward with what we can internally?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>
Sent: Thursday, July 30, 2020 7:41 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Samuel, Lee (CDC/DDPHSIS/CGH/DPDM) <llj3@cdc.gov>
Subject: FW: Secondment extension - [REDACTED]
Importance: High

FYI on extension of our malaria secondee in GVA

From: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD) <sjw3@cdc.gov>
Sent: Thursday, July 30, 2020 7:40 AM
To: Kahn, Richard (CDC/DDPHSIS/CGH/DPDM) <rhk0@cdc.gov>
Cc: Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>; Taitt, Tara (CDC/DDPHSIS/CGH/OD) <hhk4@cdc.gov>
Subject: FW: Secondment extension [REDACTED]
Importance: High

Please work with Tara on this issue. We'll see how far we can take it given the pending withdraw from WHO.

From: Kahn, Richard (CDC/DDPHSIS/CGH/DPDM) <rhk0@cdc.gov>
Sent: Wednesday, July 29, 2020 6:05 PM
To: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD) <sjw3@cdc.gov>
Cc: COLAIRO VALERIO, Simone Marie <colairos@who.int>; Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>
Subject: FW: Secondment extension [REDACTED]
Importance: High

Hi Sandra,

See attached. Should we process this directly to Dr. Martin's office or is that something your team handles?

Thanks,
Richard

From: COLAIRO VALERIO, Simone Marie <colairos@who.int>

Sent: Wednesday, July 29, 2020 5:10 PM

To: ndn1@cdc.gov

Cc: Lindblade, Kimberly (CDC who.int) <lindbladek@who.int>; Kahn, Richard (CDC/DDPHSIS/CGH/DPDM) <rhk0@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>; ALONSO, Pedro <alonsop@who.int>

Subject: FW: Secondment extension - (b)(6)

Importance: High

Dear Netty,

I forward you my earlier email and attachment as (b)(6) has informed me that neither she nor (b)(6) received it.

I would be very grateful if you could confirm receipt so I know it has arrived safely.

Looking forward to your feedback.

Kind regards,
Simone

Simone Colairo

Administrative Assistant
Global Malaria Programme

t: + 41 22 791 2533 e: colairos@who.int
m: +41 79 308 9877 www.who.int/malaria



From: COLAIRO VALERIO, Simone Marie [<mailto:colairos@who.int>]

Sent: Friday, July 24, 2020 11:32 AM

To: Nixon, Netty D. (CDC/CGH/OD) <ndn1@cdc.gov>

Cc: LINDBLADE, Kimberly Ann <lindbladek@who.int>; Kahn, Richard (CDC/CGH/DPDM) <rhk0@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>; ALONSO, Pedro <alonsop@who.int>

Subject: Secondment extension - (b)(6)

Importance: High

Dear Netty,

I hope my email finds you well.

I contact you in regard to the CDC secondment to WHO of [REDACTED] Please find attached the duly signed letter from WHO to the attention of Dr Rebecca Martin. I would be grateful if you could process this on your side and let me know if you need any further documentation from me.

I look forward to hearing from you and remain at your disposal.

Kind regards,
Simone

Simone Colairo

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E-mail :

In reply please
refer to:

Your reference:

Dr Rebecca Martin
Director
Center for Global Health
Centers for Disease Control
and Prevention (CDC)
1600 Clifton Road
Atlanta, GA 30333
USA

23 July 2020

Dear Dr Martin,

(b)(6)

**extension of Centers for Disease Control and Prevention (CDC)
non-reimbursable detail secondment to the
World Health Organization Global Malaria Programme**

Reference is made to the signed personnel agreement for the non-reimbursable detail secondment of (b)(6) from CDC to the post of Team Leader, GMP, Elimination team (ELI), based at WHO Headquarters, Geneva. This agreement currently runs from 9 January 2019 through to 8 January 2021.

Your concurrence to extend (b)(6)'s agreement of non-reimbursable detail through 8 January 2022, under the same conditions, is now requested. This exchange of correspondence would thus be considered as an extension to our initial agreement signed between CDC and WHO in November 2016.

We do hope that our request will meet your favourable consideration, in the spirit of the successful partnership between WHO and CDC. We look forward to continued fruitful collaboration with both you and your staff.

Yours sincerely,

Dr Ren Minghui
Assistant Director-General
Universal Health Coverage/Communicable
and Noncommunicable Diseases

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 17 Jul 2020 16:33:41 +0000
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Suwondo, Peter (CDC/DDPHSIS/CGH/OD)
Subject: FW: WHO TPs for 3pm call w/ Perdue/Loeffler staff
Attachments: SOCO clean 071720.docx

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r4tm@cdc.gov>
Sent: Friday, July 17, 2020 11:59 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: WHO TPs for 3pm call w/ Perdue/Loeffler staff

From: Wolfe, Mitchell (CDC/OD) <m6sw@cdc.gov>
Sent: Friday, July 17, 2020 11:58 AM
To: Wilson, Michelle (CDC/OCOO/OFR/OA) <z2vw@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r4tm@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Here are those points for R3.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service

Ph: (202) 245-0600

From: Wolfe, Mitchell (CDC/OD)
Sent: Friday, July 17, 2020 11:56 AM
To: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Hi,

These look good. We just finished a few seconds ago TPs for R3 and I wonder if we should substitute the second bullet, for these two (2nd and 3rd bullet below):



Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>
Sent: Friday, July 17, 2020 11:50 AM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Friends,

For today's 3pm call with Perdue/Loeffler staff. Please see below for high level WHO TPs.

Talk with you this afternoon.

Thanks,

MW



From: Vertefeuille, John F. (CDC/DDPHSIS/CGH/GID)
Sent: Tue, 7 Jul 2020 20:23:55 +0000
To: CDC CGH GID Management Team
Subject: News Headline on official US withdrawal from WHO

FYI



Trump has officially withdrawn the US from the World Health Organization as pandemic spikes

Deirdre Shesgreen and Courtney Subramanian, USA TODAY 50 mins ago

WASHINGTON – The Trump administration has officially withdrawn the United States from the [World Health Organization](#), even as the COVID-19 pandemic continues to grip the globe and infections spike in many states across the U.S.

Congress received formal notification of the decision on Tuesday, more than a month after [President Donald Trump](#) announced his intention to end the U.S. relationship with the WHO and blasted the multilateral institution as a tool of China.

Democrats said the decision was irresponsible and ill-considered, noting it comes as the pandemic is raging and international cooperation is vital to confront the crisis.

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"This won't protect American lives or interests – it leaves Americans sick & America alone," Sen. Bob Menendez, the top Democrat on the Senate Foreign Affairs Committee, tweeted after receiving the White House's notification. "To call Trump's response to COVID chaotic & incoherent doesn't do it justice."



© Andy Wong/AP Chinese President Xi Jinping and President Donald Trump in Beijing, on May 9, 2019. The formal withdrawal comes as the United States nears 3 million reported coronavirus cases and more than 130,000 deaths, according to Johns Hopkins University data. Globally, there have been 11.6 million cases and almost 540,000 deaths.

Trump and his advisers have blasted the WHO for failing to press China to be more transparent about the scope and severity of the COVID-19 outbreak, which began in Wuhan, China.

Trump has said that China "has total control" over the WHO, even though it contributes far less than the US to the health organization's budget. The U.S. has contributed approximately \$450 million dollars a year.

Critics said Trump's WHO attacks are an attempt to deflect blame from his own mishandling of the coronavirus outbreak – and one that will end up hurting the U.S.

Amanda Glassman, a public health expert and executive vice president of the Center for Global Development think tank, noted the world doesn't just face today's threat of COVID-19 but also the threat of future pandemics, which are more likely because of increased [zoonotic transmission](#).

The probability of a high lethality strain of influenza in the next decade or so is also significant, said Amanda Glassman, a public health expert and executive vice president of the Center for Global Development think tank. She said corrective measures at the WHO are needed but can only happen with the United States staying engaged.

"Withdrawal is counterintuitive at best and dangerous to human life at worst. The US Congress should immediately explore what power it has to prevent this from happening," Glassman said

Gayle Smith, president and CEO of The ONE Campaign, an advocacy group focused on improving global health and eliminating poverty, echoed that assessment. "The US should use its influence to strengthen and reform the WHO, not abandon it at a time when the world needs it most," said Smith, who served on the National Security Council and other top positions in the Obama administration.

From: Cain, Kevin (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 23 Jul 2020 01:43:35 +0000
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: Re: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

I think that is better. Here are a few final edits. Patrick, please do weigh in.



(b)(5)

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From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 9:16:46 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

OK, will do.

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 22, 2020 9:16 PM
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi Patrick,

Thank you very much – understood. Have made the updates but let me know if any other changes need to be made as the discussion winds down.

Thanks again,
Sukeshi

From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 9:13 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi Sukeshi,

(b)(5)

removed the last bullet and edited the 4th bullet below.

Thanks /P/

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 22, 2020 9:09 PM
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Sounds good to me – thoughts, Kevin?

From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 8:35 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Maybe use the word recommendation?

Kevin, based on the discussion on the SE Asia call right now, do you think we should leave our the last bullet?

(b)(5)

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 22, 2020 8:11 PM
To: Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Jumping in to say I think the last bullet notes that they should follow guidance when it comes out, does not reference existing guidance – think its okay as-is? Maybe just change the words slightly to say “But I ask that you follow CDC guidance when it **does come** out and...”?

From: Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Sent: Wednesday, July 22, 2020 8:08 PM
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>; Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: Re: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Patrick - the challenge is that CDC doesn't have guidelines on this, so we likely need to change that last bullet. Do you have any ideas for what she could say?

Kevin

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From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 8:05:46 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

YEP!

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 22, 2020 6:50 PM
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Sorry, quick question – this is in addition to the three bullets I had previously, right? So full list TPs for this topic are:





From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 6:47 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Please use these TPs:



Kevin, please feel free to edit these two TPs for RM.

Thanks /P/

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 22, 2020 6:20 PM
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi! Any word from DGMQ?

From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 3:40 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD)

[<zur1@cdc.gov>](mailto:zur1@cdc.gov)

Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Yes! Thanks!

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) [<nwn7@cdc.gov>](mailto:nwn7@cdc.gov)

Sent: Wednesday, July 22, 2020 3:39 PM

To: Chong, Patrick (CDC/DDPHSIS/CGH/OD) [<pec8@cdc.gov>](mailto:pec8@cdc.gov); Cain, Kevin (CDC/DDPHSIS/CGH/OD) [<bvz1@cdc.gov>](mailto:bvz1@cdc.gov)

Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) [<odd8@cdc.gov>](mailto:odd8@cdc.gov); Vinter, Serena (CDC/DDPHSIS/CGH/OD) [<uvv3@cdc.gov>](mailto:uvv3@cdc.gov); Pestorius, Ted (CDC/DDPHSIS/CGH/OD) [<fpp0@cdc.gov>](mailto:fpp0@cdc.gov); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) [<phd4@cdc.gov>](mailto:phd4@cdc.gov); McClure, Susan (CDC/DDPHSIS/CGH/OD) [<zur1@cdc.gov>](mailto:zur1@cdc.gov)

Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi Patrick,

Thank you so much! Just to make sure I understand, should only include your highlighted points below if we hear back from DGMQ by COB today? If not, replace those points with your note below about working with DGMQ?

Thanks again and take care,
Sukeshi

From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) [<pec8@cdc.gov>](mailto:pec8@cdc.gov)

Sent: Wednesday, July 22, 2020 3:36 PM

To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) [<nwn7@cdc.gov>](mailto:nwn7@cdc.gov); Cain, Kevin (CDC/DDPHSIS/CGH/OD) [<bvz1@cdc.gov>](mailto:bvz1@cdc.gov)

Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) [<odd8@cdc.gov>](mailto:odd8@cdc.gov); Vinter, Serena (CDC/DDPHSIS/CGH/OD) [<uvv3@cdc.gov>](mailto:uvv3@cdc.gov); Pestorius, Ted (CDC/DDPHSIS/CGH/OD) [<fpp0@cdc.gov>](mailto:fpp0@cdc.gov); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) [<phd4@cdc.gov>](mailto:phd4@cdc.gov); McClure, Susan (CDC/DDPHSIS/CGH/OD) [<zur1@cdc.gov>](mailto:zur1@cdc.gov)

Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi Sukeshi,

I've added in the recommendations that we are proposing but have not reach agreement yet with DGMQ. If we get clearance by COB today, RM can mention it. Otherwise I would just say:

(b)(5)

Thanks /P/

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) [<nwn7@cdc.gov>](mailto:nwn7@cdc.gov)

Sent: Wednesday, July 22, 2020 3:20 PM

To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) [<fpp0@cdc.gov>](mailto:fpp0@cdc.gov); Dougherty, Pamela

(CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>

Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>

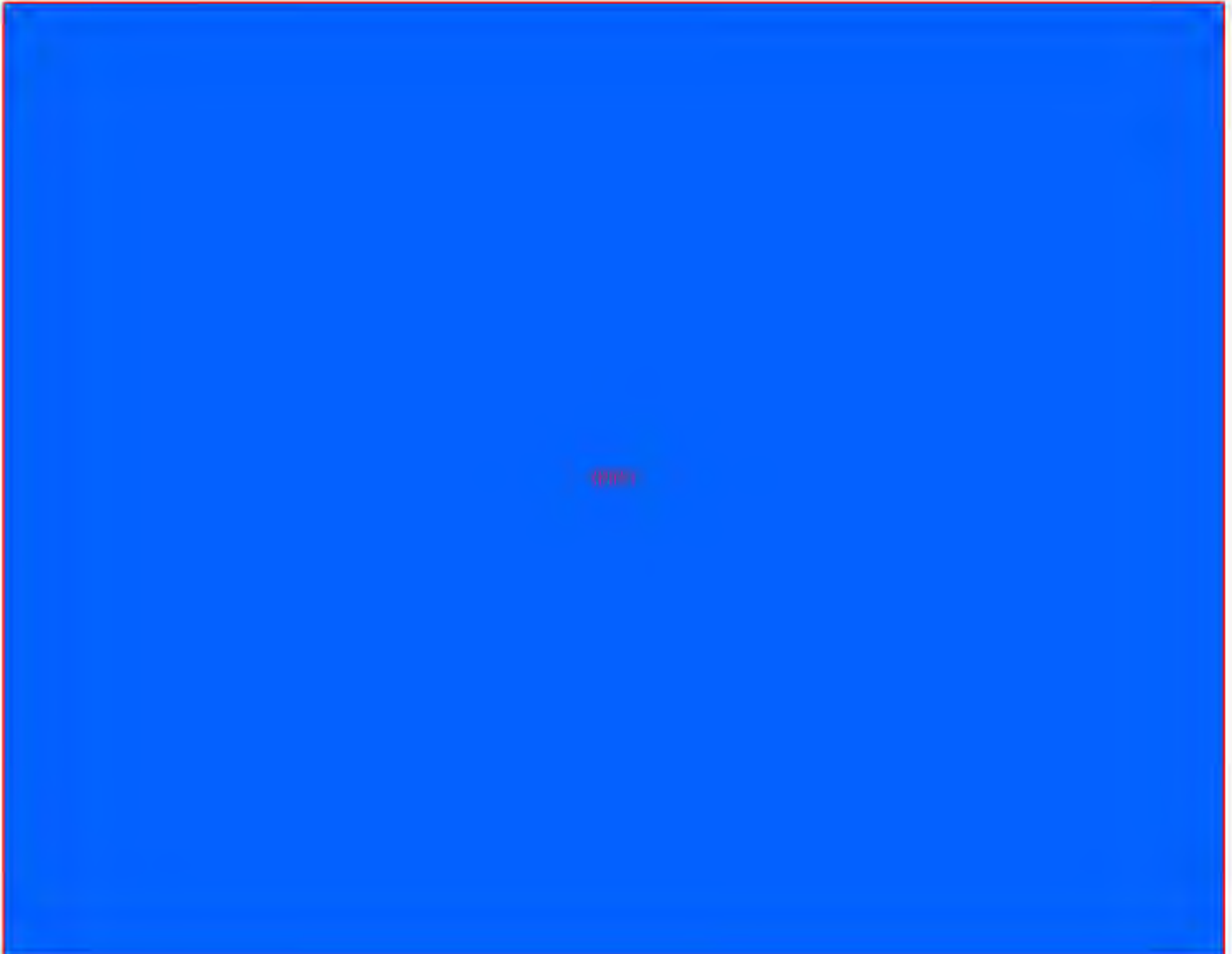
Subject: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi Everyone,

Please see below for draft opening remarks for RM for tomorrow's CD call for your review by 5:00pm today if at all possible.

In particular, Patrick, can you please review/provide updates on the State MED Guidance and Susan can you take a quick look at the WHO comments?

Thank you!
Sukeshi



From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 16 Jul 2020 18:43:52 +0000
To: Mampilly, Thomas (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Subject: Conversation with Thomas Mampilly

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 2:05 PM:

I think Charles Holmes was US AMB to Zambia when Kristie was there

Thomas Mampilly 2:06 PM:

interesting! he was working closely with Mark Dybul when I last ran into him about 2 years ago. Definitely worth an RM meeting at some point (if not already happened)

Thomas Mampilly 2:09 PM:

<https://www.idsociety.org/news--publications-new/articles/2020/withdrawal-from-who-leaves-u.s.-more-vulnerable-to-covid-19-and-future-pandemics/> published yesterday as RAabita said, with IDSA, HIVMA, SHEA, PIDS, SIDP

Thomas Mampilly 2:09 PM:

he administration's decision to withdraw the United States from the World Health Organization comes at a juncture of the COVID-19 pandemic when more than 12.1 million people have been diagnosed with COVID-19 and more than 550,000 people have died worldwide. Pandemic control remains out of reach in countries across the world, including the United States, which accounts for more than a quarter of all illnesses and 24% of all deaths.

The decision, coming when the World Health Organization has agreed to an independent review of its COVID-19 response, will have impacts beyond its intentions, weakening our ability to control the pandemic at home, and to curtail its threat worldwide.

The technical guidance, expertise and global convening power that WHO provides is critical to control the pandemic in the U.S. and abroad and to protect the U.S. from future outbreaks. As the only organization with the mandate to coordinate the global public health response to COVID-19 and future pandemics, the WHO plays a critical role in convening efforts to develop vaccines, therapeutics and other pandemic countermeasures. Leaving the WHO weakens our ability to access these essential tools, endangers global efforts to combat other infectious diseases and diminishes our standing as a global health leader. **Terminating relations with the WHO jeopardizes the vital infectious disease research and public health work of U.S. investigators at 80 WHO Collaborating Centers across 25 states.** Twenty-four of those projects are housed at the National Institutes of Health and Centers for Disease Control and Prevention, including the CDC's WHO Collaborating Center for Surveillance, Epidemiology and Control of Influenza, the WHO Collaborating Center for Emergency Preparedness and Disaster Response and the WHO Collaborating Center for Surveillance of Antimicrobial Resistance. These and other WHO collaborative efforts are central to U.S. health security and fostering the next generation of American public health experts and researchers. Without continued partnership and funding, vital research and services protecting American health will languish.

Leaving the WHO also threatens U.S. investments in efforts to eliminate HIV, tuberculosis, malaria, measles, polio and other infectious diseases. Flagship programs that include the U.S. President's Emergency Plan for AIDS Relief, the President's Malaria

Initiative and other global health programs at USAID depend on WHO for treatment guidelines and technical guidance for successful program implementation and provision of services that include prevention of mother-to-child transmission of HIV in high-prevalence countries. PEPFAR and WHO often work together in high HIV-prevalence countries in sub-Saharan Africa to enhance programs, strengthen health systems and lab capacity, and improve HIV counseling and testing services. The WHO also works with national governments to develop strong national action plans against leading infectious disease killers and establish national surveillance programs, providing a strong foundation for U.S.-led programs. Severing this relationship threatens the gains we have made in the fight against long-standing pandemics and endangers the lives of millions who depend on these programs.

WHO-led initiatives that include the Global Outbreak Alert and Response Network, the Global Antimicrobial Resistance and Use Surveillance System and the Global Influenza Surveillance and Response System, among others, help ensure American health security. We are currently suffering from the global problem of highly resistant bacterial infections that cause 2.8 million infections and 35,000 deaths in the U.S. annually. Leaving the WHO and failing to pay our financial obligations that help to fund these vital programs leaves us more vulnerable to infectious disease outbreaks while weakening health security across the globe.

In addition, leaving the WHO carries potential ramifications to our ability to develop an effective seasonal influenza vaccine, as the CDC works closely with the international agency to collect and analyze influenza virus samples from around the world to develop a vaccine for the Western Hemisphere. The U.S. has three seats on the Global Advisory Committee on Vaccine Safety that decides the composition of the annual vaccine for next influenza season, and losing these seats means that the U.S. will not have input into the constitution of this critical vaccine. The U.S. Food and Drug Administration also runs one of four WHO regulatory labs that help determine the correct amount of antigen for the development of flu vaccine.

Following a year that saw measles outbreaks in countries around the world contribute to outbreaks in the United States, and in the wake of plummeting rates of vaccination against that disease as well as seasonal influenza and other life-threatening diseases globally over the last six months, this is an exceptionally ill-advised time to address our shared public health threats alone.

During a pandemic of historic proportions we need more global coordination, collaboration and partnership – not less. As infectious diseases experts, we welcome the agency's willingness to undergo an independent review of its COVID-19 response and openness to a subsequent reform process. We call on Congress to stand in support of WHO and provide full funding in the fiscal year 2021 funding bill and future COVID-19 supplemental bills. We call once again on the administration to reconsider this decision that will have long and far-reaching consequences.

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 2:31 PM:

<https://www.cdc.gov/coronavirus/2019-ncov/global-covid-19/global-response.html>

From: Swezy, Virginia (CDC/DDPHSIS/CGH/GID)
Sent: Mon, 27 Jul 2020 12:30:05 +0000
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Subject: RE: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

Not at all!

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Sent: Monday, July 27, 2020 8:29 AM
To: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Subject: RE: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

Do you mind if I raise this with Rebecca at our CGH meeting?

(b)(5)

(b)(5)

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Sent: Monday, July 27, 2020 8:20 AM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: FW: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

For your awareness.

From: MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP) <zae5@cdc.gov>
Sent: Monday, July 27, 2020 2:56 AM
To: Desai, Meghna (CDC/DDPHSIS/CGH/DGHP) <mud8@cdc.gov>; Kay, Kelly L. (CDC/DDPHSIS/CGH/DGHP) <klr4@cdc.gov>; Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Subject: RE: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

(b)(5)

John R. MacArthur, MD, MPH
CAPT, USPHS
Director, Thailand MOPH - U.S. CDC Collaboration
Centers for Disease Control and Prevention, Bangkok, Thailand
Country Representative to Thailand, Department of Health and Human Services
Tel: +66(0)2-580-0669 ext. 312 | Fax: +66(0)2-580-0911 | Mobile: +66(0)89 810 8992
jmacarthur@cdc.gov

From: Desai, Meghna (CDC/DDPHSIS/CGH/DGHP) <mud8@cdc.gov>
Sent: Monday, July 27, 2020 1:44 PM
To: MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP) <zae5@cdc.gov>; Kay, Kelly L. (CDC/DDPHSIS/CGH/DGHP) <klr4@cdc.gov>; Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Subject: RE: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

Thanks John

(b)(5)

(b)(5)

Meghna

From: MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP) <zae5@cdc.gov>
Sent: Monday, July 27, 2020 11:43 AM
To: Desai, Meghna (CDC/DDPHSIS/CGH/DGHP) <mud8@cdc.gov>; Kay, Kelly L. (CDC/DDPHSIS/CGH/DGHP) <klr4@cdc.gov>; Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Subject: RE: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

Meghna,

(b)(5)

withdrawal from the WHO,

(b)(5)

(b)(5)

Warm regards,

John

John R. MacArthur, MD, MPH
CAPT, USPHS
Director, Thailand MOPH - U.S. CDC Collaboration
Centers for Disease Control and Prevention, Bangkok, Thailand
Country Representative to Thailand, Department of Health and Human Services
Tel: +66(0)2-580-0669 ext. 312 | Fax: +66(0)2-580-0911 | Mobile: +66(0)89 810 8992
jmacarthur@cdc.gov

From: Desai, Meghna (CDC/DDPHSIS/CGH/DGHP) <mud8@cdc.gov>
Sent: Monday, July 27, 2020 12:54 PM
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Subject: Fwd: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

Hi all,

(b)(5)

Thanks
Meghna

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From: SEAR PIR <sepir@who.int>
Sent: Saturday, 25 July 2020, 15:29
To: Desai, Meghna (CDC/DDPHSIS/CGH/DGHP)
Cc: BARRERA, Pablo; -, Anand Mohan; SEAR PIR
Subject: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

Dear Dr Meghna Desai,

Greetings from the Regional Office for South-East Asia of the World Health Organization.

Please find attached an invitation letter together with attachments (Tentative Programme) inviting your participation in the **"South-East Asia Regional Health Partners' Forum**

(virtual): “Maintaining Essential Health Services and Systems during the COVID-10 Pandemic”, being organized by the WHO Regional Office for South-East Asia on **Wednesday, 29 July 2020 from 10:00 am to 12:30 pm (New Delhi time)**. The meeting will be held virtually via Zoom Meeting.

Member State representatives, Multilateral Organizations, International Financial Institutions, WHO Partner/Donors Agencies, Development Agencies, UN Agencies and non-State actors in Official Relations with WHO are being invited to the Forum.

You are requested to please click on the link given and register yourself for the Forum: <https://seaextranet.searo.who.int/spm/SitePages/Registration.aspx>. After your successful registration, you will receive a system-generated email with connection details.

Best wishes,

Sharat

Dr Sharat Chauhan
Executive Officer to the Regional Director
World Health Organization
Regional Office for South-East Asia
New Delhi, India

From: Kay, Kelly L. (CDC/DDPHSIS/CGH/DGHP)
Sent: Mon, 27 Jul 2020 12:28:43 +0000
To: Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP); Knight, Nancy (CDC/DDPHSIS/CGH/DGHP)
Subject: FW: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

FYI

Kelly Kay
Acting DDMO
DGHP, CGH
Mobile: (770) 626-8183
Office: (404) 718-8172

From: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Sent: Monday, July 27, 2020 8:27 AM
To: MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP) <zae5@cdc.gov>; Desai, Meghna (CDC/DDPHSIS/CGH/DGHP) <mud8@cdc.gov>; Kay, Kelly L. (CDC/DDPHSIS/CGH/DGHP) <klr4@cdc.gov>
Subject: RE: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

Thanks, John and thanks Meghna.

(b)(5)

(b)(5)

(b)(5)

Best,

Virginia

From: MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP) <zae5@cdc.gov>
Sent: Monday, July 27, 2020 2:56 AM
To: Desai, Meghna (CDC/DDPHSIS/CGH/DGHP) <mud8@cdc.gov>; Kay, Kelly L. (CDC/DDPHSIS/CGH/DGHP) <klr4@cdc.gov>; Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
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(b)(5)

G

(b)(7)

John R. MacArthur, MD, MPH
CAPT, USPHS
Director, Thailand MOPH - U.S. CDC Collaboration
Centers for Disease Control and Prevention, Bangkok, Thailand
Country Representative to Thailand, Department of Health and Human Services
Tel: +66(0)2-580-0669 ext. 312 | Fax: +66(0)2-580-0911 | Mobile: +66(0)89 810 8992
jmacarthur@cdc.gov

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Subject: RE: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

Thanks John. The Health Attache received the same invite and is also following up with OGA

(b)(7)

(b)(7)

(b)(7)

Meghna

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Meghna,

(b)(7)

(b)(5)

Warm regards,

John

John R. MacArthur, MD, MPH
CAPT, USPHS
Director, Thailand MOPH - U.S. CDC Collaboration
Centers for Disease Control and Prevention, Bangkok, Thailand
Country Representative to Thailand, Department of Health and Human Services
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jmacarthur@cdc.gov

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Subject: Fwd: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

Hi all,

(b)(5)

Thanks
Meghna

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29 July 2020 from 10:00 am to 12:30 pm (New Delhi time). The meeting will be held virtually via Zoom Meeting.

Member State representatives, Multilateral Organizations, International Financial Institutions, WHO Partner/Donors Agencies, Development Agencies, UN Agencies and non-State actors in Official Relations with WHO are being invited to the Forum.

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Best wishes,

Sharat

Dr Sharat Chauhan
Executive Officer to the Regional Director
World Health Organization
Regional Office for South-East Asia
New Delhi, India

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 20:47:02 +0000
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: RE: REQUEST: 10 July CGH Direct Reports - by OOB Thursday, 7/9

Ok!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Thursday, July 9, 2020 3:53 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: REQUEST: 10 July CGH Direct Reports - by OOB Thursday, 7/9

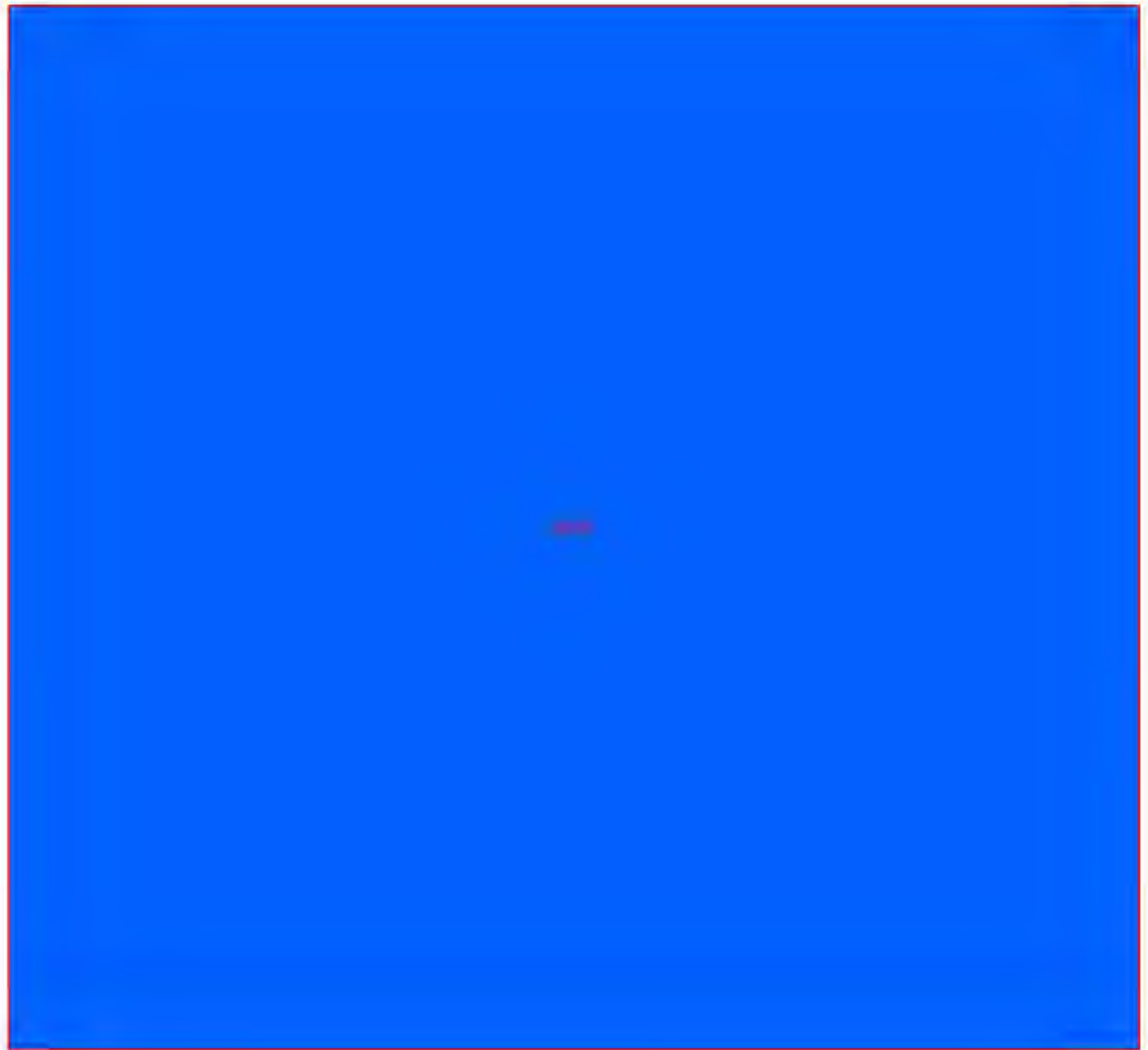
So sorry for delay – thank you!

WHO Section looks great; for RD section, I think may be good to add something about the proposal Michael put forward for the two division-specific sessions we've been offered in August? Something like what I put below highlighted?

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 5:26 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: RE: REQUEST: 10 July CGH Direct Reports - by OOB Thursday, 7/9

Does this work?





Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>

Sent: Monday, July 6, 2020 2:29 PM

To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>

Cc: Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <pht4@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>

Subject: RE: REQUEST: 10 July CGH Direct Reports - by OOB Thursday, 7/9

Thanks Serena! Updated below and moved WHO to updates.



Sukeshi Mehta Roberts
Special Assistant to Dr. Rebecca Martin
CDC Center for Global Health (CGH)
Office: (404) 498-1476
Mobile: (470) 629-1272
nwn7@cdc.gov

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 2:25 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Cc: Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Subject: RE: REQUEST: 10 July CGH Direct Reports - by OOB Thursday, 7/9

Hi Sukeshi,

I will put together points to share for the 2 items below:

- i. CGH virtual orientation for Regional Directors
- ii. WHO update

Serena Vinter

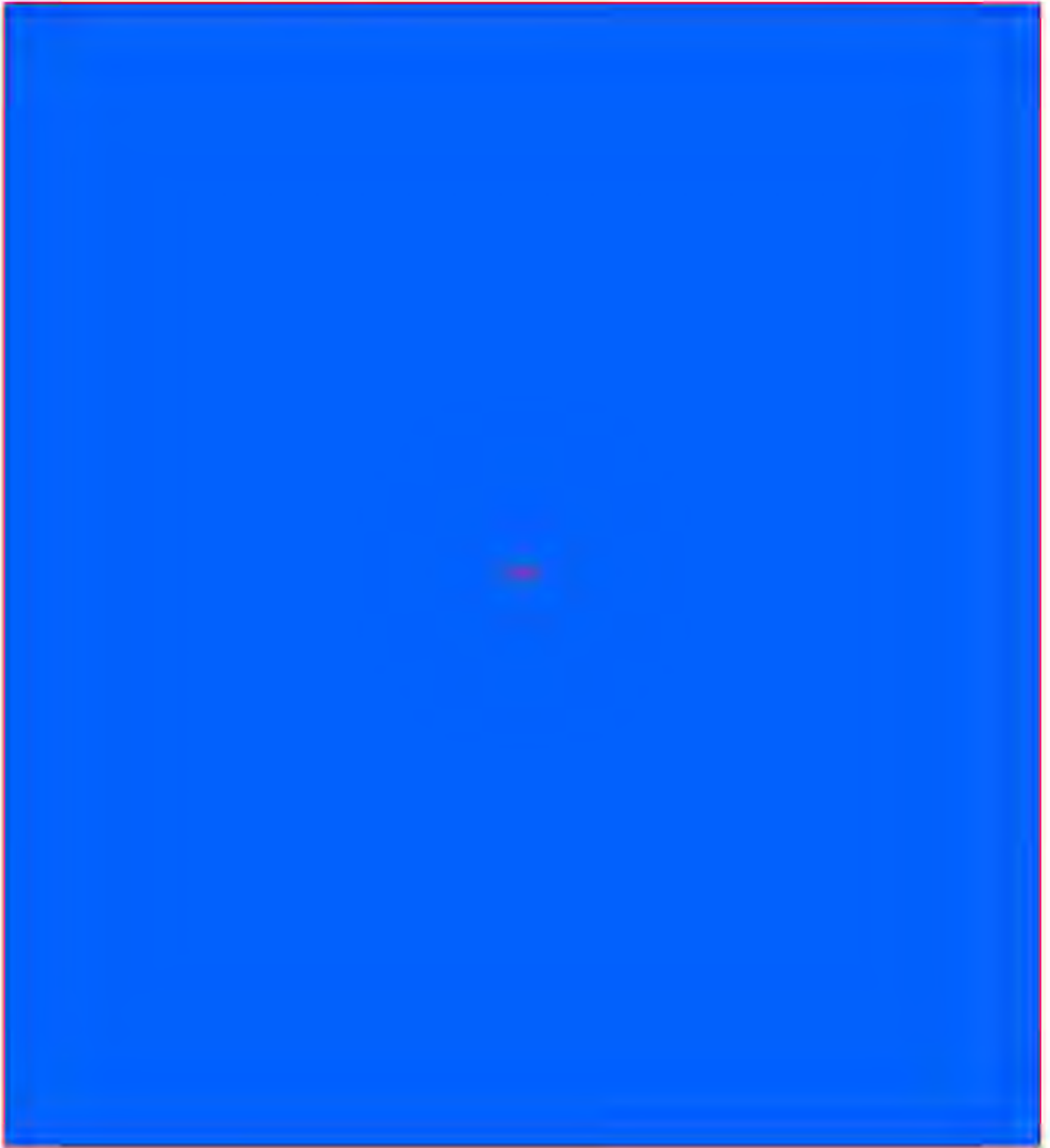
Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Monday, July 6, 2020 2:20 PM
To: Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Subject: REQUEST: 10 July CGH Direct Reports - by OOB Thursday, 7/9

Dear All,

Please see below for the first draft agenda for Friday's Direct Reports meeting. We'll follow-up if any updates are made to the agenda but wanted to send this out now for your awareness so you can begin pulling together details for the annotated agenda.

Topics below are in order of discussion – have denoted who RM would like to speak to each item during the meeting in bold. In red italics font are details of who will be responsible for developing notes/talking points for the annotated agenda. **Please send your points to Pam and I by COB Weds, 7/8 or OOB Thursday, 7/9.** Let me know if you have any questions.





Sukeshi Mehta Roberts

Special Assistant to Dr. Rebecca Martin

CDC Center for Global Health (CGH)

Office: (404) 498-1476

Mobile: (470) 629-1272

nwn7@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 26 Aug 2020 15:02:37 +0000
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: RE: CGH-GHCU Updates & Recommended Topics - 8/26/2020

Thank you !



Rebecca Martin, PhD
Director, Center for Global Health
U.S. Centers for Disease Control and Prevention
[Center for Global Health](#)

1600 Clifton Road
Mailstop D-69
Atlanta, GA 30329
Office Phone: +1.404.639.6232
Mobile: +1.404.697.7102
rmartin@cdc.gov



@DrMartinCDC



#cdglobal

Executive Assistant: Ms Carma Davis
[E-mail: ctd7@cdc.gov; Phone: +1.404.718.3762]

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, August 26, 2020 10:54 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Subject: CGH-GHCU Updates & Recommended Topics - 8/26/2020

Dear Rebecca,

Apologies for the delay on this, but please see below for updates and recommended topics for today's CGH/GHCU Monthly Update – will also add to your e-book. Patrick noted that since there is the CDC Global Governance meeting with MW on Friday, he has no recommended topics for this mtg, and Pam noted she has nothing that cannot be communicated over email (i.e. invite to virtual strategy sessions).

Recommended Topics

- **Following up to the CGH Division Orientations with Regional Directors** (brief summaries below).
 - We look forward to continuing these conversations with the regional directors into the future
 - Based on these discussions, each of our divisions has more information to share with all or specific regional directors to better inform them as they flesh out their roles and familiarize themselves with CGH's activities in their regions
 - We will organize these communications through policy channels to ensure we are being strategic, non-duplicative, and meeting needs appropriately
 - We would also be open to additional discussions in the future to dive into areas raised during these meetings that we were not able to devote a lot of time to, such as:
 - WHO – withdrawal and reform, impacts to CDC

- Cross-border collaboration – previous experience, challenges and approaches
- Mis-/disinformation – impacts on CDC’s work
- *Note: the above are the three recommended as priority by Serena, but other possible ideas if you’d like to share include:*
 - *Transparency – challenges and working to improve with countries*
 - *IHR as a foundation for GHS – post-COVID impressions and implications*
 - *Organizing a country office – strategic approaches*

Updates

- **CGH Division Orientations with Regional Directors:**
 - DGHP had a dedicated orientation with the Regional Directors on 5 August.
 - They focused on NPHI and FETP – two programs that are agency priorities with long-term visions that lend themselves well to regional approaches moving forward. This includes a plan to develop regional centers of excellence among NPHIs, leveraging partners like TEPHINET and IANPHI.
 - There was also expressed interest in a few other programs (i.e. Global Laboratory Leadership Program, information systems development, AFI surveillance, and RRT training) and we shared a small follow-up packet of information with more details of activities and opportunities for collaboration.
 - Finally, DGHP provided an overview of their process in developing regional projects, by using existing M&E frameworks (JEE, GHSA reporting) to identify regional capacity gaps, identifying target outcomes using IHR benchmarks, and identifying activities based on CDC’s expertise.
 - DGHT, DPDM, and GID had a combined orientation with the regional directors on 19 August. Each division took a different approach but within their remarks also covered some common themes:
 - Operational models and how they relate to or could interface with the regional platforms
 - DGHT emphasized their expansive footprint, reliance on LE staff, presence of TB advisors
 - DPDM highlighted the role of headquarters-based support while noting Ras
 - GID mentioned detailees but also growing number of staff assigned to country offices
 - GID also highlighted CDC staff assigned to regional advisory groups as a resource
 - Ways in which their work builds crosscutting capacity
 - DGHT noted the many innovations/contributions of PEFPAR and TB towards COVID-19 response
 - DPDM highlighted the integrated serosurveillance and linking with PHIA
 - GID mentioned a longer-term vision of building lab/surveillance capacity in NPHIs to support VPD work (in Q&A)

Thank you,
Sukeshi



CDC Center for Global Health
A decade of fighting global health threats and
protecting America's health security

Sukeshi Mehta Roberts

Special Assistant to Dr. Rebecca Martin

CDC Center for Global Health (CGH)

Office: (404) 498-1476

Mobile: (470) 629-1272

nwn7@cdc.gov

From: Kay, Kelly L. (CDC/DDPHSIS/CGH/DGHP)
Sent: Mon, 27 Jul 2020 10:30:36 +0000
To: Knight, Nancy (CDC/DDPHSIS/CGH/DGHP); Ijaz, Kashef (CDC/DDPHSIS/CGH/DGHP)
Subject: Fwd: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

FYI

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From: MacArthur, John R. (CDC/DDPHSIS/CGH/DGHP) <zae5@cdc.gov>
Sent: Monday, July 27, 2020 2:55:32 AM
To: Desai, Meghna (CDC/DDPHSIS/CGH/DGHP) <mud8@cdc.gov>; Kay, Kelly L. (CDC/DDPHSIS/CGH/DGHP) <klr4@cdc.gov>; Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
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(b)(5)

John R. MacArthur, MD, MPH
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Subject: RE: South-East Asia Regional Health Partners' Forum (virtual): "Maintaining Essential Health Services and Systems during the COVID-10 Pandemic", 29 July 2020, 10:00 am to 12:30 pm

Thanks John. The Health Attache received the same invite and is also following up with OGA so I guess we will see what they say: (b)(5)

(b)(5)

Meghna

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Meghna,



Warm regards,

John

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Hi all,



Thanks
Meghna

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Best wishes,

Sharat

Dr Sharat Chauhan
Executive Officer to the Regional Director
World Health Organization
Regional Office for South-East Asia
New Delhi, India

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 19 Aug 2020 19:45:00 +0000
To: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD)
Cc: Bartee, Maureen S. (CDC/DDPHSIS/CGH/OD); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD); Cain, Kevin (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Subject: RE: Readout of this morning's orientation to RDs

Dear Michael,

I really appreciate you participating and your excellent summary. Thank you, Rebecca

From: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Sent: Wednesday, August 19, 2020 11:01 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Bartee, Maureen S. (CDC/DDPHSIS/CGH/OD) <zaf8@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: Readout of this morning's orientation to RDs

Hi Rebecca and all,

DGHT, DPDM, and GID had their orientation with the regional directors this morning and it went pretty well. I believe Heather and Juliette were PCSing as we spoke so I don't think either one was able to join at any point, but the others plus Mitch and GHCU were on the line. Surbhi Modi and Susan Maloney spoke for DGHT, Barb Marston spoke for DPDM, and Will Schluter spoke for GID. I've attached the slideset used for reference.

Each division took a different approach but within their remarks also covered some common themes:

- Operational models and how they relate to or could interface with the regional platforms
 - DGHT emphasized their expansive footprint, reliance on LE staff, presence of TB advisors
 - DPDM highlighted the role of headquarters-based support while noting Ras
 - GID mentioned detailees but also growing number of staff assigned to country offices
 - GID also highlighted CDC staff assigned to regional advisory groups as a resource
- Ways in which their work builds crosscutting capacity
 - DGHT noted the many innovations/contributions of PEPFAR and TB towards COVID-19 response
 - DPDM highlighted the integrated serosurveillance and linking with PHAs
 - GID mentioned a longer-term vision of building lab/surveillance capacity in NPHIs to support VPD work (in Q&A)

There wasn't a ton of time for discussion, but here are my notes:





Thanks,
Michael

Michael Bartenfeld
vdv4@cdc.gov
Cell: 470-217-1313

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 16 Jul 2020 15:12:53 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD)
Subject: REVIEW: Senior Staff Meeting Notes - 07.16.20.docx
Attachments: Senior Staff Meeting Notes - 07.16.20.docx

Dear Rebecca and Pam,

Please see attached for my notes from this morning's senior staff mtg for your review before I post onto Teams – let me know if you have any questions?

Thank you!
Sukeshi


CGH OD Senior Staff Meeting Notes

07.16.20

Follow Ups

- N/A

Updates

- Management & Operations
 - Melanie (by Ted)
 - PMAP Mid-Year reviews reminder to complete.
 - Xen
 - Sending out CGH All email to remind individuals of Teams & Zoom trainings available for CGH staff, but also to complete sharepoint migrations. Making good progress (~40% done) and needs to be completed by December.
 - Patrick
 - Robust discussion with Country Directors related to testing/quarantine guidance. Will continue to work on this issue.
 (b)(5)
 - Hosting a Town Hall for CGH staff currently on G/AD this afternoon to hear their questions and concerns before returning to country. At 150 days, with a maximum of 180 days – preparing out staff to ensure they know their options based on currently available information.
 - Viviane
 - Shadowing ERIC this week, working to understand the vast array of activities within the ITF, dovetailing CARES Act w/ ITF.
 - Ted
 - Return to Work – continue conversations with CDC OD and Divisions. For right now, please continue as have been doing. In future, will have plan for in-office time within EASI – up to two weeks early. For now, please emphasize with staff that as of now nothing has changed and will still function under maximum telework.
- Policy/Comms
 - Nili
 - Many Comms staff engaged in COVID-19 response (JIC Global, Main JIC, ITF, or domestic response).
 - Remaining staff continuing with social/media & supporting internal communications needs.
 - Maureen
 - GHSA Annual Report almost complete (expect circulation for clearance next week), and USG engagement in GHSA discussions will be virtual – more to come.
 - DOS funding – recently transferred funds to DGHP for Lugar Lab in Georgia, and looking for ASEAN region for FETP/AMR & small amount funding for proof of concept activity with NAPHS.

- CARES Act – request from USAID for activities that have to do with second-order impact – will reach out to Serena to ensure efforts coordinated with CGH Tiger Team and ITF.
 - Serena
 - Susan in training today and Kristie on last day in ITF, will be on AL next week.
 - Number of Policy staff supporting response activities, others focusing on house markup on LHHS bill & SFOps appropriation. Don't expect much movement or Senate markup due to election year.
 - Continue GAO/OIG audits + audits for CARES mandatory reporting
 - DC – engaging with partners & continuing to work to understand impact of WHO withdrawal
- Science/Lab
 - Kevin K (by Vik)
 - For lab – most important issue remains accreditation of HQ labs at CDC under ISO compliance and related costs. OLSS continues to push for further technical accreditation which will be a much more stringent and costly accreditation for compliance.
 - Vik
 - Response staffing – continue to get a lot of requests from ADS to deploy; concerned with maintaining minimum staff necessary to keep critical functions going.
 - CARES Act – still waiting for other sets of proposals that have not yet had their spend plans requested (i.e. surveillance, FETP, research) – expect to happen in coming days.
 - ADS Staffing – just made selection for term hire, hope to get them on board very soon.
 - COVID Science Report – very good *JAMA* article couple weeks ago about COVID in Baltimore (in large study, found ~16% tested positive) – what was interesting is when look at racially stratified groups (~9% white patients testing positive, ~18% for black patients, and ~43% for Hispanic patients) = large disparity. Seems to be consistent across many U.S. states.
- Executive Team
 - Sukeshi
 - Fakari Gresham will be supporting development of COVID-19 Response Support Tracker with departure of Ryan Tapscott. Due to decreasing number of updates week-to-week, changing to a bi-weekly frequency.
 - Pam
 - COLO – set August 3-14 focusing on major pressing themes.
 - Planning for virtual meetings in September, with planning sessions continuing in August and September.
 - Rebecca
 - Please ensure your staff continue to submit accountability forms for telework in EASI
 - CoAg funds to PAHO & assessed contributions are flowing – great news as US is major supporter of PAHO activities and staffing.
 - Briefing for staffers for Sens. Loeffler & Perdue on COVID19 & health security tomorrow with Mitch Wolfe.

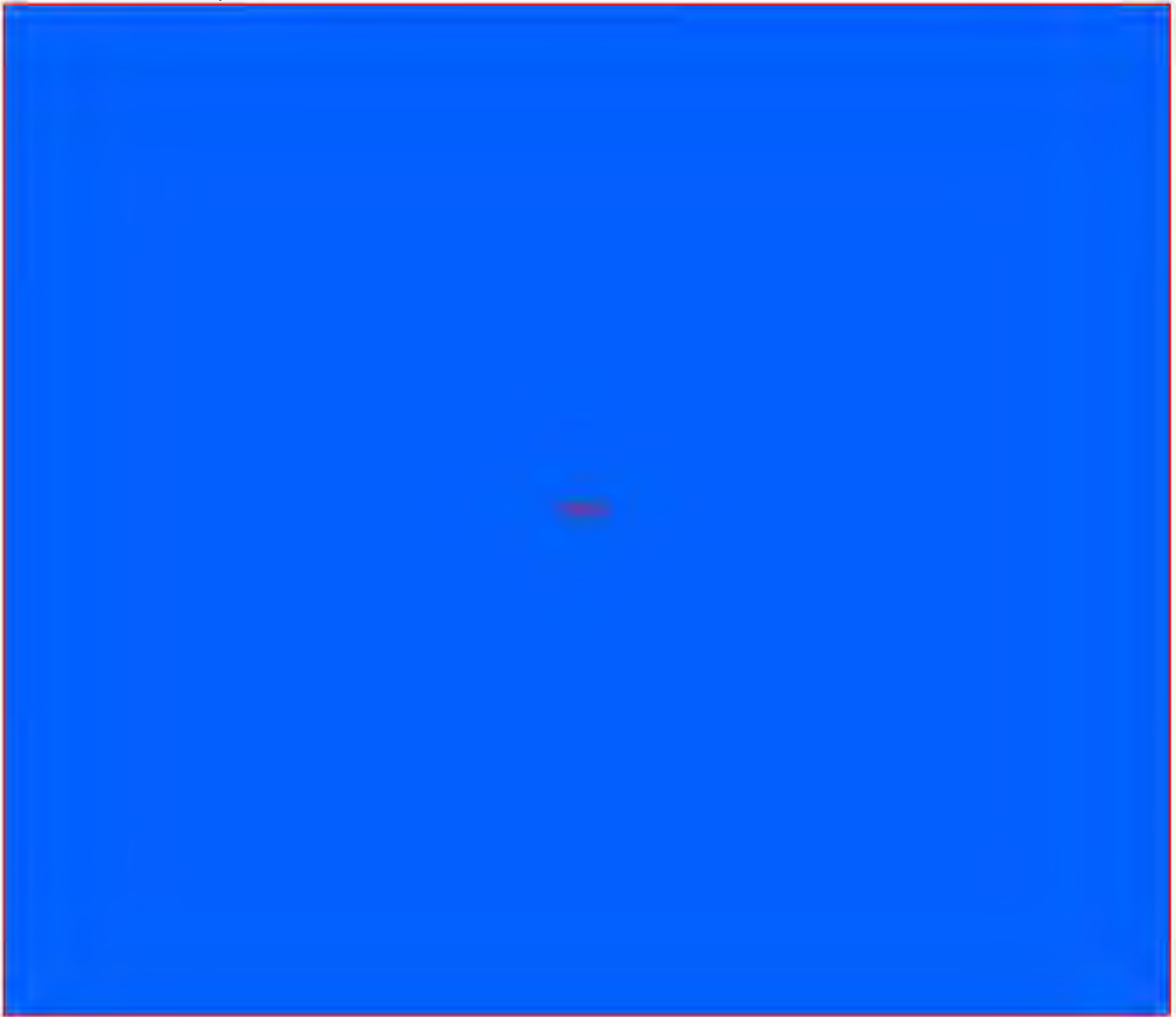
- CDC EEO Strategy – will have Reggie come speak to the Center, appreciate emphasis of collaboration between EEO, HRO, and OMHHE.
- Next week – will be announcing lead for CGH Task Force and need to move forward to determine a way to allow individuals to self-nominate.

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 21:11:38 +0000
To: Larish, Nili (CDC/DDPHSIS/CGH/OD)
Cc: Olsen, Laura (CDC/DDPHSIS/CGH/OD)
Subject: RE: INVITATION and request for TPs: CGH All Hands and CGH Country Director calls this week

Shorter, high level version!

1. **World Health Organization (WHO)**

- Late breaking news Tuesday, July 7 that the Trump administration has sent a letter to the United Nations withdrawing the United States from the World Health Organization over its handling of the COVID-19 pandemic



Serena Vinter

Center for Global Health (CGH)
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uvv3@cdc.gov

From: Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>
Sent: Wednesday, July 8, 2020 4:48 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>
Subject: RE: INVITATION and request for TPs: CGH All Hands and CGH Country Director calls this week

Perhaps you can shorten or pull out into higher level TPs? I suspect a portion will have heard your points today.

Nili Raquel Larish, MPH
Deputy Associate Director for Communication
CDC Center for Global Health
(404) 639-6080 | nlarish@cdc.gov

From: Larish, Nili (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 4:43 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>
Subject: RE: INVITATION and request for TPs: CGH All Hands and CGH Country Director calls this week

Got it – thanks.

Nili Raquel Larish, MPH
Deputy Associate Director for Communication
CDC Center for Global Health
(404) 639-6080 | nlarish@cdc.gov

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 4:40 PM
To: Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>
Cc: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>
Subject: RE: INVITATION and request for TPs: CGH All Hands and CGH Country Director calls this week

No changes. Sorry – will sound a bit repetitive to those who join both.

Serena Vinter
Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>
Sent: Wednesday, July 8, 2020 2:42 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>
Subject: RE: INVITATION and request for TPs: CGH All Hands and CGH Country Director calls this week

Hi Serena,

If you have updates to your talking points, please send no later than 4:00 pm EST today. Tomorrow, please remember to log into the Zoom 5-10 minutes early, with full audio and video enabled. We gather all speakers on the line before we open up the Zoom "room" to participants.

Thank you – we look forward to your remarks!

Best,
Nili

Nili Raquel Larish, MPH
Deputy Associate Director for Communication
CDC Center for Global Health
(404) 639-6080 | nlarish@cdc.gov

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Tuesday, July 7, 2020 4:33 PM
To: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>
Cc: Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>
Subject: RE: INVITATION and request for TPs: CGH All Hands and CGH Country Director calls this week

Dear Laura,

Here are TPs for the CGH All Hands Call tomorrow at 8am. The topics will be the same for the CD update call on Thu morning but may have more details on items 1 and 2 by Wed PM.

Let me know if there are any questions/concerns.

Thanks!
Serena

1. **World Health Organization (WHO)**

- Late breaking news Tuesday, July 7 that the Trump administration has sent a letter to the United Nations withdrawing the United States from the World Health Organization over its handling of the COVID-19 pandemic

(b)(5)

(b)(5)

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>
Sent: Monday, July 6, 2020 12:41 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>
Subject: RE: INVITATION and request for TPs: CGH All Hands and CGH Country Director calls this week

Hi Serena,

Thank you very much! We appreciate your participation in both calls, and will look forward to your TPs and updates on both WHO and recent hearings.

Thank you again,
Laura

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 12:10 PM
To: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>
Cc: Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>
Subject: RE: INVITATION and request for TPs: CGH All Hands and CGH Country Director calls this week

Hello Laura & Nili,

This morning on the CGH OD leadership check in, Sukeshi mentioned having me provide an update on WHO.

I understood this was for the Country Director call so I will be prepared to cover that and share some highlights from the recent hearings.

For the CGH All Hands, I could also update on WHO and the hearings.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218

uvv3@cdc.gov

From: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>

Sent: Monday, July 6, 2020 11:05 AM

To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>

Cc: Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>

Subject: INVITATION and request for TPs: CGH All Hands and CGH Country Director calls this week

Good morning Serena,

I hope that you had a nice holiday weekend. I am assisting Nili to gear up for both the CGH All Hands call and Country Director Zoom meeting this week. Dr. Martin was curious to know if you would like to speak during both calls, or only during the country director meeting. Could you please confirm your participation in these calls by **9:00 am tomorrow (Tuesday)**?

For the **All Hands call** (agenda in blue below) –

- Topic: Dr. Martin asked if you had anything that you might like to speak about. (If you don't, that is absolutely fine.)
- Your TPs: If you have any points that you would like to present on this call (3 minutes total) – please send us your TPs by **4:00 pm tomorrow (Tuesday)**.
- Logistics: If you would like to present, Nili will also send you the speakers' dial-in line information. We would ask you to dial in to that line 5-10 min early on the day of the call.

For the **Country Director Zoom meeting** (agenda in green below) –

- Topic: We would like to invite you to share a high level policy update, to include a readout from the recent hearings. We would ask for no more than 3 minutes of remarks on this topic.
- Your TPs: Please send us your talking points in advance, by **4:00 pm on Wednesday**.
- Logistics: On the day of the call, we will ask you to dial into the Zoom several minutes early, with full video and audio enabled.

Please let me know if you have any questions or need any additional information. We appreciate your input!

Thank you very much,
Laura

CGH All Hands –Agenda – Wednesday, July 8, 8:00-8:45 am EST (45 min)

1. **Welcome and overview** – Rebecca Martin (5 min)
 2. **Responder reflection from time on ITF** – Ashley King (3 min)
 3. **Latest COVID Management and Operations Guidance** – Ted Pestorius (3 min)
- ++ Question from RM** – would Serena like to speak about anything as well (3 min)?

4. Questions (20 min)

Country Director Call –Agenda – Thursday, July 9, 7:30-8:00 am EST (30 min)

1. **Welcome and director updates** – Rebecca Martin (5 min)
2. **COVID-19, Ebola, and Measles update from DRC** – high level snapshot – Peter Fonjungo (5 min)
3. **Update on Reopening of Missions and Diplomacy Strong** – Patrick Chong (3 min)
4. **Policy update/ Readout from Hearings** – Serena Vinter (3 min)
5. **Questions/discussion** (10 minutes)

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 19 Aug 2020 16:10:36 +0000
To: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Cc: Barte, Maureen S. (CDC/DDPHSIS/CGH/OD); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: RE: Readout of this morning's orientation to RDs

Thank you for sharing the notes & slides.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Sent: Wednesday, August 19, 2020 11:01 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Barte, Maureen S. (CDC/DDPHSIS/CGH/OD) <zaf8@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: Readout of this morning's orientation to RDs

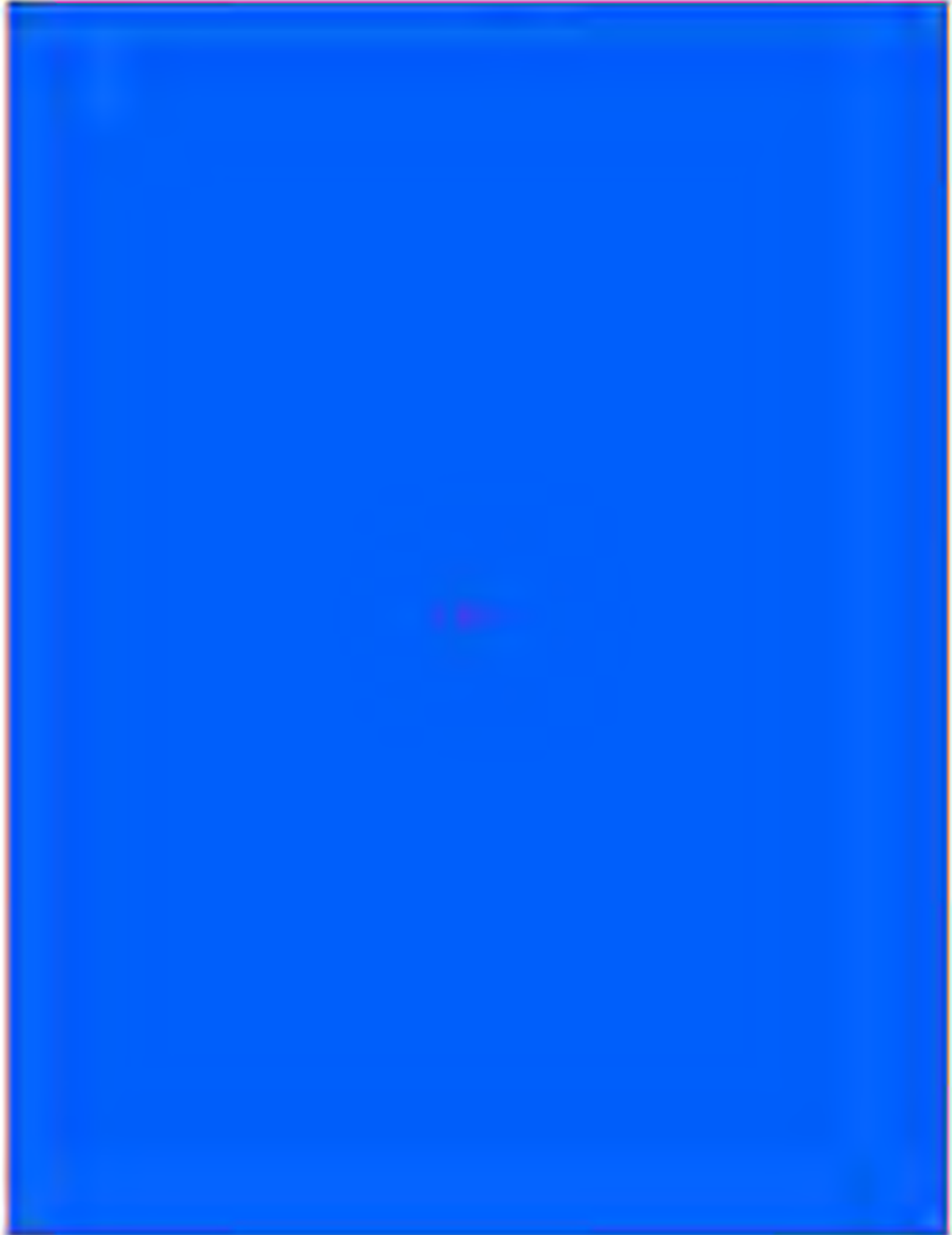
Hi Rebecca and all,

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Each division took a different approach but within their remarks also covered some common themes:

- Operational models and how they relate to or could interface with the regional platforms
 - DGHT emphasized their expansive footprint, reliance on LE staff, presence of TB advisors
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 - GID mentioned a longer-term vision of building lab/surveillance capacity in NPHIs to support VPD work (in Q&A)

There wasn't a ton of time for discussion, but here are my notes:





Thanks,
Michael

Michael Bartenfeld
vdv4@cdc.gov
Cell: 470-217-1313

From: Cain, Kevin (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 23 Jul 2020 00:08:19 +0000
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: Re: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Patrick -

Kevin

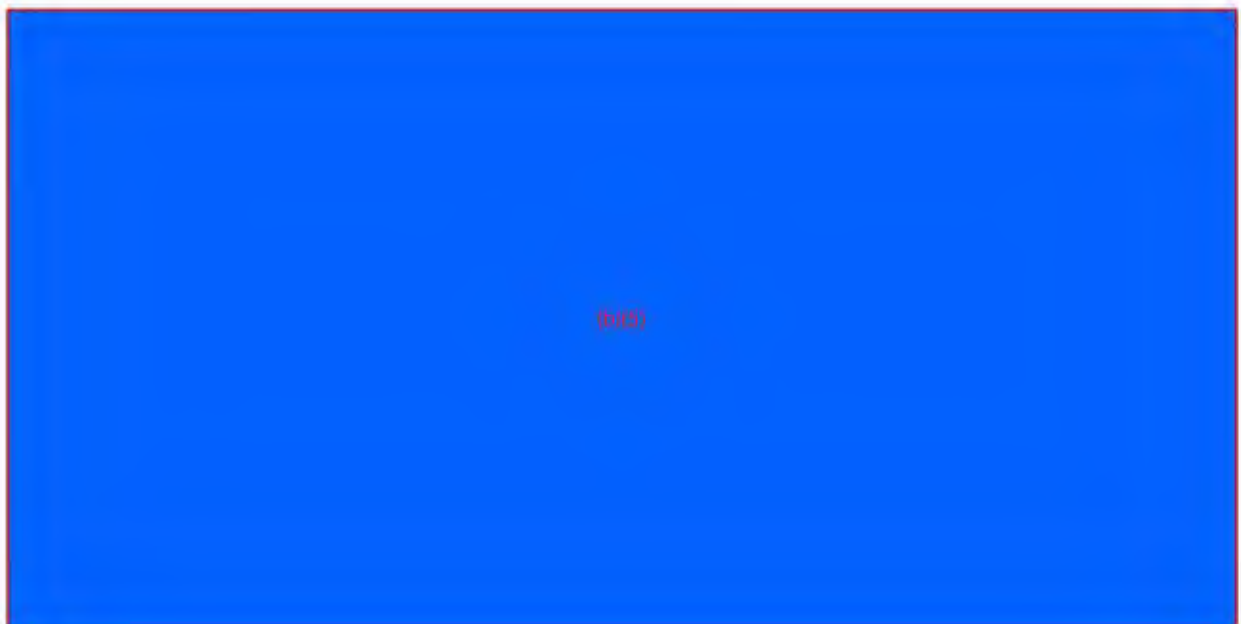
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From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 8:05:46 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

YEP!

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 22, 2020 6:50 PM
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Sorry, quick question – this is in addition to the three bullets I had previously, right? So full list TPs for this topic are:



(b)(5)

From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 6:47 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Please use these TPs:

(b)(5)

Kevin, please feel free to edit these two TPs for RM.

Thanks /P/

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 22, 2020 6:20 PM
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi! Any word from DGMQ?

From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 3:40 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>

Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>

Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Yes! Thanks!

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>

Sent: Wednesday, July 22, 2020 3:39 PM

To: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>

Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>

Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi Patrick,

Thank you so much! Just to make sure I understand, should only include your highlighted points below if we hear back from DGMQ by COB today? If not, replace those points with your note below about working with DGMQ?

Thanks again and take care,
Sukeshi

From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>

Sent: Wednesday, July 22, 2020 3:36 PM

To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>

Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>

Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi Sukeshi,

I've added in the recommendations that we are proposing but have not reach agreement yet with DGMQ. If we get clearance by COB today, RM can mention it. Otherwise I would just say:

(b)(5)

Thanks /P/

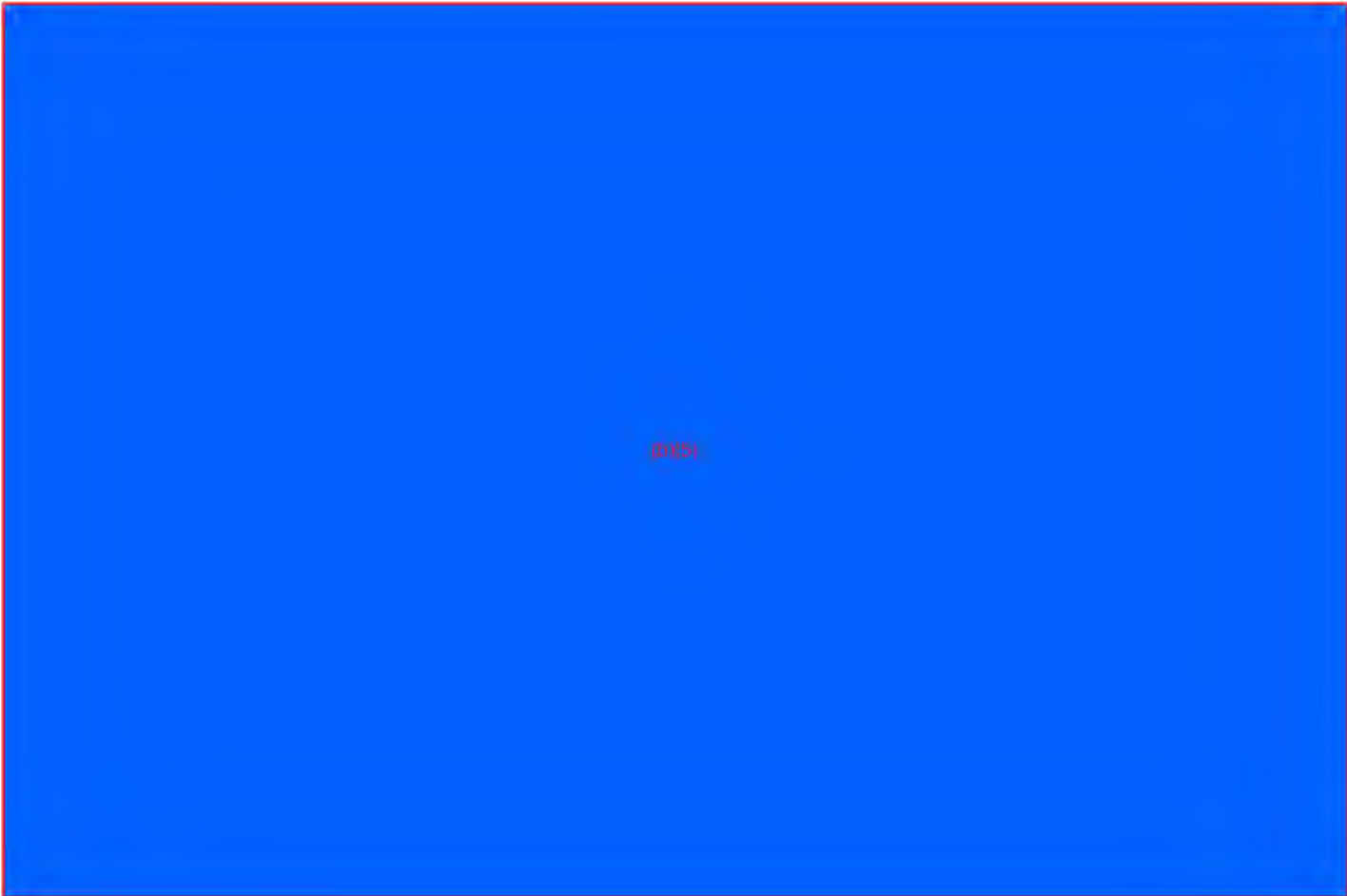
From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 22, 2020 3:20 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <pht4@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi Everyone,

Please see below for draft opening remarks for RM for tomorrow's CD call for your review by 5:00pm today if at all possible.

In particular, Patrick, can you please review/provide updates on the State MED Guidance and Susan can you take a quick look at the WHO comments?

Thank you!
Sukeshi



From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 11:20:26 +0000
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID); Swezy, Virginia (CDC/DDPHSIS/CGH/GID); Fitter, David L. (CDC/DDPHSIS/CGH/GID); Wang, Susan (CDC who.int)
Subject: Re: News of US withdrawal notification to WHO

Very nice - thanks for sharing

Rebecca Martin
Director, Center for Global Health
CDC
rtm4@cdc.gov
+1.404.697.7102

Please excuse the brevity of this email and any spelling errors, as written using a mobile device.

From: WANG, Susan Annemarie <wangsu@who.int>
Sent: Wednesday, July 8, 2020 3:31:17 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>; Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>; Fitter, David L. (CDC/DDPHSIS/CGH/GID) <vid3@cdc.gov>
Subject: FW: News of US withdrawal notification to WHO

fyi

From: O'BRIEN, Katherine <obrienk@who.int>
Sent: Wednesday, July 8, 2020 8:52 AM
To: HQ UHL/IVB <hquhlivb@who.int>; MIHIGO, Richard <mihigor@who.int>; BAHL, Sunil Kumar <bahls@who.int>; Ruiz, Dr. Cuauhtemoc (WDC) <ruizcuau@paho.org>; TELEB, Nadia <telebn@who.int>; DATTA, Siddhartha Sankar <dattas@who.int>; TAKASHIMA, Yoshihiro <takashimay@who.int>
Cc: KENNEY, Erin Maura <kenneye@who.int>; Heather Cairns Lee <heathercairnslee@gmail.com>
Subject: News of US withdrawal notification to WHO

Dear colleagues,

You will have seen that late yesterday the US government has given formal notification to the UN Secretary General that the US will withdraw from WHO effective in a year's time. It is very disappointing that this is the course of action current administration has decided to take. I wish this was not the case. The US has been a leader and strong partner with and for WHO over many years especially in the immunization field. Especially at a time when the world needs solidarity and cooperation, facing a once in a century public health crisis, this is especially disappointing. There are many colleagues throughout the US government who are our close partners and I expect we will continue those partnerships and relationships as we jointly work toward our common goals. The way that we carry on those partnerships is likely to shift, but we don't know exactly how.

I understand this is unsettling for many of you----as it is for me----especially those of you seconded from the US to WHO. At this stage we do not know the immediate implications of this formal announcement. Our understanding is that more clarity should be available in the coming days and I commit that as soon as information is known I will share that with you. In the meantime, let me voice my deep appreciation for the work that you are doing. We have a critically important mission to advance progress on immunization and the work you are doing make a difference. I ask that we all continue to focus on this while we seek to strengthen ever more our engagement and support to countries.

Please do not hesitate to either drop me an email or contact Assil to schedule some time to meet if any of you would like to speak in person.

With best regards,
Kate

Kate O'Brien, MD, MPH

Director – *Immunization, Vaccines & Biologicals Department (IVB)*

World Health Organization | 20 Avenue Appia | CH-1211 Geneva 27 Switzerland | Office: M121

✉: obrienk@who.int | 📞:office +41.22.791.4050 | 📞:mobile +41.79.559.3165 | 📞:skype: klobrien

Assistant: Assil Farah. ✉: faraha@who.int | 📞:office +41.22.791.4416 | 📞:mobile +41.79.611.4802

Promoting health, saving lives, and serving the vulnerable

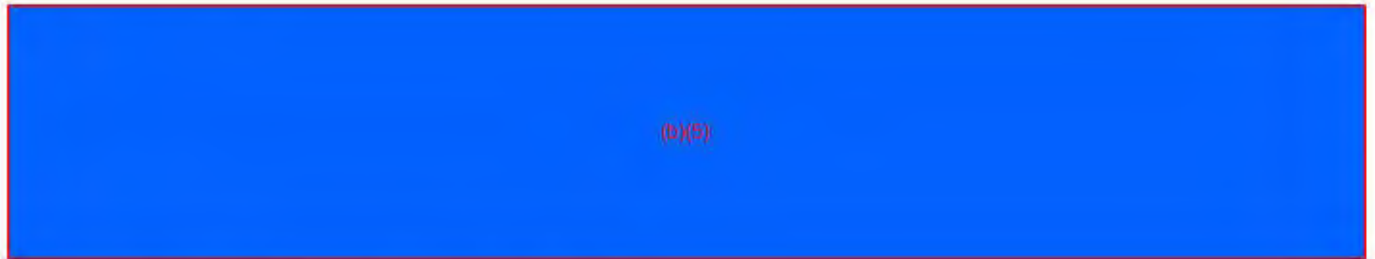
From: Cain, Kevin (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 23 Jul 2020 00:05:35 +0000
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: Re: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

The problem is that CDC doesn't have guidelines. Can you think

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From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 6:47:01 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Please use these TPs:



Kevin, please feel free to edit these two TPs for RM.

Thanks /P/

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 22, 2020 6:20 PM
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi! Any word from DGMQ?

From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 3:40 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Yes! Thanks!

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 22, 2020 3:39 PM
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi Patrick,

Thank you so much! Just to make sure I understand, should only include your highlighted points below if we hear back from DGMQ by COB today? If not, replace those points with your note below about working with DGMQ?

Thanks again and take care,
Sukeshi

From: Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Sent: Wednesday, July 22, 2020 3:36 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi Sukeshi,

I've added in the recommendations that we are proposing but have not reach agreement yet with DGMQ. If we get clearance by COB today, RM can mention it. Otherwise I would just say:

(b)(5)

Thanks /P/

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 22, 2020 3:20 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>; Vinter, Serena

(CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>

Subject: REVIEW: Country Director Call Remarks - by 5:00pm today, 7/22 if possible

Hi Everyone,

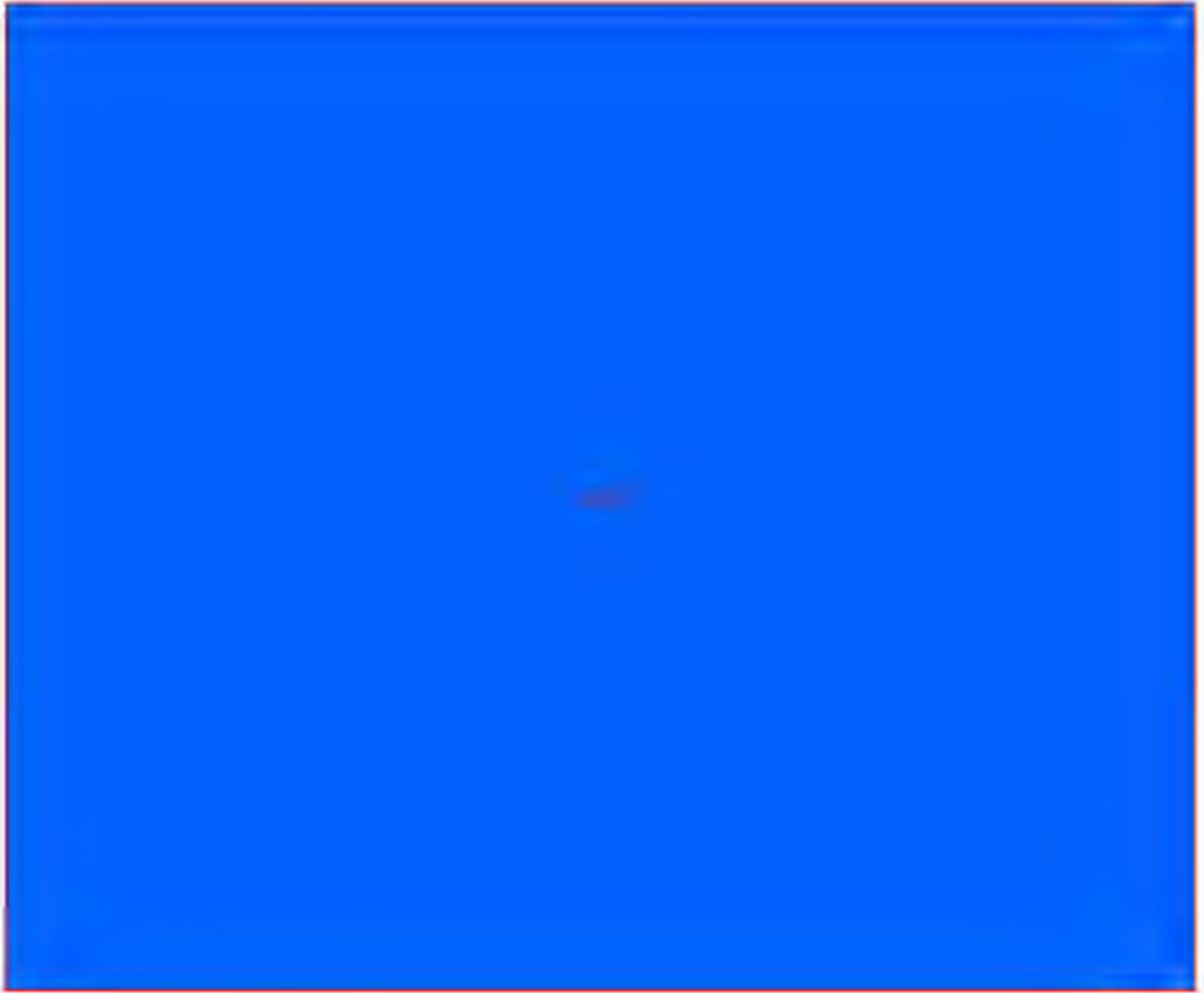
Please see below for draft opening remarks for RM for tomorrow's CD call for your review by 5:00pm today if at all possible.

In particular, Patrick, can you please review/provide updates on the State MED Guidance and Susan can you take a quick look at the WHO comments?

Thank you!

Sukeshi





Sukeshi Mehta Roberts

Special Assistant to Dr. Rebecca Martin

CDC Center for Global Health (CGH)

Office: (404) 498-1476

Mobile: (470) 629-1272

nwn7@cdc.gov

From: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT)
Sent: Tue, 14 Jul 2020 00:51:09 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Cain, Kevin (CDC/DDPHSIS/CGH/OD); Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Subject: Re: Request for extension of current budget period for DGHT WHO coag

Yes. Already obligated. We held the \$1.9M that was uninitiated.

Hank Tomlinson, Ph.D.
Director, Division of Global HIV & TB
Centers for Disease Control and Prevention
404-639-8307 (office)

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Monday, July 13, 2020 8:49:49 PM
To: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjk7@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Subject: RE: Request for extension of current budget period for DGHT WHO coag

Dear Hank,
Thank you for asking, and just to be clear, this is funding already obligated to WHO? Ted – can you please have a discussion with Christa when she is back on the 20th? Thank you, Rebecca

From: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjk7@cdc.gov>
Sent: Monday, July 13, 2020 12:47 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Subject: Request for extension of current budget period for DGHT WHO coag

Is there any way for us to do the below? DGHT's coag with WHO has a central (HQ) component as well as buy-in from countries, as you can see below.

(b)(5)

Hank

Hank Tomlinson, Ph.D.
Director, Division of Global HIV & TB
Centers for Disease Control and Prevention

404-639-8307 (office)
htomlinson@cdc.gov

Dear Hank, Heather, and Valerie,

I hope you are all doing well and that you had a nice weekend. CGH and OGS have shared information from OGA regarding WHO funding and extensions.



Please let me know if you would like additional details. Happy to have a brief call as well.

Thank you for your consideration and continued support!





From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 17 Jul 2020 16:34:19 +0000
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Suwondo, Peter (CDC/DDPHSIS/CGH/OD); Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO reactive TPs

Just forwarded you a thread w/ RM and MW

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Sent: Friday, July 17, 2020 12:07 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Suwondo, Peter (CDC/DDPHSIS/CGH/OD) <oej7@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: RE: WHO reactive TPs

Apparently, we have a bit of a rework in progress.

Will circle back with updates for your awareness.

Joel Stanojevich

Partnerships, Policy and Communications Team Lead
International Task Force
2019 Novel Coronavirus Response
Centers for Disease Control and Prevention
Email: vhi9@cdc.gov
Mobile: 678-702-7154

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 16, 2020 6:03 PM
To: Suwondo, Peter (CDC/DDPHSIS/CGH/OD) <oej7@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: FW: WHO reactive TPs

Looks like your TPs from the Barsa briefing document are now being shared across the response. 😊

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Kelly, Alison (CDC/OCOO/OFR/OA) <ayk7@cdc.gov>
Sent: Thursday, July 16, 2020 2:41 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: WHO reactive TPs

From: Gravesen, Laura (CDC/OCOO/OFR/OA) <huu1@cdc.gov>
Sent: Wednesday, July 15, 2020 4:06 PM
To: Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Kelly, Alison (CDC/OCOO/OFR/OA) <ayk7@cdc.gov>; Wilson, Michelle (CDC/OCOO/OFR/OA) <zww2@cdc.gov>
Subject: FW: WHO reactive TPs

You may already have these ..

From: CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>
Sent: Wednesday, July 15, 2020 4:04 PM
To: Gravesen, Laura (CDC/OCOO/OFR/OA) <huu1@cdc.gov>
Cc: Lentine, Dan (CDC/OCOO/OFR/OA) <dhl2@cdc.gov>; Kaigler, Alexis (CDC/DDNID/NCIPC/DVP) <frk2@cdc.gov>; CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>
Subject: RE: WHO reactive TPs

Got these earlier than expected. Here you go...



(b)(5)

Alexis Kaigler
Government Affairs and Policy Team | Policy Unit
COVID-19 Response
Centers for Disease Control and Prevention (CDC)
eocevent209@cdc.gov

<https://www.cdc.gov/COVID19>

From: CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>
Sent: Tuesday, July 14, 2020 11:50 AM
To: Gravesen, Laura (CDC/OCOO/OFR/OA) <huu1@cdc.gov>
Cc: Lentine, Dan (CDC/OCOO/OFR/OA) <dhl2@cdc.gov>; CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>; Kaigler, Alexis (CDC/DDNID/NCIPC/DVP) <frk2@cdc.gov>
Subject: RE: WHO reactive TPs

Looking into it now.

Alexis Kaigler
Government Affairs and Policy Team | Policy Unit
COVID-19 Response
Centers for Disease Control and Prevention (CDC)
eocevent209@cdc.gov

<https://www.cdc.gov/COVID19>

From: Gravesen, Laura (CDC/OCOO/OFR/OA) <huu1@cdc.gov>
Sent: Tuesday, July 14, 2020 11:31 AM
To: CDC IMS 2019 NCOV Response Policy <eocevent209@cdc.gov>
Cc: Lentine, Dan (CDC/OCOO/OFR/OA) <dhl2@cdc.gov>
Subject: WHO reactive TPs

Did we ever have any cleared WHO talking points? Answering a question pertaining to flu and wanted to be consistent with any agency messaging.

Laura Gravesen
Office of Appropriations
Centers for Disease Control and Prevention (CDC)

LGravesen@cdc.gov | 678-475-4718 office | 404-345-2585 cell

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 21:47:43 +0000
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD); Cain, Kevin (CDC/DDPHSIS/CGH/OD); Pestorius, Ted (CDC/DDPHSIS/CGH/OD); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD)
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD)
Subject: Re: REVIEW: Country Director Discussion Remarks - 9 July by 6:30pm today, 7/8 if possible

Looks good!

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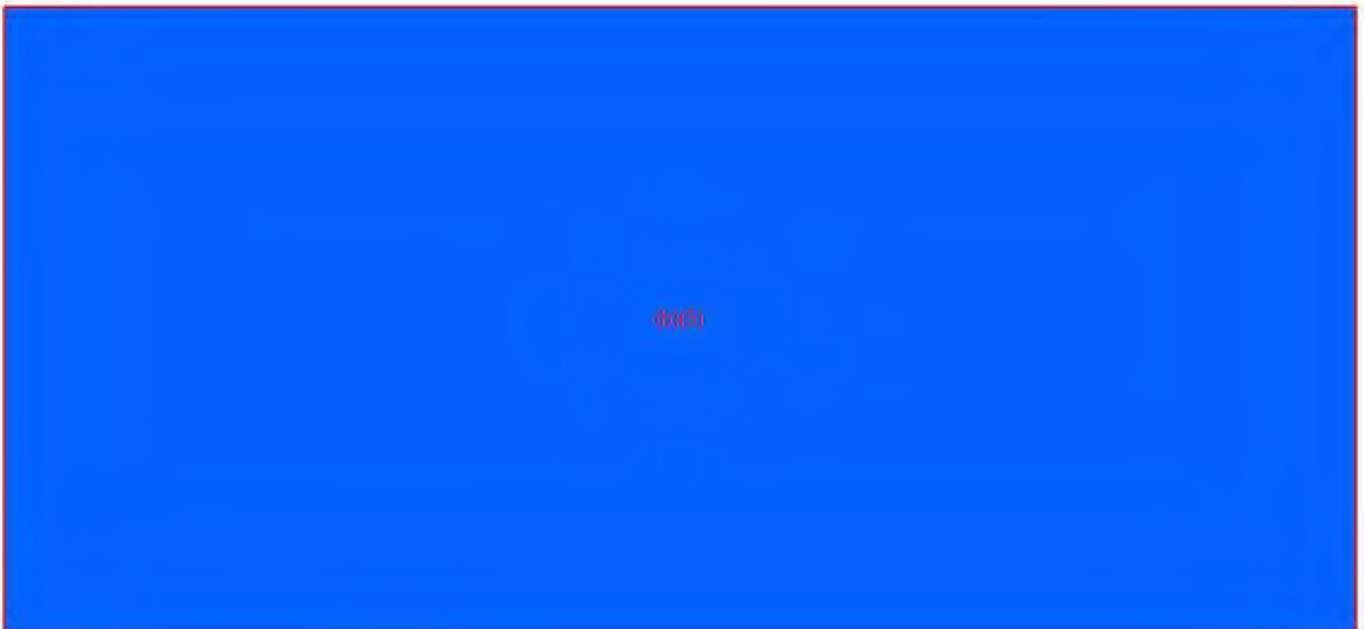
From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 8, 2020 5:45:29 PM
To: Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>
Subject: REVIEW: Country Director Discussion Remarks - 9 July by 6:30pm today, 7/8 if possible

Hi Everyone,

Apologies for the delay in getting this to you this week - please see below for draft opening remarks for RM for tomorrow's CD regular call for your review by 6:30pm today if at all possible.

Anything else you think worth RM mentioning? Thank you!

Sukeshi





Sukeshi Mehta Roberts

Special Assistant to Dr. Rebecca Martin
CDC Center for Global Health (CGH)

Office: (404) 498-1476

Mobile: (470) 629-1272

nwn7@cdc.gov

From: Cain, Kevin (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 12 Aug 2020 21:34:36 +0000
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD); Pestorius, Ted (CDC/DDPHSIS/CGH/OD); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD); Chong, Patrick (CDC/DDPHSIS/CGH/OD)
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD)
Subject: RE: REVIEW: RM Country Director Discussion Remarks - by 6:30pm today, 8/12

Yes, sounds good.

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, August 12, 2020 5:28 PM
To: Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>
Subject: RE: REVIEW: RM Country Director Discussion Remarks - by 6:30pm today, 8/12

Hi Kevin,

Thank you very much – I think our emails crossed paths; do you think my revised version w/plan to share Serena's proposal for use of Zoom chat in the comments of the Word doc fits the bill (with removal of the DOS section and addition of your plug for Teams)?

Thanks again and take care,
Sukeshi

From: Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Sent: Wednesday, August 12, 2020 5:23 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>
Subject: RE: REVIEW: RM Country Director Discussion Remarks - by 6:30pm today, 8/12

Hi Sukeshi –

I've added a comment promoting the CD Teams Channel for your consideration

(b)(3)

(b)(3)

Kevin

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, August 12, 2020 4:17 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>
Subject: RE: REVIEW: RM Country Director Discussion Remarks - by 6:30pm today, 8/12

I think these look fine – if you are short on time b/c of hard stop at 8am then I suggested 2 places you could cut.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, August 12, 2020 3:55 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Chong, Patrick (CDC/DDPHSIS/CGH/OD) <pec8@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>
Subject: REVIEW: RM Country Director Discussion Remarks - by 6:30pm today, 8/12

Hi Everyone,

Please see below for draft opening remarks for RM for tomorrow's CD discussion for your review by 6:30pm today if possible. These remarks primarily focus on teeing up the discussion, but Kevin/Patrick - please let me know if there are any updates on State MED Guidance we could include?

Thank you!
Sukeshi



(b)(5)



Sukeshi Mehta Roberts

Special Assistant to Dr. Rebecca Martin

CDC Center for Global Health (CGH)

Office: (404) 498-1476

Mobile: (470) 629-1272

nwn7@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 17 Jul 2020 20:16:58 +0000
To: Katsoyannis, Miranda (CDC/OD/CDCWO); Wolfe, Mitchell (CDC/OD); Wilson, Michelle (CDC/OCOO/OFR/OA)
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD); Khan, Munmun (CDC/OCOO/OFR/OA); McCulloch, Audrey (CDC/DDPHSIS/CGH/OD)
Subject: Re: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Thanks for all the support and prep!

Best,
Rebecca

Rebecca Martin
Director, Center for Global Health
CDC
rtm4@cdc.gov
+1.404.697.7102

Please excuse the brevity of this email and any spelling errors, as written using a mobile device.

From: Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>
Sent: Friday, July 17, 2020 4:16:06 PM
To: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

I think the call went well. You and Rebecca were great!

(b)(5) but hopefully today's briefing will allow them to move forward with their bosses.

Miranda (Randy) Katsoyannis
CDC Washington Office
202-245-0618
www.cdc.gov/washington

From: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>
Sent: Friday, July 17, 2020 4:15 PM
To: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: Re: WHO TPs for 3pm call w/ Perdue/Loeffler staff

How was that?

Mitchell Wolfe, MD, MPH

Chief Medical Officer, Office of the Director

Centers for Disease Control and Prevention

Rear Admiral (Ret.), US Public Health Service

Ph: (202) 245-0600

From: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>
Sent: July 17, 2020 12:03 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>; Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Sounds good to me.
MW

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Sent: Friday, July 17, 2020 11:58 AM
To: Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>
Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

These look good, Mitch, R

From: Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>
Sent: Friday, July 17, 2020 11:56 AM
To: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey

(CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>

Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Hi,

These look good. We just finished a few seconds ago TPs for R3 and I wonder if we should substitute the second bullet, for these two (2nd and 3rd bullet below):



Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>

Sent: Friday, July 17, 2020 11:50 AM

To: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>

Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>

Subject: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Friends,

For today's 3pm call with Perdue/Loeffler staff. Please see below for high level WHO TPs.

Talk with you this afternoon.

Thanks,

MW





From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 18 Aug 2020 19:13:02 +0000
To: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD)
Subject: RE: CDC WHO

Thanks!!

From: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD) <sjw3@cdc.gov>
Sent: Tuesday, August 18, 2020 2:23 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Subject: RE: CDC WHO

There are a couple of staffing who were not on the plan for January. Please see the report generated in January (Ignore the date on the sheet; I forgot to change it).

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Sent: Tuesday, August 18, 2020 2:02 PM
To: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD) <sjw3@cdc.gov>
Subject: FW: CDC WHO

Sandra- I think this is the same request that you already responded to. This table is from June, and lists 34 detailees, of which 3 are outside of CGH. To the best of your knowledge is this accurate for 1/1/20?

Thanks, Ted

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: Tuesday, August 18, 2020 1:30 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Cc: Russell, Lola S. (CDC/DDPHSIS/CGH/OD) <eoy0@cdc.gov>; Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; Friedly, Erik (CDC/DDPHSIS/CGH/OD) <fre5@cdc.gov>
Subject: FW: CDC WHO

Hi, Ted,
Thanks for speaking with Lola and myself.

Do you have the number all CDC or just CGH. Need the number of WHO secondees January 1.

Regards,

Esther

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Cc: Thompson, Florence (CDC/OD/CDCWO) <tbf3@cdc.gov>; Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; Friedly, Erik (CDC/DDPHSIS/CGH/OD) <fre5@cdc.gov>; Russell, Lola S. (CDC/DDPHSIS/CGH/OD) <eoy0@cdc.gov>
Subject: Re: CDC WHO

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Here's my suggestion for a slightly reworded answer to number 1. CGH - let me know if you disagree or have a better suggestion:

1. How many CDC staff are normally, and currently, seconded to the WHO?

(b)(5)

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Subject: FW: CDC WHO

Good morning, Mitch,

I appreciate any help you can provide. (b)(6)

(b)(6)
This information has previously been provided to the public. I'm hoping to get this inquiry cleared this morning and a response to Betsy.

The response to question #3 is verbatim from document: Interagency Top Lines United States Withdrawal from the WHO, July 8, 2020.

I appreciate any information you can provide.

1. How many CDC staff are normally, and currently, seconded to the WHO?

(b)(6)

2. Are they all in Geneva, or elsewhere too?

See above

3. Will this change with the US withdrawal?

(b)(6)

Regards,

Esther

From: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>

Sent: Thursday, August 13, 2020 8:42 PM

To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>

Subject: Re: CDC WHO

Esther,

Mitch Wolfe feedback on answers below:

(b)(6)

Those were his feedback. I think just clarifying who else she has talk to would help. And the angle of the story. (b)(6)

(b)(6)

Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: Thursday, August 13, 2020 7:38:44 PM
To: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Subject: Re: CDC WHO

I can follow up. Any other points to clarify?

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Sent: Thursday, August 13, 2020 7:39:51 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Subject: Re: CDC WHO

Do you know what other agencies or people she has talked to or received information?
Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

From: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Sent: Thursday, August 13, 2020 4:47:30 PM
To: Harmon, Carrie E. (CDC/OD/OADC) <qbj2@cdc.gov>
Subject: Fwd: CDC WHO

See below for context. Please let me know if there are any questions.

Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

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To: Reed, Jasmine (CDC/OD/OADC)
Subject: RE: CDC WHO

Betsey is reporting on lessons learned so far from the pandemic. WHO relies on expertise from around the world including CDC. We are one of their collaborating centers. The requested numbers will be used in referenced to the expertise that WHO draws upon.

Regards,

Esther

From: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Sent: Thursday, August 13, 2020 5:18 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Subject: CDC WHO

Can you please give me a call ASAP.

Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

From: Rowland, Amy (CDC/DDPHSIS/CGH/GID)
Sent: Thu, 13 Aug 2020 22:27:43 +0000
To: CDC CGH GID Management Team
Subject: Business Insider: Trump's attempt to take the US out of the WHO is disastrous for America and could make the world sicker

Business Insider: Trump's attempt to take the US out of the WHO is disastrous for America and could make the world sicker

Awi Federgruen
13 August 2020

President Trump's decision to withdraw the US from the World Health Organization will create more problems than it solves for America. He's right that the global agency needs reform, but that will only happen if America remains engaged.

There's work we need to do that can only be done within that body. And if we retreat from it, it will be weaponized against us.

It's not just about the pandemic

While the COVID-19 response has consumed our attention, other complex global health problems like polio, measles and HIV are not only persistent but worsening. On March 26, the WHO's Strategic Advisory Group of Experts on Immunization issued a broad call, recommending that all preventive mass vaccination campaigns for other diseases be postponed.

Treatment disruptions caused by the pandemic could cost half a million lives in sub-Saharan Africa from HIV/AIDS, tuberculosis, and other infectious diseases. Authorities have detected that polio, a disease that was nearly eradicated worldwide, is now resurging in Ethiopia and West Africa, as well as Afghanistan and Pakistan.

Moreover, the consequences are not confined to developing countries. Just a year ago we experienced how outbreaks in the Ukraine and Philippines planted the seeds for a measles epidemic in Europe and the US, bringing our country to the brink of losing its measles elimination status. Even President Trump reminds us how quickly a local outbreak in Wuhan can trigger a gargantuan healthcare and economic crisis on the other side of the globe.

Although WHO tarnished its credibility by issuing conflicting and confusing statements early in the COVID-19 pandemic, the agency's role is still crucial. It coordinates data and issues authoritative guidance needed to strengthen health systems and control the deadliest diseases.

Pulling \$450 million out of the agency — the annual US contribution — will hobble its ability to do this.

Pulling America's moral leadership will have far greater consequences, giving cover to heads of state who find it politically or financially expedient to ignore the agency's recommendations. Some may follow America out the door.

Disastrous medical and moral consequences

A US pull out from the WHO could spell the beginning of a major resurgence of polio. In 2018 I wrote that the biggest obstacle to eradicating polio was our inability to produce a reliable supply of quality vaccines. This global shortage still prevails two years later and barring new WHO guided initiatives will extend for the next decade.

The world has transitioned from traditional oral to injectable vaccines, but we're simply not producing enough to ensure every child gets the required injections to keep them safe from polio. As a result, vaccination campaigns in low-income countries are targeting only one or two doses. The lack of resources flowing through WHO will stunt the development of proper campaigns to get children the protection they need.

If this move does indeed result in polio resurging — or if HIV/AIDS kills hundreds of thousands in Africa — the world will blame America's withdrawal. Our adversaries will use this perceived moral lapse to put economic pressure on America.

Staying in WHO is vital not only to address the world's health problems but to advance US domestic interests. It is in our economic interest to protect US companies from disruptions in their global supply chains. If we abandon that forum, we will have no way to restrain its behavior. Activists and their allies in foreign governments have long used the WHO as a forum to introduce policies and regulatory regimes that disfavor innovative US, from agriculture to biopharmaceuticals

Just look at COVID-19. Unprecedented sums of money are being poured into R&D to discover an effective COVID-19 treatment or vaccine. In normal times, it costs \$2.6 billion on average to bring a successful treatment to market, and most efforts fail. Companies take these risks because the reward for a successful product – backed by strong intellectual property protections – are sufficiently attractive.

We won't know the true cost of the search for a solution to COVID-19 for some time, but hundreds of research initiatives and clinical trials are underway throughout the world. Many of

these are driven by US companies and research centers. Countries the world over are laying plans to deny these organizations the opportunity to recoup the costs of their investments by creating "[compulsory licensing](#)" legislation. This will allow them to immediately create cheap, generic copies of successful COVID-19 products for use in their countries.

These are long-standing battles that have been fought for decades in the halls of the WHO and other UN agencies. America has only been able to prevent bad policies through engagement and intellectual battle. A total withdrawal leaves America's innovative industries defenseless and all but guarantees defeat.

President Trump should reconsider America's intention to withdraw from WHO. He can make his return conditional on substantive reforms. That's the best way to increase the agency's transparency and ensure it refocuses on its core competencies: controlling or eradicating infectious diseases, coordinating the response to health emergencies, and strengthening health systems.

America needs a strong WHO to stop COVID-19, eradicate polio, and protect our interests at home and abroad.

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 18 Aug 2020 19:14:00 +0000
To: Wilson, Esther (CDC/OD/OADC)
Cc: Russell, Lola S. (CDC/DDPHSIS/CGH/OD); Daigle, David (CDC/DDPHSIS/CGH/OD); Friedly, Erik (CDC/DDPHSIS/CGH/OD)
Subject: RE: CDC WHO

Esther- I have confirmed the following with Sandra.

(b)(5)

Please let me know if you need anything else, Ted

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: Tuesday, August 18, 2020 1:30 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
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Do you have the number all CDC or just CGH. Need the number of WHO secondees January 1.

Regards,

Esther

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2. Are they all in Geneva, or elsewhere too?
See above
3. Will this change with the US withdrawal?

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Sent: Thursday, August 13, 2020 8:42 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Subject: Re: CDC WHO

Esther,

Mitch Wolfe feedback on answers below:

(b)(5)

Those were his feedback. I think just clarifying who else she has talk to would help. And the angle of the story.

(b)(5)

(b)(5)

Thank you,

Jasmine Reed
Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Sent: Thursday, August 13, 2020 7:38:44 PM
To: Reed, Jasmine (CDC/OD/OADC) <pvz1@cdc.gov>
Subject: Re: CDC WHO

I can follow up. Any other points to clarify?

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Sent: Thursday, August 13, 2020 7:39:51 PM
To: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
Subject: Re: CDC WHO

Do you know what other agencies or people she has talked to or received information?

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Cc: Russell, Lola S. (CDC/DDPHSIS/CGH/OD); Daigle, David (CDC/DDPHSIS/CGH/OD); Friedly, Erik (CDC/DDPHSIS/CGH/OD)
Subject: RE: CDC WHO

Esther- I'm verifying internally.

Ted

From: Wilson, Esther (CDC/OD/OADC) <fuh3@cdc.gov>
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News Media Branch

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Public Affairs Specialist
Centers for Disease Control and Prevention
News Media Branch

From: Khan, Munmun (CDC/OCOO/OFR/OA)
Sent: Fri, 17 Jul 2020 20:43:06 +0000
To: Wilson, Michelle (CDC/OCOO/OFR/OA); Wolfe, Mitchell (CDC/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD); Katsoyannis, Miranda (CDC/OD/CDCWO); McCulloch, Audrey (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

I echo the thanks and agree the call went great. Mitch and Rebecca, you did a great job weaving the domestic to global thread starting from your professional background, to the impact of CDC's work. Well done.

Munmun

From: Wilson, Michelle (CDC/OCOO/OFR/OA) <zww2@cdc.gov>
Sent: Friday, July 17, 2020 4:39 PM
To: Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
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Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Call went great! Good post call with staff, they sent their thanks again. No immediate follow-ups. Mitch and Rebecca – thanks again for your time and expertise this afternoon. Hope everyone gets some well deserved R&R this weekend.

MW

From: Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>
Sent: Friday, July 17, 2020 4:15 PM
To: Wilson, Michelle (CDC/OCOO/OFR/OA) <zww2@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
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Subject: Re: WHO TPs for 3pm call w/ Perdue/Loeffler staff

How was that?

Mitchell Wolfe, MD, MPH

Chief Medical Officer, Office of the Director

Centers for Disease Control and Prevention

Rear Admiral (Ret.), US Public Health Service

Ph: (202) 245-0600

From: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>
Sent: July 17, 2020 12:03 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>; Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Sounds good to me.
MW

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Sent: Friday, July 17, 2020 11:58 AM
To: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>
Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

These look good, Mitch, R

From: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>
Sent: Friday, July 17, 2020 11:56 AM
To: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Hi,

These look good. We just finished a few seconds ago TPs for R3 and I wonder if we should substitute the second bullet, for these two (2nd and 3rd bullet below):



Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>
Sent: Friday, July 17, 2020 11:50 AM
To: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Friends,
For today's 3pm call with Perdue/Loeffler staff. Please see below for high level WHO TPs.
Talk with you this afternoon.
Thanks,
MW



From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 26 Aug 2020 13:38:20 +0000
To: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Cc: Bartee, Maureen S. (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Subject: RE: REQUEST: Updates and Recommended Topics for CGH/GHCU - by OOB tomorrow, 8/25

Maybe we select 3 potential topics to go forward? These would be my 3 to propose

- WHO – withdrawal and reform, impacts to CDC
- Cross-border collaboration – previous experience, challenges and approaches
- Mis-/disinformation – impacts on CDC's work

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Sent: Wednesday, August 26, 2020 9:32 AM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Cc: Bartee, Maureen S. (CDC/DDPHSIS/CGH/OD) <zaf8@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: REQUEST: Updates and Recommended Topics for CGH/GHCU - by OOB tomorrow, 8/25

Hi Sukeshi,

Adding Susan and Serena as well. All of GHCU were on these calls, so it may not be super useful to get too deep into a recap, but I think it's fine to summarize and reinforce the common themes as you have them below. I've added a few more bullets for consideration.

The highlighted bullets would constitute a not insignificant lift, so I would very much appreciate feedback from everyone on this email before something like this goes to Rebecca.

Thanks,
Michael

Michael Bartenfeld
vdv4@cdc.gov
Cell: 470-217-1313

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Tuesday, August 25, 2020 6:37 PM

To: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>

Cc: Bartee, Maureen S. (CDC/DDPHSIS/CGH/OD) <zaf8@cdc.gov>

Subject: FW: REQUEST: Updates and Recommended Topics for CGH/GHCU - by OOB tomorrow, 8/25

Hi Michael!

Apologies, should have copied you on this when I reached out to Maureen since she just got back, but please see below for request for updates/recommended topics for RM's meeting with GHCU tomorrow.

I was thinking could be good to summarize the orientations that took place this month? If you agree, I took your updates and summarized below – thoughts?





Thank you!!
Sukeshi

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Sent: Tuesday, August 25, 2020 6:21 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; 'Chong, Patrick (CDC/DDPHSIS/CGH/DGHP)'; 'Maureen S. Bartee (CDC/CGH/DGHP) (zaf8@cdc.gov)'; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>
Subject: REQUEST: Updates and Recommended Topics for CGH/GHCU - by OOB tomorrow, 8/25

Hi Everyone,

So sorry for the short notice but RM's next CGH/GHCU monthly check-in is tomorrow, 8/26; Kevin will be joining her for this meeting as well.

Are there any updates from working group meetings that you could share for RM's awareness, or any topics you would like RM to raise during this meeting? If so, **please share these by OOB tomorrow, 8/26.**

Thank you very much,
Sukeshi

Sukeshi Mehta Roberts
Special Assistant to Dr. Rebecca Martin
CDC Center for Global Health (CGH)
Office: (404) 498-1476
Mobile: (470) 629-1272
nwn7@cdc.gov

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 21:54:18 +0000
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD); Cain, Kevin (CDC/DDPHSIS/CGH/OD); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD)
Subject: RE: REVIEW: Country Director Discussion Remarks - 9 July by 6:30pm today, 7/8 if possible

I think you nailed it. Again. Good work.

Ted

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 8, 2020 5:45 PM
To: Cain, Kevin (CDC/DDPHSIS/CGH/OD) <bvz1@cdc.gov>; Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <phd4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: O'Donoghue, Lucy (CDC/DDPHSIS/CGH/OD) <odd8@cdc.gov>
Subject: REVIEW: Country Director Discussion Remarks - 9 July by 6:30pm today, 7/8 if possible

Hi Everyone,

Apologies for the delay in getting this to you this week - please see below for draft opening remarks for RM for tomorrow's CD regular call for your review by 6:30pm today if at all possible.

Anything else you think worth RM mentioning? Thank you!

Sukeshi



(b)(5)



Sukeshi Mehta Roberts

Special Assistant to Dr. Rebecca Martin
CDC Center for Global Health (CGH)

Office: (404) 498-1476

Mobile: (470) 629-1272

nwn7@cdc.gov

From: Katherine Bliss
Sent: Wed, 15 Jul 2020 20:36:10 +0000
To: Rowland, Amy (CDC/DDPHSIS/CGH/GID)
Cc: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Subject: Re: impact on immunizations of U.S. withdrawal from WHO

Hi Amy,

Sure - now is good. I have about 20 minutes.

Thanks,
Katherine

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From: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Sent: Wednesday, July 15, 2020 4:34:50 PM
To: Katherine Bliss <KBliss@csis.org>
Cc: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: RE: impact on immunizations of U.S. withdrawal from WHO

Hi Katherine,

I can give you a call now, if it's a good time. If not, you can reach me on my cell

(b)(1)

Thank you,

Amy

From: Katherine Bliss <KBliss@csis.org>
Sent: Wednesday, July 15, 2020 4:22 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Cc: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Subject: Re: impact on immunizations of U.S. withdrawal from WHO

Will, thanks very much, and Amy, I'm glad to be in touch. Thank you for your message yesterday, and I'm sorry I couldn't find you in the online database to write you directly.

Please let me know when you might have time to connect by phone. My cell is 202.746.7911.

Many thanks,
Katherine

From: "Schluter, W. William (CDC/DDPHSIS/CGH/GID)" <wbs8@cdc.gov>
Date: Wednesday, July 15, 2020 at 4:19 PM
To: Katherine Bliss <KBliss@csis.org>

Cc: "Rowland, Amy (CDC/DDPHSIS/CGH/GID)" <isc4@cdc.gov>
Subject: RE: impact on immunizations of U.S. withdrawal from WHO

Dear Katherine:

Amy is our Communications Lead for the Division and was calling to get more information. Copied here.

Kind regards,

Will

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Katherine Bliss <KBliss@csis.org>
Sent: Wednesday, July 15, 2020 4:17 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: Re: impact on immunizations of U.S. withdrawal from WHO

Hi Will,

I received a voice mail yesterday evening from someone who said her name was Amy Roland (that's what it sounded like) and that she was calling from your office regarding my email to you about the impact of the U.S. withdrawal from the WHO on global immunization programs. She said she had some questions and wanted more information. When I called the cell phone number she left, I got a recording saying the voicemail was full and not receiving messages. When I tried to look her up on the HHS employee directory using various combinations of A and R, I could not locate anyone with her name so could not send an email.

If this is, indeed, someone from your office getting in touch with me for more information, would you please ask her to reach out by email to me to set up a time for a call?

Many thanks,
Katherine

From: "Schluter, W. William (CDC/DDPHSIS/CGH/GID)" <wbs8@cdc.gov>
Date: Monday, July 13, 2020 at 7:26 PM
To: Katherine Bliss <KBliss@csis.org>
Subject: RE: impact on immunizations of U.S. withdrawal from WHO

Dear Katherine:

Let me check.

Will

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Katherine Bliss <KBliss@csis.org>
Sent: Monday, July 13, 2020 4:34 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: impact on immunizations of U.S. withdrawal from WHO

Hi Will,

I hope you are doing well and wanted to see if it might be possible to talk by phone about the likely impact on global immunization programs of the U.S. withdrawal from WHO, including PAHO. Nellie Bristol and I are co-writing a short piece on the topic for the CSIS commentary series, looking at the impacts of the loss of U.S. funding, secondments, and voluntary contributions on immunization programs and expertise. Nellie is looking into the polio issues, and I am reaching out to U.S. immunization experts.

This would be off the record, and I'd be happy to give you a call at a time convenient for you. Please let me know what you think. I'll look forward to hearing from you.

Many thanks,
Katherine

Katherine E. Bliss, Ph.D.
Senior Fellow
CSIS Global Health Policy Center
tel (202)741-3902
email: kbliss@csis.org

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 30 Jul 2020 13:11:13 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Cc: Chong, Patrick (CDC/DDPHSIS/CGH/OD)
Subject: RE: Secondment extension - (b)(6)

Thanks. Copying Patrick as we should not be asking WHO for anything re:extensions.etc for the near future. We can get things lined up internally, but nothing can go externally.

Thanks, Rebecca

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 30, 2020 9:09 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Subject: FW: Secondment extension - (b)(6)
Importance: High

Just flagging this for you. I am not sure if there is much to do more than move forward with what we can internally?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>
Sent: Thursday, July 30, 2020 7:41 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Samuel, Lee (CDC/DDPHSIS/CGH/DPDM) <lji3@cdc.gov>
Subject: FW: Secondment extension - (b)(6)
Importance: High

FYI on extension of our malaria secondee in GVA

From: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD) <sjw3@cdc.gov>
Sent: Thursday, July 30, 2020 7:40 AM
To: Kahn, Richard (CDC/DDPHSIS/CGH/DPDM) <rhk0@cdc.gov>
Cc: Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>; Taitt, Tara (CDC/DDPHSIS/CGH/OD) <hhk4@cdc.gov>
Subject: FW: Secondment extension - (b)(6)
Importance: High

Please work with Tara on this issue. We'll see how far we can take it given the pending withdraw from WHO.

From: Kahn, Richard (CDC/DDPHSIS/CGH/DPDM) <rhk0@cdc.gov>
Sent: Wednesday, July 29, 2020 6:05 PM
To: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD) <sjw3@cdc.gov>
Cc: COLAIRO VALERIO, Simone Marie <colairos@who.int>; Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>
Subject: FW: Secondment extension - [REDACTED]
Importance: High

Hi Sandra,
See attached. Should we process this directly to Dr. Martin's office or is that something your team handles?
Thanks,
Richard

From: COLAIRO VALERIO, Simone Marie <colairos@who.int>
Sent: Wednesday, July 29, 2020 5:10 PM
To: ndn1@cdc.gov
Cc: Lindblade, Kimberly (CDC who.int) <lindbladek@who.int>; Kahn, Richard (CDC/DDPHSIS/CGH/DPDM) <rhk0@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>; ALONSO, Pedro <alonsop@who.int>
Subject: FW: Secondment extension [REDACTED]
Importance: High

Dear Netty,

I forward you my earlier email and attachment as [REDACTED] has informed me that neither she nor [REDACTED] received it.

I would be very grateful if you could confirm receipt so I know it has arrived safely.

Looking forward to your feedback.

Kind regards,
Simone

Simone Colairo

Administrative Assistant
Global Malaria Programme

t: +41 22 791 2533 e: colairos@who.int
m: +41 79 308 9877 www.who.int/malaria



From: COLAIRO VALERIO, Simone Marie [<mailto:colairos@who.int>]
Sent: Friday, July 24, 2020 11:32 AM
To: Nixon, Netty D. (CDC/CGH/OD) <ndn1@cdc.gov>
Cc: LINDBLADE, Kimberly Ann <lindbladek@who.int>; Kahn, Richard (CDC/CGH/DPDM) <rhk0@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>; ALONSO, Pedro <alonsop@who.int>
Subject: Secondment extension - (b)(6)
Importance: High

Dear Netty,

I hope my email finds you well.

I contact you in regard to the CDC secondment to WHO of Dr (b)(6). Please find attached the duly signed letter from WHO to the attention of Dr Rebecca Martin. I would be grateful if you could process this on your side and let me know if you need any further documentation from me.

I look forward to hearing from you and remain at your disposal.

Kind regards,
Simone

Simone Colairo
Administrative Assistant
Global **Malaria** Programme

t: + 41 22 791 2533 e: colairos@who.int
m: +41 79 308 9877 www.who.int/malaria



From: Joel Stanojevich
Sent: Fri, 17 Jul 2020 13:14:23 +0000
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Subject: COVID-19 Rapid Response Team Training India (URGENT: PLS READ)

Joel Stanojevich 9:33 AM:

Good morning! Do I need to join the 4:15 call with Sarah and Kristy on PRO and PIPER?

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 9:40 AM:

hi Joel - it seems like you should as you are rotating onto ITF behind Kristie.

Joel Stanojevich 9:45 AM:

Thanks! Kristie wasn't sure if joining in ITF or DC capacity

Joel Stanojevich 9:46 AM:

if all good, can you forward the invite?

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 9:46 AM:

If Sarah Bennett is joining it is ITF

Joel Stanojevich 9:47 AM:

ok, great.

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 9:50 AM:

last night we - USG - paid \$65M to PAHO in overdue/past due assessed contributions

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 9:51 AM:

RM just reported that on senior staff meeting so that's good for our work in region

Joel Stanojevich 9:51 AM:

Whoa...

Joel Stanojevich 9:51 AM:

wow

Joel Stanojevich 9:51 AM:

ok. Thanks!

Joel Stanojevich 9:53 AM:

(b)(5) ?

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 9:54 AM:

I think (b)(5)

Joel Stanojevich 9:54 AM:

Understood! Thanks

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 12:56 PM:

I'm between meetings and going to grab lunch in my kitchen - but let me know if I can do anything to help w/ this and get it off your plate

Joel Stanojevich 12:58 PM:

Thanks! It would be great if you and Peter can manage the dialogue with Jenny and Alison. Peter has already had a quick call to cool down Meghna and is going to fill Alison in some more.

Joel Stanojevich 12:59 PM:

Would appreciate being included along with Christina Dahlstrom and ITF CST (peter knows who)

Joel Stanojevich 12:59 PM:

I also flagged for Helen Malcolm, lead for CDCF in the EOC.

Joel Stanojevich 8:00 AM:

...going to miss Peter. :(

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 8:00 AM:

seriously

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 8:00 AM:

and Susan told me Lydia is taking a CTR role...

Joel Stanojevich 8:01 AM:

GAH! Yes...

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 8:01 AM:

Think we need to drop ORISE...

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 8:01 AM:

they must pay them pennies

Joel Stanojevich 8:01 AM:

Im over it. Done with ORISE.

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 8:02 AM:

ADC Office also lost an ORISE to CTR offer in EZID/DHQP

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 8:02 AM:

so much work to process the IAA...

Joel Stanojevich 8:02 AM:

Wow. PHI seems to be a much better process with better salary

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 8:03 AM:

and of course my favorite is PMF....

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 8:03 AM:

:-)

Joel Stanojevich 8:03 AM:

:D Im expecting Peter to hire me one day.

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 8:04 AM:

You could talk to HR about using PHAPs and graduates? I think they are eligible for direct hire? I recognize challenge is you don't have the FTEs but you have \$\$

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 8:05 AM:

Remember how his reference at Yale told me that Peter S reminded him of then US surgeon general Vivek Murthy

Joel Stanojevich 8:05 AM:

That's right. Susan and I chatted about it last night some. Also trying to assess what CTR mechanisms are out there.

Joel Stanojevich 8:07 AM:

I do remember that. #Lifegoals

Joel Stanojevich 9:01 AM:

is Thomas rotating in as PPC lead?

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 9:06 AM:

Yes, behind you.

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 9:06 AM:

(b)(6)

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 9:07 AM:

(b)(6)

Vinter, Serena (CDC/DDPHSIS/CGH/OD) 9:07 AM:

(b)(6)

Joel Stanojevich 9:10 AM:

oh no, Im so sorry

Joel Stanojevich 9:10 AM:

sounds good.

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 17:28:04 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)

Flagging some things for you from this AM:

- Serena sent a couple things for your review this AM: first is the division onboarding briefers for Nate Smith came in at 10:02am (final deadline on 10th). Second, she sent draft product in response to USAID's questions during budget briefing at 9:16AM.
- Dave sent interagency topline messages re: WHO withdrawal at 11:25AM.
- Vik sent final list of CARES Act proposals that need to have spend plans for developed for ERIC at 10:54AM
- MW sent updated WHO details info at 10:44AM
- Ed Rouse responded to your request at 7:38AM

Also just keeping this timestamp top of mind since I know you had wanted to get this to AS b4 tomorrow - Ted sent MM process at 6:55PM 7/8

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 19:02:19 +0000
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO Points for CD Call

And we just discussed – I let her know that I added this.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 8, 2020 2:20 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: WHO Points for CD Call

Received – thank you! And duly noted on hesitation to include more; she may add directly a bit more if she feels comfortable but think she’s in best place to decide if anything further should be shared?



Sukeshi Mehta Roberts
Special Assistant to Dr. Rebecca Martin
CDC Center for Global Health (CGH)
Office: (404) 498-1476
Mobile: (470) 629-1272
nwn7@cdc.gov

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 2:05 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: RE: WHO Points for CD Call

The one extra bullet she could say:

- While the agency continues to work through Department and USG-interagency channels, we have seen non-governmental sectors mobilize in an effort to get Congress to act. The various organizations are circulating sign on letters and petitions that call on Congress to ask key questions about current investments, staffing, and the effects this decision has on current programs or collaborations.

I don't want to put more words in her mouth that could be misconstrued as not working as part of the Administration.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 8, 2020 1:58 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: WHO Points for CD Call

Got it – thought so but wanted to be sure



Sukeshi Mehta Roberts
Special Assistant to Dr. Rebecca Martin
CDC Center for Global Health (CGH)
Office: (404) 498-1476
Mobile: (470) 629-1272
nwn7@cdc.gov

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 1:46 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: RE: WHO Points for CD Call

I don't think there's anything more to share. You heard RM just now – what she added is not meant for broader consumption.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Wednesday, July 8, 2020 1:26 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: WHO Points for CD Call

Hi Serena,

I know you're working on WHO points for Direct Reports as well, but wanted to ask if your below points from this morning's All Hands call was the most that RM can provide on WHO during tomorrow's CD call or if there is more we can include related to details (that we can share more publicly), impacts, funding, or anything?

- Late breaking news Tuesday, July 7 that the Trump administration has sent a letter to the United Nations withdrawing the United States from the World Health Organization over its handling of the COVID-19 pandemic
 - While expected in light of the May 22 Rose Garden announcement, this is a dramatic move and has implications for global health that we are still working to understand
- Under the terms of a joint resolution passed by Congress in 1948, the United States must give a year's notice in writing and pay its debts to the agency in order to leave.
 - It is not clear whether the president can pull the United States out of the organization and withdraw funding without Congress.
 - When the President first threatened to withdraw, some lawmakers countered that that doing so would be illegal and vowed to push back.
- CGH and CDC leadership continue to work through the Department and NSC-led interagency process to fully understand what this means for our staff who are currently detailed to WHO as well as our long-standing collaborations on critical global health programs from polio eradication to measles and rubella elimination to global health security, global HIV and TB and global malaria control.

Thank you!
Sukeshi



Sukeshi Mehta Roberts

Special Assistant to Dr. Rebecca Martin

CDC Center for Global Health (CGH)

Office: (404) 498-1476

Mobile: (470) 629-1272

nwn7@cdc.gov

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 31 Jul 2020 19:56:14 +0000
To: Capozzola, Christa (CDC/OCOO/OFR)
Cc: Thorne, Gregory Immel (CDC/DDPHSIS/CGH/OD); Legier, Jamie W. (CDC/OCOO/OFR/OGS)
Subject: RE: WHO query

Greg is sending a link now.

From: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Sent: Friday, July 31, 2020 3:51 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Cc: Thorne, Gregory Immel (CDC/DDPHSIS/CGH/OD) <wie2@cdc.gov>; Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bzl3@cdc.gov>
Subject: RE: WHO query

Yes that would be great.

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Sent: Friday, July 31, 2020 3:50 PM
To: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Cc: Thorne, Gregory Immel (CDC/DDPHSIS/CGH/OD) <wie2@cdc.gov>; Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bzl3@cdc.gov>
Subject: RE: WHO query

Christa- I see that you're green. Are you available for a call now? Both Greg and I are available the remainder the day. Happy to send a skype link. Ted

From: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Sent: Friday, July 31, 2020 3:00 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Cc: Thorne, Gregory Immel (CDC/DDPHSIS/CGH/OD) <wie2@cdc.gov>; Legier, Jamie W. (CDC/OCOO/OFR/OGS) <bzl3@cdc.gov>
Subject: RE: WHO query

Hi! Can we chat about the state of play on WHO actions before the end of the day? Much appreciated.
Christa

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Sent: Thursday, July 23, 2020 8:29 AM
To: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Cc: Thorne, Gregory Immel (CDC/DDPHSIS/CGH/OD) <wie2@cdc.gov>
Subject: RE: WHO query

Christa-

(b)(5)

(b)(5)

(b)(5)

What would you recommend as next steps? Both Greg and I will do what we can to make ourselves available at your convenience.

Thanks, Ted

From: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>

Sent: Monday, July 20, 2020 2:01 PM

To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>

Subject: RE: WHO query

(b)(5)

(b)(5)

will likely be the notified withdrawal date of June 2021.

(b)(5)

Let me know when is a good time to talk about this and the rest of the list.

Thanks,
Christa

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>

Sent: Thursday, July 16, 2020 6:12 PM

To: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>

Subject: FW: WHO query

Christa- I know you're on AL, and I think this can wait until you return. Any chance this can happen?

Ted

From: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>

Sent: Thursday, July 16, 2020 6:00 PM

To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>

Subject: Re: WHO query

Yes, this is the award. Our request is to do an administrative action that makes the YR2 Budget Period 24 months, 9/30/2019-9/29/2021. No additional funding. Thanks!

Get [Outlook for iOS](#)

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Sent: Thursday, July 16, 2020 4:00:28 PM
To: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>
Subject: WHO query

Heather- is this the award you're requesting? I think [REDACTED]

[REDACTED]. We have not been able to approve one into the next FY. Regardless, will check once confirmed.

Ted

Grant Number	Funding Opportunity Title	Budget Period End Date	Period Of Performance End Date	Sum of Obligation Amount Fy 19/20	PMS Draw Down Amount as 7/10/2020	PMS Balance
(b)(5) (b)(4)						

Ted Pestorius
Dep. Dir., Mgmt & Overseas Ops
CGH/CDC

404-639-0216 (office)

404-579-1250 (mobile)



From: Katsoyannis, Miranda (CDC/OD/CDCWO)
Sent: Fri, 17 Jul 2020 16:05:14 +0000
To: Wilson, Michelle (CDC/OCOO/OFR/OA); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Wolfe, Mitchell (CDC/OD)
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD); Khan, Munmun (CDC/OCOO/OFR/OA); McCulloch, Audrey (CDC/DDPHSIS/CGH/OD)
Subject: Re: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Good to be consistent

From: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>
Sent: Friday, July 17, 2020 12:03:58 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r1m4@cdc.gov>; Wolfe, Mitchell (CDC/OD) <m6sw@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Sounds good to me.

MW

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r1m4@cdc.gov>
Sent: Friday, July 17, 2020 11:58 AM
To: Wolfe, Mitchell (CDC/OD) <m6sw@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>
Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

These look good, Mitch, R

From: Wolfe, Mitchell (CDC/OD) <m6sw@cdc.gov>
Sent: Friday, July 17, 2020 11:56 AM
To: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r1m4@cdc.gov>
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA)

<nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>

Subject: RE: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Hi,

These look good. We just finished a few seconds ago TPs for R3 and I wonder if we should substitute the second bullet, for these two (2nd and 3rd bullet below):



Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Wilson, Michelle (CDC/OCOO/OFR/OA) <zwv2@cdc.gov>

Sent: Friday, July 17, 2020 11:50 AM

To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>

Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Khan, Munmun (CDC/OCOO/OFR/OA) <nit3@cdc.gov>; Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>

Subject: WHO TPs for 3pm call w/ Perdue/Loeffler staff

Friends,

For today's 3pm call with Perdue/Loeffler staff. Please see below for high level WHO TPs.

Talk with you this afternoon.

Thanks,

MW



From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 20:07:28 +0000
To: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD)
Subject: RE: ITF prepping WHO withdrawal TPs?

This is a bad game of telephone. [REDACTED]

[REDACTED] . At this point, too many unknowns to really say anything of value.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>
Sent: Wednesday, July 8, 2020 2:58 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: ITF prepping WHO withdrawal TPs?

Hi Serena: Just completed our routine check ins with CDC W and OA. Dan Lentine (OA) mentioned that during this morning's COVID-19 policy sync, ITF brought forward that they are working on TPs about WHO withdrawal. [REDACTED]

...mentioning this to you in case you were not aware, thinking it could be useful to touch base with ITF?

Adam Brush

Team Lead
Budget, Policy, and Legislation
Office of the Assoc. Dir. For Policy
Center for Global Health
Centers for Disease Control and Prevention



From: Wolfe, Mitchell (CDC/OD)
Sent: Tue, 7 Jul 2020 23:09:35 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Capozzola, Christa (CDC/OCOO/OFR)
Subject: Re: Review materials for upcoming meeting

Thanks will review.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600
From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Tuesday, July 7, 2020 5:59:22 PM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: Review materials for upcoming meeting

Dear Mitch,
Please find attached the following resources:

- I) C-175 process – two tabs
 1. Tab 4 additional background information – Topline edits only (NOTE: This version includes the HHS set of comments – CDC’s included – that went back to DoS)
 2. Tab 5 Funding considerations – primarily focuses on assessed contributions, payments in areas and the requirements therein, and options for reprogramming

- II) Additional resources
 3. Landscape Overview – USG Priorities Affected by Withdrawal from WHO - [NOTE THIS IS MOST COMPREHENSIVE]
 4. Collaborating Centers List – CDC [FYI]
 5. Program Interruption – [this one is the voluntary funds and impact]

By 10AM on 8 July, will send you the **detail list with brief summary on importance of positions.**

Best, Rebecca

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 19:06:01 +0000
To: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD)
Subject: RE: ITF prepping WHO withdrawal TPs?

I would be interested to learn more about this. Was this Kristie?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>
Sent: Wednesday, July 8, 2020 2:58 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: ITF prepping WHO withdrawal TPs?

Hi Serena: Just completed our routine check ins with CDC W and OA. Dan Lentine (OA) mentioned that during this morning's COVID-19 policy sync, ITF brought forward that they are working on TPs about WHO withdrawal. (b)(5)

...mentioning this to you in case you were not aware, thinking it could be useful to touch base with ITF?

Adam Brush

Team Lead
Budget, Policy, and Legislation
Office of the Assoc. Dir. For Policy
Center for Global Health
Centers for Disease Control and Prevention



From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 30 Jul 2020 12:14:26 +0000
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: RE: Secondment extension - (b)(6)

No decisions made at yesterday's meeting. I think it would make sense to process paperwork internally to the extent possible. But will flag for her.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Sent: Thursday, July 30, 2020 7:46 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: Secondment extension - (b)(6)
Importance: High

Good morning! Was there ever any discussion with RM on how to handle these extensions as they start rolling in? This position looks to be the first with an exp date of 1/10/2021 for the current tour.

Hope all is well!

Joel Stanojevich

Partnerships, Policy and Communications Team Lead
International Task Force
2019 Novel Coronavirus Response
Centers for Disease Control and Prevention
Email: vhi9@cdc.gov
Mobile: 678-702-7154

From: Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>
Sent: Thursday, July 30, 2020 7:41 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Samuel, Lee (CDC/DDPHSIS/CGH/DPDM) <llj3@cdc.gov>
Subject: FW: Secondment extension - (b)(6)
Importance: High

FYI on extension of our malaria secondee in GVA

From: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD) <sjw3@cdc.gov>
Sent: Thursday, July 30, 2020 7:40 AM
To: Kahn, Richard (CDC/DDPHSIS/CGH/DPDM) <rhk0@cdc.gov>
Cc: Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>; McElroy, Peter

(CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>; Taitt, Tara (CDC/DDPHSIS/CGH/OD) <hkh4@cdc.gov>
Subject: FW: Secondment extension - (b)(6)
Importance: High

Please work with Tara on this issue. We'll see how far we can take it given the pending withdraw from WHO.

From: Kahn, Richard (CDC/DDPHSIS/CGH/DPDM) <rhk0@cdc.gov>
Sent: Wednesday, July 29, 2020 6:05 PM
To: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD) <sjw3@cdc.gov>
Cc: COLAIRO VALERIO, Simone Marie <colairos@who.int>; Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>
Subject: FW: Secondment extension (b)(6)
Importance: High

Hi Sandra,
See attached. Should we process this directly to Dr. Martin's office or is that something your team handles?
Thanks,
Richard

From: COLAIRO VALERIO, Simone Marie <colairos@who.int>
Sent: Wednesday, July 29, 2020 5:10 PM
To: ndn1@cdc.gov
Cc: Lindblade, Kimberly (CDC who.int) <lindbladek@who.int>; Kahn, Richard (CDC/DDPHSIS/CGH/DPDM) <rhk0@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>; ALONSO, Pedro <alonsop@who.int>
Subject: FW: Secondment extension - (b)(6)
Importance: High

Dear Netty,

I forward you my earlier email and attachment as (b)(6) has informed me that neither she nor (b)(6) received it.

I would be very grateful if you could confirm receipt so I know it has arrived safely.

Looking forward to your feedback.

Kind regards,
Simone

Simone Colairo
Administrative Assistant
Global Malaria Programme

t: + 41 22 791 2533 e: colairos@who.int

m: +41 79 308 9877 www.who.int/malaria



From: COLAIRO VALERIO, Simone Marie [<mailto:colairos@who.int>]

Sent: Friday, July 24, 2020 11:32 AM

To: Nixon, Netty D. (CDC/CGH/OD) <ndn1@cdc.gov>

Cc: LINDBLADE, Kimberly Ann <lindbladek@who.int>; Kahn, Richard (CDC/CGH/DPDM) <rhk0@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <p9m@cdc.gov>; ALONSO, Pedro <alonsop@who.int>

Subject: Secondment extension (b)(5)

Importance: High

Dear Netty,

I hope my email finds you well.

I contact you in regard to the CDC secondment to WHO of (b)(5). Please find attached the duly signed letter from WHO to the attention of Dr Rebecca Martin. I would be grateful if you could process this on your side and let me know if you need any further documentation from me.

I look forward to hearing from you and remain at your disposal.

Kind regards,
Simone

Simone Colairo

Administrative Assistant
Global Malaria Programme

t: + 41 22 791 2533 e: colairos@who.int
m: +41 79 308 9877 www.who.int/malaria



From: Joshi, Namita (CDC/DDPHSIS/CGH/DPDM)
Sent: Thu, 30 Jul 2020 13:17:40 +0000
To: Young, Joni (CDC/DDPHSIS/CGH/DPDM); Parise, Monica E. (CDC/DDPHSIS/CGH/DPDM); Marston, Barbara J. (CDC/DDPHSIS/CGH/DPDM); Kahn, Richard (CDC/DDPHSIS/CGH/DPDM); McElroy, Peter (CDC/DDPHSIS/CGH/DPDM)
Subject: FW: Secondment extension - (b)(6)

fyi

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 30, 2020 9:16 AM
To: Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Samuel, Lee (CDC/DDPHSIS/CGH/DPDM) <llj3@cdc.gov>
Subject: RE: Secondment extension (b)(6)

Hi Namita,

Thanks for sharing. I've let Rebecca know as well. Per Sandra's note below, it's fine to get paperwork teed up internally but we should not be asking WHO for anything about extensions for the near future.

Thanks,

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>
Sent: Thursday, July 30, 2020 7:41 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Samuel, Lee (CDC/DDPHSIS/CGH/DPDM) <llj3@cdc.gov>
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(CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>; Taitt, Tara (CDC/DDPHSIS/CGH/OD) <hhk4@cdc.gov>
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To: Wright-Fofanah, Sandra J. (CDC/DDPHSIS/CGH/OD) <sjw3@cdc.gov>
Cc: COLAIRO VALERIO, Simone Marie <colairos@who.int>; Joshi, Namita (CDC/DDPHSIS/CGH/DPDM) <ngs5@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>
Subject: FW: Secondment extension (b)(6)
Importance: High

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Richard

From: COLAIRO VALERIO, Simone Marie <colairos@who.int>
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To: ndn1@cdc.gov
Cc: Lindblade, Kimberly (CDC who.int) <lindbladek@who.int>; Kahn, Richard (CDC/DDPHSIS/CGH/DPDM) <rhk0@cdc.gov>; McElroy, Peter (CDC/DDPHSIS/CGH/DPDM) <pgm9@cdc.gov>; ALONSO, Pedro <alonsop@who.int>
Subject: FW: Secondment extension (b)(6)
Importance: High

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Simone

Simone Colairo
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t: + 41 22 791 2533 e: colairos@who.int

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Subject: Secondment extension (b)(5)

Importance: High

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I look forward to hearing from you and remain at your disposal.

Kind regards,
Simone

Simone Colairo

Administrative Assistant
Global Malaria Programme

t: + 41 22 791 2533 e: colairos@who.int
m: +41 79 308 9877 www.who.int/malaria



From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 14 Jul 2020 13:20:43 +0000
To: Suwondo, Peter (CDC/DDPHSIS/CGH/OD); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Cc: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD); Mezenghie, Lydia (CDC/DDPHSIS/CGH/OD)
Subject: RE: Mike Ryan briefer - WHO withdrawal TPs

Good morning Peter and Lydia,

What we heard from Mitch Wolfe and Anne Schuchat on Friday was that we – CDC –

(b)(5)

(b)(5)

What you have included in here is a very factual statement of how things are playing out vis-à-vis the withdrawal at the agency level – and that is fine to include. I also appreciate you have included the NSC top lines.

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD) <oej7@cdc.gov>
Sent: Monday, July 13, 2020 8:24 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>; Mezenghie, Lydia (CDC/DDPHSIS/CGH/OD) <phu5@cdc.gov>
Subject: Mike Ryan briefer - WHO withdrawal TPs

Hi Joel and Serena,

Lydia and I are working on a briefer for R3's call with Mike Ryan on Thursday (these are usually handled by the Ebola PU). Ashley Knotts requested we include some reactive TPs on the WHO withdrawal. I have added something cursory but wanted to check with you before sharing the doc for wider review, as I imagine other CIOs are probably looking to copy CGH talking points on this topic.

Let me know if any concerns. I mainly relied on previous bullets but could add in more detail on the WHE coag or other funding concerns. Thanks!

Best,

Peter Suwondo, MPH
Office of the Associate Director for Policy
Center for Global Health

U.S. Centers for Disease Control and Prevention
[+1.404.718.6572](tel:+14047186572)

From: Cain, Kevin (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 14 Aug 2020 17:04:34 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)

- Kevin's Priorities & First Two Months Insights (see [slides](#))
- Tribal Formal Committee (Aun's participation, CGH representation) - at RM's request
- Sickle Cell Committee representation
- Cluster of unexplained deaths in PNG
- CDC Governance on designated lead division in CDC Country offices
- Africa CDC Senior Advisor Detail / Backfill – possible names:
 - Tony Mounts
 - Stephanie Salyer
 - Toni Whistler
 - Ron Moolenaar
- Africa CDC Senior Advisor Recruitment
 - Input from John Nkengasong?
 - CGH OD will be managing personnel action
 - Search Committee & Announcement to go live once we have input from John N.
 - Sammy Denny-Jones – forward announcement etc to him? Search committee?
- R3 on IANPHI Executive Board
 - [Communications received by R3](#)
 - Application due Sept 5th
 - Commitment: Zoom call every 2 months
 - Chance to build r/ships and advancing regional office agenda, particularly w WHO withdrawal
 - WHO very supportive of IANPHI
- Conflicts w/Pam & Pratima's 1:1s next Tue – ok to skip

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 7 Jul 2020 19:30:24 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Cain, Kevin (CDC/DDPHSIS/CGH/OD); Pectorius, Ted (CDC/DDPHSIS/CGH/OD); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD); Schluter, W. William (CDC/DDPHSIS/CGH/GID); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Daigle, David (CDC/DDPHSIS/CGH/OD)
Subject: Breaking news - Trump Administration sends letter withdrawing from WHO

https://www.washingtonpost.com/world/trump-united-states-withdrawal-world-health-organization-coronavirus/2020/07/07/ae0a25e4-b550-11ea-9a1d-d3db1cbe07ce_story.html?itid=hp_no-name_hp-breaking-news%3Apage%2Fbreaking-news-bar



Serena Vinter, MHS
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
[Center for Global Health](#)

1600 Clifton Road
MS: D-69
Atlanta, GA 30329
Phone: 404-639-0323
Mobile: 404-661-4218
svinter@cdc.gov

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 19:19:38 +0000
To: Mikus, Kristie (CDC/DDPHSIS/CGH/OD)
Subject: WHO

Hi there,

Did ITF get tapped to write TPs on the withdrawal of USG from WHO?

Can you please clear through CGH and CDC OD (Mitch and Christa) before you share w/ staff? Super sensitive right now and they are gearing up for a meeting on Friday.

Serena



Serena Vinter, MHS
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
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[Center for Global Health](#)
1600 Clifton Road
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Atlanta, GA 30329
Phone: 404-639-0323
Mobile: 404-661-4218
svinter@cdc.gov

From: Rowland, Amy (CDC/DDPHSIS/CGH/GID)
Sent: Tue, 14 Jul 2020 13:11:36 +0000
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Subject: RE: impact on immunizations of U.S. withdrawal from WHO

Yes, I am available now until 10.

I'm online and my cell is (b)(6)

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Sent: Tuesday, July 14, 2020 8:53 AM
To: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Subject: RE: impact on immunizations of U.S. withdrawal from WHO

Let me know if you have a few minutes before 10 and I'll give you a call.

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Sent: Monday, July 13, 2020 7:49 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: RE: impact on immunizations of U.S. withdrawal from WHO

Best if we discuss. Want to carve out 10 mins tomorrow?

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Sent: Monday, July 13, 2020 7:25 PM
To: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Subject: FW: impact on immunizations of U.S. withdrawal from WHO

What about this?

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04

Atlanta, GA 30329
Office telephone: 404-553-7314

From: Katherine Bliss <KBliss@csis.org>
Sent: Monday, July 13, 2020 4:34 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: impact on immunizations of U.S. withdrawal from WHO

Hi Will,

I hope you are doing well and wanted to see if it might be possible to talk by phone about the likely impact on global immunization programs of the U.S. withdrawal from WHO, including PAHO. Nellie Bristol and I are co-writing a short piece on the topic for the CSIS commentary series, looking at the impacts of the loss of U.S. funding, secondments, and voluntary contributions on immunization programs and expertise. Nellie is looking into the polio issues, and I am reaching out to U.S. immunization experts.

This would be off the record, and I'd be happy to give you a call at a time convenient for you. Please let me know what you think. I'll look forward to hearing from you.

Many thanks,
Katherine

Katherine E. Bliss, Ph.D.
Senior Fellow
CSIS Global Health Policy Center
tel (202)741-3902
email: kbliss@csis.org

From: Ogee-Nwankwo, Adaeze A. (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 16:07:41 +0000
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO update

Understood. [REDACTED] I was wondering if there is now

[REDACTED]
[REDACTED] The dearth of information is particularly stressful since I get pinged but have nothing firm/cleared to share. I'll remain on the lookout for additional guidance.

Best,
Ada

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Sent: Wednesday, July 8, 2020 5:56 PM
To: Ogee-Nwankwo, Adaeze A. (CDC/DDPHSIS/CGH/OD) <fyz7@cdc.gov>
Subject: RE: WHO update

Tomorrow is tight, but if you can get me please do. [REDACTED]

Ted

From: Ogee-Nwankwo, Adaeze A. (CDC/DDPHSIS/CGH/OD) <fyz7@cdc.gov>
Sent: Wednesday, July 8, 2020 5:26 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Subject: RE: WHO update

Hello Ted,

Hope you are doing well. Do you have time tomorrow to chat about the WHO withdrawal? I missed the update on the all hands and was hoping to pick your brain.

Thanks,
Ada

From: Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <pbd4@cdc.gov>
Sent: Wednesday, July 8, 2020 1:12 PM
To: Ogee-Nwankwo, Adaeze A. (CDC/DDPHSIS/CGH/OD) <fyz7@cdc.gov>
Subject: RE: WHO update

I missed as well. Check with Ted

From: Ogee-Nwankwo, Adaeze A. (CDC/DDPHSIS/CGH/OD) <fyz7@cdc.gov>

Sent: Wednesday, July 8, 2020 1:10 PM

To: Dougherty, Pamela (CDC/DDPHSIS/CGH/OD) <p4hd@cdc.gov>

Subject: WHO update

Hi Pam,

I missed this morning's All hands and later learned that information was shared on the US withdrawal from WHO. (b)(5) Who would you recommend that I reach out to in OD for a quick update? Joel, Ted, ...?

Thanks,
Ada

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Sent: Mon, 13 Jul 2020 23:57:34 +0000
To: Rowland, Amy (CDC/DDPHSIS/CGH/GID)
Subject: RE: impact on immunizations of U.S. withdrawal from WHO

I'll try to give you a call tomorrow.

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Sent: Monday, July 13, 2020 7:49 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: RE: impact on immunizations of U.S. withdrawal from WHO

Best if we discuss. Want to carve out 10 mins tomorrow?

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Sent: Monday, July 13, 2020 7:25 PM
To: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Subject: FW: impact on immunizations of U.S. withdrawal from WHO

What about this?

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Katherine Bliss <KBliss@csis.org>
Sent: Monday, July 13, 2020 4:34 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: impact on immunizations of U.S. withdrawal from WHO

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I hope you are doing well and wanted to see if it might be possible to talk by phone about the likely impact on global immunization programs of the U.S. withdrawal from WHO, including PAHO. Nellie Bristol and I are co-writing a short piece on the topic for the CSIS commentary series, looking at the impacts of the loss of U.S. funding, secondments, and voluntary contributions on immunization programs and expertise. Nellie is looking into the polio issues, and I am reaching out to U.S. immunization experts.

This would be off the record, and I'd be happy to give you a call at a time convenient for you. Please let me know what you think. I'll look forward to hearing from you.

Many thanks,
Katherine

Katherine E. Bliss, Ph.D.
Senior Fellow
CSIS Global Health Policy Center
tel (202)741-3902
email: kbliss@csis.org

From: Katherine Bliss
Sent: Tue, 14 Jul 2020 13:10:57 +0000
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Subject: Re: impact on immunizations of U.S. withdrawal from WHO

Hi Will,

Thanks very much. Please let me know if you have questions or what would work best.

Many thanks,
Katherine

From: "Schluter, W. William (CDC/DDPHSIS/CGH/GID)" <wbs8@cdc.gov>
Date: Monday, July 13, 2020 at 7:26 PM
To: Katherine Bliss <KBliss@csis.org>
Subject: RE: impact on immunizations of U.S. withdrawal from WHO

Dear Katherine:
Let me check.
Will

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Katherine Bliss <KBliss@csis.org>
Sent: Monday, July 13, 2020 4:34 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: impact on immunizations of U.S. withdrawal from WHO

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Many thanks,
Katherine

Katherine E. Bliss, Ph.D.

Senior Fellow

CSIS Global Health Policy Center

tel (202)741-3902

email: kbliss@csis.org

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 16:55:17 +0000
To: Daigle, David (CDC/DDPHSIS/CGH/OD); Friedly, Erik (CDC/DDPHSIS/CGH/DGHT)
Subject: RE: TPs on WHO withdrawal

Erik,

First, hi and very excited to have you join the CGH team later this summer!

Second, I have this as a question for CDC OD sr. leadership at tomorrow's direct report meeting. Dave and I think we need some tough Q&As for the "if asked" but wanted to first clarify with Anne, Sherri, Mitch, Kyle et al

Can I report back to you tomorrow?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>
Sent: Thursday, July 9, 2020 12:50 PM
To: Friedly, Erik (CDC/DDPHSIS/CGH/DGHT) <fre5@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: TPs on WHO withdrawal

Erik,

I have seen the top-line messaging from NSC, but I do not think we have developed anything just yet from CGH.

From: Friedly, Erik (CDC/DDPHSIS/CGH/DGHT) <fre5@cdc.gov>
Sent: Thursday, July 9, 2020 12:04 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>
Subject: TPs on WHO withdrawal

Serena/Dave:

Good morning. I'm working on some TPs for Dr. Redfield for a webinar next week and wanted to include a few "only-if-asked" bullets on the WHO situation. Do you have something cleared?

It can be super brief. Thank you.

Erik M. Friedly
Senior Health Communications Specialist
Office of the Chief of Staff

Office of the Director
U.S. Centers for Disease Control and Prevention
Desk telephone: 404.718.2503

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 16:56:36 +0000
To: Daigle, David (CDC/DDPHSIS/CGH/OD); Friedly, Erik (CDC/DDPHSIS/CGH/DGHT)
Subject: RE: TPs on WHO withdrawal

Also, let's think of the tough Qs:

(b)(5) ?
↓ (b)(5) ?
(b)(5) ?
(b)(5)

Others?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>
Sent: Thursday, July 9, 2020 12:50 PM
To: Friedly, Erik (CDC/DDPHSIS/CGH/DGHT) <fre5@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: TPs on WHO withdrawal

Erik,
I have seen the top-line messaging from NSC, but I do not think we have developed anything just yet from CGH.

From: Friedly, Erik (CDC/DDPHSIS/CGH/DGHT) <fre5@cdc.gov>
Sent: Thursday, July 9, 2020 12:04 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>
Subject: TPs on WHO withdrawal

Serena/Dave:

Good morning. I'm working on some TPs for Dr. Redfield for a webinar next week and wanted to include a few "only-if-asked" bullets on the WHO situation. Do you have something cleared?

It can be super brief. Thank you.

Erik M. Friedly
Senior Health Communications Specialist
Office of the Chief of Staff

Office of the Director
U.S. Centers for Disease Control and Prevention
Desk telephone: 404.718.2503

From: Rowland, Amy (CDC/DDPHSIS/CGH/GID)
Sent: Thu, 9 Jul 2020 14:41:20 +0000
To: CDC CGH GID Management Team
Subject: RE: Re: Lancet Commentary, June 8

Sorry, the hyperlink was not working. Try this -

[https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736\(20\)31527-0.pdf](https://www.thelancet.com/pdfs/journals/lancet/PIIS0140-6736(20)31527-0.pdf)

From: Rowland, Amy (CDC/DDPHSIS/CGH/GID)
Sent: Wednesday, July 8, 2020 8:25 PM

To: CDC CGH GID Management Team <nipyddedmanage@cdc.gov>
Subject: Re: Lancet Commentary, June 8

[US withdrawal from WHO is unlawful and threatens global and US health and security](#)



Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

December 19, 2023

Via email

This letter is regarding your attached Centers for Disease Control and Prevention and Agency for Toxic Substances and Disease Registry (CDC/ATSDR) Freedom of Information Act (FOIA) request of August 17, 2023, assigned #23-01650-FOIA. This is the final interim response for the records that were on consultation.

Attached are 392 pages that were on consultation. (308 pages released in full or part; 84 pages withheld in full). After a careful review of these pages, some information was withheld from release pursuant to 5 U.S.C. §552 Exemptions 5 and 6. The foreseeable harm standard was considered when applying these redactions.

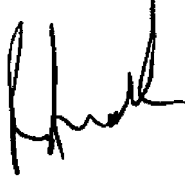
Exemption 5 protects inter-agency or intra-agency memorandums or letters which would not be available by law to a party other than an agency in litigation with the agency. Exemption 5 therefore incorporates the privileges that protect materials from discovery in litigation, including the deliberative process, attorney work-product, and attorney-client privileges. Information withheld under this exemption was protected under the deliberative process and presidential communications privileges. The deliberative process privilege protects the decision-making process of government agencies. The deliberative process privilege protects materials that are both predecisional and deliberative. The information that has been withheld under the deliberative process privilege of Exemption 5 are both predecisional and deliberative, and do not represent formal or informal agency policies or decisions. Examples of information withheld include recommendations, comments, opinions. The presidential communications privilege protects documents solicited and received by the President or his immediate White House advisers who have broad and significant responsibility for investigating and formulating the advice to be given to the President.

Exemption 6 protects information in personnel and medical files and similar files when disclosure would constitute a clearly unwarranted invasion of personal privacy. The information that has been withheld under Exemption 6 consists of personal information, such as passcodes for conference calls. We have determined that the individual(s) to whom this information pertains has a substantial privacy interest in withholding it.

You may contact our FOIA Public Liaison at 770-488-6246 for any further assistance and to discuss any aspect of your request. Additionally, you may contact the Office of Government Information Services (OGIS) at the National Archives and Records Administration to inquire about the FOIA mediation services they offer. The contact information for OGIS is as follows: Office of Government Information Services, National Archives and Records Administration, 8601 Adelphi Road-OGIS, College Park, Maryland 20740-6001, e-mail at ogis@nara.gov; telephone at 202-741-5770; toll free at 1-877-684-6448; or facsimile at 202-741-5769.

If you are not satisfied with the response to this final interim response set, you may administratively appeal to the Deputy Agency Chief FOIA Officer, Office of the Assistant Secretary for Public Affairs, U.S. Department of Health and Human Services, via the online portal at <https://requests.publiclink.hhs.gov/App/Index.aspx>. Your appeal must be electronically transmitted by March 18, 2024.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Andoh', written in a cursive style.

Roger Andoh
CDC/ATSDR FOIA Officer
Office of the Chief Operating Officer
(770) 488-6399
Fax: (404) 235-1852

Enclosures

23-01650-FOIA

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 16:52:05 +0000
To: Hack, Tim (CDC/DDPHSIS/CGH/OD); Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Mampilly, Thomas (CDC/DDPHSIS/CGH/OD)
Subject: FW: Interagency Top Lines - WHO Withdrawal 7.8 (002)
Attachments: Interagency Top Lines - WHO Withdrawal 7.8 (002).docx

Sharing so you can see how Administration is framing this.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>
Sent: Thursday, July 9, 2020 11:25 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Mikus, Kristie (CDC/DDPHSIS/CGH/OD) <lqq1@cdc.gov>
Cc: Hansen, Donda L. (CDC/DDPHSIS/CGH/OD) <xcb1@cdc.gov>
Subject: Interagency Top Lines - WHO Withdrawal 7.8 (002)



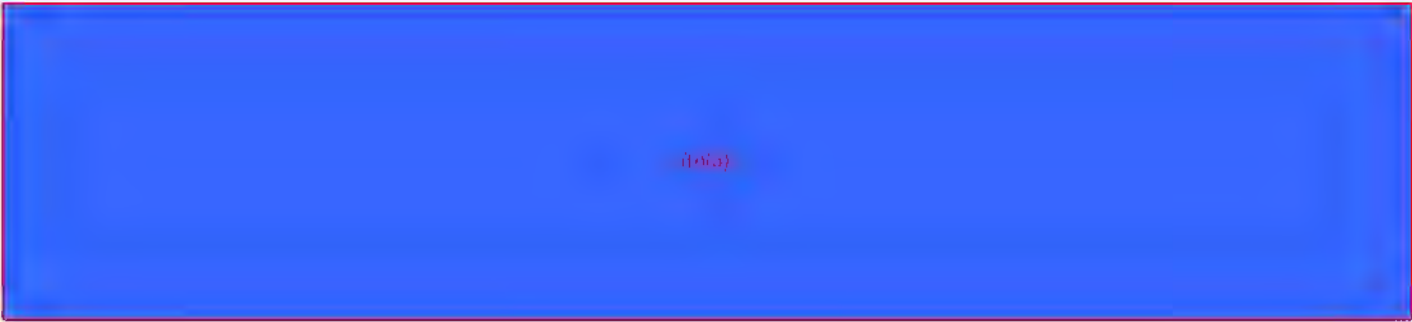
**Interagency Top Lines
United States Withdrawal from the WHO
July 8, 2020**

Notice of Withdrawal

- The United States' notice of withdrawal, effective July 6, 2021, has been submitted to the UN Secretary-General, who is the depositary for the WHO Constitution.

Q and A

(b)(5)



From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 16:51:32 +0000
To: Daigle, David (CDC/DDID/NCEZID/DGMQ); Hansen, Donda L. (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Larish, Nili (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD); Mikus, Kristie (CDC/DDPHSIS/CGH/OD)
Subject: RE: Interagency Top Lines - WHO Withdrawal 7.8 (002)

Dear all,

If you share this – please clearly mark / denote we are sharing so the field staff see the Administration’s messaging on this decision. We are not asking field staff / leadership to deliver these points.

Happy to talk more offline about how to verbally convey additional information around these TPs.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>
Sent: Thursday, July 9, 2020 12:44 PM
To: Hansen, Donda L. (CDC/DDPHSIS/CGH/OD) <xcb1@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Mikus, Kristie (CDC/DDPHSIS/CGH/OD) <lqq1@cdc.gov>
Subject: RE: Interagency Top Lines - WHO Withdrawal 7.8 (002)

Yes ma’am. I would add that any requests for interview on the topic should be referred to CDC or CGH public affairs. Best, Dave

From: Hansen, Donda L. (CDC/DDPHSIS/CGH/OD) <xcb1@cdc.gov>
Sent: Thursday, July 9, 2020 11:48 AM
To: Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Mikus, Kristie (CDC/DDPHSIS/CGH/OD) <lqq1@cdc.gov>
Subject: RE: Interagency Top Lines - WHO Withdrawal 7.8 (002)

Can this be shared with the countries via the ITF daily email? It can be shared as “internal” if needed.
Donda

From: Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>
Sent: Thursday, July 9, 2020 11:25 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>; McClure, Susan

(CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Mikus, Kristie (CDC/DDPHSIS/CGH/OD) <lqq1@cdc.gov>
Cc: Hansen, Donda L. (CDC/DDPHSIS/CGH/OD) <xcb1@cdc.gov>
Subject: Interagency Top Lines - WHO Withdrawal 7.8 (002)

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 7 Jul 2020 23:13:32 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD); McCulloch, Audrey (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA
Attachments: 6.18.20 Grigsby SFRC QFRs- OGA_CGH_Final_Draft.docx, 6.18.20 Grigsby SFRC QFRs- OGA_JS_ELR_RMM.docx

Hi Serena,

Thanks for chatting about this earlier. Please find attached the synthesized version of CGH comments based on our discussion. You will notice the first comment in the document was left in just for you in case you want to pull any additional content from it. I plan to delete that comment after your review since there is just too much content. In addition, I have attached the un-synthesized version of our comments in case you want to look back on that for reference on what was noted.

Let me know if we have to change our approach. Thanks for your input. Randy has requested our comments NLT noon tomorrow.

Best,

Emily

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Tuesday, July 7, 2020 2:08 PM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Emily –

Let me know if you want to talk through the comments from Rebecca. I think it would be good to clean up the back and forth comments and happy to review again before it goes back to CDC W.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Tuesday, July 7, 2020 11:47 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Dear Serena,

A few comments in the attached version. I think (b)(5)

(b)(5)

Thanks, Rebecca

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Tuesday, July 7, 2020 9:55 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Rebecca,

Here are the QFRs from the 6/18/2020 Senate FRC hearing.

Right now, the additional content on impact is listed as comments. We can keep that way or actually cut and paste into the text once you review.

Thanks!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Monday, July 6, 2020 6:42 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Serena,

Briefly spoke to Sukeshi since she had some questions on process and let her know we were going to pick out key examples to send over to RM for the final comments. Let me know if you plan to send over or if you want (b)(5) (b)(5) (b)(5). Look forward to hearing your thoughts.

Thanks,

Emily

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Sent: Monday, July 6, 2020 4:42 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/OID/NCEZID) <zur1@cdc.gov>; Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Serena,

Please find attached additional comments including examples of our CDC programs most at risk. I have included them as comments for now for ease of review/deletion. I assume (b)(5)

(b)(5)

Will you be sharing this document with comments to RM for her thoughts/ direction?

Thanks,

Emily

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 9:47 AM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Emily,

I just spoke with Rebecca and she agreed that it would be useful to be more explicit about the WHO role in polio eradication and measles & rubella. I'm sharing an internal draft document that includes the most critical CDC programs at risk.

Also, did CDC W also share these w/ NCIRD and NCEZID? I think (b)(5)

(b)(5)

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Monday, July 6, 2020 9:37 AM

To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Sorry our emails crossed. Thanks!

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 9:36 AM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Joel is on leave so let me find them!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Monday, July 6, 2020 9:36 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi,

Sound good, Serena. I do not have them, but will reach out to Joel to get our hands on them.

Thanks,

Emily

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 9:33 AM
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Dear Emily,

Do you have some of the background documents Joel helped develop outlining the CDC-WHO collaboration and v [REDACTED] (b)(5)

[REDACTED] (b)(5)

I will flag for Rebecca that she should expect to see this tomorrow.

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Sent: Thursday, July 2, 2020 12:49 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Emily,

A few comments in the attached. As discussed, it will helpful to hear from RM whether or not this is the opportunity to provide some more concrete examples of the withdrawal.

I suggest giving as much time as we can to RM for review in case we need to provide substantial edits.

It will be really helpful to see what CDC/W ultimately sends forward on the 8th.

Thanks!

J

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 2, 2020 8:43 AM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: Re: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Agree about giving RM a chance to review. I will get you comments by COB Mon, July 6.

Serena

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From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Wednesday, July 1, 2020 5:48:36 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi all,

After talking with Susan, we were thinking it would be good if we can compile our CGH comments by COB, July 7th to give RM an opportunity to weigh in on them before we share back with CDCW.

Please let me know if this will present any issues.

Thanks,

Emily

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 1, 2020 5:20 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Joel and Serena,

Please find attached OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

CDCW has asked for CGH feedback by NLT July 8th at noon (comments are due COB that day). Randy has indicated that Mitch, Anstice, and Randy plan to review the document after we have incorporated our comments.

Let us know if you have any questions.

Thanks,

Emily

From: Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>
Sent: Wednesday, July 1, 2020 4:40 PM
To: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Greetings,

Attached are OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

Please redline the Q&As, and send your feedback/comments to me by **July 8th at noon** (they are due by COB that day) so that we can then clear on this end before the deadline.

Thanks,
Randy

Miranda (Randy) Katsoyannis
CDC Washington Office
202-245-0618
www.cdc.gov/washington

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 22 Jul 2020 21:16:56 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD)
Subject: NOTES: Weekly check in on WHO - July 22
Attachments: Notes from interagency call on WHO 2020-07-22.docx, C.L.23.2020 (Written silence procedure).pdf

Dear Rebecca,

Please see attached for notes from this morning's interagency call on WHO. The resolutions referenced in the notes are indicated below.

- **Resolution EB146.R10** Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) [link: https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R10-en.pdf]
- **Resolution EB146.R6** Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a public health problem [link: https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R6-en.pdf]

Please let us know if you have any questions. Thanks!

Best,

Peter Suwondo, MPH
Office of the Associate Director for Policy
Center for Global Health
U.S. Centers for Disease Control and Prevention
[+1.404.718.6572](tel:+14047186572)

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 15, 2020 11:02 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 15

Dear Rebecca,

I am attaching here some notes from this morning's WHO interagency call on behalf of the policy team. Please let us know if there are any questions. Thanks!

Best,
Peter

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 9:00 AM

To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r4tm@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 8

Good morning Rebecca,

Below are notes on this mornings WHO interagency call.

Thank you!

J

Notes:

1. **Effective date for withdrawal date is July 6, 2021 - official**
2. **Next PCC on Friday (invite only)**
 - Invite only; agenda unknown
 - May include funding
 - Has there been decision or further guidance on exceptions? No insight
3. **Landscape paper – include areas where we need to engage regardless of membership status**
 - Has been reformatted
 - Interagency document only and no intent to share more broadly
 - Purpose of document will also be to bring leadership up to speed as much as possible on WHO
 - Need to be sure we include regional/country level work and how that work will stand down. PAHO will be the only region where we remain engaged
 - Draft to be circulated this week by OGA
4. **Call on executive board focused on US departure (Tracy Carson)**
 - EB member session in August – follow-up to COVID WHA resolution, but rumors that EB would like to discuss the US withdrawal and include impact of departure
 - (b)(5)
 - 10 items WHO committed to doing on COVID for engagement and oversight (independent oversight and origins of virus investigation)
4. **Chile offers alternative to WHO reform (Tracy Carson)**
 - Convened a small group to discuss reform through specific IHR lens – Min of foreign affairs leading on a preparedness front; no mechanism to move forward (e.g. edits to IHR, annex to IHR)
 - Ensuring open borders for commodities and PPE
 - Principles governing IHR and ensuring most vulnerable remains central
 - Other members have been invited for ideas and updates in next two weeks

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vbi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

(b)(5)

Ref.: C.L.23.2020

The Director-General of the World Health Organization (WHO) presents his compliments to Member States and Associate Members and has the honour to refer to the Written Silence Procedure adopted by the Seventy-third World Health Assembly on 18 May 2020 through decision WHA73(7).

The Written Silence Procedure operates following the suspension of the Seventy-third World Health Assembly session and pending its resumption and applies in respect of any proposal that the President of the Health Assembly determines, following informal consultations or because the proposal was recommended by the Executive Board for adoption, is suitable for adoption without further discussion by the Health Assembly.

Following the informal consultations with Member States on 3 and 26 June 2020, and based on the feedback received from Member States, the President Ms Keva Bain, Ambassador, Permanent Representative of the Commonwealth of the Bahamas to the United Nations Office in Geneva, made the determination that the following proposals are suitable for adoption without further discussion by the Health Assembly and should therefore be subject to the written silence procedure:

Proposal submitted by Member States:

1. [Strengthening global immunization efforts to leave no one behind submitted by the United States of America¹](#)

Proposals recommended by the Executive Board for adoption:

2. [Resolution EB146.R6](#) Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a public health problem
3. [Resolution EB146.R7](#) Global strategy for tuberculosis research and innovation
4. [Resolution EB146.R8](#) Integrated people-centred eye care, including preventable vision impairment and blindness
5. [Resolution EB146.R9](#) Strengthening efforts on food safety
6. [Resolution EB146.R10](#) Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005)
7. [Decision EB146\(3\)](#) Geneva buildings renovation strategy

¹ https://www.who.int/immunization/IA2030_draft_4_WHA.pdf?ua=1.

C.L.23.2020

8. [Decision EB146\(10\)](#) Global strategy and plan of action on public health, innovation and intellectual property
9. [Decision EB146\(13\)](#) Decade of Healthy Ageing
10. [Decision EB146\(16\)](#) Travel and other entitlements of the Chair of the Executive Board and other Board members
11. [Decision EB146\(19\)](#) Influenza preparedness
12. [Decision EB146\(21\)](#) WHO reform: governance
13. [Decision EB146\(22\)](#) Evaluation of the election of the Director-General of the World Health Organization

Member States are invited to signal in writing to the following email address hqgoverningbodies@who.int by 23 July **no later than 18:00 CEST** any objection to the adoption of any of the abovementioned proposals. It is understood that objections are severable in that an objection to one proposal will not affect any other proposal.

In absence of the receipt by 23 July of any written objection from a Member State, the proposal(s) concerned will be considered as having been validly adopted by the Health Assembly. The adopted proposal(s) will be referred to the Health Assembly at its resumed session for information only.

In the event of the receipt by 23 July of one or more written objections from a Member State, the proposal(s) concerned will be considered as having not been adopted by the Health Assembly. The proposal(s) concerned will be referred to the Health Assembly for consideration at its resumed session.

The Director-General will communicate the outcome of the written silence procedure to all Member States as soon as possible after 23 July. In the case of a proposal that is adopted pursuant to the written silence procedure, the date of the Director-General's communication to that effect will be the date of adoption of the proposal.

Without prejudice to the above, any Member State may explain its position in respect of a proposal that is subject to the written silence procedure by submitting a written statement relating thereto, for posting on the WHO website. Written statements should be received by the Director-General by 23 July. Written statements will be made available on the WHO website for information purposes only. They will appear as submitted and in the language(s) of submission. Submission of a written statement in accordance with this paragraph will not be considered as an objection to the adoption of a proposal.

The Director-General of the World Health Organization takes this opportunity to renew to Member States and Associate Members the assurance of his highest consideration.

GENEVA, 9 July 2020

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Organisation mondiale de la Santé • Всемирная организация здравоохранения • Organización Mundial de la Salud

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 7 Jul 2020 13:55:06 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA
Attachments: 6.18.20 Grigsby SFRC QFRs- OGA_JS_ELR.docx

Rebecca,

Here are the QFRs from the 6/18/2020 Senate FRC hearing.

Right now, the additional content on impact is listed as comments. We can keep that way or actually cut and paste into the text once you review.

Thanks!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhcS@cdc.gov>
Sent: Monday, July 6, 2020 6:42 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Serena,

Briefly spoke to Sukeshi since she had some questions on process and let her know we were going to pick out key examples to send over to RM for the final comments. Let me know if you plan to send over or if you want (b)(5)

(b)(5) Look forward to hearing your thoughts.

Thanks,

Emily

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Sent: Monday, July 6, 2020 4:42 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/OID/NCEZID) <zurl@cdc.gov>; Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; Stanojevich, Joel G.

(CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Serena,

Please find attached additional comments including examples of our CDC programs most at risk. I have included them as comments for now for ease of review/deletion. I assume (b)(5)

(b)(5)

Will you be sharing this document with comments to RM for her thoughts/ direction?

Thanks,

Emily

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>

Sent: Monday, July 6, 2020 9:47 AM

To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>

Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Emily,

(b)(5)

Also, did CDC W also share these w/ NCIRD and NCEZID? I think (b)(5)

(b)(5)

Serena Vinter

Center for Global Health (CGH)

o. (404) 639-0323 | m. (404) 661-4218

uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>

Sent: Monday, July 6, 2020 9:37 AM

To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>

Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Sorry our emails crossed. Thanks!

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>

Sent: Monday, July 6, 2020 9:36 AM

To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Joel is on leave so let me find them!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Monday, July 6, 2020 9:36 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi,

Sound good, Serena. I do not have them, but will reach out to Joel to get our hands on them.

Thanks,

Emily

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 9:33 AM
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Dear Emily,

Do you have some of the background documents Joel helped develop outlining the CDC-WHO collaboration and (b)(5)

(b)(5)

I will flag for Rebecca that she should expect to see this tomorrow.

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Sent: Thursday, July 2, 2020 12:49 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Emily,

A few comments in the attached. As discussed, it will helpful to hear from RM whether or not this is the opportunity to provide some more concrete examples of the withdrawal.

I suggest giving as much time as we can to RM for review in case we need to provide substantial edits.

It will be really helpful to see what CDC/W ultimately sends forward on the 8th.

Thanks!

J

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 2, 2020 8:43 AM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: Re: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Agree about giving RM a chance to review. I will get you comments by COB Mon, July 6.

Serena

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From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Wednesday, July 1, 2020 5:48:36 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi all,

After talking with Susan, we were thinking it would be good if we can compile our CGH comments by COB, July 7th to give RM an opportunity to weigh in on them before we share back with CDCW.

Please let me know if this will present any issues.

Thanks,

Emily

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 1, 2020 5:20 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Joel and Serena,

Please find attached OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

CDCW has asked for CGH feedback by NLT July 8th at noon (comments are due COB that day). Randy has indicated that Mitch, Anstice, and Randy plan to review the document after we have incorporated our comments.

Let us know if you have any questions.

Thanks,

Emily

From: Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>
Sent: Wednesday, July 1, 2020 4:40 PM
To: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; Rosenfeld, Emily

(CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD)
<xzk0@cdc.gov>

Subject: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Greetings,

Attached are OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

Please redline the Q&As, and send your feedback/comments to me by **July 8th at noon** (they are due by COB that day) so that we can then clear on this end before the deadline.

Thanks,
Randy

Miranda (Randy) Katsoyannis
CDC Washington Office
202-245-0618
www.cdc.gov/washington

From: Olsen, Laura (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 1 Jul 2020 15:57:19 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD); Mikus, Kristie (CDC/DDPHSIS/CGH/OD)
Subject: For your reference - Readout from OGA staff meeting yesterday
Attachments: 2020-6-30 OGA staff meeting unofficial notes.pdf

Good morning Dr. Martin,

For your awareness – please find attached the readout from yesterday’s OGA Staff meeting led by Garrett. One item of note – CDC will be helping to organize a forthcoming briefing for Secretary Azar on swine flu, following recent news reports on a swine flu strain in China.

I will also plan to distribute this through Kristie’s normal channels (to CGH division ADPs, etc.) tomorrow.

Thank you,
Laura

**OGA Staff Meeting
June 30, 2020
Informal notes taken by CGHW**

OGA Front Office:

Women's Health event:

- OGA is working w DoS to get demarches sent out to 70-80 countries re: a planned event in early September 2020 – a ceremonial signing of a declaration on women's health issues, with both Secretary Azar and Secretary Pompeo. OGA will also reach out to countries' Missions in NY and Embassies in DC to help follow up.

WHO:

- WHO reform efforts are continuing, including a G7 Health Ministries call at the working level this morning focused on the reform package. Political atmospheric questions are to be expected and are understandable, and we address them – but notwithstanding that, we have remarkable agreement on the vast majority of issues. Most of the disagreements are really around tone – so we're working on that while still maintaining our policy goals, and both are achievable. We're also going to take a cut at reducing the length of the document, following input from Japan, Germany, and others that the substance is good but we need to be more succinct. There is some lessened pressure since the G7 Leaders summit was postponed from June to a future date, still TBC. We are now very methodically and deliberately working through this process, and will see how far we can take it.
- An important next step in the WHO process is for us to do our collective due diligence and report up completely and accurately - through a landscape exercise – about all implications of the USG's WHO departure on US interests. This ranges from the smallpox stocks held per WHO mandate at CDC in Atlanta, to how we engage in influenza surveillance, to the disposition of U.S. territories in the Pacific Islands' engagement w WHO. OGA is working w interagency partners to make sure we can be fully honest and transparent – this isn't related to the political decision, since that has already been taken and official notification of withdrawal is imminent. But, we still need a full accounting of this decision on US interests.

Global Fund:

The Executive Director of the Global Fund (GF) stated with an unprecedented degree of clarity that he believes that the Fund should go beyond its current US legal mandate of supporting HIV TB and Malaria, to advance a broader global health agenda. AMB Birx in response, supported by Garrett in his alternate Board member role, has said that for the GF to persist to move in this in this de facto way to add to its mandate and go beyond the 3 diseases, that US support could be threatened and it could jeopardize the 32% pledge match of the USG.

FDA: As may have been seen in news coverage, including a Wall St journal article this morning – FDA plans to release guidance today on Covid19 vaccines – ultimately it must be at least 50% more effective than placebo at preventing virus infection. There will also be a White House event this evening, including FDA Commissioner Hahn.

HRSA: nothing to report

NIH: no one on the line

Asia Pacific:

- **India** – on a trajectory to perhaps surpass Brazil in number of COVID-19 cases, curve going straight up. Nevertheless, and against advice of health and public affairs team at post, State is proceeding to open up at post for people to PCS.
- **US engagement in WHO/WPRO** – thanks front office for raising this issue, looks forward to learning more. Front office also flagged this as important and relevant to discuss re: the USG’s Pacific strategy. Like PAHO - WHO/WPRO is the other regional committee that USG is an official member of – and Garrett promised to continue to be the “squeaky wheel” to raise this within USG and try to move forward.
- **ASEAN** – This evening HHS Dep Sec Hargan is participating in an event w the US ASEAN business council – focused on private sector role in responding to pandemics. Broadly, this is part of a USG wide effort to engage w ASEAN more as we look to strengthen our relationship with them, particularly on health.

Americas:

- **Several new Ministers of Health** - Lots of turnover of several Ministers over past 1-2 weeks: including Panama, Chile, and Guatemala. OGA will be having a call this week w new Vice Minister in Guatemala. On another leadership note, OGA is also tracking health news about the President of Honduras who contracted COVID around 12 days ago.
- **Argentina** - Working w the US Embassy in Argentina as we receive request for TA from the MOH for some modeling efforts, working w colleagues at CDC on this.
- **Summit of the Americas** - This is a heads of state level event bringing together all countries in the hemisphere and which happens every three years. OGA is participating in a sub-PCC this afternoon, much interest in regards to having a health track. OGA received the non-paper yesterday – overall focus is on sustainability in the Americas to counter malign forces and reinforce democratic governance.
- **US-Mexico Border Health Commission** – hired a new US executive director who will be starting in July. Dr. Martha Vela Acosta – a family physician originally from Mexico, with lots of experience in environmental health and with work experience along the border. OGA will send around her bio when she officially begins.

Middle East/North Africa:

- **Yemen** - USAID reached out to include HHS in its planning for a press release on COVID-19 support for Yemen. Ultimately after working with CDC it doesn’t seem that there is really any CDC equities to highlight, but good that USAID asked.
- **Saudi Arabia** - Recently asked to connect to HHS/OS about vaccine trials and Saudi Arabia’s participation – more to come if call will be scheduled.

Europe/Eurasia:

- **OECD** - Had a good call w OECD which presented on their model related to COVID-19 – it includes impacts on health systems based on different policy measures that countries are taking. The call included HHS/ASPE and CDC reps from the COVID modeling team - pending written input from ASPE and CDC on how much potential they see for this. OECD did admit that they had to “dumb down” a lot of indicators and variables to bring in info from across such a wide swath of countries – is it too simplified to be much use to use, or does it have merit? Peter will also send around OECD’s paper on this within OGA - would be good to at least track the various comparative analyses out there.
- **UK** - Yesterday held our biweekly call w the UK on vaccines and therapeutics development – Janet Woodcock from Operation Warp Speed was on the call, as well as the UK’s Dep Chief Medical Officer - a helpful dialogue.
- **Travel Restrictions** - European countries are lifting some travel restrictions on 15 countries – the list does not include US, Brazil, or Russia. USG had been trying to work w them to make the case on why to

lift restrictions on travelers from the US, but that did not move forward. US still maintains its travel restrictions on Europe as well.

- The USG is also still working w European individuals seeking exemptions to travel to US - ultimately we just need to refer these to State. We were in touch w CDC on one of these and they weighed in w their opinion of it. Now have received a new request for an AstraZeneca vaccine researcher who is Dutch but needs to get back here to continue that work. Front office affirmed that although this does have to be sent over to State it is still good for us to weigh in w HHS opinion.
- **G7** – Have been holding weekly calls w Ministers of Health – will be more difficult to maintain as we get into summer, and may start pacing these calls to allow enough time build up for their to be real substance for the Ministers to share. Meanwhile we are still pushing hard on the WHO reform paper at the working level now, and so will continue Minister level calls for at least next few weeks.

Africa:

- **DRC** –
 - During the Secretary’s recent call with the US AMB in DRC– issue of EBV therapeutics being sent from eastern to western outbreaks is of concern. Think it has been resolved now. Africa team director had a conversation with the Minister of Health about this last week, and he has now acknowledged that there are logistical issues that need to be taken into account. A Shipment went to Mandaka on Sunday, and hope we can inform the Secretary that this issue has been resolved.
 - WHO also declared the end of the Eastern Kivu Ebola outbreak. Front office noted that at the White House COVID-19 Task Force press briefing the other day, Secretary Azar actually led his comments w a highlight of this, we’re very thankful for that.
- **Polio** - WHO recently declared Africa-wide polio virus free – was a great accomplishment, CDC should be celebrating.

Agency Liaison:

- **Visas** – There was a recent USG announcement about people coming to the U.S. on J1 visas – there is a travel exemption for those coming over for public health and scientific purposes. (Note that there are two different types of requests on travel exemptions coming in, so this is different than what the Europe team mentioned.) State is working on this, and we hope to have more by end of this week

HHS Overseas Staffing:

- Continuing to track DoS’ Diplomacy Strong initiative/process to reopen embassies. Embassies are starting to bring back staff from authorized departure, and PCS staff and fam members.
 - Just informed overnight that the second of 3 chartered flights back to China was postponed... both NIH and FDA have staff and family members scheduled for that flight. Not sure what the holdup is but working w HHS Health Attaché on that.
- State Med and Legal have established that under the Vienna Convention, **US staff and family members coming back to posts cannot be subject to any kind of COVID testing by a foreign government, nor can they be quarantined in any foreign government facility.** DoS may need to consider exceptions to this on case by case basis, but the agreement in China is that returning US staff/family will quarantine at home or in hotels.

Multilateral Affairs:

- Follow up from Garrett’s participation in last week’s **Senate Foreign Relations hearing on COVID-19 global response** – responded to the questions for the record and sent those back to the OGA front office

- **PAHO –**
 - The external review work group is meeting today, and is chaired by Canada – pending that discussion, we hope to have the order to transfer our **USG assessed contributions** to PAHO
 - The PAHO Executive Committee also did agree to a resolution on **PAHO governance reform**, will be going forward to the PAHO Directing Council in September. Basically the PAHO Director will report to the Executive Committee if there are any potential projects through national voluntary contributions that are deemed politically or legally risky to the organization, or in excess of 25M dollars. This should help to further insulate PAHO leadership from taking actions that may be unwise for the organization. Canada’s Michael Pearson will chair the strategic WG as we continue to work through these issues.
- **WHO**
 - **Landscape doc** – Already mentioned by front office. We are going to reorganize it a bit to address issues in order and try to make it more straightforward – many are very complex and have legal policy and program aspects all intertwined. We want it to be clearly laid out so reader can understand but not get lost in complexities.
 - **WHA** – There are a number of issues we need to work on re: the resumed WHA this fall, and closely monitoring and working w partners on issues of important to USG. Also preparing for the WHO Executive Board meeting in January, and working with HHS A/S Giroir’s team.
 - OGA will also be organizing a **listening session** on WHO [unclear if this is focused on WHO relationship broadly, or on WHA topics.] This will hopefully be scheduled soon, in July. Will probably be a full day. Will reach out to broad group of stakeholders.
 - **Taiwan engagement w WHO**: Spoke w Taiwan this week – they also reiterated support for the US and thankfulness for our work on WHO, and are concerned w a landscape not including US in future

PEPFAR team: Monitoring Covid-19 impact on PEPFAR work on weekly basis

Trade team:

- **HHS COVID-19 Access work group** - Tomorrow we are holding the second meeting of the WG – it includes a few points of contact from different HHS Operating Divisions to discuss issues related to global access, and keep lines of communication open. Looking forward to hearing more about what other OPDIV are hearing on this week’s call, last time was very OGA update heavy.
- **US Kenya free trade agreement (FTA)** - First round of negotiations is starting next week – this is the first of its kind for a sub-Saharan African country. Quite a bit of daylight between what each country would like to see in this FTA. OGA will be tracking and participating as necessary, though issues like investment and intellectual property are so complex in this case that those are not on the agenda for the first round. FDA will be working on issue of technical barriers to trade.
- **G7 Finance Track proposal on COVID-19 patent pool** - Working w NSC and Treasury to discuss w Japan a proposal to have the G7 put together a patent pool for COVID-19 products. We have been working on this for a while, proposal has evolved considerably over time – Japan has had hard time articulating what value this would bring to the global conversation. This is under the G7 finance track.

Pandemic and Emerging Threats team:

- **DRC outbreak** – On June 25 WHO’s emergency committee met and deemed the Ebola outbreak in Kivu to no longer constitute a PHEIC. However as of last night there were 4 more confirmed cases in Equateur - concern is now not one of armed conflict in the region, but it is one of lack of access. CDC raised the concern about lack of transport between health zones and transit limitations, are ultimately concerns that cases will be missed.
- **COVID-19:**

**** For internal CDC only – not to be forwarded/distributed ****

- Advances in COVID-19 **vaccine development** – 17 candidate vaccines are in clinical trials (5 in the US) – 132 more vaccines in preclinical research, and we will hopefully see more move into clinical trials arena.
- More positive results in some **therapeutics trials** including the UK's RESULTS study, including a low cost widely available steroid product that has promise for helping people on ventilators

+ **Swine Flu in China** - Garrett noted that this morning Secretary mentioned news coverage of **swine flu in China**, expressed a concern about it and asked Dr. Redfield about it (who may not have really been briefed on it yet.) Garrett was able to step in and give an intelligent answer based on the PET Director's briefing notes – basically that this is not something new but has been being watched for a while. Dr. Redfield mentioned he could set up a briefing for the Secretary. Garrett highlighted that - at some point, not an emergency, Secretary Azar would like a briefing on the number of swine flu strains with pandemic potential, and some background on this subject. We gave him enough this morning for him to get by, but he will be getting questions on this. Would be great to get this scheduled over the next few weeks. Larry is reaching out to CDC to get something together.

From: McClure, Susan (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 13 Aug 2020 21:28:58 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Vinter, Serena (CDC/DDPHSIS/CGH/OD); Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD); Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: OGA call 08/13/2020
Attachments: 08132020 WHO interagency call notes final.docx, HHS Observer Participation in WHO 2020 Regional Committees 08122020.docx

Please find attached the notes from today's call.

Thanks

Susan McClure, MPH
Associate Director for Policy
Center for Global Health
Centers for Disease Control and Prevention
zur1@cdc.gov



Notes from interagency call on WHO, 2020-08-13

China Investigation

- Awaiting information on the team that is going to China to investigate the origins of the virus; will share when available; the Chinese asked that it be an expert team

G7

- Not able to come to agreement on WHO strengthening roadmap that was acceptable to all countries; we are going to see what we can do with WHO reform leading up to WHO EB meeting Sept 16/17;
- Have a reform document that was shared with the G7; would like to see if we could get a group of countries to support reform vision
- Germany and France have drafted a paper about reform and they are trying to garner support in the EU

Independent Panel for Pandemic Preparedness and Response (IPPR)

- Membership will be announced at the end of August
- Although examining COVID-19, panel will likely also propose reform
- Note: the Chileans put forward a proposal to amend IHR by January
- OGA noted many avenues to reform

WHO Regional Committee Meetings

- OGA draft justification sent to the front office (see attached)
- Asking to participate as an observer in AFRO, EMRO, EURO, SEARO; no speaking role but need to look at the numbers
- Expect to have a log-in of some sort in case virtual participants need to respond to something; CDC asked for clarification on how that would work and if we could respond to technical questions; OGA will arrange a call to discuss and provide guidance; anything beyond technical responses would need pre-clearance.
- For some locations, there may be no restrictions on observing; for example EURO is going to publicly broadcast the RC, but that may not be the case for all RCs.

UNGA

- OGA participated in a countdown call with DOS.
- Tracking a COVID omnibus resolution closely and will share more information
- DOS is limiting in-person presence and discouraging travel.
- Waiting to find out if POTUS will attend in person; Pompeo will not attend in person
- DOS tracking side events – none focused on health topics
- UN is trying to find space for in-person negotiations

DRAFT



DATE: August 11, 2020

TO: Garrett Grigsby, Director and Colin Mciff, Deputy Director, Office of Global Affairs (OGA)

FROM: Mara Burr, Director, Multilateral Relations, OGA

SUBJECT: USG-HHS attending the 2020 WHO Regional Committees (RCs) - DECISION

ACTION REQUESTED

The purpose of this memo is to request your approval and guidance on registering an observer delegation including key HHS Operating and Staff Division representatives to attend World Health Organization (WHO) Regional Committee (RC) meetings in which the United States is not a Member. In order to allow for registration a decision must be finalized by Friday, August 14 in order to register delegates for the first RC (Tuesday, August 25).

SUMMARY

- Each of WHO's six regions holds an annual Regional Committee: Africa (AFRO), the Americas (AMRO/PAHO), Eastern Mediterranean (EMRO), Europe (EURO), and South East Asia (SEARO), the Western Pacific (WPRO)
- The United States currently holds a seat in two regions: the Americas and the Western Pacific. The United States is a member of WPRO by virtue of its territories in the Western Pacific and must continue to attend in 2020 to ensure those interests are protected.
- The Pan American Health Organization (PAHO) serves as the Americas Regional Office (AMRO) but is legally and operationally distinct from other WHO RCs due to its independent legal status as the health specialized agency for the Inter-American System. The United States will remain a PAHO Member State following WHO withdrawal.
- Regional Office Secretariats often extend an invitation to the USG to attend RCs as an observer and have done so again this year.
- We recommend that the USG attend RC meetings in which it is not a member: AFRO, EURO, EMRO, and SEARO. Continued engagement with country counterparts through these forums is critical to public health and health security priorities. There are a number of priority issues where the United States needs support of other Member States: 1) WHO Strengthening; 2) COVID-19 vaccine development and medical countermeasures; and 3) countering the malign influence of China and Russia.
- U.S. representation for each RC will consist of appropriate staff from OGA/Multilateral, the respective OGA Regional Office, CDC, State, and, where relevant, USAID.
- HHS has effective, longstanding relationship with the WHO Regional Committees and with Member State counterparts in each region.
- HHS collaborates with WHO RCs through expertise and support to help build core public health capacities, training, and technical support, and key work streams such as influenza-related work and research. These activities improve U.S. global health investments and to protect and promote the health of Americans worldwide.

- Strong relationships with counterparts in each region are critical to furthering U.S. goals for global health cooperation, including HHS/CDC’s establishment of regional offices in Georgia, Oman, and Vietnam.

RECOMMENDATION

I recommend that you approve participation by an observer delegation for each WHO Regional Committee Meeting taking place from August-October 2020.

DECISION

Approved _____ Disapproved _____ Need More Information _____

Garrett Grigsby

Date

Attachment:

HHS Priorities in each 2020 WHO Regional Committee Meeting

HHS Priorities in each 2020 WHO Regional Committee Meeting

AFRO RC seventieth session (25 August)

- Agenda items of interest to HHS include: The Work of the WHO in the African Region 2019 – 2020: Report of the Regional Director (4), Special Event on the Covid-19 response in the WHO African Region (5), Celebrating the certification of wild poliovirus eradication in the African Region (6).
- HHS is working closely with AFRO on several public health emergency responses that require coordination and visibility:
 - the COVID-19 pandemic
 - the current Ebola outbreak in DRC
 - Wild poliovirus surveillance vaccine-derived poliovirus outbreaks across the continent
 - Cholera outbreaks and other water, sanitation, and hygiene issues
 - Measles and other vaccine-preventable diseases
- HHS has strong collaborations with AFRO to implement the Global Health Security Agenda, particularly the completion of JEEs by WHO member states and implementation of National Action Plans for Health Security, and the development of national public health institutes (including Africa HHS/CDC) and a skilled public health workforce--all of which require assistance and oversight to ensure accountability and sustainability of progress and programs.

SEARO RC seventy-third session (9-10 September)

- SEARO plans to take most of the technical agenda using a silence procedure.
- “Live” Agenda items of interest to HHS include: Key addresses and report on the work of WHO (5), Introduction to the Regional Director’s Annual Report on the Work of WHO in SEARO (5.1), Addresses by the Director-General (5.2), Member State interventions, Ministerial Roundtable on Covid-19 (6), Country experiences and lessons learned with future transitions to the ‘new normal’ (6.1), Maintaining essential health services and public health in the context of Covid-19 (6.2), Adoption of the Ministerial Declaration, and side events.
- Participating in the SEARO Meeting will also bolster U.S. efforts to gain traction in the Association of Southeast Asian Nations (ASEAN) where there are common strategic interests to counterbalance the growing influence of China in trade, investment, military and health issues.
- HHS engages with SEARO Member States on the response to the COVID-19 pandemic and must ensure its activities are coordinated with SEARO and other actors in the region.
- HHS has active, long-standing relationships with member states in SEARO on HIV, TB, vaccine-preventable diseases, antimicrobial resistance, vector-borne diseases including malaria and influenza.
- HHS has strong collaborations with SEARO to implement the Global Health Security Agenda. The primary focus has been to provide expertise and support to help build core public health capacities for countries in the region in disease surveillance, laboratory systems, workforce development, and emergency management. HHS also closely collaborates with member states that are completing JEEs and National Action Plans for Health Security.

EURO RC seventieth session (14-15 September)

- Agenda items of interest to HHS include: the response to the COVID-19 pandemic and lessons learned, both globally and regionally; the new European Programme of Work (“United action for better health”); transformation in the Region; the proposed budget for 2022-23 and its regional implications; and accreditation of regional non-State actors.

- HHS could learn valuable lessons from countries in the European region on their responses to COVID-19, its impact, and trends going forward.
- HHS's work in the region is broad-ranging, including food safety, medicines and vaccines, HIV and TB, immunizations, workforce development through the Field Epidemiology Training Program, development and strengthening of national public health institutes, viral hepatitis, influenza, antimicrobial resistance, and poxvirus and rabies work.
- Through close collaboration with the WHO EURO office, HHS has provided training and technical support in the areas of laboratory biosafety, data management both for laboratory and surveillance data, data analysis to determine seasonal influenza trends, baselines to help assess severity, burden of disease and mortality estimates.
- Implementation of the Global Health Security Agenda remains a priority. EURO has completed a significant number of JEEs (18), but still has many outstanding. Implementing JEEs in countries in EURO will help maintain the momentum of the JEE until 2021.
- As part of its global health strategy, HHS/CDC is establishing a regional office in Georgia.
- Despite broad and extensive programmatic activities throughout the region, HHS' footprint is relatively small, making engagement with WHO EURO for coordination of and visibility on activities essential.

EMRO RC sixty-seventh session (12-13 October) AGENDA TBD

- Concurrent humanitarian crises in Syria and Yemen create significant challenges for containing COVID-19. Collaboration with the Eastern Mediterranean Region is therefore essential for mounting a successful global response to the COVID-19 pandemic. The public health impact of the recent explosion in Lebanon will further stretch the region's capacity to address regional and global health security challenges.
- HHS activities in the region include supporting the JEE process for most member states, strengthening laboratory systems, laboratory quality management, building workforce capacity through FETPs, developing/strengthening national public health institutes, points of entry, migrant health, collaborating in MERS surveillance, developing of EOCs, and providing training on foodborne pathogens of importance.
- HHS collaborates with EMRO on the interruption of poliovirus transmission in Pakistan and Afghanistan, progress toward measles and rubella elimination and hepatitis B control, improving immunization systems to reach ~2-3 million under-immunized children in the region, and the polio transition planning.
- HHS has worked with EMRO and member states since 2006 to strengthen influenza virologic and epidemiologic surveillance, monitor endemic avian influenza viruses, ensure regional viruses are represented in the biannual vaccine strain selection, enhance pandemic preparedness, and expand influenza vaccine programs. Influenza surveillance platforms have been instrumental in multi-pathogen detection and response including MERS-CoV. The knowledge generated from these activities is used to develop evidence-based seasonal influenza vaccine programs, notably in Morocco, where an expansive national vaccination policy has recently been adopted.
- As part of its global health strategy, HHS/CDC is establishing a regional office in Oman.

From: Wolfe, Mitchell (CDC/OD)
Sent: Wed, 8 Jul 2020 14:26:47 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Capozzola, Christa (CDC/OCOO/OFR)
Subject: Re: Review materials for upcoming meeting
Attachments: CDC engagements.docx

I just heard from Mara and OGA is putting something together for HHS, and will share later in the day. So I think we have two options: either go ahead with what we were doing for CDC and that will help us provide input into their document that we can suggest, or we wait to see what we get from them.

I won't have time to work on this more until about 3 PM. What I started was the intro to this and the first couple engagements, based on the landscape paper, and what it should look like I think. It's attached - it's just page 1 - the rest is the landscape paper.

If Serena has time, it would be great if she could look at this, see if it makes sense, and try to put our priority engagements in these terms. Then when we get the paper from OGA, we can use that to comment back. I will of course share what we get with you. I think what that will help us do is have very short sentences describing the engagements and the impacts.

How is that?

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: July 8, 2020 9:24 AM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: RE: Review materials for upcoming meeting

If you have time – it would be good to get your view on this having been in the meetings and we, CGH, can refine after our meeting today. Serena is finalizing -- thanks, R

From: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Sent: Wednesday, July 8, 2020 9:02 AM

To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: Re: Review materials for upcoming meeting

Hi,

OK, reviewed. This is very helpful (and clearly was a lot of work and thought to put together). What we need to put this into is basically a simple line list in a spreadsheet, or brief bulleted list, of priority engagements that CDC needs to maintain with WHO, with a one sentence justification. I think that would mainly come from the Landscape Overview. This should outline each engagement, or in some cases, could have an overview, like "collaborating centers", and then have a summary like, "15 collaborating centers where CDC does x", and then we could have an appendix which is the list of centers, which is one of the spreadsheets.

So basically, what we need to do is turn this into a very simple and clear list, either spreadsheet or bulleted word document, with a list and then one sentence bulleted justification.

I can try to do that and then show to you, or can CGH do that and share by end of day today? Let me know what you think it best.

Then, these documents will be very helpful as background to provide additional info to me and to others as they need.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: July 7, 2020 5:59 PM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: Review materials for upcoming meeting

Dear Mitch,
Please find attached the following resources:

- l) C-175 process – two tabs
 1. Tab 4 additional background information – Topline edits only (NOTE: This version includes the HHS set of comments – CDC's included – that went back to DoS)
 2. Tab 5 Funding considerations – primarily focuses on assessed contributions, payments in areas and the requirements therein, and options for reprogramming

II) Additional resources

3. Landscape Overview – USG Priorities Affected by Withdrawal from WHO - [NOTE THIS IS MOST COMPREHENSIVE]
4. Collaborating Centers List – CDC [FYI]
5. Program Interruption – [this one is the voluntary funds and impact]

By 10AM on 8 July, will send you the **detail list with brief summary on importance of positions.**

Best, Rebecca

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Mon, 6 Jul 2020 13:47:05 +0000
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD); McCulloch, Audrey (CDC/DDPHSIS/CGH/OD); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA
Attachments: 20200616 Tab 4 Additional Background Information as of 1345_CDC_edits.docx

Emily,

(b)(5)

Also, did CDC W also share these w/ NCIRD and NCEZID? I think (b)(5)

Serena Vinter

Center for Global Health (CGH)
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uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Monday, July 6, 2020 9:37 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Sorry our emails crossed. Thanks!

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 9:36 AM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vh19@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Joel is on leave so let me find them!

Serena Vinter

Center for Global Health (CGH)
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uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Monday, July 6, 2020 9:36 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi,

Sound good, Serena. I do not have them, but will reach out to Joel to get our hands on them.

Thanks,

Emily

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 9:33 AM
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Dear Emily,

Do you have some of the background documents Joel helped develop outlining the CDC-WHO collaboration and

(b)(5)

(b)(5)

I will flag for Rebecca that she should expect to see this tomorrow.

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Sent: Thursday, July 2, 2020 12:49 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey

(CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Emily,

A few comments in the attached. As discussed, it will help to hear from RM whether or not this is the opportunity to provide some more concrete examples of the withdrawal.

I suggest giving as much time as we can to RM for review in case we need to provide substantial edits.

It will be really helpful to see what CDC/W ultimately sends forward on the 8th.

Thanks!

J

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 2, 2020 8:43 AM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: Re: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Agree about giving RM a chance to review. I will get you comments by COB Mon, July 6.

Serena

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From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Wednesday, July 1, 2020 5:48:36 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi all,

After talking with Susan, we were thinking it would be good if we can compile our CGH comments by COB, July 7th to give RM an opportunity to weigh in on them before we share back with CDCW.

Please let me know if this will present any issues.

Thanks,

Emily

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 1, 2020 5:20 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Joel and Serena,

Please find attached OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

CDCW has asked for CGH feedback by NLT July 8th at noon (comments are due COB that day). Randy has indicated that Mitch, Anstice, and Randy plan to review the document after we have incorporated our comments.

Let us know if you have any questions.

Thanks,

Emily

From: Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>
Sent: Wednesday, July 1, 2020 4:40 PM
To: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Greetings,

Attached are OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

Please redline the Q&As, and send your feedback/comments to me by **July 8th at noon** (they are due by COB that day) so that we can then clear on this end before the deadline.

Thanks,
Randy

Miranda (Randy) Katsoyannis
CDC Washington Office
202-245-0618
www.cdc.gov/washington

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 19:52:36 +0000
To: Wolfe, Mitchell (CDC/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Capozzola, Christa (CDC/OCOO/OFR); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO Engagement
Attachments: Areas for Continued Engagement with the WHO 7-8-2020_CDCredits.docx

Attached is a version with edits from: CGH, NCEZID and NCIRD

There are a lot of edits so suggest you read through in "simple mark up" versus trying to make sense of the redline edits.

Let me know if you have any questions.

Thanks,

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>
Sent: Thursday, July 9, 2020 8:47 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: Re: WHO Engagement

Thanks - when does Mara need it? I'd like to review before we send to her but I can plan on it at 4 so I think I can review in under 30 min.

Mitchell Wolfe, MD, MPH

Chief Medical Officer, Office of the Director

Centers for Disease Control and Prevention

Rear Admiral (Ret.), US Public Health Service

Ph: (202) 245-0600

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: July 9, 2020 8:27 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
CC: Capozzola, Christa (CDC/OCCO/OFR) <KQR5@cdc.gov>; Wolfe, Mitchell (CDC/OD) <vh19@cdc.gov>
Subject: RE: WHO Engagement

Received. I've asked other CIOs to send comments back by noon and hope to get you all the final set of comments by 4pm. Does that work on your end?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218

uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Wednesday, July 8, 2020 7:22 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
CC: Capozzola, Christa (CDC/OCCO/OFR) <KQR5@cdc.gov>; Wolfe, Mitchell (CDC/OD) <vh19@cdc.gov>
Subject: RE: WHO Engagement

Dear Serena,

I have put my edits/changes in this document, attached, as track changes. To be compiled with the other comments you collect. Best, rebecca

From: Wolfe, Mitchell (CDC/OD) <m5w6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vh19@cdc.gov>
CC: Capozzola, Christa (CDC/OCCO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 18:23:07 +0000
To: Beauvais, Denise (CDC/DDID/NCIRD/OD)
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD)
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Attachments: Areas for Continued Engagement with the WHO 7-8-2020_CGH_RMM_GID_EZID_DGHT.docx

Also, here is the consolidated set of comments I have back so far – including GID's. I am going to try to do a final read through to ensure I don't have any huge editing mistakes but will be easy to plug IRD's comments into this.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Sent: Thursday, July 9, 2020 2:09 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Thanks Serena, we appreciate the flexibility, that's helpful.

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 9, 2020 1:57 PM
To: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Understood. Mitch is looking for this by 4pm. Ideally you can send by 3:30pm?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Sent: Thursday, July 9, 2020 1:18 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>

Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Hi Serena- Nancy is traveling, but we are trying to obtain her review before we send our NCIRD edits forward. We will send it as soon as we can, please let us know if there's any flexibility to the deadline (which I realize has already passed).

Thanks,
Denise

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 3:57 PM
To: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Due to the sensitivity, I was only planning to share with the GID Director.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Sent: Wednesday, July 8, 2020 3:53 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Hi Serena- can you confirm that GID is also reviewing the polio content? We will have DVD review that portion as well, but we would be interested in seeing any edits from GID.

Thanks, hope all is well
Denise

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 1:45 PM
To: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>; Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>; Miller, Rebecca (CDC/DDID/NCEZID/OD) <ckq0@cdc.gov>
Cc: NCEZID Policy Requests (CDC) <NCEZIDPolicyRequests@cdc.gov>; CGHPOLICYREQUESTS (CDC) <CGHPolicyRequests@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Importance: High

Dear Brooke, Denise and Rebecca,

(b)(3)

Please review your relevant sections and determine if there are ways to tighten up the description of the current engagement / value and the impact / risk to Americans' health and global health security due to USG withdrawal from WHO.

I need to get this back to Mitch by Thursday afternoon so would respectfully ask if you can turn this around in less than 24 hours – 12pm tomorrow, July 9th. Please send back to me and copy the CGH Policy Box.

Joel and Susan are both on A/L this week so happy to take any phone calls / emails with questions you have.

Thank you,

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>

Sent: Wednesday, July 8, 2020 1:01 PM

To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>

Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director

Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <m5w6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

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(b)(5)

Dear Brooke, Denise and Rebecca,

Importance: High
engagement - due 12pm July 9
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement with the WHO 7-8-2020 clean_ezid.docx
<v8@cdc.gov>
Cc: NCEZID Policy Requests (CDC); CGHPOLICYREQUESTS (CDC); Miller, Rebecca (CDC/DDID/NCEZID/OD) <ckq0@cdc.gov>
To: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>; Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>; Miller, Rebecca (CDC/DDID/NCEZID/OD) <ckq0@cdc.gov>
Sent: Wednesday, July 8, 2020 1:45 PM
From: Winter, Serena (CDC/DDPHSIS/CGH/OD) <uwv3@cdc.gov>

Mallia Richmond-Crum
National Center for Emerging and Zoonotic Infectious Diseases | CDC
Ph: 770-488-0526 | Cell: 404-307-6135 | E: rv8@cdc.gov

Best,
Mallia

Hi Serena and CGH policy – Please see attached for minor edits from NCEZID to the white paper.

Attachments: Areas for Continued Engagement with the WHO 7-8-2020 clean_ezid.docx
continued WHO engagement - due 12pm July 9
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement with the WHO 7-8-2020 clean_ezid.docx
(CDC/DDID/NCEZID/OD)
Cc: NCEZID Policy Requests (CDC); CGHPOLICYREQUESTS (CDC); Miller, Rebecca (CDC/DDID/NCEZID/OD)
To: Winter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 15:14:24 +0000
From: Richmond-Crum, Mallia (CDC/DDID/NCEZID/OD)

Thank you,

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <m5w6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r4tm@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
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Mara

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Director, Multilateral Relations
Office of the Secretary
Office of Global Affairs
U.S. Department of Health and Human Services

Telephone: 202-205-4677

Mobile: 202-697-2935

**Areas for Continued Engagement
the United States of America and the World Health Organization**

Although the United States formally notified the Secretary General of the United Nations of its intent to withdraw from the World Health Organization (WHO) on July 7, 2020, there continue to be a number of areas where it is in the national interest of the United States to continue its collaboration and engagement with the WHO.

1. Small Pox:

CDC hosts the WHO Collaborating Center for Smallpox and other Poxviruses, one of only two laboratories in the world authorized by the World Health Assembly (WHA) for Variola virus research and strain repository. The Russian Federation hosts the other repository. If the United States withdraws from the WHO, this countermeasures program will likely be terminated and the WHA may call for full destruction of remaining stocks. Periodically, the WHA discusses whether global consensus exists on a date for destruction of known live smallpox virus stocks. In these debates, the USG strongly supports continued retention of the live virus in order to conduct additional research necessary to achieve critical public health and biodefense objectives, as recommended in guidance provided by various scientific committees (NASEM 1999 and 2009) and ultimately through the WHO Advisory Committee on Variola Virus Research.

2. Pandemic Influenza Preparedness Framework:

The WHO Pandemic Influenza Preparedness Framework (PIP-FW), which leverages Global Influenza Surveillance and Response System (GISRS) as its sharing platform, is the international agreement that underpins U.S. access to samples and genetic sequence data of the influenza viruses most likely to cause a pandemic. U.S. ongoing engagement with WHO's coordination of the PIP-FW is essential to ensuring that the framework remains functional, this is essential for the U.S. to maintain real-time, continuous access to influenza viruses of pandemic potential. Ongoing engagement with the PIP-FW is critical to protecting U.S. national security interests related to maintaining access to samples and genetic sequence data from other pathogens because the precedents set by the PIP-FW are already laying the foundation for the terms around potential future access and benefits sharing discussions for other pathogens.

3. Global Influenza Surveillance and Response System (GISRS):

For many years, the U.S. Government has funded nearly 100% of the staff salaries and a significant portion of the activities of WHO's IPR Unit, which includes the Global Influenza Program (GIP) that coordinates GISRS, through cooperative agreements currently totaling \$4.6 million per year from HHS, CDC, and USAID. The staff and activities supported by U.S. Government funds are essential to strengthen global influenza surveillance for viruses with the potential to start the next pandemic, coordinating seasonal and pandemic influenza vaccine strain selection for vaccine development, and most importantly, U.S. efforts to protect the health security of its citizens. HHS' ongoing collaborations with the WHO IPR unit directly advance ongoing U.S. efforts to improve development and effectiveness of influenza vaccines, maintain the ability to monitor evolution of seasonal influenza virus strains and influenza viruses

Commented [M(1):
<https://www.nap.edu/catalog/12616/live-variola-virus-considerations-for-continuing-research>

Commented [M(2):
<https://www.nap.edu/catalog/6445/assessment-of-future-scientific-needs-for-live-variola-virus>

of pandemic potential, ensure countries are prepared to stop outbreaks at their source, and address influenza vaccine acceptance and demand—all national security priorities. OGA and CDC’s ongoing work with the IPR unit directly influences and aligns global priorities for influenza preparedness with U.S. interests, advances priority issues that require international coordination during influenza pandemics such as triggers and criteria for developing vaccines at the start of a pandemic, and provides technical support essential to GISRS’ successful functioning.

4. WHO Collaborating Centers for Reference and Research on Influenza – Seasonal Influenza Vaccine:

The [WHO Collaborating Center for the Surveillance, Epidemiology and Control of Influenza](#) at CDC (CDC Influenza Collaborating Center) in Atlanta, GA is the U.S. Government’s primary point of engagement with GISRS and plays a critical role in the twice-annual [Seasonal Influenza Vaccine Strain Selection](#) for the northern and southern hemispheres. This forum brings together an advisory group of experts to analyze the latest influenza virus surveillance data generated by the GISRS laboratories and issue recommendations on the composition of the influenza vaccines for the following influenza season. An uncoordinated vaccine recommendation – due either to CDC no longer being able to participate in this advisory group and therefore having to make independent vaccine strain selections, or to disruptions in WHO’s ability to coordinate these decision-making processes because of the loss of U.S. funding support – will pose significant challenges for vaccine manufacturers and could impact the timely delivery of influenza vaccines to U.S. citizens. The CDC Influenza Collaborating Center is a critical component of GISRS genetic analysis and virus characterization functions, conducting or providing materials to other GISRS laboratories for a significant amount of these key activities. GISRS is also the means by which the U.S. gains access to seasonal influenza viruses from around the world, further facilitating the work of the U.S. government in developing new technologies in support of the National Influenza Vaccine Modernization Strategy.

5. Ebola and Emerging or Re-emerging Infectious Disease Threats:

The Global Outbreak Alert and Response Network (GOARN), comprised of over 250 technical institutions and networks globally, shares information on emerging health threats and engages resources to respond to acute public health crises. CDC, a founding member, is on the steering board. The USG will need to consider alternate means to maintain situational awareness, data access, and mechanisms for deploying technical experts in challenging environments under the protections and services of the UN mission should the U.S. no longer be able to participate in these networks as a non-Member State of the WHO. Even if the U.S. were able to continue to participate, other countries may be reluctant to release the same information they provide WHO, should we no longer ascribe to its requirements and principles.

6. Polio Eradication:

The USG, through CDC and USAID, is a world leader in the effort to eradicate wild poliovirus. WHO is a key partner for CDC and USAID in multilateral partnerships and in their bilateral cooperation to support countries in reaching the last children unvaccinated

Commented [M(3): The WHO also acts as a diplomatic intercessor between CDC and Ministries of Health during health crises. One example for NCEZID: WHO was instrumental in connecting CDC experts to health officials during a recent sustained outbreak of monkeypox in Nigeria.

against wild poliovirus. Currently, the CDC co-leads the Global Polio Eradication Initiative (GPEI) with WHO, UNICEF, Rotary International, the Bill & Melinda Gates Foundation and GAVI. The USG is the second-largest GPEI funder, having invested over \$3.86 billion since GPEI's launch in 1988. Each stakeholder in GPEI has a unique strength it brings to the partnership. For CDC, it is defining the eradication strategy, developing the latest laboratory science and surveillance technologies, and ensuring the program is data driven to achieve eradication. To achieve this, CDC deploys staff throughout WHO regional and country offices to prevent millions of children being paralyzed or dying, and putting eradication within sight. Achieving this goal would mean the second human disease, after smallpox, would be eradicated. Through the Polio Endgame Strategy 2019-2023, GPEI is working to eradicate wild poliovirus globally by 2023 and prepare the world for transitioning key polio assets – laboratory and surveillance networks, biosafety and biosecurity, reaching every child - to strengthen global health security and increase coverage for lifesaving vaccines. Interruption of poliovirus is very close, but a few reservoirs remain in Pakistan and Afghanistan.

7. Measles and other Vaccine Preventable Diseases (VPD):

WHO and CDC are the founding members of the Measles & Rubella Initiative (M&RI) and serve as the two primary technical agencies in the partnership. CDC provides WHO with strong support and leadership to design. The USG is also a major contributor to WHO's efforts to improve and implement strategies to address measles outbreaks and to implement supplemental immunization activities supporting the elimination of measles around the world. USG has supported WHO for over three decades on public health surveillance and laboratory networks for all VPDs, including joint oversight and accountability of funding provided to other organizations, like Gavi to which \$1 B was provided in the most recent replenishment, to ensure vaccines are implemented effectively in numerous strategic partner countries on a range of health conditions. Building these skills protects the health of Americans overseas while improving country to reduce mortality and morbidity. CDC serves as the regional and global reference laboratory for VPDs and ensures laboratories across the WHO network follow quality standards and have the capacity and supplies to detect outbreaks and measure impact of immunization activities on disease burden. USG capacity to positively impact measles elimination must be maintained and other VPDs activities.

8. HIV/AIDS:

9. Cancer Research:

International Agency for Research on Cancer (IARC): It is not clear whether the United States could remain an IARC Participating State after withdrawal from the WHO. IARC is the WHO's specialized cancer agency, promotes international collaboration in cancer research, studies the causes of cancer, is the global reference source on cancer information, hosts a biobank of millions of samples used in cancer research, provides key training to researchers worldwide and produces science informing cancer control policies worldwide. The U.S. was one of IARC's five founders and collaborates, primarily through the National Cancer Institute, on cancer research, information tools and

publications, and cancer registries critical to progress on cancer prevention, detection and control. Cancers are the second leading cause of death globally and in the U.S.

10. **CODEX Alimentarius** – The Codex international food standards, guidelines and codes of practice contribute to the safety, quality and fairness of this international food trade: Consumers can trust the safety and quality of the food products they buy and importers can trust that the food they ordered will be in accordance with safety specifications. Funded by the WHO and the Food and Agriculture Organization (FAO) as well as the United States, – Codex’s work is important to ensuring compliance with World Trade Organization obligations by other Members. The United States also sits on the Antimicrobial Resistance (AMR) Task Force of CODEX. The United States will continue to participate in the Codex work due to its ongoing status in FAO but will have little visibility into the food safety work done by WHO or its policy priorities unless we continue to engage.

11. International Health Regulations (IHR)-Health Emergencies, Preparedness and Global Health Security:

The International Health Regulations (2005) (IHR) set forth binding obligations on WHO Member States to help ensure global data and information sharing to detect and respond to international threats to public health, including measures to prevent international spread of disease while minimizing disruption to travel and trade. It is possible to remain a Party to the IHR even if the United States withdraws from the WHO as the IHR have a separate withdrawal mechanism. WHO has various responsibilities under the IHR and works with States Parties to build related country-specific capacity. The USG will need to carefully consider how to prevent losing access to critical information shared via IHR mechanisms, which would increase risks to national health security. Additionally, the USG will lose its ability to name USG expert participation in international teams organized by WHO to investigate and respond to outbreaks, which provides key information on new and emerging infectious diseases necessary to mitigate their consequences and protect the health of Americans at home and abroad.

From: Beauvais, Denise (CDC/DDID/NCIRD/OD)
Sent: Thu, 9 Jul 2020 19:15:42 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD)
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Attachments: Areas for Continued Engagement with the WHO 7-8-2020 NCIRD.docx

Hi Serena- thanks again for the extension. The attached document includes our NCIRD edits. Unfortunately, I haven't heard back from Nancy but it did receive Division level clearance. if we receive any additional feedback from Nancy, I will send it (but we understand that will likely be too late)

Thanks,
Denise

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 9, 2020 2:23 PM
To: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Also, here is the consolidated set of comments I have back so far– including GID's. I am going to try to do a final read through to ensure I don't have any huge editing mistakes but will be easy to plug IRD's comments into this.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Sent: Thursday, July 9, 2020 2:09 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Thanks Serena, we appreciate the flexibility, that's helpful.

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 9, 2020 1:57 PM
To: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Understood. Mitch is looking for this by 4pm. Ideally you can send by 3:30pm?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218

uvv3@cdc.gov

From: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Sent: Thursday, July 9, 2020 1:18 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Hi Serena- Nancy is traveling, but we are trying to obtain her review before we send our NCIRD edits forward. We will send it as soon as we can, please let us know if there's any flexibility to the deadline (which I realize has already passed).

Thanks,
Denise

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 3:57 PM
To: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Due to the sensitivity, I was only planning to share with the GID Director.

Serena Vinter

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From: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
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Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Hi Serena- can you confirm that GID is also reviewing the polio content? We will have DVD review that portion as well, but we would be interested in seeing any edits from GID.

Thanks, hope all is well

Denise

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
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Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

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Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: DGHTPolicyRequest (CDC)
Sent: Wed, 8 Jul 2020 21:42:11 +0000
To: Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT); Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT)
Cc: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT); DGHTPolicyRequest (CDC); Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT)
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - DUE 12pm July 9
Attachments: Areas for Continued Engagement with the WHO 7-8-2020 clean_ DGHT.docx

Hi Hank,

On behalf of the Policy Team, attached is an updated version of the WHO Engagement White Paper that includes HIV and TB content. This information was coordinated with input from Liz Tangel Chehab in PBEMB during last month's round of reviews.

Thanks and please let us know if any edits before returning to **Serena by NOON tomorrow.**
Chandra

From: Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>
Sent: Wednesday, July 8, 2020 3:14 PM
To: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hcg7@cdc.gov>
Cc: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>
Subject: FW: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Importance: High

Hi Hank,

Looping you in on the below and attached, which is being worked on by the Policy team. In the meantime given the short turnaround, I wanted to see if you could like to review what is pulled together before it goes back to CGH by tomorrow at noon. Please let us know.

Thanks! Jenny

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 1:54 PM
To: Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>; Pendergraft, Chandra (CDC/DDPHSIS/CGH/DGHT) <cmp3@cdc.gov>
Cc: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; CGHPOLICYREQUESTS (CDC) <CGHPolicyRequests@cdc.gov>
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Importance: High

Dear Janette and Chandra,

(b)(5)

There is a blank section in here for HIV and I think we should populate that with information about DGHT's work with WHO on HIV/TB.

Here is a draft based on your previous content:

(b)(5)

Any additional information you can share on the impact of the current work and the risk / impact to discontinuing the work with WHO is valuable (keeping in mind the need to tie this to domestic and global health).

I need to get this back to Mitch by Thursday afternoon so would respectfully ask if you can turn this around in less than 24 hours – 12pm tomorrow, July 9th. Please send back to me and copy the CGH Policy Box.

Joel and Susan are both on A/L this week so happy to take any phone calls / emails with questions you have.

Thank you,

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Sent: Thu, 9 Jul 2020 00:59:27 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO Engagement
Attachments: Areas for Continued Engagement with the WHO 7-8-2020 clean_CGH_ws.docx

I reviewed smallpox, Ebola, polio, and measles sections. A few comments in the attached.
Kind regards,
Will

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 4:05 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: FW: WHO Engagement

+ Will

(b)(6)

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 2:15 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Subject: RE: WHO Engagement

Here are some initial edits I made.

I think there are some words missing from the VPD section – not sure if they failed to capture an edit you made?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Sent: Wednesday, July 8, 2020 1:16 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: WHO Engagement

(b)(5)

(b)(5)

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 1:14 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: WHO Engagement

Can policy circulate x-CIO, and ask DGHT about HIV AND Tb? Thanks, R

From: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:13 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: RE: WHO Engagement

She said tomorrow but I'm asking what time.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Sent: Wednesday, July 8, 2020 1:12 PM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: RE: WHO Engagement

Hi Mitch,
Yes, we can do and do find out date – tomorrow? thanks, R

From: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

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Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

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Office of the Secretary
Office of Global Affairs
U.S. Department of Health and Human Services

Telephone: 202-205-4677

Mobile: 202-697-2935

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 31 Jul 2020 13:10:21 +0000
To: McClure, Susan (CDC/DDPHSIS/CGH/OD); Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD)
Subject: FW: NOTES: Weekly check in on WHO - July 30
Attachments: 07302020 WHO interagency call notes.docx

(b)(6)

(b)(6)

USAID received a request for the acting administrator to attending but is recommending staff participation at working level.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Sent: Thursday, July 30, 2020 10:59 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 30

Hi Rebecca,

Notes from today's interagency call on WHO are attached. This call covered the RC meetings, the independent panel, WHO reform papers, and funding exemptions, among other items.

Thanks,
Michael

Michael Bartenfeld
vdv4@cdc.gov
Cell: 470-217-1313

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD) <oej7@cdc.gov>
Sent: Wednesday, July 22, 2020 5:17 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 22

Dear Rebecca,

Please see attached for notes from this morning's interagency call on WHO. The resolutions referenced in the notes are indicated below.

- [Resolution EB146.R10](#) Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) [link: https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R10-en.pdf]
- [Resolution EB146.R6](#) Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a public health problem [link: https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R6-en.pdf]

Please let us know if you have any questions. Thanks!

Best,

Peter Suwondo, MPH
Office of the Associate Director for Policy
Center for Global Health
U.S. Centers for Disease Control and Prevention
[+1.404.718.6572](tel:+14047186572)

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 15, 2020 11:02 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 15

Dear Rebecca,

I am attaching here some notes from this morning's WHO interagency call on behalf of the policy team. Please let us know if there are any questions. Thanks!

Best,
Peter

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 9:00 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 8

Good morning Rebecca,

Below are notes on this mornings WHO interagency call.

Thank you!

J

Notes:

1. **Effective date for withdrawal date is July 6, 2021 - official**
2. **Next PCC on Friday (invite only)**
 - Invite only; agenda unknown
 - May include funding
 - Has there been decision or further guidance on exceptions? No insight
3. **Landscape paper – include areas where we need to engage regardless of membership status**
 - Has been reformatted
 - Interagency document only and no intent to share more broadly
 - Purpose of document will also be to bring leadership up to speed as much as possible on WHO
 - Need to be sure we include regional/country level work and how that work will stand down. PAHO will be the only region where we remain engaged
 - Draft to be circulated this week by OGA
4. **Call on executive board focused on US departure (Tracy Carson)**
 - EB member session in August – follow-up to COVID WHA resolution, but rumors that EB would like to discuss the US withdrawal and include impact of departure
 - (b)(6)
 - 10 items WHO committed to doing on COVID for engagement and oversight (independent oversight and origins of virus investigation)
4. **Chile offers alternative to WHO reform (Tracy Carson)**
 - Convened a small group to discuss reform through specific IHR lens – Min of foreign affairs leading on a preparedness front; no mechanism to move forward (e.g. edits to IHR, annex to IHR)
 - Ensuring open borders for commodities and PPE
 - Principles governing IHR and ensuring most vulnerable remains central
 - Other members have been invited for ideas and updates in next two weeks

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: jstanoj@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Pendergraft, Chandra (CDC/DDPHSIS/CGH/DGHT)
Sent: Thu, 9 Jul 2020 16:11:38 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD); Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT)
Cc: DGHTPolicyRequest (CDC); Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); CGHPOLICYREQUESTS (CDC)
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Attachments: Areas for Continued Engagement with the WHO 7-8-2020 clean_ DGHT.docx

Hi Serena,

Attached is the updated draft WHO-CDC collaboration and engagement document with DGHT HIV & TB input.

Thanks.
Chandra

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 1:54 PM
To: Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>; Pendergraft, Chandra (CDC/DDPHSIS/CGH/DGHT) <cmp3@cdc.gov>
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(b)(5)

There is a blank section in here for HIV and I think we should populate that with information about DGHT's work with WHO on HIV/TB.

Here is a draft based on your previous content:

(b)(5)

(b)(6)

Any additional information you can share on the impact of the current work and the risk / impact to discontinuing the work with WHO is valuable (keeping in mind the need to tie this to domestic and global health).

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Serena Vinter

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

Telephone: 202-205-4677

Mobile: 202-697-2935

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 20:30:00 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: FW: QFRs that went to ASL
Attachments: CDCW Comments on 6.18.20 Grigsby SFRC QFRs- OGA Consolidated_.docx

For your records, final CDC comments as sent forward by CDC W.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>
Sent: Wednesday, July 8, 2020 4:25 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Subject: FW: QFRs that went to ASL

Appears CDC W did send forward the examples we suggested.

Adam Brush

Team Lead
Budget, Policy, and Legislation
Office of the Assoc. Dir. For Policy
Center for Global Health
Centers for Disease Control and Prevention



From: Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>
Sent: Wednesday, July 8, 2020 4:22 PM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>
Subject: QFRs that went to ASL

Miranda (Randy) Katsoyannis
CDC Washington Office
202-245-0618
www.cdc.gov/washington

QUESTIONS FROM SENATOR BEN CARDIN

Mr. Garrett Grigsby, DIRECTOR, OFFICE OF GLOBAL AFFAIRS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES.

Date: June 18, 2020

1. **WHO:** I believe freezing aid to the WHO and withdrawing the U.S. is short-sighted and dangerous.

A. What reforms was the administration seeking from the WHO?

The United States is working with other like-minded WHO member states on a number of areas of concern with WHO's preparedness and response that have come to light due to the outbreak of COVID-19. These proposals focus on member state compliance with the International Health Regulations as well as strengthening WHO, allowing its leadership to be more independent and therefore empowered to call member states out when they fail to comply with the IHRs. Reforming the process for declaring a Public Health Emergency of International Concern (PHEIC) is being discussed, as well as delinking travel from trade restrictions. The President also articulated the specific concerns of the United States in his May 18, 2020 letter to WHO Director-General Tedros.

B. Why did the administration announce the withdraw from the WHO 10 days after telling the organization it had 30 days to make these reforms?

The President made a determination on May 29, 2020 that it was in the best interest of the United States to "terminate its relationship" with the WHO.

C. Which alternative implementers has the interagency review panel found who can step into the gap while assistance to the WHO is suspended? Are you worried about a lack of coordination and decreased effectiveness through using non-WHO implementers?

The interagency review panel is reviewing all collaborations with WHO to discover if there are certain activities that only WHO can undertake, and if this is the case, decisions will be made about how to deal with this situation. In addition, the United States collaborates with many partners on global health, and funding previously provided to WHO will be redirected to these partners, as appropriate and feasible.

D. How does the U.S. plan to partner with other countries on global health initiatives without being a WHO member?

The United States' partnership with many countries on global health is not directly correlated with ~~currently has little or nothing to do with~~ our membership in WHO. U.S. leadership on global health has been uncontested for decades and that will remain so. In fact, several signature U.S.-led global health initiatives, such as PEPFAR and PMI, were created, in part, because the international community, including WHO, were not able to put sufficient resources toward

Commented [KM(1): Recommend addressing the second part of the question we need to work to ensure coordination with implementers, as appropriate and feasible.

Commented [KM(2): Consider inclusion of an example of activities that are best suited for collaboration with WHO:

For instance, CDC is the principle donor supporting the WHO measles and rubella surveillance system and laboratory testing. Measles has been reintroduced in a number of countries with fragile health systems, that had previously eliminated it. The U.S. is under constant threat of measles importation due to travel and subsequent domestic measles outbreaks, with potentially severe consequences to American children.

~~fighting HIV/AIDS or malaria, due to assessed levels of contributions, were not putting enough resources toward fighting HIV/AIDS or malaria.~~ The United States government is committed to remain and even strengthen our leadership in the field of global health notwithstanding our relationship with WHO.

Commented [KM(3): WHO's ability to put forward funds is dependent on member state assessed contributions.

E. The U.S. has invested heavily in WHO-led polio eradication efforts, as the WHO is the only global entity with safe access to polio hotspots in places experiencing conflicts, including Afghanistan. How will the U.S. continue to be a global leader in polio eradication efforts without the support WHO provides?

The interagency is reviewing all collaborations to discover if there are certain activities that only WHO can undertake, and if this is the case decisions will be made about how to deal with this situation.

Commented [KM(4): Recommend inclusion of examples of where there may be direct impact on activities that only WHO can undertake:

2. **Solidarity Trial:** Among other activities, WHO is leveraging its global reach and convening power to support an unprecedented effort to identify effective treatments and vaccines for COVID-19. The organization's "Solidarity Trial," in which more than 100 countries are now participating, could--due to its wide geographic breadth and inclusion of diverse demographic groups under one umbrella--reduce the time needed to evaluate the effectiveness of specific treatment regimens by 80%.

For example, CDC and WHO have worked together as core technical members of the Global Polio Eradication Initiative. CDC supports mission-critical positions at WHO responsible for global surveillance and planning, and implementing time-sensitive vaccination campaigns and activities at the country, regional, and global levels, as well as an extensive WHO reference laboratory network developed over 30 years that is an irreplaceable asset for rapid detection of and response to outbreaks. CDC's polio laboratory serves as the premier global specialized polio reference laboratory for WHO in the world. The risk would be especially high in fragile and insecure settings with the weakest immunization systems.

A. Do you think it is important for the U.S. to support these types of global trials? Why is the United States not joining this effort when it could help Americans and American companies?

The United States has contributed significantly to the establishment of the Solidarity Trial by writing the master clinical trial protocol used. This is critical because the majority of ongoing clinical trials globally are observational or under-powered and will not result in data that can be used to support safety and efficacy of investigational therapeutics. Alternatively, the United States, through leadership at HHS' National Institutes of Health, has launched a series of robust clinical trials targeting (1) the re-purposing of products licensed for another indication for activity against SARS-CoV-2; (2) novel therapeutics; (3) convalescent plasma; and (4) neutralizing monoclonal antibodies targeting the virus. In undertaking these studies directly, the U.S. has moved out significantly faster in enrolling patients in robust clinical trials, making determination of investigational products' efficacy, and sharing these results with the global community.

3. **Operation Warp Speed:** The U.S. is focused on developing a safe and effective COVID-19 vaccine through Operation Warp Speed.

A. In addition to securing a vaccine for domestic distribution, will the U.S. also be a partner in the global effort to develop and distribute a COVID-19 vaccine?

Although Operation Warp Speed's primary mission is to advance medical countermeasure development to accelerate the availability of products for use by Americans, we believe that such work advances global efforts to develop critical tools to combat COVID-19 and would

expect that our commercial partners would ultimately make any approved COVID-19 vaccines available globally as well. Moreover, the Administration is examining ways to leverage the expertise of key U.S. government departments and agencies and the American private sector to rapidly deploy and deliver essential support to other countries to prevent, detect, and respond to infectious disease outbreaks at their source.

**Questions for the Record
Submitted to Garrett Grigsby
Senator Robert Menendez
Senate Foreign Relations Committee
COVID-19 and International Pandemic Preparedness, Prevention, and Response
June 18, 2020**

1. WHO plays a leading role in the provision of vaccines. It is one of the main partners of Gavi, the Vaccine Alliance which is the critical funding agency supporting vaccine programs in the world's poorest countries where the majority of the world's unimmunized children live. **How is our pulling out of WHO going to affect vaccinations, and what impact will disruption of vaccine campaigns have on under five mortality'?**

The United States continues to be a leader in promoting and providing vaccines, including through its support of GAVI and other international partners. The termination of our relationship with the WHO will allow the United States to focus on, and strengthen other partnerships on vaccine issues. In addition, we are continuing to review all collaborations to discover if there are certain activities that only WHO can undertake, and if this is the case decisions will be made about how to deal with this situation.

2. On April 7, the President declared he would like to put a "powerful hold" on WHO funding and on May 29, the President said the Administration plans to "terminate" the relationship. On April 8, Sec. Pompeo stated that the World Health Organization has "to get the data, they have to share that data with the world's best scientists – many of which are often located right here in the United States – and allow that information to be transferred freely so that we can have a transparent response that will save lives." This is an essential aspect of WHO's work, which has received praise from health experts here and abroad but would be significantly harmed if the U.S. withheld funding. **In light of this statement, can you explain the guidance you gave to Sec. Pompeo? Can you detail the implications beyond the COVID-19 response this hold would have?**

HHS works closely with the Department of State and other interagency partners on global health policy and programs. We continue to provide input to the interagency and the impact of our activities on COVID-19.

3. Diseases do not recognize borders, so challenges like the COVID-19 pandemic necessitate a global, collective response. The WHO—through its high level of technical expertise and international legitimacy—is uniquely positioned to lead the international

Commented [KM(S)]: Consider inclusion of an example of certain activities best suited under WHO:

For example, WHO supports all efforts related to surveillance and data collection on VPDs from Member States. USG provides over 90% of funding for surveillance for VPDs- having these data allow us to protect the US and make recommendations for citizens abroad. CDCs role as the global reference laboratory for polio, measles and rubella and other vaccine-preventable diseases helps ensure laboratories across the WHO network follow quality standards and have the capacity and supplies to detect outbreaks and measure impact of immunization activities on disease burden.

response to public health emergencies like the COVID-19 pandemic. From the outset of the crisis, WHO has been a critical provider of supplies and tests, distributing 1.5 million diagnostic kits and millions of items of PPE to dozens of countries; designed, refined, and distributed technical guidance for communities, hospitals, frontline clinicians, private sector partners, and public health authorities around the world; carried out public awareness campaigns in dozens of languages in 149 countries; and, through its “Solidarity Trial,” has been working to enable rapid and accurate research on the effectiveness of potential therapeutics. People around the world—including Americans—stand to benefit from these types of activities. **What effect will “terminating” our relationship with the World Health Organization have on these efforts? How can we hope to protect Americans from pandemic disease and other health challenges without a multilateral coordinating authority like the WHO?**

The United States is, and will continue to be, a leader on global health issues, whether or not we are a WHO Member State. The United States is leading on the research and development of vaccines, diagnostics and therapeutics to combat COVID-19 and will work with our partners to exchange information and understanding.

Technical collaboration between the United States and WHO through the Global Influenza Surveillance and Response System (GISRS) has been used for global virus surveillance and selection of viruses for use in vaccines to protect Americans from seasonal and pandemic influenza. We are continuing to review all collaborations to discover if there are certain activities that only WHO can undertake, and if this is the case decisions will be made about how to deal with this situation.

4. WHO has been on the frontlines of nearly every global health challenge over the last 70 years, combatting, containing, and eradicating some of the planet’s most deadly diseases, viruses, and infections. While the world is rightly focused on defeating COVID-19, other health challenges confronting the world have not disappeared, and it is not in our interest to neglect them. These include WHO-led efforts to control and eliminate malaria, implement global disease surveillance for the polio virus in areas where U.S. government agencies do not have the capacity to reach, support measles immunization campaigns, and strengthen the health sector’s response to HIV/AIDS and Tuberculosis. The loss of more than \$400 million in annual U.S. funding threatens to upend these critical activities. **What does our withdrawal from these multilateral initiatives say to our allies and partners around the world? Given how far-reaching and complex these challenges are, how can bilateral efforts even hope to begin to make a dent?**

While the United States was by far the leading contributor to the WHO, those contributions represented a small fraction -- just four percent -- of our total funding of global health assistance every year. This year, it will represent just two percent of what the United States gives.

It is important to underscore that the United States continues to lead on global public health issues and provides generous funding to initiatives to eliminate malaria, global disease surveillance for polio, immunization and addressing HIV/AIDS and Tuberculosis. Since 2001, the US has given more than \$142 billion in global health funding, an average of \$10 billion per year. These efforts whether in concert with the WHO, or with other partners will continue. There are many important partners working on these global health issues in addition to the WHO and we plan to communicate and coordinate, as appropriate with all stakeholders to continue the global response.

5. With regards to U.S. arrears in our payments to WHO, in a June report to Congress, the State Department noted a number of possible impacts, including: "1. Loss of vote or inability to be a member of governing bodies; 2. Diminished U.S. standing and diminished ability to pursue U.S. priorities; 3. Reduced U.S. ability to promote increased oversight and accountability through reforms that promote efficiency, cost savings, and improved management practices; 4. Reduced standing needed to successfully promote qualified U.S. citizens to assume senior management roles; and 5. Impairments of peacekeeping missions to operate, including addressing objectives that may directly impact the national security of the United States." **Given your experience working with international organizations like the WHO, do you stand by these conclusions from your own Department?**

We defer to Jim Richardson, the panelist from the Department of State to answer the above question.

● QUESTIONS FROM SENATOR CHRIS COONS

Mr. Garrett Grigsby, DIRECTOR, OFFICE OF GLOBAL AFFAIRS, U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Date: June 18, 2020

1. **Do you believe U.S. based, multinational companies will be adversely impacted by WHO policy recommendations once the Trump administration terminates its relationship with the WHO?**

The United States will continue to advocate for U.S. companies, as appropriate, in multilateral fora directly or in collaboration with allies who are like-minded. We will work together to ensure that policy recommendations are based on science and the best available evidence and do not disadvantage American interests.

2. Do you believe that the United States has more or less leverage to advocate for the interests of U.S. based, multinational companies in the WHO after termination of the U.S. relationship with the WHO?

The United States will participate actively and advocate effectively for its interests, including as appropriate, the interests of the U.S. private sector. This is also why the WHO reform package the U.S. government is leading on is necessary and why we have proposed that trade and travel restrictions be delinked when responding to health emergencies. This particular reform will ensure that private sector partners can continue to deliver products and produce needed health supplies and get these goods into the hands of those who need them.

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 20:05:24 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Subject: FW: WHO Engagement
Attachments: Areas for Continued Engagement with the WHO 7-8-2020 clean_CGH.docx

+ Will

(b)(7)

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 2:15 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Subject: RE: WHO Engagement

Here are some initial edits I made.

I think there are some words missing from the VPD section – not sure if they failed to capture an edit you made?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Sent: Wednesday, July 8, 2020 1:16 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: WHO Engagement

(b)(7) ? (b)(7)

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 1:14 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: WHO Engagement

Can policy circulate x-CIO, and ask DGHT about HIV AND Tb? Thanks, R

From: Wolfe, Mitchell (CDC/OD) <m5w6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:13 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: RE: WHO Engagement

She said tomorrow but I'm asking what time.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Wednesday, July 8, 2020 1:12 PM
To: Wolfe, Mitchell (CDC/OD) <m5w6@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: RE: WHO Engagement

Hi Mitch,
Yes, we can do and do find out date – tomorrow? thanks, R

From: Wolfe, Mitchell (CDC/OD) <m5w6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 23:21:41 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Cc: Capozzola, Christa (CDC/OCOO/OFR); Wolfe, Mitchell (CDC/OD); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO Engagement
Attachments: Areas for Continued Engagement with the WHO 7-8-2020_RMM.docx

Dear Serena,

I have put my edits/changes in this document, attached, as track changes. To be compiled with the other comments you collect. Best, rebecca

From: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtn4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

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Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
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U.S. Department of Health and Human Services

Telephone: 202-205-4677

Mobile: 202-697-2935

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 19:48:47 +0000
To: Mikus, Kristie (CDC/DDPHSIS/CGH/OD)
Subject: FW: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Attachments: Areas for Continued Engagement with the WHO 7-8-2020 clean.docx
Importance: High

(b)(6)

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 1:54 PM
To: Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>; Pendergraft, Chandra (CDC/DDPHSIS/CGH/DGHT) <cmp3@cdc.gov>
Cc: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; CGHPOLICYREQUESTS (CDC) <CGHPolicyRequests@cdc.gov>
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Importance: High

Dear Janette and Chandra,

(b)(5)

There is a blank section in here for HIV and I think we should populate that with information about DGHT's work with WHO on HIV/TB.

Here is a draft based on your previous content:

(b)(5)

Any additional information you can share on the impact of the current work and the risk / impact to discontinuing the work with WHO is valuable (keeping in mind the need to tie this to domestic and global health).

I need to get this back to Mitch by Thursday afternoon so would respectfully ask if you can turn this around in less than 24 hours – 12pm tomorrow, July 9th. Please send back to me and copy the CGH Policy Box.

Joel and Susan are both on A/L this week so happy to take any phone calls / emails with questions you have.

Thank you,

Serena

Serena Winter

Center for Global Health (CGH)

o. (404) 6390323 | m. (404) 664-4218

uuv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>

Sent: Wednesday, July 8, 2020 1:01 PM

To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Winter, Serena (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
<uuv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vh19@cdc.gov>

Cc: Capozzola, Christa (CDC/OCCOO/OFRR) <KQR5@cdc.gov>

Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

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Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdo, Mark (FDA/OC) <Mark.Abdo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Mon, 6 Jul 2020 13:35:38 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: HEADS UP! OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA
Attachments: 6.18.20 Grigsby SFRC QFRs- OGA_JS.docx

Rebecca,

Tomorrow – July 7 – CGH Policy will have a final draft for you to review of the CGH edits to this set of Questions for the Record for HHS/OGA Director. A key question is whether we want to go on the record at CGH by providing more explicit examples of the risk to polio and other long-standing collaborations with WHO.

Happy to discuss more by phone.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 1, 2020 5:20 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Joel and Serena,

Please find attached OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

CDCW has asked for CGH feedback by NLT July 8th at noon (comments are due COB that day). Randy has indicated that Mitch, Anstice, and Randy plan to review the document after we have incorporated our comments.

Let us know if you have any questions.

Thanks,

Emily

From: Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>

Sent: Wednesday, July 1, 2020 4:40 PM

To: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>

Subject: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Greetings,

Attached are OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

Please redline the Q&As, and send your feedback/comments to me by **July 8th at noon** (they are due by COB that day) so that we can then clear on this end before the deadline.

Thanks,
Randy

Miranda (Randy) Katsoyannis

CDC Washington Office

202-245-0618

www.cdc.gov/washington

From: Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT)
Sent: Wed, 8 Jul 2020 19:14:07 +0000
To: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT)
Cc: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT); DGHTPolicyRequest (CDC)
Subject: FW: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Attachments: Areas for Continued Engagement with the WHO 7-8-2020 clean.docx
Importance: High

Hi Hank,

Looping you in on the below and attached, which is being worked on by the Policy team. In the meantime given the short turnaround, I wanted to see if you could like to review what is pulled together before it goes back to CGH by tomorrow at noon. Please let us know.

Thanks! Jenny

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 1:54 PM
To: Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>; Pendergraft, Chandra (CDC/DDPHSIS/CGH/DGHT) <cmp3@cdc.gov>
Cc: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; CGHPOLICYREQUESTS (CDC) <CGHPolicyRequests@cdc.gov>
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(b)(5)

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Serena

Serena Vinter

Center for Global Health (CGH)

o. (404) 639-0323 | m. (404) 661-4218

uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>

Sent: Wednesday, July 8, 2020 1:01 PM

To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <svh19@cdc.gov>

Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>

Subject: FW: WHO Engagement

Hi Rebecca/CGH,

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Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
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Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
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Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

Areas for Continued Engagement
the United States of America and the World Health Organization

Although the United States formally notified the Secretary General of the United Nations of its intent to withdraw from the World Health Organization (WHO) on July 7, 2020, there continue to be a number of areas where it is in the national interest of the United States to continue its collaboration and engagement with the WHO.

1. Small Pox:

CDC hosts the WHO Collaborating Center for Smallpox and other Poxviruses, one of only two laboratories in the world authorized by the World Health Assembly (WHA) for Variola virus research and strain repository. The Russian Federation hosts the other repository. If the United States withdraws from the WHO, this countermeasures program will likely be terminated and the WHA may call for full destruction of remaining stocks. Periodically, the WHA discusses whether global consensus exists on a date for destruction of known live smallpox virus stocks. In these debates, the USG strongly supports continued retention of the live virus in order to conduct additional research necessary to achieve critical public health and biodefense objectives, guidance provided by the Advisory Committee on Variola Virus Research.

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The [WHO Pandemic Influenza Preparedness Framework](#) (PIP-FW), which leverages Global Influenza Surveillance and Response System (GISRS) as its sharing platform, is the international agreement that underpins U.S. access to samples and genetic sequence data of the influenza viruses most likely to cause a pandemic. U.S. ongoing engagement with WHO's coordination of the PIP-FW is essential to ensuring that the framework remains functional, this is essential for the U.S. to maintain real-time, continuous access to influenza viruses of pandemic potential. Ongoing engagement with the PIP-FW is critical to protecting U.S. national security interests related to maintaining access to samples and genetic sequence data from other pathogens because the precedents set by the PIP-FW are already laying the foundation for the terms around potential future access and benefits sharing discussions for other pathogens.

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For many years, the U.S. Government has funded nearly 100% of the staff salaries and a significant portion of the activities of WHO's IPR Unit, which includes the Global Influenza Program (GIP) that coordinates GISRS, through cooperative agreements currently totaling \$4.6 million per year from HHS, CDC, and USAID. The staff and activities supported by U.S. Government funds are essential to strengthen global influenza surveillance for viruses with the potential to start the next pandemic, coordinating seasonal and pandemic influenza vaccine strain selection for vaccine development, and most importantly, U.S. efforts to protect the health security of its citizens. HHS' ongoing collaborations with the WHO IPR unit directly advance ongoing U.S. efforts to improve development and effectiveness of influenza vaccines, maintain the ability to monitor evolution of seasonal influenza virus strains and influenza viruses of pandemic potential, ensure countries are prepared to stop outbreaks at their source, and

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Initiative (GPEI) with WHO, UNICEF, Rotary International, the Bill & Melinda Gates Foundation and GAVI. The USG is the second-largest GPEI funder, having invested over \$3.86 billion since GPEI's launch in 1988. Each stakeholder in GPEI has a unique strength it brings to the partnership. For CDC, it is defining the eradication strategy, developing the latest laboratory science and surveillance technologies, and ensuring the program is data driven to achieve eradication. To achieve this, CDC deploys staff throughout WHO regional and country offices to prevent millions of children being paralyzed or dying, and putting eradication within sight. Achieving this goal would mean the second human disease, after smallpox, would be eradicated. Through the Polio Endgame Strategy 2019-2023, GPEI is working to eradicate wild poliovirus globally by 2023 and prepare the world for transitioning key polio assets – laboratory and surveillance networks, biosafety and biosecurity, reaching every child - to strengthen global health security and increase coverage for lifesaving vaccines. Interruption of poliovirus is very close, but a few reservoirs remain in Pakistan and Afghanistan.

7. Measles and other Vaccine Preventable Diseases (VPD):

WHO and CDC are the founding members of the Measles & Rubella Initiative (M&RI) and serve as the two primary technical agencies in the partnership. CDC provides WHO with strong support and leadership to design The USG is also a major contributor to WHO's efforts to improve and implement strategies to address measles outbreaks and to implement supplemental immunization activities supporting the elimination of measles around the world. USG has supported WHO for over three decades on public health surveillance and laboratory networks for all VPDs, including joint oversight and accountability of funding provided to other organizations, like Gavi to which \$1B was provided in the most recent replenishment, to ensure vaccines are implemented effectively in numerous strategic partner countries on a range of health conditions. Building these skills protects the health of Americans overseas while improving country to reduce mortality and morbidity. CDC serves as the regional and global reference laboratory for VPDs and ensures laboratories across the WHO network follow quality standards and have the capacity and supplies to detect outbreaks and measure impact of immunization activities on disease burden. USG capacity to positively impact measles elimination must be maintained and other VPDs activities.

8. HIV/AIDS:

9. Cancer Research:

International Agency for Research on Cancer (IARC): It is not clear whether the United States could remain an IARC Participating State after withdrawal from the WHO. IARC is the WHO's specialized cancer agency, promotes international collaboration in cancer research, studies the causes of cancer, is the global reference source on cancer information, hosts a biobank of millions of samples used in cancer research, provides key training to researchers worldwide and produces science informing cancer control policies worldwide. The U.S. was one of IARC's five founders and collaborates, primarily through the National Cancer Institute, on cancer research, information tools and publications, and cancer registries critical to progress on cancer prevention, detection and control. Cancers are the second leading cause of death globally and in the U.S.

10. **CODEX Alimentarius** – The Codex international food standards, guidelines and codes of practice contribute to the safety, quality and fairness of this international food trade: Consumers can trust the safety and quality of the food products they buy and importers can trust that the food they ordered will be in accordance with safety specifications. Funded by the WHO and the Food and Agriculture Organization (FAO) as well as the United States, – Codex’s work is important to ensuring compliance with World Trade Organization obligations by other Members. The United States also sits on the Antimicrobial Resistance (AMR) Task Force of CODEX. The United States will continue to participate in the Codex work due to its ongoing status in FAO but will have little visibility into the food safety work done by WHO or its policy priorities unless we continue to engage.

11. **International Health Regulations (IHR)-Health Emergencies, Preparedness and Global Health Security:**

The International Health Regulations (2005) (IHR) set forth binding obligations on WHO Member States to help ensure global data and information sharing to detect and respond to international threats to public health, including measures to prevent international spread of disease while minimizing disruption to travel and trade. It is possible to remain a Party to the IHR even if the United States withdraws from the WHO as the IHR have a separate withdrawal mechanism. WHO has various responsibilities under the IHR and works with States Parties to build related country-specific capacity. The USG will need to carefully consider how to prevent losing access to critical information shared via IHR mechanisms, which would increase risks to national health security. Additionally, the USG will lose its ability to name USG expert participation in international teams organized by WHO to investigate and respond to outbreaks provides key information on new and emerging infectious diseases necessary to mitigate their consequences and protect the health of Americans at home and abroad.

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 15 Jul 2020 15:01:38 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD)
Subject: NOTES: Weekly check in on WHO - July 15
Attachments: WHO 2020-07-15 final.docx

Dear Rebecca,

I am attaching here some notes from this morning's WHO interagency call on behalf of the policy team. Please let us know if there are any questions. Thanks!

Best,
Peter

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 9:00 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zurl@cdc.gov>
Cc: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 8

Good morning Rebecca,

Below are notes on this mornings WHO interagency call.

Thank you!

J

Notes:

1. **Effective date for withdrawal date is July 6, 2021 - official**
2. **Next PCC on Friday (invite only)**
 - Invite only; agenda unknown
 - May include funding
 - Has there been decision or further guidance on exceptions? No insight
3. **Landscape paper – include areas where we need to engage regardless of membership status**
 - Has been reformatted
 - Interagency document only and no intent to share more broadly
 - Purpose of document will also be to bring leadership up to speed as much as possible on WHO
 - Need to be sure we include regional/country level work and how that work will stand down. PAHO will be the only region where we remain engaged
 - Draft to be circulated this week by OGA

4. **Call on executive board focused on US departure (Tracy Carson)**
- EB member session in August → follow-up to COVID WHA resolution, but rumors that EB would like to discuss the US withdrawal and include impact of departure
 - **(b)(5)**
 - 10 items WHO committed to doing on COVID for engagement and oversight (independent oversight and origins of virus investigation)
 - **Chile offers alternative to WHO reform (Tracy Carson)**
 - Convened a small group to discuss reform through specific IHR lens → Min of foreign affairs leading on a preparedness front; no mechanism to move forward (e.g. edits to IHR, annex to IHR)
 - Ensuring open borders for commodities and PPE
 - Principles governing IHR and ensuring most vulnerable remains central
 - Other members have been invited for ideas and updates in next two weeks

Joel Stanojevich, MPH

Strategy & Planning Lead | Center for Global Health
Email: johnstano@cdc.gov | Office: 404.639.5944 | Mobile: 678.702.7145
Room 09212 | MS D-69 | 1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT)
Sent: Mon, 13 Jul 2020 17:50:30 +0000
To: Tangel Chehab, Elizabeth J. (CDC/DDPHSIS/CGH/DGHT); Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT); Naglich, Valerie (CDC/DDPHSIS/CGH/DGHT)
Subject: RE: WHO Request to NSC for Extension of Current Budget Period
Attachments: FW: pending COAG no-cost extension approvals

Please see attached for latest communication on WHO from CGH and OFR. Please do not forward.

Heather B. Pumphrey, MA

Deputy Director for Management & Overseas Operations

Division of Global HIV & TB, Center for Global Health

Centers for Disease Control & Prevention

Phone: 404-639-6439

E-mail: hbp7@cdc.gov

From: Tangel Chehab, Elizabeth J. (CDC/DDPHSIS/CGH/DGHT) <uvz0@cdc.gov>
Sent: Monday, July 13, 2020 12:49 PM
To: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>; Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; Naglich, Valerie (CDC/DDPHSIS/CGH/DGHT) <eoas5@cdc.gov>
Subject: RE: WHO Request to NSC for Extension of Current Budget Period

Thank you, and thank you for the quick response. Please let me know if you need any additional details from my side.

Have a great day!

Liz

Elizabeth Tangel Chehab

Multilateral and PHIA Project Officer

Division of Global HIV&TB (DGHT)

Centers for Disease Control and Prevention

Email: ETangelChehab@cdc.gov

Phone: 404-718-6310

Cell: 404-234-9539

From: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>
Sent: Monday, July 13, 2020 11:47 AM
To: Tangel Chehab, Elizabeth J. (CDC/DDPHSIS/CGH/DGHT) <uvz0@cdc.gov>; Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; Naglich, Valerie (CDC/DDPHSIS/CGH/DGHT) <eoas5@cdc.gov>
Subject: Re: WHO Request to NSC for Extension of Current Budget Period

I have asked.

Hank Tomlinson, Ph.D.

Director, Division of Global HIV & TB
Centers for Disease Control and Prevention
404-639-8307 (office)
htomlinson@cdc.gov

From: Tangel Chehab, Elizabeth J. (CDC/DDPHSIS/CGH/DGHT) <uvz0@cdc.gov>
Sent: Monday, July 13, 2020 12:36 PM
To: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>; Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; Naglich, Valerie (CDC/DDPHSIS/CGH/DGHT) <eoas@cdc.gov>
Subject: WHO Request to NSC for Extension of Current Budget Period

Dear Hank, Heather, and Valerie,

I hope you are all doing well and that you had a nice weekend. CGH and OGS have shared information from OGA regarding WHO funding and extensions.

(b)(5)

Please let me know if you would like additional details. Happy to have a brief call as well.

Thank you for your consideration and continued support!

Liz

(b)(5)



(b)(7)

Elizabeth Tangel Chehab

Multilateral and PHIA Project Officer

Division of Global HIV&T8 (DGHT)

Centers for Disease Control and Prevention

Email: ETangelChehab@cdc.gov

Phone: 404-718-6310

Cell: 404-234-9539

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 10 Jul 2020 22:17:59 +0000
To: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT); Naglich, Valerie (CDC/DDPHSIS/CGH/DGHT); Kay, Kelly L. (CDC/DDPHSIS/CGH/DGHP); Khan, Omer (CDC/DDPHSIS/CGH/DGHP)
Cc: Thorne, Gregory Immel (CDC/DDPHSIS/CGH/OD); Moser, Melanie A. (CDC/DDPHSIS/CGH/OD)
Subject: FW: pending COAG no-cost extension approvals
Attachments: WHO COAG balances 7 10 2020 ofr ogs.xlsx

All- FYI. Please let me know if you need further information.

Ted

From: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Sent: Friday, July 10, 2020 3:22 PM
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Subject: pending COAG no-cost extension approvals

Greetings,

The WHO COAGs highlighted in orange in the attached PMS drawdown report are those COAGs not on the pending exception list for new funding this FY.

(b)(5); (b)(4)

That means that as early as 8/14 for the NCDs COAG, we will have to get clearance to take any form of extension action.

We will need your input on how you want to approach each of these COAGs – with input from the relevant other CIOs with funding in them as well.

As noted in the balance column – at most, in only 2 of the 4 we see about half of the current budget period obligations drawn down to date, and in the other 2 much less.

Before we get into the funding and grant administrative issues, this is first a policy call. Happy to do a short call if helpful.

Thanks,
Christa

Christa Capozzola

Director, Office of Financial Resources &
Chief Financial Officer
Centers for Disease Control and Prevention
Tel: 678-475-4644

Cell: 404-565-3992

Email: kgr5@cdc.gov

Grant Number	Funding Opportunity Title	Budget Period End Date	Period Of Performance End Date	Sum of Obligation Amount Fy 19/20	PMS Draw Down Amount as 7/10/2020	PMS Balance
NE11CE002080	CE16-1601 The Prevention and Control of Unintentional Injury and Violence Prevention Through the World Health Organization	8/31/2020	8/31/2021	\$ 362,000.00	(b)(5)	
NE11GH000001	Global Noncommunicable Disease Prevention and Health Promotion - 2019	8/14/2020	8/14/2024	\$ 2,165,927.00		
NU2GGH002145	Cooperative Agreement on Immunization with the World Health Organization (WHO) - 2018	9/30/2020	6/30/2023	\$ 18,728,689.00		
NU2GGH002154	Strengthening Public Health Capacity and Guidelines to Implement HIV Programs through Cooperation and Support from the World Health Organization (WHO) under the President's Emergency Plan for AIDS Relief (PEPFAR) - 2018	9/29/2020	9/29/2023	\$ 12,635,165.00		
NU2GGH002225	Strengthening Public Health Capacity and Guidelines to prevent, detect and control the spread of epidemic prone infectious diseases through Cooperation and Support from World Health Organization (WHO) - 2019	8/31/2020	8/31/2024	\$ 16,775,464.00		
NU51IP000874	Surveillance and Response to Seasonal and Pandemic Influenza by Regional Offices of the World Health Organization - 2016	9/29/2020	9/29/2021	\$ 480,000.00		
NU51IP000875	Surveillance and Response to Seasonal and Pandemic Influenza by Regional Offices of the World Health Organization - 2016	9/29/2020	9/29/2021	\$ 1,400,000.00		
NU51IP000876	Surveillance and Response to Seasonal and Pandemic Influenza by Regional Offices of the World Health Organization - 2016	9/29/2020	9/29/2021	\$ 646,535.00		
NU51IP000878	Surveillance and Response to Seasonal and Pandemic Influenza by Regional Offices of the World Health Organization - 2016	9/29/2020	9/29/2021	\$ 302,130.00		
NU51IP000879	Surveillance and Response to Seasonal and Pandemic Influenza by Regional Offices of the World Health Organization - 2016	9/29/2020	9/29/2021	\$ 1,305,000.00		
				\$ 54,800,910.00		

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 17:45:25 +0000
To: Barry, Brooke (CDC/DDID/NCIRD/OD); Beauvais, Denise (CDC/DDID/NCIRD/OD); Miller, Rebecca (CDC/DDID/NCEZID/OD)
Cc: NCEZID Policy Requests (CDC); CGHPOLICYREQUESTS (CDC); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Attachments: Areas for Continued Engagement with the WHO 7-8-2020 clean.docx
Importance: High

Dear Brooke, Denise and Rebecca,

(b)(5)

Please review your relevant sections and determine if there are ways to tighten up the description of the current engagement / value and the impact / risk to Americans' health and global health security due to USG withdrawal from WHO.

I need to get this back to Mitch by Thursday afternoon so would respectfully ask if you can turn this around in less than 24 hours – 12pm tomorrow, July 9th. Please send back to me and copy the CGH Policy Box.

Joel and Susan are both on A/L this week so happy to take any phone calls / emails with questions you have.

Thank you,

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

Areas for Continued Engagement
the United States of America and the World Health Organization

Although the United States formally notified the Secretary General of the United Nations of its intent to withdraw from the World Health Organization (WHO) on July 7, 2020, there continue to be a number of areas where it is in the national interest of the United States to continue its collaboration and engagement with the WHO.

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The USG, through CDC and USAID, is a world leader in the effort to eradicate wild poliovirus. WHO is a key partner for CDC and USAID in multilateral partnerships and in their bilateral cooperation to support countries in reaching the last children unvaccinated against wild poliovirus. Currently, the CDC co-leads the Global Polio Eradication

Initiative (GPEI) with WHO, UNICEF, Rotary International, the Bill & Melinda Gates Foundation and GAVI. The USG is the second-largest GPEI funder, having invested over \$3.86 billion since GPEI's launch in 1988. Each stakeholder in GPEI has a unique strength it brings to the partnership. For CDC, it is defining the eradication strategy, developing the latest laboratory science and surveillance technologies, and ensuring the program is data driven to achieve eradication. To achieve this, CDC deploys staff throughout WHO regional and country offices to prevent millions of children being paralyzed or dying, and putting eradication within sight. Achieving this goal would mean the second human disease, after smallpox, would be eradicated. Through the Polio Endgame Strategy 2019-2023, GPEI is working to eradicate wild poliovirus globally by 2023 and prepare the world for transitioning key polio assets – laboratory and surveillance networks, biosafety and biosecurity, reaching every child - to strengthen global health security and increase coverage for lifesaving vaccines. Interruption of poliovirus is very close, but a few reservoirs remain in Pakistan and Afghanistan.

7. Measles and other Vaccine Preventable Diseases (VPD):

WHO and CDC are the founding members of the Measles & Rubella Initiative (M&RI) and serve as the two primary technical agencies in the partnership. CDC provides WHO with strong support and leadership to design The USG is also a major contributor to WHO's efforts to improve and implement strategies to address measles outbreaks and to implement supplemental immunization activities supporting the elimination of measles around the world. USG has supported WHO for over three decades on public health surveillance and laboratory networks for all VPDs, including joint oversight and accountability of funding provided to other organizations, like Gavi to which \$1B was provided in the most recent replenishment, to ensure vaccines are implemented effectively in numerous strategic partner countries on a range of health conditions. Building these skills protects the health of Americans overseas while improving country to reduce mortality and morbidity. CDC serves as the regional and global reference laboratory for VPDs and ensures laboratories across the WHO network follow quality standards and have the capacity and supplies to detect outbreaks and measure impact of immunization activities on disease burden. USG capacity to positively impact measles elimination must be maintained and other VPDs activities.

8. HIV/AIDS:

9. Cancer Research:

International Agency for Research on Cancer (IARC): It is not clear whether the United States could remain an IARC Participating State after withdrawal from the WHO. IARC is the WHO's specialized cancer agency, promotes international collaboration in cancer research, studies the causes of cancer, is the global reference source on cancer information, hosts a biobank of millions of samples used in cancer research, provides key training to researchers worldwide and produces science informing cancer control policies worldwide. The U.S. was one of IARC's five founders and collaborates, primarily through the National Cancer Institute, on cancer research, information tools and publications, and cancer registries critical to progress on cancer prevention, detection and control. Cancers are the second leading cause of death globally and in the U.S.

10. **CODEX Alimentarius** – The Codex international food standards, guidelines and codes of practice contribute to the safety, quality and fairness of this international food trade: Consumers can trust the safety and quality of the food products they buy and importers can trust that the food they ordered will be in accordance with safety specifications. Funded by the WHO and the Food and Agriculture Organization (FAO) as well as the United States, – Codex’s work is important to ensuring compliance with World Trade Organization obligations by other Members. The United States also sits on the Antimicrobial Resistance (AMR) Task Force of CODEX. The United States will continue to participate in the Codex work due to its ongoing status in FAO but will have little visibility into the food safety work done by WHO or its policy priorities unless we continue to engage.

11. **International Health Regulations (IHR)-Health Emergencies, Preparedness and Global Health Security:**

The International Health Regulations (2005) (IHR) set forth binding obligations on WHO Member States to help ensure global data and information sharing to detect and respond to international threats to public health, including measures to prevent international spread of disease while minimizing disruption to travel and trade. It is possible to remain a Party to the IHR even if the United States withdraws from the WHO as the IHR have a separate withdrawal mechanism. WHO has various responsibilities under the IHR and works with States Parties to build related country-specific capacity. The USG will need to carefully consider how to prevent losing access to critical information shared via IHR mechanisms, which would increase risks to national health security. Additionally, the USG will lose its ability to name USG expert participation in international teams organized by WHO to investigate and respond to outbreaks provides key information on new and emerging infectious diseases necessary to mitigate their consequences and protect the health of Americans at home and abroad.

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 17 Jul 2020 14:52:06 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Subject: FW: REVIEW: July 13 | OGA/CGH Monthly Call
Attachments: OGA CGH monthly call July 2020_draft agenda .docx, WHO 2020-07-15 final.docx

resending

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 15, 2020 4:55 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Subject: REVIEW: July 13 | OGA/CGH Monthly Call

Dear Rebecca,

For your review, please see attached for the draft agenda for next Monday's CGH/OGA call – any questions or other topics you would like to see covered? Laura noted below that two topics were requested from OGA and two are follow-ups from last month's call.

Susan's notes from an OGA call on WHO earlier today are also attached (I think you've already seen these from Peter S).

Thank you!
Sukeshi

From: Olsen, Laura (CDC/DDPHSIS/CGH/OD) <oon9@cdc.gov>
Sent: Wednesday, July 15, 2020 4:47 PM
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Cc: Davis, Carma L. (CDC/DDPHSIS/CGH/OD) <ctd7@cdc.gov>
Subject: RE: July 13 | OGA/CGH Monthly Call

Hi Sukeshi,

I've attached here the draft agenda for Dr. Martin's review, with two proposed items from OGA (WHO and staffing) and two potential follow up items from last month's call (Act accelerator and PMI Deputy). Susan was on an OGA call about WHO today and also shared her notes with me (also attached) – Dr. Martin may have already seen them but I'm also sharing here if it's helpful context on some of OGA's latest on that topic.

Please let me know if there are any items to add or adjust with OGA on the agenda, and I'll also get the annotated agenda with talking points to you back by the Friday deadline.

Thank you!
Laura

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 22 Jul 2020 23:40:31 +0000
To: Suwondo, Peter (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD)
Subject: RE: NOTES: Weekly check in on WHO - July 22

Dear Peter,

Thank you very much for the notes. Appreciate the updates on the preparedness resolution. Also, we need to follow up (I know you are leaving 😞) on the RCs as we were planning to attend and came up with names as most are virtual.

Lastly, was a paper PCC, have not heard anything back yet...

Best, REbecca

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD) <oej7@cdc.gov>
Sent: Wednesday, July 22, 2020 5:17 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 22

Dear Rebecca,

Please see attached for notes from this morning's interagency call on WHO. The resolutions referenced in the notes are indicated below.

- [Resolution EB146.R10](https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R10-en.pdf) Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) [link: https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R10-en.pdf]
- [Resolution EB146.R6](https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R6-en.pdf) Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a public health problem [link: https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R6-en.pdf]

Please let us know if you have any questions. Thanks!

Best,

Peter Suwondo, MPH
Office of the Associate Director for Policy
Center for Global Health
U.S. Centers for Disease Control and Prevention
[+1.404.718.6572](tel:+14047186572)

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 15, 2020 11:02 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rsm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 15

Dear Rebecca,

I am attaching here some notes from this morning's WHO interagency call on behalf of the policy team. Please let us know if there are any questions. Thanks!

Best,
Peter

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 9:00 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rsm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 8

Good morning Rebecca,

Below are notes on this morning's WHO interagency call.

Thank you!

J

Notes:

1. **Effective date for withdrawal date is July 6, 2021 - official**
2. **Next PCC on Friday (invite only)**
 - Invite only; agenda unknown
 - May include funding
 - Has there been decision or further guidance on exceptions? No insight
3. **Landscape paper – include areas where we need to engage regardless of membership status**
 - Has been reformatted
 - Interagency document only and no intent to share more broadly
 - Purpose of document will also be to bring leadership up to speed as much as possible on WHO
 - Need to be sure we include regional/country level work and how that work will stand down. PAHO will be the only region where we remain engaged
 - Draft to be circulated this week by OGA
4. **Call on executive board focused on US departure (Tracy Carson)**

- EB member session in August – follow-up to COVID WHA resolution, but rumors that EB would like to discuss the US withdrawal and include impact of departure
 - (b)(5)
- 10 items WHO committed to doing on COVID for engagement and oversight (independent oversight and origins of virus investigation)

4. Chile offers alternative to WHO reform (Tracy Carson)

- Convened a small group to discuss reform through specific IHR lens – Min of foreign affairs leading on a preparedness front; no mechanism to move forward (e.g. edits to IHR, annex to IHR)
 - Ensuring open borders for commodities and PPE
 - Principles governing IHR and ensuring most vulnerable remains central
 - Other members have been invited for ideas and updates in next two weeks

Joel Stanojevich, MPH

Strategy & Planning Lead | Center for Global Health
Email: vh19@cdc.gov | Office: 404.639.5944 | Mobile: 678.702.7145
Room 09212 | MS D-69 | 1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 15:30:57 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Subject: RE: Review materials for upcoming meeting
Attachments: 20200616 Tab 4 Additional Background Information as of 1345_HHS suggested edits.docx

Confirming the priority engagements are the CDC activities we provided back in this document?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Sent: Wednesday, July 8, 2020 10:38 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: Review materials for upcoming meeting

See below – not sure if you, others, have time to work on this today before 3pm? Thanks, R

From: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>
Sent: Wednesday, July 8, 2020 10:27 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQRS@cdc.gov>
Subject: Re: Review materials for upcoming meeting

I just heard from Mara and OGA is putting something together for HHS, and will share later in the day. So I think we have two options: either go ahead with what we were doing for CDC and that will help us provide input into their document that we can suggest, or we wait to see what we get from them.

I won't have time to work on this more until about 3 PM. What I started was the intro to this and the first couple engagements, based on the landscape paper, and what it should look like I think. It's attached - it's just page 1 - the rest is the landscape paper.

If Serena has time, it would be great if she could look at this, see if it makes sense, and try to put our priority engagements in these terms. Then when we get the paper from OGA, we can use that to comment back. I will of course share what we get with you. I think what that will help us do is have very short sentences describing the engagements and the impacts.

How is that?

SENSITIVE BUT UNCLASSIFIED

Additional Background Information:

Impact of Withdrawal from the World Health Organization: Policy and Programmatic Issues

(SBU) The highlighted program and policy impacts are illustrative but not exhaustive and provide a high-level overview of the potential impacts of the U.S. withdrawal from the WHO. Further analysis is needed to determine how partnerships will be impacted by U.S. withdrawal from the WHO. We will no longer be a leading force in pushing for a greater role for Taiwan as an observer and Israel will likely be further isolated, making it increasingly difficult to keep the Palestinian Authority from gaining status as a Member State. A communications strategy, including for Congressional and diplomatic partners will also be needed.

Smallpox: CDC hosts the WHO Collaborating Center for Smallpox and other Poxviruses, one of only two laboratories in the world authorized by the World Health Assembly (WHA) for Variola virus research and strain repository. The Russian Federation hosts the other repository. If the United States withdraws from the WHO, this countermeasures research program will likely be terminated and the WHA may call for full destruction of remaining stocks. Periodically, the WHA discusses whether global consensus exists on a date for destruction of known live smallpox virus stocks. The retention/destruction issue will be on the 2021 WHA agenda. In these debates, the USG strongly supports continued retention of the live virus in order to conduct additional research necessary to achieve critical public health and biodefense objectives, guidance on which is provided by the Advisory Committee on Variola Virus Research. The U.S. has voting membership seats on the ACVVR to determine research needs. Following withdrawal from the WHO, the United States would not be able to advocate in the WHA for the need to continue this research and to prevent calls for the full destruction of remaining stocks for continued retention of the live virus and thus the ability to continue this research following withdrawal from the WHO-U.S. biodefense research. The United States will need to review the resulting legal status of its repository for any action needed relative to U.S. international obligations.

Health Emergencies, Preparedness and Global Health Security: The International Health Regulations (2005) (IHR) set forth binding obligations on WHO Member States to help ensure global data and information sharing to detect and respond to international threats to public health, including measures to prevent international spread of disease while minimizing disruption to travel and trade. It is possible to remain a Party to the IHR even if the United States withdraws from the WHO as the IHR have a separate withdrawal mechanism. WHO has various responsibilities under the IHR and works with States Parties to build related country capacities. The USG will need to carefully consider how to prevent losing access to critical information shared via IHR mechanisms, which would increase risks to national health security. Additionally, the USG will lose its ability to name USG expert participation in international teams organized by WHO to investigate and respond to outbreaks provides key information on new and emerging infectious diseases necessary to mitigate their consequences and protect the health of Americans at home and abroad. Diminished USG support on the Joint External Evaluations (JEEs) and the development of National Action Plans for Health Security (NAPHS) through WHO will impact the quality and expertise to help member states assess their ability to

prevent, detect, and respond and develop the plans to address those gaps in health security. The IHR, as they are currently constructed, do provide an important mechanism to stop the spread of ~~efrcspond to~~ outbreaks before they become pandemics. For the COVID-19 outbreak, China failed to adhere to its obligations under the IHR and provide timely, accurate and complete information to the WHO and Member States. China's failure to adhere to the iHRs can be seen from its own timeline of events.

Polio Eradication: The USG, through CDC and USAID, is a world leader in the effort to eradicate wild poliovirus. WHO is a key partner for CDC and USAID in multilateral partnerships and in their bilateral cooperation to support countries in reaching the last children unvaccinated against wild poliovirus. Currently, the CDC co-leads the Global Polio Eradication Initiative (GPEI/GPEI) with WHO, UNICEF, Rotary International, the Bill & Melinda Gates Foundation and GAVI. The USG is the second-largest GPEI/GPEI funder, having invested over \$3.386 billion since GPEI's ~~GPEI's~~ launch in 1988, depleting ~~depleting~~ which fund 98% of polio laboratories, surveillance networks, and CDC experts' service in global and regional reference labs. Each stakeholder in GPEI has a unique strength it brings to the partnership. For CDC, it is defining the eradication strategy, developing the latest laboratory science and surveillance technologies, and ensuring the program is data driven to achieve eradication. To achieve this, CDC deploys staff throughout WHO regional and country offices to prevent millions of polio-related cases of death and disability children being paralyzed or dying, and putting eradication within sight. Achieving this goal would mean the second human disease, after smallpox, to be eradicated. Through the Polio Endgame Strategy 2019-2023, GPEI/GPEI is working to eradicate wild poliovirus globally by 2023 and prepare the world for transitioning key polio assets – laboratory and surveillance networks, biosafety and biosecurity, reaching every child - to maintain key immunization services, strengthen global health security and increase coverage for lifesaving vaccines. Interruption of poliovirus is very close, but vulnerabilities ~~vulnerabilities~~ a few reservoirs remain in Pakistan and Afghanistan. If wild ~~wild~~ interruption of wild poliovirus does not occur, and the U.S. does not continue to participate in the polio eradication effort/initiative, the Administration could be blamed. Alternatively, if interruption does occur/ is achieved, it could negatively impact US/ U.S. prestige as a result of this occurring without U.S. involvement after so many decades of stalwart leadership and support.

Access to Data, Samples and Other information:

Measles and other Vaccine Preventable Diseases (VPD): WHO and CDC are the founding members of the Measles & Rubella Initiative (M&RI) and serve as the two primary technical agencies in the partnership. CDC provides WHO with strong support and leadership to design The USG is also a major contributor to WHO's efforts to improve and implement strategies to address measles outbreaks and to implement supplemental immunization activities supporting the elimination of measles around the world. USG has supported WHO for over three decades on public health surveillance and laboratory networks for all VPDs, including joint oversight and accountability of funding provided to other organizations, like Gavi to which \$1B was provided in the most recent replenishment, to ensure vaccines are implemented effectively in capacities in numerous strategic partner countries on a range of health conditions. Building these skills protects the health of Americans overseas while improving country to reduce mortality and morbidity. CDC serves as the regional and global reference laboratory for VPDs and ensures laboratories across the WHO network follow quality standards and have the capacity and supplies to detect outbreaks and measure impact of immunization activities on disease burden.

USG capacity to positively impact measles elimination and other VPDs activities around the world will diminish and result in an increased number of outbreaks, and increased risk of importation and outbreak within the United States., prevent and response to health threats. WHO leads and coordinates a number of other technical collaborations of critical importance to the United States. In many instances, the USG contributes to its strategic leadership through steering committees and other means. In addition to the fHRs, these networks and mechanisms include the Pandemic Influenza Preparedness Framework (PIP-FW) and the Global Influenza Surveillance and Response System (GISRS). GISRS analyzes influenza strains and, in coordination with the WHO, recommends strains that should be selected for the most effective seasonal vaccine. If, as a non-Member State the United States is no longer to participate in GISRS, withdrawal could result in the USG no longer benefitting from knowledge and samples shared with GISRS, removing U.S. technical expertise from the strain selection process, and leading to less effective vaccines for the U.S. population. GISRS also provides the United States with real-time surveillance and early-detection capabilities for pandemic influenza strains. Separation from this global network will prevent the U.S. from real-time monitoring of avian influenza threats and could delay detection of emerging pandemic influenza viruses, leading to considerable pandemic influenza illness and deaths of Americans. CDC supports a number of staff at WHO that work closely with CDC and are critical for tracking influenza viruses globally, and for implementing global efforts to develop the best vaccine to prevent influenza illness and deaths each season. The lives of tens of thousands of Americans are dependent on the efforts of the CDC and WHO in selecting the right vaccine components for manufacturing over 178 million doses of flu vaccines each season for use in the U.S. The Global Outbreak Alert and Response Network (GOARN), comprised of over 250 technical institutions and networks globally, shares information on emerging health threats and engages resources to respond to acute public health events. CDC, a founding member, is on the steering board. The USG will need to consider alternate means to maintain situational awareness and data access, data access, and mechanisms for deploying technical experts in challenging environments under the protections and services of the UN mission should the United States no longer be able to participate in these networks as a non-Member State of the WHO. Even if the United States were able to continue to participate, other countries may be reluctant to release the same information to the they provide WHO, should we no longer ascribe to its requirements and principles. Further, CDC involvement also includes collaboration with USU.S. vaccine manufacturers. Profitability/Viability of U.S. manufacturers, including profitability, and U.S. technical leadership will be impacted if the U.S. cannot engage in GISRS post withdrawal.

International Agency for Research on Cancer (IARC): It is possible to remain an IARC Participating State after withdrawal from the WHO, although this could be challenged. The IARC statutes do not specifically address a Participating State's withdrawal from WHO (its parent organization), while maintaining IARC membership. IARC, WHO's specialized cancer agency, promotes international collaboration in cancer research, studies the causes of cancer, is the global reference source on cancer information, hosts a biobank of millions of samples used in cancer research, provides key training to researchers worldwide and produces science informing cancer control policies worldwide. The United States was one of IARC's five founders and collaborates, primarily through the National Cancer Institute, on cancer research, information tools and publications, and cancer registries critical to progress on cancer prevention, detection and control. Cancers are the second leading cause of death globally and in the United States.

Commented [OGA1]: Summary garbled the previously stated concern. If the USA is no longer part of these networks, countries may not release the same info. If we participate in the networks but are not part of WHO, there could be obstacles to data sharing as well.

Commented [OGA2]: I still think this should include viability or similar. The USG should be concerned that if the vaccines don't provide enough ROI then companies will exit the market, leaving us without vaccines to protect the population. If stating 'profitability' is important, suggest placing here.

Commented [OGA3]: Is this State/L's reading?

Health matters at the UN General Assembly. Even prior to COVID-19, global health issues were becoming increasingly prominent in the United Nations, with UN General Assembly (UNGA) high-level meetings on antimicrobial resistance, universal health coverage (UHC), tuberculosis, and non-communicable diseases taking place in recent years. WHO plays a key role informing these discussions and guiding UN discussions on health. WHA negotiations usually heavily shape the content of UNGA resolutions. Once no longer a participant in those WHA negotiations, the USG will need to find alternate mechanisms to influence and shape the direction of health debates that lead to the UN. In its 75th session, UNGA is meant to hold a high-level meeting and decide modalities for the UHC high-level meeting.

Support for Taiwan: The United States has led international efforts to support Taiwan's participation in the WHA as an observer and broader participation in WHO technical meetings. Our departure from the WHO will complicate our ability to achieve these objectives, and we will need to look for other mechanisms and voices to support Taiwan at the WHO.

Commented [OGA4]: Seems important to include

Commented [OGA5]: Timing may have altered due to COVID

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 31 Jul 2020 13:27:17 +0000
To: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Subject: RE: NOTES: Weekly check in on WHO - July 30

(b)(5)

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Sent: Friday, July 31, 2020 9:20 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: NOTES: Weekly check in on WHO - July 30

I get the sense

(b)(5)

(b)(5)

(b)(5)

? Maybe we can wait and see who OGA sends.

Michael Bartenfeld
vdv4@cdc.gov
Cell: 470-217-1313

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Friday, July 31, 2020 9:10 AM
To: McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: FW: NOTES: Weekly check in on WHO - July 30

(b)(5)

(b)(5)

USAID received a request for the acting administrator to attending but is recommending staff participation at working level.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Sent: Thursday, July 30, 2020 10:59 AM

To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r1m4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zurl@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 30

Hi Rebecca,

Notes from today's interagency call on WHO are attached. This call covered the RC meetings, the independent panel, WHO reform papers, and funding exemptions, among other items.

Thanks,
Michael

Michael Bartenfeld
vdv4@cdc.gov
Cell: 470-217-1313

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD) <oej7@cdc.gov>
Sent: Wednesday, July 22, 2020 5:17 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r1m4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zurl@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 22

Dear Rebecca,

Please see attached for notes from this morning's interagency call on WHO. The resolutions referenced in the notes are indicated below.

- [Resolution EB146.R10](#) Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) [link: https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R10-en.pdf]
- [Resolution EB146.R6](#) Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a public health problem [link: https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R6-en.pdf]

Please let us know if you have any questions. Thanks!

Best,

Peter Suwondo, MPH
Office of the Associate Director for Policy
Center for Global Health
U.S. Centers for Disease Control and Prevention
[+1.404.718.6572](tel:+14047186572)

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 15, 2020 11:02 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r1m4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD)

<uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zurl@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 15

Dear Rebecca,

I am attaching here some notes from this morning's WHO interagency call on behalf of the policy team. Please let us know if there are any questions. Thanks!

Best,
Peter

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 9:00 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rta4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zurl@cdc.gov>
Cc: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 8

Good morning Rebecca,

Below are notes on this mornings WHO interagency call.

Thank you!

J

Notes:

1. **Effective date for withdrawal date is July 6, 2021 - official**
2. **Next PCC on Friday (invite only)**
 - Invite only; agenda unknown
 - May include funding
 - Has there been decision or further guidance on exceptions? No insight
3. **Landscape paper – include areas where we need to engage regardless of membership status**
 - Has been reformatted
 - Interagency document only and no intent to share more broadly
 - Purpose of document will also be to bring leadership up to speed as much as possible on WHO
 - Need to be sure we include regional/country level work and how that work will stand down. PAHO will be the only region where we remain engaged
 - Draft to be circulated this week by OGA
4. **Call on executive board focused on US departure (Tracy Carson)**
 - EB member session in August – follow-up to COVID WHA resolution, but rumors that EB would like to discuss the US withdrawal and include impact of departure

(b)(5)

- 10 items WHO committed to doing on COVID for engagement and oversight (independent oversight and origins of virus investigation)

4. Chile offers alternative to WHO reform (Tracy Carson)

- Convened a small group to discuss reform through specific IHR lens – Min of foreign affairs leading on a preparedness front; no mechanism to move forward (e.g. edits to IHR, annex to IHR)
 - Ensuring open borders for commodities and PPE
 - Principles governing IHR and ensuring most vulnerable remains central
 - Other members have been invited for ideas and updates in next two weeks

Joel Stanojevich, MPH

Strategy & Planning Lead | Center for Global Health

Email: vhi9@cdc.gov | Office: 404.639.5944 | Mobile: 678.702.7145

Room 09212 | MS D-69 | 1600 Clifton Road, NE

Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 12:06:01 +0000
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD); McCulloch, Audrey (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Thank you Emily.

 go to CDC W.

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Tuesday, July 7, 2020 7:14 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Serena,

Thanks for chatting about this earlier. Please find attached the synthesized version of CGH comments based on our discussion. You will notice the first comment in the document was left in just for you in case you want to pull any additional content from it. I plan to delete that comment after your review since there is just too much content. In addition, I have attached the un-synthesized version of our comments in case you want to look back on that for reference on what was noted.

Let me know if we have to change our approach. Thanks for your input. Randy has requested our comments NLT noon tomorrow.

Best,

Emily

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Tuesday, July 7, 2020 2:08 PM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Emily–

Let me know if you want to talk through the comments from Rebecca. I think it would be good to clean up the back and forth comments and happy to review again before it goes back to CDC W.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r4tm@cdc.gov>
Sent: Tuesday, July 7, 2020 11:47 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Dear Serena,

A few comments in the attached version. I think

(b)(5)

(b)(5)

(b)(5)

Thanks, Rebecca

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Tuesday, July 7, 2020 9:55 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r4tm@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Rebecca,

Here are the QFRs from the 6/18/2020 Senate FRC hearing.

Right now, the additional content on impact is listed as comments. We can keep that way or actually cut and paste into the text once you review.

Thanks!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Monday, July 6, 2020 6:42 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Serena,

Briefly spoke to Sukeshi since she had some questions on process and let her know we were going to pick out key examples to send over to RM for the final comments. Let me know if you plan to send over or if you want

(b)(5)
(b)(5) Look forward to hearing your thoughts.

Thanks,

Emily

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Sent: Monday, July 6, 2020 4:42 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/OID/NCEZID) <zur1@cdc.gov>; Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Serena,

Please find attached additional comments including examples of our CDC programs most at risk. I have included them as comments for now for ease of review/deletion. I assume

(b)(5)
(b)(5)

Will you be sharing this document with comments to RM for her thoughts/ direction?

Thanks,

Emily

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 9:47 AM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Emily,

(b)(5)

Also, did CDC W also share these w/ NCIRD and NCEZID? I think

(b)(5)

(b)(5)

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Monday, July 6, 2020 9:37 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Sorry our emails crossed. Thanks!

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 9:36 AM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Joel is on leave so let me find them!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Monday, July 6, 2020 9:36 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi,

Sound good, Serena. I do not have them, but will reach out to Joel to get our hands on them.

Thanks,

Emily

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 9:33 AM
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Dear Emily,

Do you have some of the background documents Joel helped develop outlining the CDC-WHO collaboration

(b)(5)

(b)(5)

I will flag for Rebecca that she should expect to see this tomorrow.

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218

uvv3@cdc.gov

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Sent: Thursday, July 2, 2020 12:49 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Emily,

A few comments in the attached. As discussed, it will helpful to hear from RM whether or not this is the opportunity to provide some more concrete examples of the withdrawal.

I suggest giving as much time as we can to RM for review in case we need to provide substantial edits.

It will be really helpful to see what CDC/W ultimately sends forward on the 8th.

Thanks!

J

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 2, 2020 8:43 AM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: Re: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Agree about giving RM a chance to review. I will get you comments by COB Mon, July 6.

Serena

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From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Wednesday, July 1, 2020 5:48:36 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi all,

After talking with Susan, we were thinking it would be good if we can compile our CGH comments by COB, July 7th to give RM an opportunity to weigh in on them before we share back with CDCW.

Please let me know if this will present any issues.

Thanks,

Emily

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 1, 2020 5:20 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>

Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Joel and Serena,

Please find attached OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

CDCW has asked for CGH feedback by NLT July 8th at noon (comments are due COB that day). Randy has indicated that Mitch, Anstice, and Randy plan to review the document after we have incorporated our comments.

Let us know if you have any questions.

Thanks,

Emily

From: Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>

Sent: Wednesday, July 1, 2020 4:40 PM

To: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>

Subject: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Greetings,

Attached are OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

Please redline the Q&As, and send your feedback/comments to me by **July 8th at noon** (they are due by COB that day) so that we can then clear on this end before the deadline.

Thanks,

Randy

Miranda (Randy) Katsoyannis

CDC Washington Office

202-245-0618

www.cdc.gov/washington

From: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT)
Sent: Thu, 9 Jul 2020 17:12:17 +0000
To: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT)
Subject: FW: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - DUE 12pm July 9

Heather B. Pumphrey, MA
Deputy Director for Management & Overseas Operations
Division of Global HIV & TB, Center for Global Health
Centers for Disease Control & Prevention
Phone: 404-639-6439
E-mail: hbp7@cdc.gov

From: Tangel Chehab, Elizabeth J. (CDC/DDPHSIS/CGH/DGHT) <uvz0@cdc.gov>
Sent: Thursday, July 9, 2020 1:07 PM
To: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - DUE 12pm July 9

Hi Heather,

I hope you are well. Hank is correct, these are staff paid through the CoAg at Global level (through HOP funds) and at regional and country level (through COP funds). Some are international staff and some are national staff and serve as HIV medical officers, surveillance officers, etc.

Happy to provide more detail.

Thanks!

Elizabeth Tangel Chehab
Multilateral and PHIA Project Officer
Division of Global HIV&TB (DGHT)
Centers for Disease Control and Prevention
Email: ETangelChehab@cdc.gov
Phone: 404-718-6310
Cell: 404-234-9539

From: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>
Sent: Thursday, July 9, 2020 1:02 PM
To: Tangel Chehab, Elizabeth J. (CDC/DDPHSIS/CGH/DGHT) <uvz0@cdc.gov>
Subject: FW: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - DUE 12pm July 9

See emails below. Who are these 35 people and what do they do? thank you!

Heather B. Pumphrey, MA
Deputy Director for Management & Overseas Operations

Division of Global HIV & TB, Center for Global Health
Centers for Disease Control & Prevention
Phone: 404-639-6439
E-mail: hbp7@cdc.gov

From: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>
Sent: Thursday, July 9, 2020 12:31 PM
To: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>; DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>
Cc: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - DUE 12pm July 9

Thanks and will do.
Chandra

From: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>
Sent: Thursday, July 9, 2020 12:24 PM
To: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>
Cc: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>
Subject: Re: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - DUE 12pm July 9

Thanks, Chandra. It's still not clear to me (b)(5)
(b)(5) Please use the revised language I sent in the second email.

H.

Hank Tomlinson, Ph.D.
Director, Division of Global HIV & TB
Centers for Disease Control and Prevention
404-639-8307 (office)
htomlinson@cdc.gov

From: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>
Sent: Thursday, July 9, 2020 12:01 PM
To: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>; DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>
Cc: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - DUE 12pm July 9

Hi Hank,

Thanks for reviewing. Here's the original language that was submitted:

(b)(5)

Chandra

From: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>
Sent: Thursday, July 9, 2020 11:37 AM
To: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>
Cc: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>
Subject: Re: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - DUE 12pm July 9

Maybe rephrase as (b)(5)

(b)(5)

(b)(5) I imagine (b)(5)

(b)(5)

The rest looks okay.

Hank Tomlinson, Ph.D.
Director, Division of Global HIV & TB
Centers for Disease Control and Prevention
404-639-8307 (office)
htomlinson@cdc.gov

From: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>
Sent: Thursday, July 9, 2020 11:33 AM
To: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>
Cc: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>
Subject: Re: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - DUE 12pm July 9

Thanks -- where does this figure come from and to which (or what kind of) positions does it refer:

(b)(5)

The rest looks okay.

Hank Tomlinson, Ph.D.

Director, Division of Global HIV & TB
Centers for Disease Control and Prevention
404-639-8307 (office)
htomlinson@cdc.gov

From: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>
Sent: Wednesday, July 8, 2020 5:42 PM
To: Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>; Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>
Cc: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - DUE 12pm July 9

Hi Hank,

On behalf of the Policy Team, attached is an updated version of the WHO Engagement White Paper that includes HIV and TB content. This information was coordinated with input from Liz Tangel Chehab in PBEMB during last month's round of reviews.

Thanks and please let us know if any edits before returning to **Serena by NOON tomorrow.**
Chandra

From: Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>
Sent: Wednesday, July 8, 2020 3:14 PM
To: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>
Cc: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>
Subject: FW: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Importance: High

Hi Hank,

Looping you in on the below and attached, which is being worked on by the Policy team. In the meantime given the short turnaround, I wanted to see if you could like to review what is pulled together before it goes back to CGH by tomorrow at noon. Please let us know.

Thanks! Jenny

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uw3@cdc.gov>
Sent: Wednesday, July 8, 2020 1:54 PM
To: Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>; Pendergraft, Chandra (CDC/DDPHSIS/CGH/DGHT) <cmp3@cdc.gov>
Cc: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; CGHPOLICYREQUESTS (CDC) <CGHPolicyRequests@cdc.gov>
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Importance: High

Dear Janette and Chandra,



There is a blank section in here for HIV and I think we should populate that with information about DGHT's work with WHO on HIV/TB.

Here is a draft based on your previous content:



(b)(6)

Any additional information you can share on the impact of the current work and the risk / impact to discontinuing the work with WHO is valuable (keeping in mind the need to tie this to domestic and global health).

I need to get this back to Mitch by Thursday afternoon so would respectfully ask if you can turn this around in less than 24 hours – 12pm tomorrow, July 9th. Please send back to me and copy the CGH Policy Box.

Joel and Susan are both on A/L this week so happy to take any phone calls / emails with questions you have.

Thank you,

Serena

Serena Vinter

Center for Global Health (CGH)

o. (404) 639-0323 | m. (404) 661-4218

uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>

Sent: Wednesday, July 8, 2020 1:01 PM

To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>

Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <m5w6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 30 Jul 2020 16:05:40 +0000
To: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD); McClure, Susan (CDC/DDPHSIS/CGH/OD)
Subject: RE: NOTES: Weekly check in on WHO - July 30

Thanks, Michael!

Below are a few additional items that were raised in conversation yesterday afternoon with OGA related to these.

- Flu approved for an exception however OGA funding was not included - press release being considered by WHO
 - Other exceptions will be discussed today
 - Some confusion about polio and Iz listed as separate priorities but funded together
 - Sec wants to be engaged from a communications perspective on AFRO polio certification announcement
 - Approval of exception for Polio would be timely

Best,
J

Joel Stanojevich
Partnerships, Policy and Communications Team Lead
International Task Force
2019 Novel Coronavirus Response
Centers for Disease Control and Prevention
Email: vhi9@cdc.gov
Mobile: 678-702-7154

From: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Sent: Thursday, July 30, 2020 10:59 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 30

Hi Rebecca,

Notes from today's interagency call on WHO are attached. This call covered the RC meetings, the independent panel, WHO reform papers, and funding exemptions, among other items.

Thanks,

Michael

Michael Bartenfeld
vdv4@cdc.gov
Cell: 470-217-1313

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD) <oej7@cdc.gov>
Sent: Wednesday, July 22, 2020 5:17 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r1m4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 22

Dear Rebecca,

Please see attached for notes from this morning's interagency call on WHO. The resolutions referenced in the notes are indicated below.

- **Resolution EB146.R10** Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) [link: https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R10-en.pdf]
- **Resolution EB146.R6** Cervical cancer prevention and control: accelerating the elimination of cervical cancer as a public health problem [link: https://apps.who.int/gb/ebwha/pdf_files/EB146/B146_R6-en.pdf]

Please let us know if you have any questions. Thanks!

Best,

Peter Suwondo, MPH
Office of the Associate Director for Policy
Center for Global Health
U.S. Centers for Disease Control and Prevention
[+1.404.718.6572](tel:+14047186572)

From: Suwondo, Peter (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 15, 2020 11:02 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r1m4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 15

Dear Rebecca,

I am attaching here some notes from this morning's WHO interagency call on behalf of the policy team. Please let us know if there are any questions. Thanks!

Best,
Peter

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 9:00 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 8

Good morning Rebecca,

Below are notes on this mornings WHO interagency call.

Thank you!

J

Notes:

1. **Effective date for withdrawal date is July 6, 2021 - official**
2. **Next PCC on Friday (invite only)**
 - Invite only; agenda unknown
 - May include funding
 - Has there been decision or further guidance on exceptions? No insight
3. **Landscape paper – include areas where we need to engage regardless of membership status**
 - Has been reformatted
 - Interagency document only and no intent to share more broadly
 - Purpose of document will also be to bring leadership up to speed as much as possible on WHO
 - Need to be sure we include regional/country level work and how that work will stand down. PAHO will be the only region where we remain engaged
 - Draft to be circulated this week by OGA
4. **Call on executive board focused on US departure (Tracy Carson)**

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Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 7 Jul 2020 18:08:15 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Thanks! As noted below, we are asking CDC W to share the final CDC version of the edits to the QFRs so we have that for our records.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Tuesday, July 7, 2020 11:47 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Dear Serena,

A few comments in the attached version. I think

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Thanks, Rebecca

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Tuesday, July 7, 2020 9:55 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Rebecca,

Here are the QFRs from the 6/18/2020 Senate FRC hearing.

Right now, the additional content on impact is listed as comments. We can keep that way or actually cut and paste into the text once you review.

Thanks!

Serena Vinter

Center for Global Health (CGH)

o. (404) 639-0323 | m. (404) 661-4218

uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Monday, July 6, 2020 6:42 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Serena,

Briefly spoke to Sukeshi since she had some questions on process and let her know we were going to pick out key examples to send over to RM for the final comments. Let me know if you plan to send over or if you want [REDACTED] [REDACTED]

[REDACTED] Look forward to hearing your thoughts.

Thanks,

Emily

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Sent: Monday, July 6, 2020 4:42 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/OID/NCEZID) <zur1@cdc.gov>; Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Serena,

Please find attached additional comments including examples of our CDC programs most at risk. I have included them as comments for now for ease of review/deletion. I assume [REDACTED]

Will you be sharing this document with comments to RM for her thoughts/ direction?

Thanks,

Emily

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 9:47 AM
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD)

<xzk0@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Emily,

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Also, did CDC W also share these w/ NCIRD and NCEZID? I think

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Serena Vinter

Center for Global Health (CGH)

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uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>

Sent: Monday, July 6, 2020 9:37 AM

To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>

Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Sorry our emails crossed. Thanks!

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>

Sent: Monday, July 6, 2020 9:36 AM

To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; Stanojevich, Joel G.

(CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey

(CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>

Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Joel is on leave so let me find them!

Serena Vinter

Center for Global Health (CGH)

o. (404) 639-0323 |m. (404) 661-4218

uvv3@cdc.gov

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>

Sent: Monday, July 6, 2020 9:36 AM

To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G.

(CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey

(CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>

Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi,

Sound good, Serena. I do not have them, but will reach out to Joel to get our hands on them.

Thanks,

Emily

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Monday, July 6, 2020 9:33 AM
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Dear Emily,

Do you have some of the background documents Joel helped develop outlining the CDC-WHO collaboration and

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I will flag for Rebecca that she should expect to see this tomorrow.

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Sent: Thursday, July 2, 2020 12:49 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Emily,

A few comments in the attached. As discussed, it will helpful to hear from RM whether or not this is the opportunity to provide some more concrete examples of the withdrawal.

I suggest giving as much time as we can to RM for review in case we need to provide substantial edits.

It will be really helpful to see what CDC/W ultimately sends forward on the 8th.

Thanks!

J

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>

Sent: Thursday, July 2, 2020 8:43 AM

To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>

Subject: Re: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Agree about giving RM a chance to review. I will get you comments by COB Mon, July 6.

Serena

Get [Outlook for iOS](#)

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>

Sent: Wednesday, July 1, 2020 5:48:36 PM

To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>

Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi all,

After talking with Susan, we were thinking it would be good if we can compile our CGH comments by COB, July 7th to give RM an opportunity to weigh in on them before we share back with CDCW.

Please let me know if this will present any issues.

Thanks,

Emily

From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 1, 2020 5:20 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: FW: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Hi Joel and Serena,

Please find attached OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

CDCW has asked for CGH feedback by NLT July 8th at noon (comments are due COB that day). Randy has indicated that Mitch, Anstice, and Randy plan to review the document after we have incorporated our comments.

Let us know if you have any questions.

Thanks,

Emily

From: Katsoyannis, Miranda (CDC/OD/CDCWO) <mtk7@cdc.gov>
Sent: Wednesday, July 1, 2020 4:40 PM
To: Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>; Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>; McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>
Subject: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Greetings,

Attached are OGA responses to questions for the record from Director Grigsby's hearing with the Senate Foreign Relations Committee, on COVID19 and U.S. International Pandemic Preparedness.

Please redline the Q&As, and send your feedback/comments to me by **July 8th at noon** (they are due by COB that day) so that we can then clear on this end before the deadline.

Thanks,
Randy

Miranda (Randy) Katsoyannis
CDC Washington Office
202-245-0618
www.cdc.gov/washington

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 19 Aug 2020 15:50:49 +0000
To: Hill, Gena (CDC/DDPHSIS/CGH/GID)
Cc: Vertefeuille, John F. (CDC/DDPHSIS/CGH/GID); Schluter, W. William (CDC/DDPHSIS/CGH/GID); Larish, Nili (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Subject: FW: Polio Africa Redfield speech
Attachments: RR remarks WHO AFRO Polio 8.25.20_GID_CGH_FINAL_ggg edits.docx
Importance: High

Please see below. I brought in Loretta so I think leave with her for actual follow-up but we need to monitor actively and may require discussion with Loretta – copying in Nili, too, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Wednesday, August 19, 2020 11:26 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>; Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>
Subject: RE: Polio Africa Redfield speech
Importance: High

Rebecca,

Please see the attached remarks. I made one tiny edit eliminating reference to WHO, but the sentence still works. Can Dr. Redfield retape this? My desire is to protect him from voices at the WH who will see this and may interpret it as being counter to the spirit of the President's decision to withdraw from WHO. Many thanks for your consideration.

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Wednesday, August 19, 2020 10:45 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>
Subject: RE: Polio Africa Redfield speech

Dear Garrett,

Dr Redfield's taped remarks highlight USG support to the Africa Region over the decades to achieve this incredible goal and provide examples of key support we have provided to countries. I understand the written script has been shared with Mara, too. Lastly, I am copying in Loretta Lepore -- as she can facilitate from Dr Redfield's office if you have any other questions/comments on this.

Best, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Monday, August 17, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Subject: Polio Africa Redfield speech
Importance: High

Rebecca,

Happy to discuss this further too...but we're teeing up the Sec to record a brief speech for the celebration. We will stay from talking about WHO for all the reasons you know well. It is important that Dr. Redfield do the same so he doesn't get crosswise with the WH (again). Can I count on you on this? Since Kyle M and Amanda are gone, I'm not sure to talk to about stuff like this, so that's why I'm reaching out – and I've cced Mitch to ensure proper coverage. Thanks!!

<< OLE Object: Picture (Device Independent Bitmap)
>>

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

**Keynote Remarks for Dr. Redfield
Africa Kicks Out Wild Polio
August 25, 2020**

- Today, we celebrate Africa's incredible public health achievement – the interruption of wild poliovirus transmission.
- On World Health Day in 1995, Nelson Mandela announced that South Africa would put its efforts behind achieving a world without polio.
- A year later, he launched the 'Kick Polio out of Africa' campaign.
- Today that goal has been achieved!
- This milestone marks a huge step forward on the road to global polio eradication.

- Over 90% of the world is free from wild poliovirus today.
- But the work is not done.
- To sustain this progress, each country must maintain high levels of protection against poliovirus through vaccination.
- We know and have seen that wild poliovirus importations can occur in any country, and while the virus is still circulating in endemic countries, the world remains at risk.
- An urgent charge now for Africa is to rapidly stop the circulation of vaccine-derived poliovirus outbreaks.

- For over 30 years, CDC has worked with countries and partners to eliminate polio in Africa.
- We supported the first efforts ~~by WHO's African Regional Office~~ to establish a viable polio eradication program.
- In December 2011, CDC activated its Emergency Operations Center to strengthen the agency's partnership engagement through the Global Polio Eradication Initiative – GPEI.
- CDC has intensely focused on key priority areas to help reach this milestone:
 - Providing leadership and support for quality polio surveillance in the African region.

- Serving as one of the 6 global polio special reference laboratories and being at the forefront of developing new diagnostic tests.
- Introducing technology in the field to rapidly diagnose and respond to polio cases and outbreaks.
- Providing scientific and technical guidance through participation in the polio technical advisory groups for the African region, and around the world.
- And, strengthening the ability to detect and respond to the poliovirus through CDC's flagship Stop Transmission of Polio or STOP Program.

- This moment is Africa's to celebrate and savor, and I want you to know that CDC stands with you today and until the day polio is finally eradicated.
- The polio program has already created many public health legacies which are being used to jumpstart critical surveillance and diagnostic efforts against other global health threats, like Ebola, measles and most recently COVID-19.
- Polio workers and resources are playing an important role in the fight against COVID-19 and providing critical support to protect communities.

- I offer my sincere congratulations to all the nations in Africa, and their leaders, for their achievement of eliminating wild poliovirus from their countries and together, across the continent.
- You have demonstrated how much can be achieved when determination, partnership and resources come together, no matter the circumstances.
- The end of polio is closer today because we all believed in seeing the possible.

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 7 Jul 2020 10:52:11 +0000
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Cc: McCulloch, Audrey (CDC/DDPHSIS/CGH/OD); Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD)
Subject: Re: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

Thanks! I'll review quickly this morning and send to Rebecca.

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From: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD) <yhc5@cdc.gov>
Sent: Monday, July 6, 2020 6:41:30 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: McCulloch, Audrey (CDC/DDPHSIS/CGH/OD) <xzk0@cdc.gov>; Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD) <bio2@cdc.gov>
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Thanks!

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Joel Stanojevich, MPH

Strategy & Planning Lead | Center for Global Health
Email: vhi9@cdc.gov | Office: 404.639.5944 | Mobile: 678.702.7145
Room 09212 | MS D-69 | 1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

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Agree about giving RM a chance to review. I will get you comments by COB Mon, July 6.

Serena

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Let us know if you have any questions.

Thanks,

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Please redline the Q&As, and send your feedback/comments to me by **July 8th at noon** (they are due by COB that day) so that we can then clear on this end before the deadline.

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Randy

Miranda (Randy) Katsoyannis
CDC Washington Office
202-245-0618
www.cdc.gov/washington

From: Wolfe, Mitchell (CDC/OD)
Sent: Thu, 9 Jul 2020 22:01:50 +0000
To: Burr, Mara (HHS/OS/OGA)
Cc: Grigsby, Garrett (HHS/OS/OGA); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD); Capozzola, Christa (CDC/OCOO/OFR)
Subject: Engagements
Attachments: Areas for Continued Engagement with the WHO 7-8-2020_CDCredits (1).docx

Hi Mara,

Here are CDC suggested edits/comments. Hope this is helpful. This looks very good - thank you for this collaboration and coordination. Let us know if any questions or concerns.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 7 Jul 2020 13:55:43 +0000
To: Rosenfeld, Emily (CDC/DDPHSIS/CGH/OD)
Cc: McCulloch, Audrey (CDC/DDPHSIS/CGH/OD); Brush, Charles (Adam) (CDC/DDPHSIS/CGH/OD)
Subject: RE: OGA Questions for the Record: 6/18 SFRC Hearing WHO/GHSA

I would like RM to review and then if she wants us to cut & paste from the comment box into the text we can do that.

Just sent to her and Sukeshi.



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Emily,

I just spoke with Rebecca and she agreed that it would be useful to be more explicit about the WHO role in polio eradication and measles & rubella. I'm sharing an internal draft document that includes the most critical CDC programs at risk.

Also, did CDC W also share these w/ NCIRD and NCEZID? I think (b)(5)

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CDC Washington Office
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www.cdc.gov/washington

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 19 Aug 2020 15:56:13 +0000
To: Lepore, Loretta (CDC/OD/OCS)
Cc: Wolfe, Mitchell (CDC/OD)
Subject: FW: Polio Africa Redfield speech
Attachments: RR remarks WHO AFRO Polio 8.25.20_GID_CGH_FINAL_ggg edits.docx
Importance: High

Will you reply and address this? thank you very much, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Wednesday, August 19, 2020 11:26 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>; Burr, Mara (HHS/O5/OGA) <Mara.Burr@hhs.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>
Subject: RE: Polio Africa Redfield speech
Importance: High

Rebecca,

Please see the attached remarks. I made one tiny edit eliminating reference to WHO, but the sentence still works. Can Dr. Redfield retape this? My desire is to protect him from voices at the WH who will see this and may interpret it as being counter to the spirit of the President's decision to withdraw from WHO. Many thanks for your consideration.

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Wednesday, August 19, 2020 10:45 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>
Subject: RE: Polio Africa Redfield speech

Dear Garrett,

Dr Redfield's taped remarks highlight USG support to the Africa Region over the decades to achieve this incredible goal and provide examples of key support we have provided to countries. I understand the wrtiten script has been shared with Mara, too. Lastly, I am copying in Loretta Lepore -- as she can facilitate from Dr Redfield's office if you have any other questions/comments on this.

Best, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Monday, August 17, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rsm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Subject: Polio Africa Redfield speech
Importance: High

Rebecca,

Happy to discuss this further too...but we're teeing up the Sec to record a brief speech for the celebration. We will stay from talking about WHO for all the reasons you know well. It is important that Dr. Redfield do the same so he doesn't get crosswise with the WH (again). Can I count on you on this? Since Kyle M and Amanda are gone, I'm not sure to talk to about stuff like this, so that's why I'm reaching out – and I've cced Mitch to ensure proper coverage. Thanks!!

<< OLE Object: Picture (Device Independent Bitmap)
>>

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

**Keynote Remarks for Dr. Redfield
Africa Kicks Out Wild Polio
August 25, 2020**

- Today, we celebrate Africa's incredible public health achievement – the interruption of wild poliovirus transmission.
- On World Health Day in 1995, Nelson Mandela announced that South Africa would put its efforts behind achieving a world without polio.
- A year later, he launched the 'Kick Polio out of Africa' campaign.
- Today that goal has been achieved!
- This milestone marks a huge step forward on the road to global polio eradication.

- Over 90% of the world is free from wild poliovirus today.
- But the work is not done.
- To sustain this progress, each country must maintain high levels of protection against poliovirus through vaccination.
- We know and have seen that wild poliovirus importations can occur in any country, and while the virus is still circulating in endemic countries, the world remains at risk.
- An urgent charge now for Africa is to rapidly stop the circulation of vaccine-derived poliovirus outbreaks.

- For over 30 years, CDC has worked with countries and partners to eliminate polio in Africa.
- We supported the first efforts ~~by WHO's African Regional Office~~ to establish a viable polio eradication program.
- In December 2011, CDC activated its Emergency Operations Center to strengthen the agency's partnership engagement through the Global Polio Eradication Initiative – GPEI.
- CDC has intensely focused on key priority areas to help reach this milestone:
 - Providing leadership and support for quality polio surveillance in the African region.

- Serving as one of the 6 global polio special reference laboratories and being at the forefront of developing new diagnostic tests.
- Introducing technology in the field to rapidly diagnose and respond to polio cases and outbreaks.
- Providing scientific and technical guidance through participation in the polio technical advisory groups for the African region, and around the world.
- And, strengthening the ability to detect and respond to the poliovirus through CDC's flagship Stop Transmission of Polio or STOP Program.

- This moment is Africa's to celebrate and savor, and I want you to know that CDC stands with you today and until the day polio is finally eradicated.
- The polio program has already created many public health legacies which are being used to jumpstart critical surveillance and diagnostic efforts against other global health threats, like Ebola, measles and most recently COVID-19.
- Polio workers and resources are playing an important role in the fight against COVID-19 and providing critical support to protect communities.

- I offer my sincere congratulations to all the nations in Africa, and their leaders, for their achievement of eliminating wild poliovirus from their countries and together, across the continent.
- You have demonstrated how much can be achieved when determination, partnership and resources come together, no matter the circumstances.
- The end of polio is closer today because we all believed in seeing the possible.

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 16:42:44 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Subject: RE: Review materials for upcoming meeting
Attachments: CDC engagements_v1.docx

Here is an initial attempt to streamline our top 5 priority engagements.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Wednesday, July 8, 2020 10:38 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: Review materials for upcoming meeting

See below – not sure if you, others, have time to work on this today before 3pm? Thanks, R

From: Wolfe, Mitchell (CDC/OD) <m~~sw~~6@cdc.gov>
Sent: Wednesday, July 8, 2020 10:27 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQRS@cdc.gov>
Subject: Re: Review materials for upcoming meeting

I just heard from Mara and OGA is putting something together for HHS, and will share later in the day. So I think we have two options: either go ahead with what we were doing for CDC and that will help us provide input into their document that we can suggest, or we wait to see what we get from them.

I won't have time to work on this more until about 3 PM. What I started was the intro to this and the first couple engagements, based on the landscape paper, and what it should look like I think. It's attached - it's just page 1 - the rest is the landscape paper.

If Serena has time, it would be great if she could look at this, see if it makes sense, and try to put our priority engagements in these terms. Then when we get the paper from OGA, we can use that to comment back. I will of course share what we get with you. I think what that will help us do is have very short sentences describing the engagements and the impacts.

How is that?

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 14:14:47 +0000
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO Engagement

I figure it's a good learning opportunity since imagine it will continue once you join ITF! Sorry you are online so much!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 |m. (404) 661-4218
uvv3@cdc.gov

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Sent: Thursday, July 9, 2020 10:14 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: WHO Engagement

Thanks for moving this forward this week!

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 9, 2020 8:28 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>; Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement

Received. I've asked other CIOs to send comments back by noon and hope to get you all the final set of comments by 4pm. Does that work on your end?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 |m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Sent: Wednesday, July 8, 2020 7:22 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>; Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement

Dear Serena,

I have put my edits/changes in this document, attached, as track changes. To be compiled with the other comments you collect. Best, rebecca

From: Wolfe, Mitchell (CDC/OD) <m6sw@cdc.gov>

Sent: Wednesday, July 8, 2020 1:01 PM

To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>

Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

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

Sent: Wednesday, July 8, 2020 12:49 PM

To: Wolfe, Mitchell (CDC/OD) <m6sw@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>

Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677

Mobile: 202-697-2935

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Sent: Sat, 18 Jul 2020 03:04:23 +0000
To: Swezy, Virginia (CDC/DDPHSIS/CGH/GID)
Subject: RE: detailees to WHO
Attachments: GID engagement with WHO.OGA Landscape.7.2020_ws.docx

What about this?

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Sent: Friday, July 17, 2020 12:01 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: RE: detailees to WHO

Will,

As part of OGA's "landscape" document, we've been asked to provide one paragraph that speaks to the benefits of the Detailee model with WHO.

Pls see attached draft which I have recycled from previous TPs that have gone to "DC".

Thank you,

Virginia

From: Pistorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Sent: Thursday, July 9, 2020 6:03 PM
To: Nay, Nancy (HHS/OGA) <Nancy.Nay@hhs.gov>; Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Cc: Baresch, Virginia (HHS/OGA) <Virginia.Baresch@hhs.gov>
Subject: RE: detailees to WHO

Nancy- I don't know if Virginia's out of office went outside of CDC, but [REDACTED] his week and hopefully not doing email. [REDACTED]

[REDACTED]

Will let Virginia return for #2.

Ted

From: Nay, Nancy (HHS/OGA) <Nancy.Nay@hhs.gov>
Sent: Thursday, July 9, 2020 12:29 PM
To: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Cc: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Baresch, Virginia (HHS/OGA) <Virginia.Baresch@hhs.gov>
Subject: FW: detailees to WHO
Importance: High

Hi Virginia,

I hope you and your family are doing well and staying safe!

I have a couple of "Detailee to WHO" related questions that I would like to run by you:

1. I received a note from a colleague with M/PRI at the State Department yesterday, asking what our strategy is with regard to the Detailees in light of the U.S.' announcement to withdraw. Specifically – she wondered whether or not there is any thought being given to move these staff in to NSDD38 positions, under COM. The idea sort of surprised me, since the scopes of work would still revolve around providing technical support to WHO which would theoretically go against the intent of the planned withdrawal. But, the question is out there and I would like to loop back to her with some sort of response (which I will copy you on). Related, I understand that there is a pause on new Detailee assignments, but wondered how you will be managing renewing assignments for staff who are currently in the field over the next few months-year? Will those folks be PCS'd back to HQ or transferred to NSDD38 positions at the end of their current terms?
2. OGA is developing a "landscape" document that will describe a number of areas where the U.S. will continue to engage with WHO after July 2021, when our withdrawal is officially finalized. As these terms of engagement are being worked out, I have been asked to develop a paragraph on the Detailee program for inclusion into that document that. Specifically:
 - a. we need a description of the program and Detailee engagement with WHO,
 - b. how the U.S. will be impacted/harmed if we do not continue to engage in the program, and
 - c. why it is in the U.S. national interest to continue the work

Regarding #1 – I am happy to set up a call and discuss early next week.

Regarding #2 – if you have a document on hand, I could tweak it for OGA's needs. I was thinking of something along the lines of a couple of sentences on the history of engagement (beginning with the smallpox eradication program to now), approx. number of staff that have been detailed over the years, and their technical areas of engagement (to address a.). b and c will take a bit more thought. I am told that this shouldn't be lengthy – in fact I am told that it should just be a paragraph, so will need to be very succinct and convincing in just a few sentences.

Shall we discuss?

Thanks a million.

Nancy Hedemark Nay, MPH
Senior Public Health Advisor
Office of Global Affairs
U.S. Department of Health and Human Services

Email: Nancy.Nay@HHS.gov
Phone: 301-602-8924

From: Swezy, Virginia (CDC/DDPHSIS/CGH/GID)
Sent: Fri, 17 Jul 2020 16:00:46 +0000
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Subject: RE: detailees to WHO
Attachments: GID engagement with WHO.OGA Landscape.7.2020.docx

Will,

As part of OGA's "landscape" document, we've been asked to provide one paragraph that speaks to the benefits of the Detailee model with WHO.

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Thank you,

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From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Sent: Thursday, July 9, 2020 6:03 PM
To: Nay, Nancy (HHS/OGA) <Nancy.Nay@hhs.gov>; Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Cc: Baresch, Virginia (HHS/OGA) <Virginia.Baresch@hhs.gov>
Subject: RE: detailees to WHO

Nancy- I don't know if Virginia's out of office went outside of CDC, but she' (b)(6) and hopefully not doing email (b)(6)

(b)(6)

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Ted

From: Nay, Nancy (HHS/OGA) <Nancy.Nay@hhs.gov>
Sent: Thursday, July 9, 2020 12:29 PM
To: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Cc: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Baresch, Virginia (HHS/OGA) <Virginia.Baresch@hhs.gov>
Subject: FW: detailees to WHO
Importance: High

Hi Virginia,
I hope you and your family are doing well and staying safe!

I have a couple of "Detailee to WHO" related questions that I would like to run by you:

1. I received a note from a colleague with M/PRI at the State Department yesterday, asking what our strategy is with regard to the Detailees in light of the U.S.' announcement to withdraw. Specifically – she wondered whether or not there is any thought being given to move these staff in to NSDD38 positions, under COM. The idea sort of surprised me, since the scopes of work would still revolve around providing technical support to WHO which would theoretically go against the intent of the planned withdrawal. But, the question is out there and I would like to loop back to her with some sort of response (which I will copy you on). Related, I understand that there is a pause on new Detailee assignments, but wondered how you will be managing renewing assignments for staff who are currently in the field over the next few months-year? Will those folks be PCSd back to HQ or transferred to NSDD38 positions at the end of their current terms?
2. OGA is developing a “landscape” document that will describe a number of areas where the U.S. will continue to engage with WHO after July 2021, when our withdrawal is officially finalized. As these terms of engagement are being worked out, I have been asked to develop a paragraph on the Detailee program for inclusion into that document that. Specifically:
 - a. we need a description of the program and Detailee engagement with WHO,
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Regarding #1 – I am happy to set up a call and discuss early next week.

Regarding #2 – if you have a document on hand, I could tweak it for OGA’s needs. I was thinking of something along the lines of a couple of sentences on the history of engagement (beginning with the smallpox eradication program to now), approx. number of staff that have been detailed over the years, and their technical areas of engagement (to address a.). b and c will take a bit more thought. I am told that this shouldn’t be lengthy – in fact I am told that it should just be a paragraph, so will need to be very succinct and convincing in just a few sentences.

Shall we discuss?

Thanks a million.

Nancy Hedemark Nay, MPH
Senior Public Health Advisor
Office of Global Affairs
U.S. Department of Health and Human Services

Email: Nancy.Nay@HHS.gov
Phone: 301-602-8924

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Fri, 10 Jul 2020 20:07:26 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Dougherty, Pamela (CDC/DDPHSIS/CGH/OD)
Subject: WHO TPs
Attachments: CDC_TPs USG Notification of Withdrawal from WHO_v1.docx

We may need to strike the last bullet based on today's conversation.



Serena Vinter, MHS
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
[Center for Global Health](#)

1600 Clifton Road
MS: D-69
Atlanta, GA 30329
Phone: 404-639-0323
Mobile: 404-661-4218
svinter@cdc.gov

CDC Talking Points
U.S. Notification of Withdrawal from WHO
July 9, 2020



(b)(5)



(b)(1)

Talking points from NSC (8 July 2020)

Will the United States continue to engage with the WHO during the one-year withdrawal period?

COVID-19

- Since the President's May 29 announcement that the United States will be terminating its relationship with the WHO, the United States has worked to scale down its engagement with the WHO.
- The United States has allocated more than \$10 billion that will benefit the global COVID-19 pandemic response; more than \$2 billion of this has already been committed. (NSC-Issued Guidance)
- The United States leads the world in health and humanitarian aid in an "All of America" effort and is committed to ensuring our generosity directly reaches people around the world. We account for more than 40 percent of total global health funding. (NSC-Issued Guidance)

GENERAL

- Since 2001, we have contributed more than \$142 billion to help prevent, detect, and treat AIDS/HIV, malaria, tuberculosis, Ebola, and other diseases. We give an average of \$10 billion per year -- and this year it will be double that as we surge to fight the coronavirus around the world.

What will it take for the U.S. to consider rescinding its withdrawal notice?

- ☐ The President restated on June 15th that "I'm not reconsidering, unless they get their act together, and I'm not sure they can at this point." (From Roundtable Discussion at WH)

What happens to U.S. voluntary funding?

- Following the President's April 14 announcement, the United States halted funding to the World Health Organization pending a review.
- On May 29, the President announced that the United States will be terminating its relationship with the WHO and redirecting WHO-related foreign assistance funding to other deserving and urgent global health organizations and needs around the world.

Is the United States still leading on WHO reforms through the G7?

The President has been clear that the WHO needs to get its act together. That starts with demonstrating significant progress and the ability to prevent, detect, and respond to infectious disease outbreaks with transparency and accountability. The United States will continue efforts to reform the WHO and other international organizations to ensure they operate with transparency and fulfill their mandates, as well as efforts to press governments to uphold their commitments under international law.

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Sent: Wed, 19 Aug 2020 21:28:13 +0000
To: Rowland, Amy (CDC/DDPHSIS/CGH/GID)
Subject: RE: Polio Africa Redfield speech

Thank you.

From: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Sent: Wednesday, August 19, 2020 4:25 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: RE: Polio Africa Redfield speech

It worked out... totally seamless transition. You can't tell it was edited.

(b)(5)

(b)(5)

(b)(5)

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Sent: Wednesday, August 19, 2020 1:35 PM
To: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Subject: RE: Polio Africa Redfield speech

My meeting got canceled and so have a minute now.

From: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Sent: Wednesday, August 19, 2020 12:22 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: FW: Polio Africa Redfield speech

Spoke with Ben. File has been pulled. I talked with Loretta who is out at a doc appt right now. We will review the taping to see what can be done.

Do you have a minute?

From: Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>
Sent: Wednesday, August 19, 2020 12:04 PM
To: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Subject: Re: Polio Africa Redfield speech

Doubt he could re-record. Tried to call.

Get [Outlook for iOS](#)

From: Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Sent: Wednesday, August 19, 2020 12:01:15 PM
To: Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>
Subject: FW: Polio Africa Redfield speech

Hi Loretta,

Can you talk? I want to listen to recording to see if there is a post-production "fix" for this, unless you think he can re-record this week.

My cell is (b)(6)

Thanks, Amy

From: Rowland, Amy (CDC/DDPHSIS/CGH/GID)
Sent: Wednesday, August 19, 2020 11:58 AM
To: Hill, Gena (CDC/DDPHSIS/CGH/GID) <gfh5@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Vertefeuille, John F. (CDC/DDPHSIS/CGH/GID) <dki4@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: Polio Africa Redfield speech

Thanks for the update. I will pull the video remarks back from the partnership, as the file was shared on Friday of last week for the run-through. I'll work with Loretta and the studio on the "fix."

From: Hill, Gena (CDC/DDPHSIS/CGH/GID) <gfh5@cdc.gov>
Sent: Wednesday, August 19, 2020 11:53 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Cc: Vertefeuille, John F. (CDC/DDPHSIS/CGH/GID) <dki4@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Subject: RE: Polio Africa Redfield speech

Thank you. I will bring in Amy to assist on the communications side

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Sent: Wednesday, August 19, 2020 11:51 AM
To: Hill, Gena (CDC/DDPHSIS/CGH/GID) <gfh5@cdc.gov>
Cc: Vertefeuille, John F. (CDC/DDPHSIS/CGH/GID) <dki4@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: Polio Africa Redfield speech
Importance: High

Please see below. I brought in Loretta so I think leave with her for actual follow-up but we need to monitor actively and may require discussion with Loretta – copying in Nili, too, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Wednesday, August 19, 2020 11:26 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>; Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>
Subject: RE: Polio Africa Redfield speech
Importance: High

Rebecca,

Please see the attached remarks. I made one tiny edit eliminating reference to WHO, but the sentence still works. Can Dr. Redfield retape this? My desire is to protect him from voices at the WH who will see this and may interpret it as being counter to the spirit of the President's decision to withdraw from WHO. Many thanks for your consideration.

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Sent: Wednesday, August 19, 2020 10:45 AM

To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Wolfe, Mitchell (CDC/OD) <m6sw@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>;
Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>
Subject: RE: Polio Africa Redfield speech

Dear Garrett,

Dr Redfield's taped remarks highlight USG support to the Africa Region over the decades to achieve this incredible goal and provide examples of key support we have provided to countries. I understand the written script has been shared with Mara, too. Lastly, I am copying in Loretta Lepore -- as she can facilitate from Dr Redfield's office if you have any other questions/comments on this.

Best, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Monday, August 17, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <m6sw@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Subject: Polio Africa Redfield speech
Importance: High

Rebecca,

Happy to discuss this further too...but we're teeing up the Sec to record a brief speech for the celebration. We will stay from talking about WHO for all the reasons you know well. It is important that Dr. Redfield do the same so he doesn't get crosswise with the WH (again). Can I count on you on this? Since Kyle M and Amanda are gone, I'm not sure to talk to about stuff like this, so that's why I'm reaching out -- and I've cced Mitch to ensure proper coverage. Thanks!!

<< OLE Object: Picture (Device Independent Bitmap) >>

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

From: Wolfe, Mitchell (CDC/OD)
Sent: Wed, 8 Jul 2020 17:45:44 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Capozzola, Christa (CDC/OCOO/OFr); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO Engagement

I think just the ones where we have the priority engagements, correct.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 1:33 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFr) <KQR5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement

Dear all –

In light of the small set of priorities going forward (versus the much longer list initially developed outlining CDC collaboration with WHO), I only plan to share with:

DGHT (for global HIV)
NCIRD (for the influenza sections)
NCEZID (for smallpox and ebola)

(b)(5)

If you want other Centers or Divisions involved, let me know and I will add them.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

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Cc: Capozzola, Christa (CDC/OCCOO/OFR) <KQR5@cdc.gov>
Subject: RE: WHO Engagement

Yes, asked Serena to have policy do x-CIO

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Cc: Capozzola, Christa (CDC/OCCOO/OFR) <KQR5@cdc.gov>
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Great, and you will reach out to NCIRD, etc?



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Subject: RE: WHO Engagement

This is the landscape document, so good for us to go over again.



Rebecca Martin, PhD
Director, Center for Global Health
U.S. Centers for Disease Control and Prevention
Center for Global Health
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Atlanta, GA 30329
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Mobile: +1.404.697.7102
rmartin@cdc.gov

 @MartinCDC
 #cdcglobel

Executive Assistant: Ms Camma Davis
[E-mail: cd7@cdc.gov; Phone: +1.404.718.3762]

From: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>
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To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>; Winter, Serena (CDC/DDPHSIS/CGH/OD)

<uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
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Hi Rebecca/CGH,

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I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

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Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
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Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

Mara M. Burr, JD, LL.M
Director, Multilateral Relations
Office of the Secretary
Office of Global Affairs

U.S. Department of Health and Human Services

Telephone: 202-205-4677

Mobile: 202-697-2935

From: Capozzola, Christa (CDC/OCOO/OFR)
Sent: Wed, 8 Jul 2020 18:42:57 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Wolfe, Mitchell (CDC/OD)
Subject: RE: WHO Engagement

Serena -- these centers makes sense certainly, and I don't think we were suggesting broad distribution to every CIO at CDC.

(b)(5)

Thanks.

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uwv3@cdc.gov>
Sent: Wednesday, July 8, 2020 1:33 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>; Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>
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Rebecca Martin, PhD
Director, Center for Global Health
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[Center for Global Health](#)

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@DrMartinCDC



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Executive Assistant: Ms Carma Davis
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Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <m5w6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
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Best,

Mara

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Director, Multilateral Relations
Office of the Secretary
Office of Global Affairs
U.S. Department of Health and Human Services

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 23:22:35 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO Engagement

Totally words missing – I just sent you my edits and tried to make complete sentences there and added JEE/NAPHS under HE.



Rebecca Martin, PhD
Director, Center for Global Health
U.S. Centers for Disease Control and Prevention
[Center for Global Health](#)

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rmartin@cdc.gov



[@DrMartinCDC](#)



[#cdglobal](#)

Executive Assistant: Ms Carma Davis
[E-mail: ctd7@cdc.gov; Phone: +1 404 718 3762]

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 2:15 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Subject: RE: WHO Engagement

Here are some initial edits I made.

I think there are some words missing from the VPD section – not sure if they failed to capture an edit you made?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Sent: Wednesday, July 8, 2020 1:16 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: WHO Engagement

(b)(5)

(b)(5)

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wednesday, July 8, 2020 1:14 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: WHO Engagement

Can policy circulate x-CIO, and ask DGHT about HIV AND Tb? Thanks, R

From: Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:13 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: RE: WHO Engagement

She said tomorrow but I'm asking what time.

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Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Wednesday, July 8, 2020 1:12 PM
To: Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: RE: WHO Engagement

Hi Mitch,
Yes, we can do and do find out date – tomorrow? thanks, R

From: Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
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Cc: Capozzola, Christa (CDC/OCOO/OFR)
Subject: RE: WHO Engagement

Yes. I will share now for review + updates on the HIV/TB piece.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

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[#cdcgloba](#)

Executive Assistant: Ms Carma Davis
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Telephone: 202-205-4677

Mobile: 202-697-2935

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 15:16:01 +0000
To: Richmond-Crum, Malia (CDC/DDID/NCEZID/OD)
Cc: NCEZID Policy Requests (CDC); CGHPOLICYREQUESTS (CDC); Miller, Rebecca (CDC/DDID/NCEZID/OD)
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Thank you! Will share the final set of consolidated comments I send back to Mitch back w/ you all.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Richmond-Crum, Malia (CDC/DDID/NCEZID/OD) <jrv8@cdc.gov>
Sent: Thursday, July 9, 2020 11:14 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: NCEZID Policy Requests (CDC) <NCEZIDPolicyRequests@cdc.gov>; CGHPOLICYREQUESTS (CDC) <CGHPolicyRequests@cdc.gov>; Miller, Rebecca (CDC/DDID/NCEZID/OD) <ckq0@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Hi Serena and CGH policy – Please see attached for minor edits from NCEZID to the white paper.

Best,
Malia

Malia Richmond-Crum
National Center for Emerging and Zoonotic Infectious Diseases | CDC
Ph: 770-488-0526 | Cell: 404-307-6135 | E: jrv8@cdc.gov

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 1:45 PM
To: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>; Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>; Miller, Rebecca (CDC/DDID/NCEZID/OD) <ckq0@cdc.gov>
Cc: NCEZID Policy Requests (CDC) <NCEZIDPolicyRequests@cdc.gov>; CGHPOLICYREQUESTS (CDC) <CGHPolicyRequests@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Importance: High

Dear Brooke, Denise and Rebecca,

(b)(5)

(b)(6)

Please review your relevant sections and determine if there are ways to tighten up the description of the current engagement / value and the impact / risk to Americans' health and global health security due to USG withdrawal from WHO.

I need to get this back to Mitch by Thursday afternoon so would respectfully ask if you can turn this around in less than 24 hours – 12pm tomorrow, July 9th. Please send back to me and copy the CGH Policy Box.

Joel and Susan are both on A/L this week so happy to take any phone calls / emails with questions you have.

Thank you,

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <[msw6@cdc.gov](mailto:mw6@cdc.gov)>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 18:09:33 +0000
To: Pendergraft, Chandra (CDC/DDPHSIS/CGH/DGHT); Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT)
Cc: DGHTPolicyRequest (CDC); Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); CGHPOLICYREQUESTS (CDC)
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Dear Chandra,

Thank you!!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Pendergraft, Chandra (CDC/DDPHSIS/CGH/DGHT) <cmp3@cdc.gov>
Sent: Thursday, July 9, 2020 12:12 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>
Cc: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; CGHPOLICYREQUESTS (CDC) <CGHPolicyRequests@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Hi Serena,

Attached is the updated draft WHO-CDC collaboration and engagement document with DGHT HIV & TB input.

Thanks.
Chandra

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 1:54 PM
To: Yu-Shears, Janette (CDC/DDPHSIS/CGH/DGHT) <nlo7@cdc.gov>; Pendergraft, Chandra (CDC/DDPHSIS/CGH/DGHT) <cmp3@cdc.gov>
Cc: DGHTPolicyRequest (CDC) <dghtpolicyrequest@cdc.gov>; Peterson, Jennifer (CDC/DDPHSIS/CGH/DGHT) <lpe1@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; CGHPOLICYREQUESTS (CDC) <CGHPolicyRequests@cdc.gov>
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Importance: High

Dear Janette and Chandra,



(b)(5)

There is a blank section in here for HIV and I think we should populate that with information about DGHT's work with WHO on HIV/TB.

Here is a draft based on your previous content:



(b)(5)

Any additional information you can share on the impact of the current work and the risk / impact to discontinuing the work with WHO is valuable (keeping in mind the need to tie this to domestic and global health).

I need to get this back to Mitch by Thursday afternoon so would respectfully ask if you can turn this around in less than 24 hours – 12pm tomorrow, July 9th. Please send back to me and copy the CGH Policy Box.

Joel and Susan are both on A/L this week so happy to take any phone calls / emails with questions you have.

Thank you,

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

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I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

Sent: Wed, 8 Jul 2020 13:27:37 +0000
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Subject: RE: NOTES: Weekly check in on WHO - July 8

Thanks, Joel, Rebecca
A few comments below in CAPS

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Sent: Wednesday, July 8, 2020 9:00 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 8

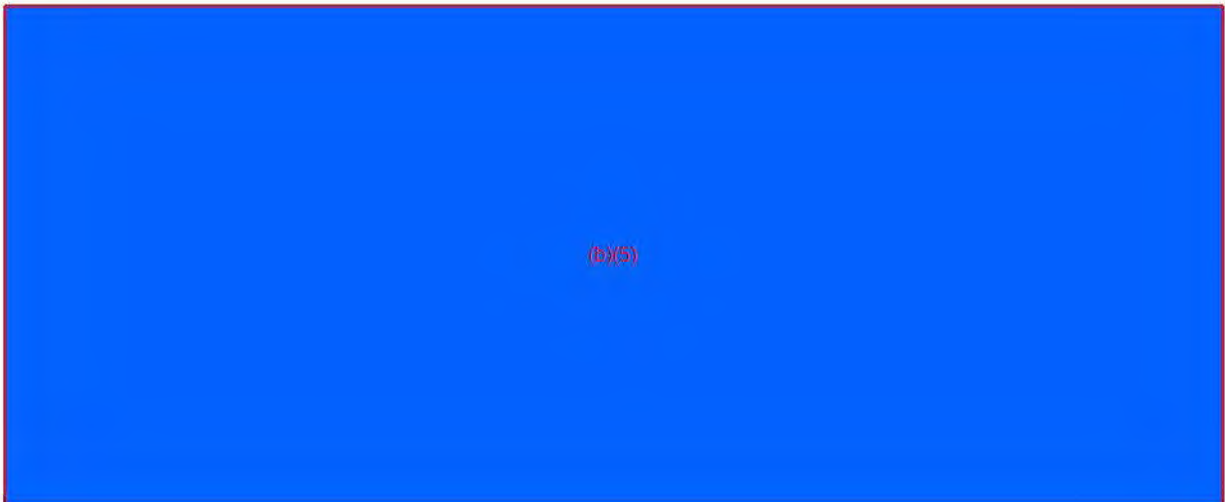
Good morning Rebecca,

Below are notes on this mornings WHO interagency call.

Thank you!

J

Notes:



(b)(5)

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Tangel Chehab, Elizabeth J. (CDC/DDPHSIS/CGH/DGHT)
Sent: Mon, 13 Jul 2020 18:25:51 +0000
To: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT); Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT); Naglich, Valerie (CDC/DDPHSIS/CGH/DGHT)
Subject: RE: WHO Request to NSC for Extension of Current Budget Period

Dear Heather,

Thank you for sharing. Please let me know if I can provide any additional details to assist in requesting an exception.

Liz

Elizabeth Tangel Chehab
Multilateral and PHIA Project Officer
Division of Global HIV&TB (DGHT)
Centers for Disease Control and Prevention
Email: ETangelChehab@cdc.gov
Phone: 404-718-6310
Cell: 404-234-9539

From: Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>
Sent: Monday, July 13, 2020 12:51 PM
To: Tangel Chehab, Elizabeth J. (CDC/DDPHSIS/CGH/DGHT) <uvz0@cdc.gov>; Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>; Naglich, Valerie (CDC/DDPHSIS/CGH/DGHT) <eoas@cdc.gov>
Subject: RE: WHO Request to NSC for Extension of Current Budget Period

Please see attached for latest communication on WHO from CGH and OFR. Please do not forward.

Heather B. Pumphrey, MA
Deputy Director for Management & Overseas Operations
Division of Global HIV & TB, Center for Global Health
Centers for Disease Control & Prevention
Phone: 404-639-6439
E-mail: hbp7@cdc.gov

From: Tangel Chehab, Elizabeth J. (CDC/DDPHSIS/CGH/DGHT) <uvz0@cdc.gov>
Sent: Monday, July 13, 2020 12:49 PM
To: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>; Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; Naglich, Valerie (CDC/DDPHSIS/CGH/DGHT) <eoas@cdc.gov>
Subject: RE: WHO Request to NSC for Extension of Current Budget Period

Thank you, and thank you for the quick response. Please let me know if you need any additional details from my side.

Have a great day!

Liz

Elizabeth Tangel Chehab

Multilateral and PHIA Project Officer
Division of Global HIV&TB (DGHT)
Centers for Disease Control and Prevention
Email: ETangelChehab@cdc.gov
Phone: 404-718-6310
Cell: 404-234-9539

From: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>
Sent: Monday, July 13, 2020 11:47 AM
To: Tangel Chehab, Elizabeth J. (CDC/DDPHSIS/CGH/DGHT) <uvz0@cdc.gov>; Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; Naglich, Valerie (CDC/DDPHSIS/CGH/DGHT) <eoas5@cdc.gov>
Subject: Re: WHO Request to NSC for Extension of Current Budget Period

I have asked.

Hank Tomlinson, Ph.D.

Director, Division of Global HIV & TB
Centers for Disease Control and Prevention
404-639-8307 (office)
htomlinson@cdc.gov

From: Tangel Chehab, Elizabeth J. (CDC/DDPHSIS/CGH/DGHT) <uvz0@cdc.gov>
Sent: Monday, July 13, 2020 12:36 PM
To: Tomlinson, Hank (CDC/DDPHSIS/CGH/DGHT) <hjg7@cdc.gov>; Pumphrey, Heather (CDC/DDPHSIS/CGH/DGHT) <hbp7@cdc.gov>; Naglich, Valerie (CDC/DDPHSIS/CGH/DGHT) <eoas5@cdc.gov>
Subject: WHO Request to NSC for Extension of Current Budget Period

Dear Hank, Heather, and Valerie,

I hope you are all doing well and that you had a nice weekend. CGH and OGS have shared information from OGA regarding WHO funding and extensions.

(b)(5)

Please let me know if you would like additional details. Happy to have a brief call as well.

Thank you for your consideration and continued support!

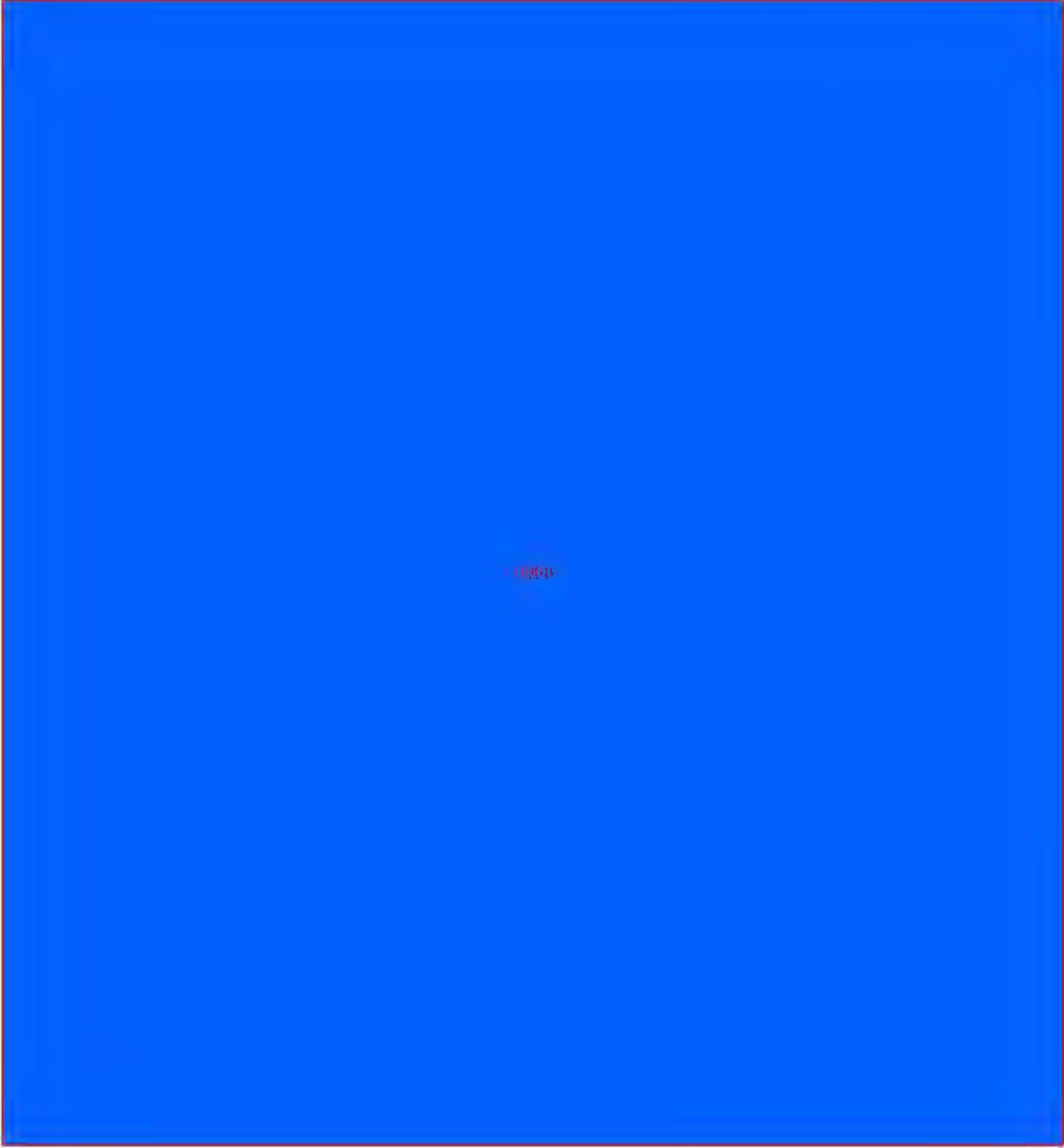
Email: ETangelChehab@cdc.gov

Centers for Disease Control and Prevention

Division of Global HIV&TB (DGHT)

Multilateral and PHIA Project Officer

Elizabeth Tangel Chehab



(b)(6)

Phone: 404-718-6310

Cell: 404-234-9539

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 15:09:23 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Subject: RE: NOTES: Weekly check in on WHO - July 8

Thank you!

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Sent: Wednesday, July 8, 2020 10:40 AM
To: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: NOTES: Weekly check in on WHO - July 8

Thanks, Joel, Rebecca

A few comments below in green – limited only to Serena and you.

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Sent: Wednesday, July 8, 2020 9:00 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; McClure, Susan (CDC/DDPHSIS/CGH/OD) <zur1@cdc.gov>
Cc: Bartenfeld, Michael (CDC/DDPHSIS/CGH/OD) <vdv4@cdc.gov>
Subject: NOTES: Weekly check in on WHO - July 8

Good morning Rebecca,

Below are notes on this mornings WHO interagency call.

Thank you!

J

(b)(5)

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 1 Jul 2020 13:32:39 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Cc: McClure, Susan (CDC/DDPHSIS/CGH/OD)
Subject: NOTES: Weekly check in on WHO

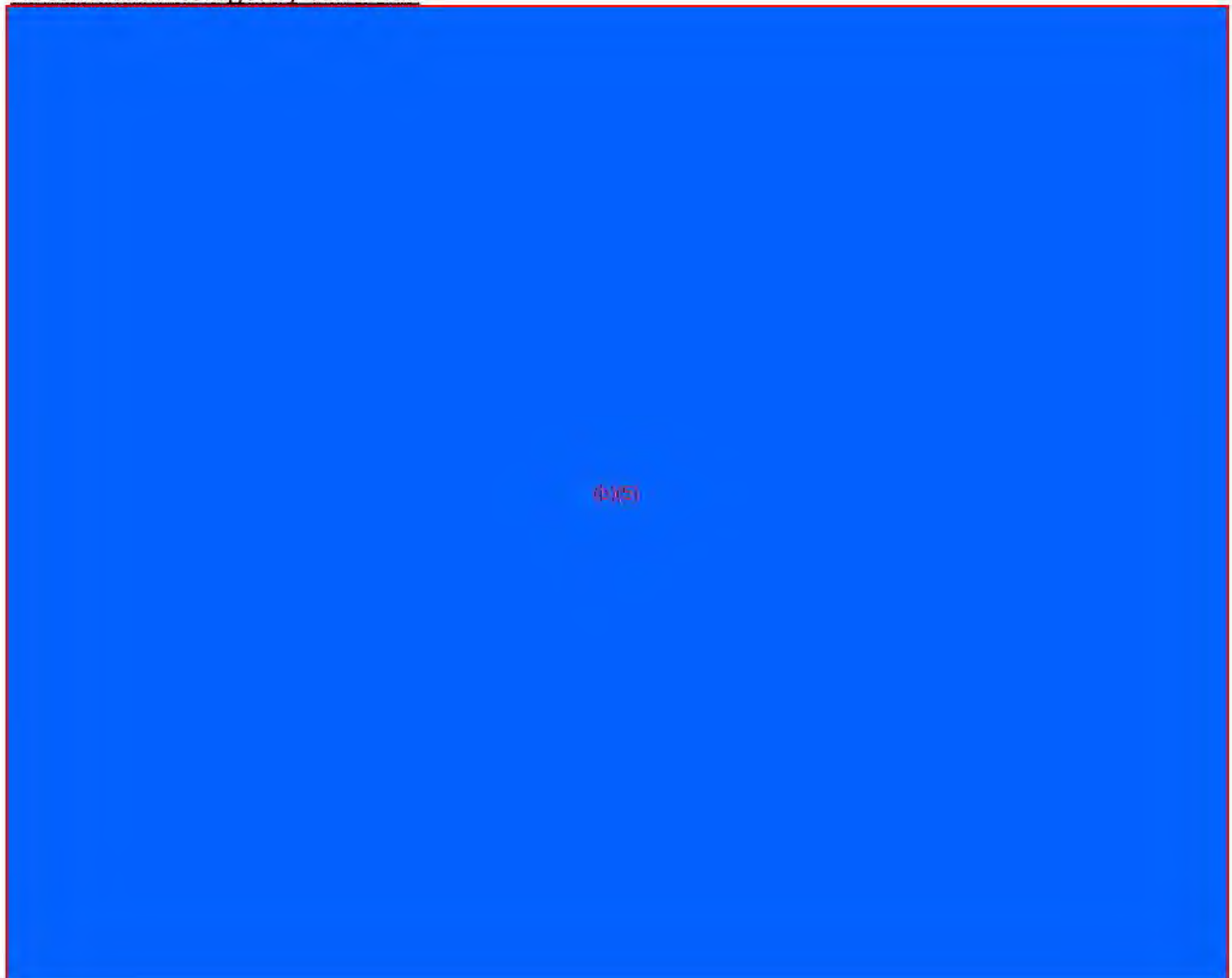
Hi Rebecca,

Please see my notes from the WHO call this morning. Of note:

- PCC agenda topics (see withdrawal implementation)

Best,
J

Notes from Interagency WHO call



(b)(6)

Joel Stanojevich, MPH

Strategy & Planning Lead|Center for Global Health
Email: vhi9@cdc.gov |Office: 404.639.5944 |Mobile: 678.702.7145
Room 09212 |MS D-69 |1600 Clifton Road, NE
Centers for Disease Control and Prevention Atlanta, Georgia 30333

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 21:50:15 +0000
To: Wolfe, Mitchell (CDC/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Capozzola, Christa (CDC/OCOO/OFR); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO Engagement

Thanks!

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <[mws6@cdc.gov](mailto:mw6@cdc.gov)>
Sent: Thursday, July 9, 2020 5:23 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: Re: WHO Engagement

OK great. I'm fine with this, thank you. I will send to Mara now and cc you (Serena and Rebecca). Any reason not to send or ok to send now?

Mitchell Wolfe, MD, MPH

Chief Medical Officer, Office of the Director

Centers for Disease Control and Prevention

Rear Admiral (Ret.), US Public Health Service

Ph: (202) 245-0600

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: July 9, 2020 3:52 PM
To: Wolfe, Mitchell (CDC/OD) <mws6@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQRS@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement

Attached is a version with edits from: CGH, NCEZID and NCIRD

There are a lot of edits so suggest you read through in "simple mark up" versus trying to make sense of the redline edits.

Let me know if you have any questions.

Thanks,

Serena Vinter

Center for Global Health (CGH)

o. (404) 639-0323 | m. (404) 661-4218

uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>

Sent: Thursday, July 9, 2020 8:47 AM

To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>

Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Subject: Re: WHO Engagement

Thanks - when does Mara need it? I'd like to review before we send to her but I can plan on it at 4 so I think I can review in under 30 min.

Mitchell Wolfe, MD, MPH

Chief Medical Officer, Office of the Director

Centers for Disease Control and Prevention

Rear Admiral (Ret.), US Public Health Service

Ph: (202) 245-0600

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>

Sent: July 9, 2020 8:27 AM

To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>

Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>; Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>

Subject: RE: WHO Engagement

Received. I've asked other CIOs to send comments back by noon and hope to get you all the final set of comments by 4pm. Does that work on your end?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Sent: Wednesday, July 8, 2020 7:22 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQRS@cdc.gov>; Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement

Dear Serena,

I have put my edits/changes in this document, attached, as track changes. To be compiled with the other comments you collect. Best, rebecca

From: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQRS@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
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Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

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The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 19 Aug 2020 16:01:49 +0000
To: Daigle, David (CDC/DDPHSIS/CGH/OD); Larish, Nili (CDC/DDPHSIS/CGH/OD)
Subject: RE: Polio Africa Redfield speech

And connect w/ Amy R.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>
Sent: Wednesday, August 19, 2020 12:01 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>
Subject: Re: Polio Africa Redfield speech

Will do

Get [Outlook for iOS](#)

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, August 19, 2020 11:56:35 AM
To: Daigle, David (CDC/DDPHSIS/CGH/OD) <drd4@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>
Subject: FW: Polio Africa Redfield speech

FYI – seems like Loretta will handle this but might be good to follow up?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Hill, Gena (CDC/DDPHSIS/CGH/GID) <gfh5@cdc.gov>
Sent: Wednesday, August 19, 2020 11:53 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Cc: Vertefeuille, John F. (CDC/DDPHSIS/CGH/GID) <dki4@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Rowland, Amy (CDC/DDPHSIS/CGH/GID) <isc4@cdc.gov>
Subject: RE: Polio Africa Redfield speech

Thank you. I will bring in Amy to assist on the communications side

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Sent: Wednesday, August 19, 2020 11:51 AM
To: Hill, Gena (CDC/DDPHSIS/CGH/GID) <gfh5@cdc.gov>
Cc: Vertefeuille, John F. (CDC/DDPHSIS/CGH/GID) <dki4@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: Polio Africa Redfield speech
Importance: High

Please see below. I brought in Loretta so I think leave with her for actual follow-up but we need to monitor actively and may require discussion with Loretta – copying in Nili, too, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Wednesday, August 19, 2020 11:26 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>; Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>
Subject: RE: Polio Africa Redfield speech
Importance: High

Rebecca,

Please see the attached remarks. I made one tiny edit eliminating reference to WHO, but the sentence still works. Can Dr. Redfield retape this? My desire is to protect him from voices at the WH who will see this and may interpret it as being counter to the spirit of the President's decision to withdraw from WHO. Many thanks for your consideration.

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Sent: Wednesday, August 19, 2020 10:45 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>
Subject: RE: Polio Africa Redfield speech

Dear Garrett,

Dr Redfield's taped remarks highlight USG support to the Africa Region over the decades to achieve this incredible goal and provide examples of key support we have provided to countries. I understand the written script has been shared with Mara, too. Lastly, I am copying in Loretta Lepore -- as she can facilitate from Dr Redfield's office if you have any other questions/comments on this.

Best, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Monday, August 17, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <mw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Subject: Polio Africa Redfield speech
Importance: High

Rebecca,

Happy to discuss this further too...but we're teeing up the Sec to record a brief speech for the celebration. We will stay from talking about WHO for all the reasons you know well. It is important that Dr. Redfield do the same so he doesn't get crosswise with the WH (again). Can I count on you on this? Since Kyle M and Amanda are gone, I'm not sure to talk to about stuff like this, so that's why I'm reaching out – and I've cced Mitch to ensure proper coverage. Thanks!!

<< OLE Object: Picture (Device Independent Bitmap)
>>

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

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 19:21:07 +0000
To: Beauvais, Denise (CDC/DDID/NCIRD/OD)
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD)
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Thank you! And if you get something later today or even overnight that is critical, please send and we can get to Mitch and OGA.

Serena

Serena Vinter

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uvv3@cdc.gov

From: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Sent: Thursday, July 9, 2020 3:16 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Hi Serena- thanks again for the extension. The attached document includes our NCIRD edits. Unfortunately, I haven't heard back from Nancy but it did receive Division level clearance. if we receive any additional feedback from Nancy, I will send it (but we understand that will likely be too late)

Thanks,
Denise

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 9, 2020 2:23 PM
To: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Also, here is the consolidated set of comments I have back so far – including GID's. I am going to try to do a final read through to ensure I don't have any huge editing mistakes but will be easy to plug IRD's comments into this.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Sent: Thursday, July 9, 2020 2:09 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Thanks Serena, we appreciate the flexibility, that's helpful.

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 9, 2020 1:57 PM
To: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Understood. Mitch is looking for this by 4pm. Ideally you can send by 3:30pm?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Sent: Thursday, July 9, 2020 1:18 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Hi Serena- Nancy is traveling, but we are trying to obtain her review before we send our NCIRD edits forward. We will send it as soon as we can, please let us know if there's any flexibility to the deadline (which I realize has already passed).

Thanks,
Denise

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 3:57 PM
To: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Due to the sensitivity, I was only planning to share with the GID Director.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>
Sent: Wednesday, July 8, 2020 3:53 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>
Subject: RE: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9

Hi Serena- can you confirm that GID is also reviewing the polio content? We will have DVD review that portion as well, but we would be interested in seeing any edits from GID.

Thanks, hope all is well
Denise

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Wednesday, July 8, 2020 1:45 PM
To: Barry, Brooke (CDC/DDID/NCIRD/OD) <bmb8@cdc.gov>; Beauvais, Denise (CDC/DDID/NCIRD/OD) <cry2@cdc.gov>; Miller, Rebecca (CDC/DDID/NCEZID/OD) <ckq0@cdc.gov>
Cc: NCEZID Policy Requests (CDC) <NCEZIDPolicyRequests@cdc.gov>; CGHPOLICYREQUESTS (CDC) <CGHPolicyRequests@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: URGENT REQUEST: WHO Engagement - final review of CDC priorities for continued WHO engagement - due 12pm July 9
Importance: High

Dear Brooke, Denise and Rebecca,

(b)(5)

Please review your relevant sections and determine if there are ways to tighten up the description of the current engagement / value and the impact / risk to Americans' health and global health security due to USG withdrawal from WHO.

I need to get this back to Mitch by Thursday afternoon so would respectfully ask if you can turn this around in less than 24 hours – 12pm tomorrow, July 9th. Please send back to me and copy the CGH Policy Box.

Joel and Susan are both on A/L this week so happy to take any phone calls / emails with questions you have.

Thank you,

Serena

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <m6sw@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r4tm@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <v9hi@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <m6sw@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Swezy, Virginia (CDC/DDPHSIS/CGH/GID)
Sent: Sun, 19 Jul 2020 11:23:43 +0000
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Subject: RE: detailees to WHO

Thank you!!!

I had left COVID out since seems that this was the trip wire for where we are, but it makes sense to leave. Looks much nicer. Thank you for all the work you put into this.

Virginia

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Sent: Friday, July 17, 2020 11:04 PM
To: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Subject: RE: detailees to WHO

What about this?

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Sent: Friday, July 17, 2020 12:01 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: RE: detailees to WHO

Will,

As part of OGA's "landscape" document, we've been asked to provide one paragraph that speaks to the benefits of the Detailee model with WHO.

Pls see attached draft which I have recycled from previous TPs that have gone to "DC".

Thank you,

Virginia

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Sent: Thursday, July 9, 2020 6:03 PM
To: Nay, Nancy (HHS/OGA) <Nancy.Nay@hhs.gov>; Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Cc: Baresch, Virginia (HHS/OGA) <Virginia.Baresch@hhs.gov>
Subject: RE: detailees to WHO

Nancy- I don't know if Virginia's out of office went outside of CDC, but (b)(5) this week and

(b)(5)

Will let Virginia return for #2.

Ted

From: Nay, Nancy (HHS/OGA) <Nancy.Nay@hhs.gov>
Sent: Thursday, July 9, 2020 12:29 PM
To: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Cc: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Baresch, Virginia (HHS/OGA) <Virginia.Baresch@hhs.gov>
Subject: FW: detailees to WHO
Importance: High

Hi Virginia,
I hope you and your family are doing well and staying safe!

I have a couple of "Detailee to WHO" related questions that I would like to run by you:

1. I received a note from a colleague with M/PRI at the State Department yesterday, asking what our strategy is with regard to the Detailees in light of the U.S.' announcement to withdraw. Specifically – she wondered whether or not there is any thought being given to move these staff in to NSDD38 positions, under COM. The idea sort of surprised me, since the scopes of work would still revolve around providing technical support to WHO which would theoretically go against the intent of the planned withdrawal. But, the question is out there and I would like to loop back to her with some sort of response (which I will copy you on). Related, I understand that there is a pause on new Detailee assignments, but wondered how you will be managing renewing assignments for staff who are currently in the field over the next few months-year? Will those folks be PCS'd back to HQ or transferred to NSDD38 positions at the end of their current terms?
2. OGA is developing a "landscape" document that will describe a number of areas where the U.S. will continue to engage with WHO after July 2021, when our withdrawal is officially finalized. As these terms of engagement are being worked out, I have been asked to develop a paragraph on the Detailee program for inclusion into that document that. Specifically:
 - a. we need a description of the program and Detailee engagement with WHO,

- b. how the U.S. will be impacted/harmed if we do not continue to engage in the program, and
- c. why it is in the U.S. national interest to continue the work

Regarding #1 – I am happy to set up a call and discuss early next week.

Regarding #2 – if you have a document on hand, I could tweak it for OGA's needs. I was thinking of something along the lines of a couple of sentences on the history of engagement (beginning with the smallpox eradication program to now), approx. number of staff that have been detailed over the years, and their technical areas of engagement (to address a.). b and c will take a bit more thought. I am told that this shouldn't be lengthy – in fact I am told that it should just be a paragraph, so will need to be very succinct and convincing in just a few sentences.

Shall we discuss?

Thanks a million.

Nancy Hedemark Nay, MPH
Senior Public Health Advisor
Office of Global Affairs
U.S. Department of Health and Human Services

Email: Nancy.Nay@HHS.gov
Phone: 301-602-8924

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 17:15:05 +0000
To: Capozzola, Christa (CDC/OCOO/OFR); Wolfe, Mitchell (CDC/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO Engagement

They did misspell smallpox! Also, I asked Serena to have DGHT do HIV AND TB as one.

From: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Sent: Wednesday, July 8, 2020 1:08 PM
To: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement

Good idea Mitch – and think we want to show to Anne and Sherri as well once all CIO input is in. How could they misspell Smallpox? It is one word, right? Also, do they expect CDC to fill in the HIV section?

From: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Wolfe, Mitchell (CDC/OD)
Sent: Thu, 9 Jul 2020 13:15:07 +0000
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD); Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Capozzola, Christa (CDC/OCOO/OFR); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: Re: WHO Engagement

I didn't see a reply from her on when today, so yes if you would that would be great.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: July 9, 2020 9:07 AM
To: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement

Mitch,

She emailed you directly but I do not see any deadline below. Would you like me to follow up with her?

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>
Sent: Thursday, July 9, 2020 8:47 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: Re: WHO Engagement

Thanks - when does Mara need it? I'd like to review before we send to her but I can plan on it at 4 so I think I can review in under 30 min.

Mitchell Wolfe, MD, MPH

Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: July 9, 2020 8:27 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>; Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement

Received. I've asked other CIOs to send comments back by noon and hope to get you all the final set of comments by 4pm. Does that work on your end?

Serena Vinter

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o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Sent: Wednesday, July 8, 2020 7:22 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>; Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement

Dear Serena,

I have put my edits/changes in this document, attached, as track changes. To be compiled with the other comments you collect. Best, rebecca

From: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 19:32:30 +0000
To: Wolfe, Mitchell (CDC/OD)
Subject: RE: WHO Engagement

Yes, sorry, I did reach out to her to confirm that. I have all the input from CGH and CIOs – just reading through 1x time to make sure I didn't make any mistakes in the editing process.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <[mws6@cdc.gov](mailto:mw6@cdc.gov)>
Sent: Thursday, July 9, 2020 3:22 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: Fwd: WHO Engagement

COB

So 4 pm should be fine.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Thursday, July 9, 2020 2:25:46 PM
To: Wolfe, Mitchell (CDC/OD) <mws6@cdc.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>;
Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E]
<CSizemore@niaid.nih.gov>
Subject: RE: WHO Engagement

COB today would be great.

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Wolfe, Mitchell (CDC/OD) <mshw6@cdc.gov>
Sent: Thursday, July 9, 2020 2:15 PM
To: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <csizemore@niaid.nih.gov>
Subject: Re: WHO Engagement

Hi,

I think we have some CDC comments going to you today too. What's your deadline?

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Thursday, July 9, 2020 1:22:51 PM
To: Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>; Wolfe, Mitchell (CDC/OD) <mshw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>
Subject: RE: WHO Engagement

Mark:

Thank you, very much appreciated. I will send back the final document provided to Garrett so everyone has it for their records.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Abdo, Mark <Mark.Abdoo@fda.hhs.gov>
Sent: Thursday, July 9, 2020 11:34 AM
To: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>; Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <csizemore@niaid.nih.gov>
Subject: RE: WHO Engagement

Mara –
Attached are FDA's additions (clean and tracked versions). Please let us know if you have questions.
Regards,
Abdo

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:54 PM
To: Abdo, Mark <Mark.Abdoo@fda.hhs.gov>; Wolfe, Mitchell (CDC) <msw6@cdc.gov>; Handley, Gray (NIH) <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <csizemore@niaid.nih.gov>
Subject: RE: WHO Engagement
Importance: High

Mark:
Ideally by tomorrow at the latest. We would like to be able to flag areas of continued engagement with the WH at the PCC on Friday. I realize this is last minute but everything is moving rather quickly.

Thanks.

Best,

Mara

Mara M. Burr, JD, LL.M

Director, Multilateral Relations

Office of the Secretary

Office of Global Affairs

U.S. Department of Health and Human Services

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Abdo, Mark <Mark.Abdoo@fda.hhs.gov>

Sent: Wednesday, July 8, 2020 12:51 PM

To: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>; Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <csizemore@niaid.nih.gov>

Subject: RE: WHO Engagement

By when do you need additions or comments? Thanks.

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

Sent: Wednesday, July 8, 2020 12:49 PM

To: Wolfe, Mitchell (CDC) <maw6@cdc.gov>; Handley, Gray G (NIH) <handleygr@niaid.nih.gov>;

Sizemore, Christine (NIH/NIAID) [E] <csizemore@niaid.nih.gov>; Abdoo, Mark

<Mark.Abdoo@fda.hhs.gov>

Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677

Mobile: 202-697-2935

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Sent: Tue, 14 Jul 2020 12:54:23 +0000
To: Swezy, Virginia (CDC/DDPHSIS/CGH/GID)
Subject: RE: detailees to WHO

OK. Thanks. I'd be happy to see it.

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Sent: Monday, July 13, 2020 9:04 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: Re: detailees to WHO

Yes. Ted deferred second point to me - that is to help pull info together for their "landscape" document so I understood that this was expected.

Get [Outlook for iOS](#)

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Sent: Monday, July 13, 2020 7:39:01 PM
To: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Subject: RE: detailees to WHO

Dear Virginia:

Are you planning any further response? It seems Ted answered and there was some other email exchanges. Is anything else needed/expected?

Will

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Sent: Monday, July 13, 2020 6:31 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>
Subject: FW: detailees to WHO

Will,

For your awareness.

Since this is an official OGA document, I'll share with you before sending up. Is there anyone else you want us to run this by in GID or CGH?

Virginia

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Sent: Thursday, July 9, 2020 6:03 PM
To: Nay, Nancy (HHS/OGA) <Nancy.Nay@hhs.gov>; Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Cc: Baresch, Virginia (HHS/OGA) <Virginia.Baresch@hhs.gov>
Subject: RE: detailees to WHO

Nancy- I don't know if Virginia's out of office went outside of CDC, but (b)(5) this week and

(b)(5)

Will let Virginia return for #2.

Ted

From: Nay, Nancy (HHS/OGA) <Nancy.Nay@hhs.gov>
Sent: Thursday, July 9, 2020 12:29 PM
To: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Cc: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Baresch, Virginia (HHS/OGA) <Virginia.Baresch@hhs.gov>
Subject: FW: detailees to WHO
Importance: High

Hi Virginia,
I hope you and your family are doing well and staying safe!

I have a couple of "Detailee to WHO" related questions that I would like to run by you:

1. I received a note from a colleague with M/PRI at the State Department yesterday, asking what our strategy is with regard to the Detailees in light of the U.S.' announcement to withdraw. Specifically – she wondered whether or not there is any thought being given to move

these staff in to NSDD38 positions, under COM. The idea sort of surprised me, since the scopes of work would still revolve around providing technical support to WHO which would theoretically go against the intent of the planned withdrawal. But, the question is out there and I would like to loop back to her with some sort of response (which I will copy you on). Related, I understand that there is a pause on new Detailee assignments, but wondered how you will be managing renewing assignments for staff who are currently in the field over the next few months-year? Will those folks be PCSd back to HQ or transferred to NSDD38 positions at the end of their current terms?

2. OGA is developing a “landscape” document that will describe a number of areas where the U.S. will continue to engage with WHO after July 2021, when our withdrawal is officially finalized. As these terms of engagement are being worked out, I have been asked to develop a paragraph on the Detailee program for inclusion into that document that. Specifically:
 - a. we need a description of the program and Detailee engagement with WHO,
 - b. how the U.S. will be impacted/harmed if we do not continue to engage in the program, and
 - c. why it is in the U.S. national interest to continue the work

Regarding #1 – I am happy to set up a call and discuss early next week.

Regarding #2 – if you have a document on hand, I could tweak it for OGA’s needs. I was thinking of something along the lines of a couple of sentences on the history of engagement (beginning with the smallpox eradication program to now), approx. number of staff that have been detailed over the years, and their technical areas of engagement (to address a.). b and c will take a bit more thought. I am told that this shouldn’t be lengthy – in fact I am told that it should just be a paragraph, so will need to be very succinct and convincing in just a few sentences.

Shall we discuss?

Thanks a million.

Nancy Hedemark Nay, MPH
Senior Public Health Advisor
Office of Global Affairs
U.S. Department of Health and Human Services

Email: Nancy.Nay@HHS.gov

Phone: 301-602-8924

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Sent: Wed, 1 Jul 2020 18:37:28 +0000
To: Hyde, Terri (CDC/DDPHSIS/CGH/GID)
Subject: RE: HHS call notes form today.

Thanks a lot, Terri.

W. William Schluter, MD, MSPH
Director
Global Immunization Division
Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office telephone: 404-553-7314

From: Hyde, Terri (CDC/DDPHSIS/CGH/GID) <tkh4@cdc.gov>
Sent: Wednesday, July 1, 2020 1:52 PM
To: Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>; Helfand, Rita (CDC/DDID/NCEZID/OD) <rz7@cdc.gov>; Doshi, Reena H. (CDC/DDPHSIS/CGH/GID) <HQ03@cdc.gov>; Soeters, Heidi (CDC/DDPHSIS/CGH/GID) <hzx8@cdc.gov>
Subject: HHS call notes form today.

Will, Reena, Heidi, Rita,

Not to forward -- FYSA

Here are my notes on the HHS call today -



(b)(5)

Terri B. Hyde, MD, MPH

CAPT, USPHS

Country Support | International Task Force
COVID-19 Response

Medical Epidemiologist

Team Lead, Vaccine Introduction

CGH/GID/Immunization Systems Branch

Centers for Disease Control and Prevention

1600 Clifton Road, NE, Mailstop H24-2

Atlanta, GA 30329-4027

Tel: 1-404-639-8764

Mobile: 1-404-394-3171

E-mail: thyde@cdc.gov

<http://www.cdc.gov/globalhealth/immunization/>

(b)(5)

From: Wolfe, Mitchell (CDC/OD)
Sent: Wed, 8 Jul 2020 14:50:05 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Capozzola, Christa (CDC/OCOO/OFR)
Subject: Re: NOTES: Weekly check in on WHO - July 8

Yes great. When I get I will share...maybe Joel will get it at the same time. We just have to be sure everything we need is in there b

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Wednesday, July 8, 2020 10:42:32 AM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: NOTES: Weekly check in on WHO - July 8

See below – Joel’s notes from today’s call -- #3 is what you are referring to.. R

(b)(3)

- Other members have been invited for ideas and updates in next two weeks

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 19 Aug 2020 19:16:19 +0000
To: Larish, Nili (CDC/DDPHSIS/CGH/OD); Hill, Gena (CDC/DDPHSIS/CGH/GID)
Cc: Vertefeuille, John F. (CDC/DDPHSIS/CGH/GID); Schluter, W. William (CDC/DDPHSIS/CGH/GID); Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Subject: RE: Polio Africa Redfield speech

Thank you, Rebecca

From: Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>
Sent: Wednesday, August 19, 2020 2:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Hill, Gena (CDC/DDPHSIS/CGH/GID) <gfh5@cdc.gov>
Cc: Vertefeuille, John F. (CDC/DDPHSIS/CGH/GID) <dki4@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: RE: Polio Africa Redfield speech

Thanks, Rebecca. It sounds like Amy is in touch with Loretta to organize the retaping. I'll connect with her for updates.

Best,
Nili

Nili Raquel Larish, MPH
Deputy Associate Director for Communication
CDC Center for Global Health
(404) 639-6080 | nlarish@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Wednesday, August 19, 2020 11:51 AM
To: Hill, Gena (CDC/DDPHSIS/CGH/GID) <gfh5@cdc.gov>
Cc: Vertefeuille, John F. (CDC/DDPHSIS/CGH/GID) <dki4@cdc.gov>; Schluter, W. William (CDC/DDPHSIS/CGH/GID) <wbs8@cdc.gov>; Larish, Nili (CDC/DDPHSIS/CGH/OD) <voy1@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: Polio Africa Redfield speech
Importance: High

Please see below. I brought in Loretta so I think leave with her for actual follow-up but we need to monitor actively and may require discussion with Loretta – copying in Nili, too, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Wednesday, August 19, 2020 11:26 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>; Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>
Subject: RE: Polio Africa Redfield speech
Importance: High

Rebecca,

Please see the attached remarks. I made one tiny edit eliminating reference to WHO, but the sentence still works. Can Dr. Redfield retape this? My desire is to protect him from voices at the WH who will see this and may interpret it as being counter to the spirit of the President's decision to withdraw from WHO. Many thanks for your consideration.

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Sent: Wednesday, August 19, 2020 10:45 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>
Subject: RE: Polio Africa Redfield speech

Dear Garrett,

Dr Redfield's taped remarks highlight USG support to the Africa Region over the decades to achieve this incredible goal and provide examples of key support we have provided to countries. I understand the written script has been shared with Mara, too. Lastly, I am copying in Loretta Lepore -- as she can facilitate from Dr Redfield's office if you have any other questions/comments on this.

Best, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Monday, August 17, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Subject: Polio Africa Redfield speech
Importance: High

Rebecca,

Happy to discuss this further too...but we're teeing up the Sec to record a brief speech for the celebration. We will stay from talking about WHO for all the reasons you know well. It is important that Dr. Redfield do the same so he doesn't get crosswise with the WH (again). Can I count on you on this? Since Kyle M and Amanda are gone, I'm not sure to talk to about stuff like this, so that's why I'm reaching out – and I've cced Mitch to ensure proper coverage. Thanks!!

<< OLE Object: Picture (Device Independent Bitmap)
>>

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

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Tue, 7 Jul 2020 19:43:20 +0000
To: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO materials

She gave DDs until tomorrow morning and I have 3 of 4 Divisions – just waiting on GID.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Sent: Tuesday, July 7, 2020 3:42 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Subject: FW: WHO materials

Wanted to make sure you saw that RM needs the justifications for WHO details by tomorrow morning? I hadn't realized the deadline and don't think was in email request but she needs tomorrow am before a meeting with Mitch/Christa ~1pm tomorrow.

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Tuesday, July 7, 2020 12:10 PM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO materials

Many, many thanks. Have meeting with him tomorrow, and will need what you get on the details, too. thanks in advance, Rebecca

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Tuesday, July 7, 2020 11:54 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO materials

Dear Rebecca,

I am resending the suite of materials we received regarding the C-175 process in addition to a few additional documents that should be what you need.

1. Tab 1 Withdrawal Notice – **Not for clearance**
2. Tab 2 POTUS Letter to DGH Tedros - May 18th Letter
3. Tab 3 POTUS WHO Announcement - May 29th Rose Garden address
4. Tab 4 additional background information – Topline edits only (NOTE: This version includes the HHS set of comments – CDC's included – that went back to DoS)
5. Tab 5 Funding considerations – primarily focuses on assessed contributions, payments in areas and the requirements therein, and options for reprogramming
6. Tab 6 Legal considerations placeholder – **Not for clearance**

Also sharing:

7. Landscape Overview – USG Priorities Affected by Withdrawal from WHO
8. WHO Collaborating Centers List – CDC
9. WHO Detailees – CDC (NOTE: This is the file I am updating with the input from Divisions on critical role each detailee plays).
10. WHO Program Interruption

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Sent: Tuesday, July 7, 2020 8:43 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Roberts, Sukeshi (CDC/DDPHSIS/CGH/OD) <nwn7@cdc.gov>
Subject: WHO materials

Dear Serena,

Can you please re-send to me all the materials that were developed and shared with OGA in prep for DoS package – this was the rationale for our programs, by program, with WHO and the exemptions list. I want to send it again to Mitch.

Thanks, Rebecca

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 14:38:41 +0000
To: Wolfe, Mitchell (CDC/OD)
Cc: Capozzola, Christa (CDC/OCOO/OFR)
Subject: RE: Review materials for upcoming meeting

Sent to her and asked. Thanks, R

From: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>
Sent: Wednesday, July 8, 2020 10:27 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: Re: Review materials for upcoming meeting

I just heard from Mara and OGA is putting something together for HHS, and will share later in the day. So I think we have two options: either go ahead with what we were doing for CDC and that will help us provide input into their document that we can suggest, or we wait to see what we get from them.

I won't have time to work on this more until about 3 PM. What I started was the intro to this and the first couple engagements, based on the landscape paper, and what it should look like I think. It's attached - it's just page 1 - the rest is the landscape paper.

If Serena has time, it would be great if she could look at this, see if it makes sense, and try to put our priority engagements in these terms. Then when we get the paper from OGA, we can use that to comment back. I will of course share what we get with you. I think what that will help us do is have very short sentences describing the engagements and the impacts.

How is that?

Mitchell Wolfe, MD, MPH

Chief Medical Officer, Office of the Director

Centers for Disease Control and Prevention

Rear Admiral (Ret.), US Public Health Service

Ph: (202) 245-0600

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Sent: July 8, 2020 9:24 AM
To: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: RE: Review materials for upcoming meeting

If you have time – it would be good to get your view on this having been in the meetings and we, CGH, can refine after our meeting today. Serena is finalizing -- thanks, R

From: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>
Sent: Wednesday, July 8, 2020 9:02 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtrm4@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: Re: Review materials for upcoming meeting

Hi,

OK, reviewed. This is very helpful (and clearly was a lot of work and thought to put together). What we need to put this into is basically a simple line list in a spreadsheet, or brief bulleted list, of priority engagements that CDC needs to maintain with WHO, with a one sentence justification. I think that would mainly come from the Landscape Overview. This should outline each engagement, or in some cases, could have an overview, like "collaborating centers", and then have a summary like, "15 collaborating centers where CDC does x", and then we could have an appendix which is the list of centers, which is one of the spreadsheets.

So basically, what we need to do is turn this into a very simple and clear list, either spreadsheet or bulleted word document, with a list and then one sentence bulleted justification.

I can try to do that and then show to you, or can CGH do that and share by end of day today? Let me know what you think it best.

Then, these documents will be very helpful as background to provide additional info to me and to others as they need.

Mitchell Wolfe, MD, MPH

Chief Medical Officer, Office of the Director

Centers for Disease Control and Prevention

Rear Admiral (Ret.), US Public Health Service

Ph: (202) 245-0600

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rmt4@cdc.gov>

Sent: July 7, 2020 5:59 PM

To: Wolfe, Mitchell (CDC/OD) <mmsw6@cdc.gov>

Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>

Subject: Review materials for upcoming meeting

Dear Mitch,

Please find attached the following resources:

I) C-175 process – two tabs

1. Tab 4 additional background information – Topline edits only (NOTE: This version includes the HHS set of comments – CDC’s included – that went back to DoS)
2. Tab 5 Funding considerations – primarily focuses on assessed contributions, payments in areas and the requirements therein, and options for reprogramming

II) Additional resources

3. Landscape Overview – USG Priorities Affected by Withdrawal from WHO - [NOTE THIS IS MOST COMPREHENSIVE]
4. Collaborating Centers List – CDC [FYI]
5. Program Interruption – [this one is the voluntary funds and impact]

By 10AM on 8 July, will send you the **detail list with brief summary on importance of positions.**

Best, Rebecca

From: Hyde, Terri (CDC/DDPHSIS/CGH/GID)
Sent: Wed, 15 Jul 2020 17:55:25 +0000
To: Helfand, Rita (CDC/DDID/NCEZID/OD); Damon, Inger K. (CDC/DDID/NCEZID/DHCPP); Schrag, Stephanie (CDC/DDID/NCIRD/DBD); Verani, Jennifer R. (CDC/DDID/NCIRD/DBD)
Cc: Doshi, Reena H. (CDC/DDPHSIS/CGH/GID); Soeters, Heidi (CDC/DDPHSIS/CGH/GID); Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Subject: some notes from the HHS agency call.

My notes from the OGA call. Not a lot of discussion or update from the agencies.

(b)(5)

(b)(5)

(b)(1)

Terri B. Hyde, MD, MPH

CAPT, USPHS

Medical Epidemiologist

Team Lead, Vaccine Introduct

CGH/GID/Immunization Systems Branch

Centers for Disease Control and Prevention

1600 Clifton Road, NE, Mailstop H24-2

Atlanta, GA 30329-4027

Tel: 1-404-639-8764

Mobile: 1-404-394-3171

E-mail: thyde@cdc.gov

<http://www.cdc.gov/globalhealth/immunization/>

From: Nay, Nancy (HHS/OGA)
Sent: Fri, 10 Jul 2020 14:29:28 +0000
To: Pestorius, Ted (CDC/DDPHSIS/CGH/OD); Swezy, Virginia (CDC/DDPHSIS/CGH/GID)
Cc: Baresch, Virginia (HHS/OGA)
Subject: RE: detailees to WHO

Thanks Ted – yes, I did receive Virginia’s OOO and hope she’s enjoying some time off. So, the question (b)(5) Given what you’ve said, I will respond, copying you and Virginia.

With regard to question #2 – I hope it is self-explanatory and look forward to looping back with Virginia early next week. I am not sure when the paragraph is due, but it seemed sooner rather than later.

Thanks again, and have a good weekend.

Nancy Hedemark Nay, MPH
Senior Public Health Advisor
Office of Global Affairs
U.S. Department of Health and Human Services

Email: Nancy.Nay@HHS.gov
Phone: 301-602-8924

From: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>
Sent: Thursday, July 9, 2020 4:03 PM
To: Nay, Nancy (HHS/OGA) <Nancy.Nay@hhs.gov>; Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Cc: Baresch, Virginia (HHS/OGA) <Virginia.Baresch@hhs.gov>
Subject: RE: detailees to WHO

Nancy- I don’t know if Virginia’s out of office went outside of CDC, but she’s (b)(6) and

(b)(5)

Will let Virginia return for #2.

Ted

From: Nay, Nancy (HHS/OGA) <Nancy.Nay@hhs.gov>
Sent: Thursday, July 9, 2020 12:29 PM
To: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Cc: Pestorius, Ted (CDC/DDPHSIS/CGH/OD) <fpp0@cdc.gov>; Baresch, Virginia (HHS/OGA) <Virginia.Baresch@hhs.gov>

Subject: FW: detailees to WHO

Importance: High

Hi Virginia,

I hope you and your family are doing well and staying safe!

I have a couple of "Detailee to WHO" related questions that I would like to run by you:

- 1) I received a note from a colleague with M/PRI at the State Department yesterday, asking what our strategy is with regard to the Detailees in light of the U.S.' announcement to withdraw. Specifically – she wondered whether or not there is any thought being given to move these staff in to NSDD38 positions, under COM. The idea sort of surprised me, since the scopes of work would still revolve around providing technical support to WHO which would theoretically go against the intent of the planned withdrawal. But, the question is out there and I would like to loop back to her with some sort of response (which I will copy you on). Related, I understand that there is a pause on new Detailee assignments, but wondered how you will be managing renewing assignments for staff who are currently in the field over the next few months-year? Will those folks be PCSd back to HQ or transferred to NSDD38 positions at the end of their current terms?
- 2) OGA is developing a "landscape" document that will describe a number of areas where the U.S. will continue to engage with WHO after July 2021, when our withdrawal is officially finalized. As these terms of engagement are being worked out, I have been asked to develop a paragraph on the Detailee program for inclusion into that document that. Specifically:
 - a. we need a description of the program and Detailee engagement with WHO,
 - b. how the U.S. will be impacted/harmed if we do not continue to engage in the program, and
 - c. why it is in the U.S. national interest to continue the work

Regarding #1 – I am happy to set up a call and discuss early next week.

Regarding #2 – if you have a document on hand, I could tweak it for OGA's needs. I was thinking of something along the lines of a couple of sentences on the history of engagement (beginning with the smallpox eradication program to now), approx. number of staff that have been detailed over the years, and their technical areas of engagement (to address a.). b and c will take a bit more thought. I am told that this shouldn't be lengthy – in fact I am told that it should just be a paragraph, so will need to be very succinct and convincing in just a few sentences.

Shall we discuss?

Thanks a million.

Nancy Hedemark Nay, MPH
Senior Public Health Advisor
Office of Global Affairs
U.S. Department of Health and Human Services

Email: Nancy.Nay@HHS.gov
Phone: 301-602-8924

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD)
Sent: Thu, 9 Jul 2020 18:54:29 +0000
To: Burr, Mara (HHS/OS/OGA)
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: RE: WHO Engagement

Mitch should have this back to you by 5pm today. Thanks for the opportunity.

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Thursday, July 9, 2020 9:29 AM
To: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement
Importance: High

Dear Serena:

The earlier the better. This afternoon is ok if that works. I am getting input from NIH and FDA today too. I hope to put the final paper together for review by Garrett before the PCC tomorrow.

Thanks.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>
Sent: Thursday, July 9, 2020 9:18 AM
To: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Cc: Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement

Dear Mara,

Working with Mitch on the request below. What is the deadline for CDC to send back our comments? I am aiming for COB today, July 9 and wanted to confirm that is ok.

Thanks,

Serena Vinter

Center for Global Health (CGH)
o. (404) 639-0323 | m. (404) 661-4218
uvv3@cdc.gov

From: Wolfe, Mitchell (CDC/OD) <m5w6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r4tm@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <m5w6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

Please find the draft document on areas of continued engagement with the WHO even after US withdrawal. The purpose of this paper is to provide the White House and others with information on critical areas of USG engagement with WHO.

The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677

Mobile: 202-697-2935

From: Wolfe, Mitchell (CDC/OD)
Sent: Wed, 8 Jul 2020 17:10:03 +0000
To: Capozzola, Christa (CDC/OCOO/OFR); Martin, Rebecca (CDC/DDPHSIS/CGH/OD); Vinter, Serena (CDC/DDPHSIS/CGH/OD); Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD)
Subject: Re: WHO Engagement

Right I was going to share with christa, Anne, and Sherri.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Sent: Wednesday, July 8, 2020 1:08:24 PM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Subject: RE: WHO Engagement

Good idea Mitch – and think we want to show to Anne and Sherri as well once all CIO input is in.
How could they misspell Smallpox? It is one word, right?
Also, do they expect CDC to fill in the HIV section?

From: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>
Sent: Wednesday, July 8, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>; Vinter, Serena (CDC/DDPHSIS/CGH/OD) <uvv3@cdc.gov>; Stanojevich, Joel G. (CDC/DDPHSIS/CGH/OD) <vhi9@cdc.gov>
Cc: Capozzola, Christa (CDC/OCOO/OFR) <KQR5@cdc.gov>
Subject: FW: WHO Engagement

Hi Rebecca/CGH,

We received this just now. So, I think the thing to do is CDC go over this, provide comments, and return.

I can look at the final and return. I'll review now. But, CGH, do you want to coordinate with the other CIOs on this to ensure everything is included and worded right? I imagine that's what you've been doing – but if you want me to, let me know.

I'll ask the deadline.

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>
Sent: Wednesday, July 8, 2020 12:49 PM
To: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Handley, Gray (NIH/NIAID) [E] <handleygr@niaid.nih.gov>; Sizemore, Christine (NIH/NIAID) [E] <CSizemore@niaid.nih.gov>; Abdoo, Mark (FDA/OC) <Mark.Abdoo@fda.hhs.gov>
Subject: WHO Engagement

Dear Colleagues:

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The list reflects HHS thinking on what should be included but it is likely you may have items to add.

Thank you for your assistance with this effort. Please keep the attached document close hold.

Best,

Mara

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

Telephone: 202-205-4677
Mobile: 202-697-2935

From: Holland, Eva M. (CDC/OCOO/OGC)
Sent: Thu, 16 Jul 2020 12:15:08 +0000
To: Chong, Patrick (CDC/DDPHSIS/CGH/OD)
Cc: Pestorius, Ted (CDC/DDPHSIS/CGH/OD)
Subject: FW: WHO Collaborating Centers POC for response to WHO

Hi Patrick,

I understand that OGA has advised not to pursue any more certifications or recertifications for CDC Collaborating Centers (for which contracts have or will expire) now that the withdrawal from WHO has been officially filed with WHO.

OGA advised that, if CDC programs want a contact to work with in responding to WHO and working through the Collaborating Centers process, you can turn to Mitch Wolfe at CDC or Jessica Stewart at OGA. For general WHO related questions, please reach out to Mitch Wolfe.

Please let me know if you need anything else.

Thank you,

Eva

Eva M. Holland
Office of the General Counsel
Senior Attorney
(404) 639-7445 (office)
(404) 313-0588 (cell)
(404) 639-7200 (main)

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 15:26:24 +0000
To: Wolfe, Mitchell (CDC/OD); Capozzola, Christa (CDC/OCOO/OFR)
Subject: RE: NOTES: Weekly check in on WHO - July 8

OGA is refining the landscape paper we commented on – so it will be an update of that, R

From: Wolfe, Mitchell (CDC/OD) <m⁶@cdc.gov>
Sent: Wednesday, July 8, 2020 10:50 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r⁴@cdc.gov>; Capozzola, Christa (CDC/OCOO/OFR) <K⁵@cdc.gov>
Subject: Re: NOTES: Weekly check in on WHO - July 8

Yes great. When I get I will share...maybe Joel will get it at the same time. We just have to be sure everything we need is in there b

Mitchell Wolfe, MD, MPH
Chief Medical Officer, Office of the Director
Centers for Disease Control and Prevention
Rear Admiral (Ret.), US Public Health Service
Ph: (202) 245-0600

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <r⁴@cdc.gov>
Sent: Wednesday, July 8, 2020 10:42:32 AM
To: Wolfe, Mitchell (CDC/OD) <m⁶@cdc.gov>; Capozzola, Christa (CDC/OCOO/OFR) <K⁵@cdc.gov>
Subject: FW: NOTES: Weekly check in on WHO - July 8

See below – Joel’s notes from today’s call -- #3 is what you are referring to.. R



(b)(5)



10/20

- Other members have been invited for ideas and updates in next two weeks

From: Lepore, Loretta (CDC/OD/OCS)
Sent: Wed, 19 Aug 2020 15:57:27 +0000
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Cc: Wolfe, Mitchell (CDC/OD)
Subject: Re: Polio Africa Redfield speech

Yes. Thanks

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From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Wednesday, August 19, 2020 11:56:13 AM
To: Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>
Subject: FW: Polio Africa Redfield speech

Will you reply and address this? thank you very much, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Wednesday, August 19, 2020 11:26 AM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>; Burr, Mara (HHS/OS/OGA) <Mara.Burr@hhs.gov>; Redfield, Robert R. (CDC/OD) <olx1@cdc.gov>
Subject: RE: Polio Africa Redfield speech
Importance: High

Rebecca,

Please see the attached remarks. I made one tiny edit eliminating reference to WHO, but the sentence still works. Can Dr. Redfield retape this? My desire is to protect him from voices at the WH who will see this and may interpret it as being counter to the spirit of the President's decision to withdraw from WHO. Many thanks for your consideration.

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Sent: Wednesday, August 19, 2020 10:45 AM
To: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Cc: Wolfe, Mitchell (CDC/OD) <msw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>; Lepore, Loretta (CDC/OD/OCS) <phf7@cdc.gov>
Subject: RE: Polio Africa Redfield speech

Dear Garrett,

Dr Redfield's taped remarks highlight USG support to the Africa Region over the decades to achieve this incredible goal and provide examples of key support we have provided to countries. I understand the written script has been shared with Mara, too. Lastly, I am copying in Loretta Lepore -- as she can facilitate from Dr Redfield's office if you have any other questions/comments on this.

Best, Rebecca

From: Grigsby, Garrett (HHS/OS/OGA) <Garrett.Grigsby@hhs.gov>
Sent: Monday, August 17, 2020 1:01 PM
To: Martin, Rebecca (CDC/DDPHSIS/CGH/OD) <rtm4@cdc.gov>
Cc: Wolfe, Mitchell (CDC/OD) <maw6@cdc.gov>; Mciff, Colin (HHS/OS/OGA) <Colin.Mciff@hhs.gov>
Subject: Polio Africa Redfield speech
Importance: High

Rebecca,

Happy to discuss this further too...but we're teeing up the Sec to record a brief speech for the celebration. We will stay from talking about WHO for all the reasons you know well. It is important that Dr. Redfield do the same so he doesn't get crosswise with the WH (again). Can I count on you on this? Since Kyle M and Amanda are gone, I'm not sure to talk to about stuff like this, so that's why I'm reaching out – and I've cced Mitch to ensure proper coverage. Thanks!!

<< OLE Object: Picture (Device Independent Bitmap) >>

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

From: Schluter, W. William (CDC/DDPHSIS/CGH/GID)
Sent: Thu, 27 Aug 2020 12:57:50 +0000
To: Swezy, Virginia (CDC/DDPHSIS/CGH/GID)
Subject: RE: WHO updates in Country Director Call this morning

Thanks Virginia.

From: Swezy, Virginia (CDC/DDPHSIS/CGH/GID) <vcs3@cdc.gov>
Sent: Thursday, August 27, 2020 8:16 AM
To: CDC CGH GID Management Team <nipvpdedmanage@cdc.gov>
Subject: WHO updates in Country Director Call this morning

All,

Mara Burr, from the Office of Global Affairs, HHS joined the Country Director call this morning with a few updates on WHO:

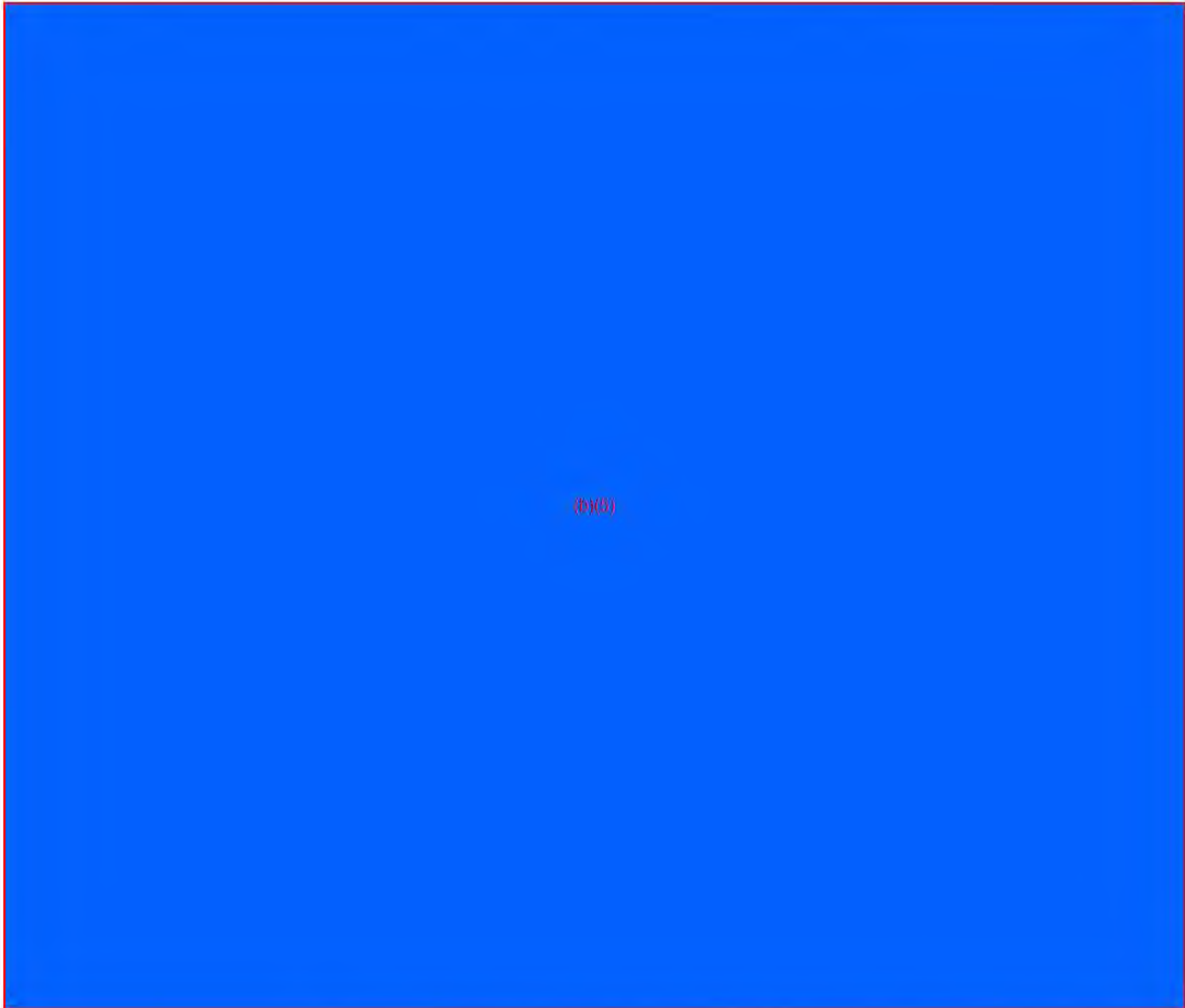
- The USG is moving ahead with the withdrawal process;
- They have submitted two names for inclusion into the independent review panel that WHO is putting in place;
- HHS continues to be engaged in WHO discussions/meetings (*eg Admiral Giroir will be attending the Executive Board meeting; HHS plans to attend WHA; etc*)
- There is no expectation to cease engagement/dialogue/technical relationship with WHO;
- A case has been made that PAHO is independent of WHO so the conversations around withdrawal are not applicable to PAHO;
- The private sector/NGO communities are voicing their concerns about the US withdrawal;

Virginia

Virginia N. Swezy, MPH
Deputy Director (Management and Operations)
Global Immunization Division, Center for Global Health
Centers for Disease Control and Prevention
1600 Clifton Road, NE, MS A04
Atlanta, GA 30329
Office Phone: 404-718-2711
Mobile Phone: 404-906-8243

From: Martin, Rebecca (CDC/DDPHSIS/CGH/OD)
Sent: Wed, 8 Jul 2020 14:42:32 +0000
To: Wolfe, Mitchell (CDC/OD); Capozzola, Christa (CDC/OCOO/OFR)
Subject: FW: NOTES: Weekly check in on WHO - July 8

See below – Joel’s notes from today’s call -- #3 is what you are referring to.. R



o Other members have been invited for ideas and updates in next two weeks