



went on to characterize COVID-19 as a global pandemic on 11 March 2020, when there were a reported 118 000 cases in 114 countries⁽³⁷⁾.

The Panel has considered this sequence of events between December 2019 and the declaration of a PHEIC on 30 January 2020 in detail in order to assess what could potentially have been done differently and whether changes are needed in the international system of alert.

There is a case for applying the precautionary principle in any outbreak caused by a new pathogen resulting in respiratory infections, and thereby for assuming that human-to-human transmission will occur unless the evidence specifically indicates otherwise

The IHR (2005) are designed to ensure that countries have the capacity to detect and notify health events. They require that, when disease or deaths above expected levels are detected, essential information is reported immediately to subnational or national levels. If urgent events, defined as having “serious public health impact and/or unusual or unexpected nature with high potential for spread” are detected, they must be reported immediately to the national level and assessed within 48 hours. Events assessed to warrant a potential PHEIC must be reported to WHO within 24 hours of assessment, via the IHR national focal point. Events with PHEIC potential must meet at least two of four conditions, namely: (1) have serious public health impact; (2) be an unusual or unexpected event; (3) have significant risk of international spread; and (4) carry significant risk of travel or trade restrictions.^(a) The Panel’s view is that the outbreak in Wuhan is likely to have met the criteria to be declared a PHEIC by the time of the first meeting of the Emergency Committee on 22 January 2020.

While WHO was rapid and assiduous in its early dissemination of the outbreak alert to countries around the world, its approach in presenting the nature and level of risk was based on its established principles guided by the International Health Regulations of issuing advice on the balance of existing evidence. While WHO advised of the possibility of human-to-human transmission in the period until it was confirmed, and recommended measures that health workers should take to prevent infection, the Panel’s view is that it could also have told countries that they should take the precaution of assuming that human-to-human transmission was occurring. Given what is known about respiratory infections, there is a case

^a In addition, SARS, poliomyelitis, smallpox and a new subtype of influenza are automatically defined as events that may constitute a PHEIC. See International Health Regulations (2005), 3rd edition. Geneva: World Health Organization; 2016 (<https://www.who.int/publications/i/item/9789241580496>, accessed 26 April 2021).