

ANNEXURE Y

1

ADVOCATE'S CHECK LIST (TO BE CERTIFIED BY ADVOCATE-ON-RECORD)

Indicate Yes or NA


1. SLP(C) has been filed in Form No. 28 with certificate. N.A
2. The Petition is as per the provisions of Order XV Rule 1. Yes
3. The papers of ^{W.P.} SLP have been arranged as per Order XXI, Rule (3)(1)(f). Yes
4. Brief list of dates/events has been filed. Yes
5. Paragraphs and pages of paper books have been numbered consecutively and correctly noted in Index. Yes
6. Proper and required number of paper books (1+1) have been filed. Yes
7. The contents of the petition, applications and accompanying documents are clear, legible and typed in double space on one side of the paper. Yes
8. The particulars of the impugned judgment passed by the court(s) below are uniformly written in all the documents. N.A
9. In case of appeal by certificate the appeal is accompanied by judgment and decree appealed from and order granting certificate. N.A
10. If the petition is time barred, application for condonation of delay mentioning the no. of days of delay, with affidavit and court fee has been filed. N.A
11. The Annexures referred to in the petition are true copies of the documents before the court(s) below and are filed in chronological order as per List of Dates. Yes
12. The annexures referred to in the petition are filed and indexed separately and not marked collectively. Yes
13. The relevant provisions of the Constitution, statutes, ordinances, rules, regulations, bye laws, orders etc. referred to in the impugned judgment / order has been filed as Appendix to the SLP. Yes
14. In SLP against the order passed in Second Appeal, copies of the orders passed by the Trial Court and First Appellate Court have been filed. N.A

✓

15. The complete listing proforma has been filled in, signed and included in the paper books. Yes
16. In a petition (PIL) filed under clause (d) of Rule 12(1) Order XXXVIII, the petitioner has disclosed:
- (a) his full name, complete postal address, e-mail address, phone number, proof regarding personal identification, occupation and annual income, PAN number and National Unique Identity Card number, if any; Yes
- (b) the facts constituting the cause of action; Yes
- (c) the nature of injury caused or likely to be caused to the public; Yes
- (d) the nature and extent of personal interest, if any, of the petitioner(s); Yes
- (e) details regarding any civil, criminal or revenue litigation, involving the petitioner or any of the petitioners, which has or could have a legal nexus with the issue(s) involved in the Public Interest Litigation. Yes
17. If any identical matter is pending/disposed of by the Hon. Supreme Court, the complete particulars of such matters have been given. N.A
18. The statement in terms of the Order XIX Rule 3(1) of Supreme Court Rules 2013 has been given in the Petition of appeal. Yes
19. Whether a Bank Draft of Rs. 50,000/- or 50% of the amount, whichever is less, has been deposited by the person intending to appeal, if required to be paid as per the order of the NCDRC, in terms of Section 23 of the Consumer Protection Act, 1986. NA
20. In case of appeals under Armed Forces Tribunal Act, 2007, the petitioner / appellant has moved before the Armed Forces Tribunal for granting certificate for leave to appeal to the Supreme Court. N/A
21. All the paperbooks to be filed after curing the defects shall be in order. Yes

2

I hereby declare that I have personally verified the petition and its contents and it is in conformity with the Supreme Court Rules 2013. I certify that the above requirements of this Check List have been complied with. I further certify that all the documents necessary for the purpose of hearing of the matter have been filed.

Signature 
AoR's Name Abhishek Singh
AoR Code 2171
Contact No. 9810680990

New Delhi;

Date : 24/06/2020

SECTION – PIL

IN THE SUPREME COURT OF INDIA

CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) NO. OF 2020

IN THE MATTER OF:-

DOCTORS FOR YOU

.... PETITIONER

VERSUS

UNION OF INDIA & ORS.

.... RESPONDENTS

WITH

I.A. NO. OF 2020 - Application for exemption from filing unattested affidavit

PAPER BOOK

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ADVOCATE FOR PETITIONER: MR ABHISHEK SINGH

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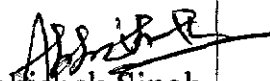
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PROFORMA FOR FIRST LISTING		
The case pertains to (Please tick/check the correct box)		
	Central Act: (Title)	Constitution of India
	Section:	Article 32
	Central Rule: (Title)	N/A
	Rule No. (S)	N/A
	State Act: (Title)	N/A
	Section:	N/A
	State Rule: (Title)	N/A
	Rule No (S)	N/A
	Impugned interim order: (Date)	N/A
	Impugned final order/decreed: (Date)	N/A
	High Court: (Name)	N/A
	Names of judges:	N/A
	Tribunal/Authority (name)	N/A
1.	Nature of matter	Civil
2.	Petitioner/appellant no.1:	Doctors for You
(a)	E-mail ID:	N/A
(b)	Mobile phone number:	N.A.
3.	Respondent no. 1:	Union of India & Ors.
(a)	E mail ID:	N/A
(b)	Mobile Phone number	N/A
4.	Main category classification	18
(a)	Sub classification:	1807
5.	Note to be listed before	N/A
6(a)	Similar disposal of matters with citation, if any, & case details:	No similar dispose matter
(b)	Similar pending matter with a case details, no similar pending	No similar matter is pending

A-1

7.	Criminal matters	N/A
(a)	The accused/victim has surrendered	N/A
(b)	F.I.R. No.	N/A
(c)	Police Station:	N/A
(d)	Sentence awarded:	N/A
(e)	Period of sentence undergone including period of Detention/Custody	N/A
8.	Land acquisition matters:	N/A
(a)	Date of Section notification	N/A
(b)	Date of Section 6 notification	N/A
(c)	Date of Section 17 notification	N/A
9.	Tax matters: State the tax effect:	N/A
10.	Special category (First petitioner/appellant only)	N/A
	Senior citizen SC/ST/Woman/ Child Disable Legal	
	Aid case in custody	N/A
11.	Vehicle number (in case of Motor Accident claim matters):	N/A
NEW DELHI DATE: 02.06.2020		 Abhishek Singh Advocate for the Petitioner office.abhisheksingh@gmail.com

SYNOPSIS

The present Writ Petition has been preferred by the Petitioner before this Hon'ble court for seeking the issuance of an appropriate writ directing the Union of India to make a representation to the People's Republic of China and WHO to make available all the relevant information related to the novel Corona Virus.

After the epidemic of 1918 in which the entire globe lost 1% of its population- another epidemic now declared pandemic by WHO widely known as Corona Virus is hitting the entire globe and besides being lethal it has brought the world economy on its knees. India has a population of over 136 crores and is currently undergoing a total lockdown to purchase necessary time period for facing the challenges of the pandemic. However, solution is nowhere in sight and if the virus and its mutations follow the patrons of Europe and USA the life and the livelihood of a sizable population of India is under extreme threat.

Whereas initially it was being claimed by American, Briton and Indian companies that an effective vaccine for this virus would be commercially available in a year or so, it is now being said that there is a good chance that no effective vaccine is going to be developed in the near future and the

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world population would have to learn to live with the virus. It is estimated that almost about 70% of population would be affected over a period of time. This virus is extremely dangerous for the elderly and also citizens whose immune systems have been compromised because of underlying diseases. In India most of the elderly stay with families and not in old age homes. A asymptomatic person carrying Corona Virus would infect the elderly with lethal effect.

It is necessary to study the Ground Zero (Place from where virus originated) for development of a vaccine by Indian Medical Scientists. This knowledge is necessary to develop an effective vaccine for Corona Virus including its various mutations. It is also necessary to study as to how the virus jumped species and affected human population. The study of ground zero is also imperative to understand the cause of the spread of the virus and develop effective ways to prevent the spread of similar diseases in the future.

Allegations and counter allegations at International level are being made. As per USA, Europe and Australia- China withheld the factum of infected cases from virus from the World. Similarly charges are being made against the impartiality and integrity of WHO on two grounds. Firstly, WHO did not react in response to information provided by Taiwan, officially known as

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Republic of China (ROC) and Secondly, by giving clean chit to China for political reasons. USA feels so strongly about misconduct or wilful inaction of WHO that it has temporarily stopped its monetary contribution to WHO. Mr. Luc Montagnier, a French Scientist who won the Nobel Prize for discovering the HIV virus, stated that the virus has been leaked from the Wuhan Institute of Virology where a research on the development of a vaccine for HIV was underway. The rumours also claim that the virus leaked while preparing a biochemical weapon to be used in case of conflict.

On the other hand, China denies these allegations and rumours and states that perhaps virus has been introduced in China by the American Army giving all the more reason to know the origin of virus as to whether it originated from ground zero or was transmitted from fish to human, bat to human or human to human. This is very vital for making appropriate vaccine.

It is also interesting that in China, the Corona Virus has hit only one city and has not impacted any other city despite Wuhan being the travel hub of China readily connected by road, rail and air to the other parts of China. As a result, the manufacturing hub of the world is manufacturing ceaselessly. The Chinese government was strongly pressuring countries to lift or forestall

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travel restrictions. Before locking down Chinese authorities allowed 5 million people to leave the city of Wuhan, out of which most people were bound to travel to International destination. By the time WHO finally declared the virus as pandemic on 11.03.2020, it had killed more than 4,000 people and infected more than 1,00,000 people in at least 114 countries around the world

In this environment of allegations and counter allegations, India for its own survival and protection of both life and livelihood needs to know the ground facts with regard to the origin of the virus from the Ground Zero and how it jumped to human population to do research and come out with an effective vaccine. At present not only there is no vaccine, there is no treatment available for managing patients of Corona Virus. The preventive measures of washing hands, wearing masks and maintaining social distancing would be of no help if the Corona Virus enters in the Stage III and Stage IV of community spread. This means that persons can get infected without knowing the source of infection.

India may be for good reason has not taken a stand on this issue but it has also not obtained the relevant information. China has said that it will subjugate itself to any inquiry headed by WHO after virus is contained. This

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is a claim in uncertain future and by a body whose own integrity has been alleged to have been compromised. Therefore, relevant information may not be available to India in the near future. It is pertinent to note that the White House through its letter addressed to the Director General of World Health Organisation has downrightly expressed its strong opinions on the lack of independence of WHO from the Peoples Republic of China on the continuance of which it has pledged to permanently freeze funds to WHO and has gone to the extent of reconsidering its membership in the organisation. The President of The United States Mr. Donald Trump has placed his trust on the impartial, independent and comprehensive review as proposed by the World Health Assembly in the Covid 19 resolution passed by it on 19th of May. However the resolution suffers from the aperture of providing information of place and time of the probe. There is no mention of Peoples Republic of China in the draft resolution which simply aims to trace the zoonotic sources of virus at the earliest appropriate moment. Considering that China had earlier too destroyed initial samples of the virus stating bio safety reasons leaving an open interpretation to the phrase 'earliest appropriate moment' can seriously affect the goal of tracing the origins of the virus.

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Human species has been confronted with this pandemic which if not checked can be a reason of extinction of entire human race. We already have heard about possibility of 2nd wave hitting China, Singapore & South Korea.

It is in this background that this writ petition is being filed urging the upon Indian Government to make a representation to the People's Republic of China and the WHO seeking relevant information with regard to origin of Corona Virus at Ground Zero, various matrixes of reproduction rate of virus, its various mutations. Getting this vital information is not a question of delicate diplomatic nuances but a question of life and death. The Government of India is constitutionally bound to coordinate with the international organizations and foreign countries for effective implementation of the Section-35(2)(g) of Disaster Management Act and also to preserve Article 21 in letter and spirit and to act in accordance with the Directive Principles of State Policy.

The whole purpose of this petition is not to indulge or to encourage blame game but to work with the world community and WHO for finding an effective solution to this pandemic.

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LIST OF DATES

- 10.12.1948 The Universal Declaration of Human Rights is adopted by the United Nations to elaborate the declared purpose of UN charter to promote social progress and well-being.
- 27.03.2001 China ratifies the International Covenant on Civil and Political Rights aimed at committing to its parties to respect the civil and political rights of individuals, including the right to life.
- 15.06.2007 China ratifies International Health Regulations aimed at assisting countries to work together to save lives and livelihoods endangered by the international spread of diseases and other health risks.
- 2016 China ratifies International Health Regulations aimed at assisting countries to work together to save lives and livelihoods endangered by the international spread of diseases and other health risks.
- 01.12. 2019 Patient- zero in Hubei province of China diagnosed with “pneumonia like illness” which was attributed to exposure to sea food market in Wuhan. Gradually

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hospitals in Wuhan witnessed rise in number of cases which resembled Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS).

25.12.2019 Medical Staffs of hospitals in Wuhan detected with similar cases of pneumonia and were quarantined in isolation wards of the hospital.

December Dr. Li Wenliang, the whistleblower, shared information on we chat that seven people from sea food market admitted in his hospital showed symptoms which resembled SARS and MERS diseases which originated in China in 2002-03 and killed more than 700 people. He further warned of the possibility of an explosion of the disease and suggested the staffs to take precautionary measures.

31.12.2020 Wuhan Municipal Health Corporation reported cluster of pneumonia like cases in Hubei province however the possibility of human to human transmission was ruled out.

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- 03.01.2020 Dr.Li was discredited and held responsible for spreading rumors and misleading public. Summons was issued and he was made to sign a statement admitting to his misdemeanor and abstaining from further practice of the same. The doctor recently passed away after succumbing to the disease.
- 04.01.2020 WHO reported a cluster of pneumonia cases on social media with no deaths in Wuhan, Hubei province.
- January Wuhan Municipal Health Commission in another set of statement ruled out the possibility of recurrence of Severe Acute Respiratory Syndrome (SARS).
- 06.01.2020 Fifty Nine people in Central Wuhan tested positive with symptoms of Covid-19 as reported by The New York Times.
- 07.01.2020 Disapproving their earlier findings officials of Wuhan Health Commission identified Novel Corona Virus belonging to Corona Virus family which includes SARS and common cold. The Chinese Center for Disease Control and Prevention issued a Level 1 Travel watch

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advising travelers to Wuhan to avoid contact with living or dead animals, animal markets, and sick people.

- 08.01.2020 Identifying the virus and drawing it back to the Corona Virus family the Chinese Authority still expressed lack of enough evidence to establish human-to-human transfer.
- 11.01.2020 A Q&A sheet emphasized that most pneumonia like cases traced back to exposure to South China seafood market. It reiterated the lack of enough evidence to confirm human-to-human transfer.
- 12.01.2020 China publicly shared the genetic sequence of COVID-19.
- 13.01.2020 Officials confirm first positive case of 65 year-old woman in Thailand, the first case outside China. The woman had earlier visited Wuhan but denied any visit to the Wuhan Seafood Market.
- 14.01.2020 WHO's technical lead for the response stated a possibility of human to human transmission in the confirmed cases through family members and stated the risk of a wider outbreak.

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- 18.01.2020 In spite of the growing number of cases the Government allowed over fifty thousand people to gather and share home cooked food in Lunar New Year Banquet.
- 20.01.2020 WHO experts from its China and Western Pacific regional offices conducted brief field visit to Wuhan.
- 22.01.2020 WHO mission to China issued a statement stating evidence for establishing human-to-human transmission in Wuhan but more information to supplement the same was required.
- 23.01.2020 Emergency Committee under International Health Regulations (2005) convened to assess whether the outbreak constituted public health emergency of international concern.
- 30.01.2020 The WHO Director General on advice of the Emergency Committee convened under IHR declared the Novel Corona Virus as a Public Health Emergency of International Concern (PHEIC). WHO situational report reported very high assessment of risk for China with seven thousand plus cases in China and high global risk

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with eighty two cases in eighteen countries outside China.

- 14.02.2020 After constant requests from the WHO, China finally gave information to WHO relating to the spread of disease in health care workers.
- 16-24.02.2020 WHO-China joint mission conducted and scientist from other countries including USA, Canada, and Russia visited Beijing and Wuhan to conduct research related to the Corona Virus. Only a limited number of countries taking part in the probe and most of the scientists were from China and the even a smaller team scientists was allowed to visit Wuhan. The report of the mission was prepared by Chinese Scientists.
- 11.03.2020 WHO assessed Covid-19 as a Pandemic.
- 13.03.2020 First death in India due to Covid-19 of a 76 year old man from Karnataka.
- 22.03.2020 Janta Curfew imposed for 14 hours by the Hon'ble Indian PM Shri Narendra Modi which shall be followed by enforcement of further regulations in Covid-19 affected

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areas.

- 24.03.2020 The Indian PM announces National Lockdown sealing all its borders and prohibiting travel. The country has been in a lockdown since then. Due to the Lockdown, a necessary step to curb the spread of virus, the people are facing huge problems. The daily wage workers, not able to earn their daily wages, are struggling to get a meal a day. The country's economy is in shackles. The novel virus has brought unprecedented problems with it.
- 25.03.2020 China blocks proposal at UNSC for discussion over full transparency over Covid-19.
- 14.04.2020 Wuhan wet markets reopen.
- 18.05.2020 Resolution titled 'Covid-19' moved in the World Health Assembly.
- 18.05.2020 American President Mr. Donald Trump writes a letter addressed to the Director General of World Health Assembly addressing its failed response to control spread of Covid 19 and its lack of independence from China.

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- 19.05.2020 The World Health Assembly adopts The Covid 19 response resolution with an aim to detect the zoonotic source of Virus at the earliest possible moment. The resolution finds no particular mention of the Peoples Republic of China or a stipulated date for the probe.
- 27.05.2020 Death toll rises to 4,337 in India leaving all states severely affected.
- 02.06.2020 Hence the present Petition.

IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) NO. _____ OF 2020

(PUBLIC INTEREST LITIGATION)

IN THE MATTER OF:

DOCTORS FOR YOU
THR. PRESIDENT
FLAT NO - 101/102,
BUILDING NUMBER - 31
NATWAR PARIKH COMPOUND, NEAR INDIA OIL
NAGAR, GOVANDI
MUMBAI-400043
MAHARASHTRA, INDIA

Also at:

At 313B, Gali No.3, Jain Nagar,
Rohini, Sec-38, Delhi-11086.

... PETITIONER

VERSUS

1. UNION OF INDIA
THROUGH THE HOME SECRETARY,
CABINET SECRETARIAT,
RASHTRAPATI BHAWAN
NEW DELHI - 110004
...RESPONDENT NO. 1

2. MINISTRY OF HEALTH AND FAMILY WELFARE
THR. SECRETARY
NIRMAN BHAWAN
CHANAKYA PURI
NEW DELHI - 110011
...RESPONDENT NO. 2

3. MINISTRY OF EXTERNAL AFFAIRS
THR SECRETARY
E BLOCK, CENTRAL SECRETARIAT,
NEW DELHI, DELHI 110001
...RESPONDENT NO.3

4. NATIONAL DISASTER MANAGEMENT AUTHORITY
THR. SECRETARY
NDMA BHAWAN A-1, SAFDARJUNG ENCLAVE
NEW DELHI – 110029 ...RESPONDENT NO. 4

AND

IN THE MATTER OF:

**A WRIT PETITION UNDER ARTICLE 32 OF THE
CONSTITUTION OF INDIA IN THE NATURE OF PUBLIC
INTEREST LITIGATION FOR THE ISSUANCE OF A WRIT
IN THE NATURE OF MANDAMUS OR ANY OTHER
APPROPRIATE WRIT OR ORDER DIRECTING THE
RESPONDENT TO MAKE A REPRESENTATION TO THE
PEOPLE'S REPUBLIC OF CHINA AND WORLD HEALTH
ORGANIZATION THROUGH DIPLOMATIC CHANNELS TO
PROVIDE AND SHARE RELEVANT AND ACCURATE
INFORMATION RELATED TO THE NOVEL CORONA
VIRUS SO THAT RESPONDENT CAN COMBAT CORONA
VIRUS EFFECTIVELY AND EFFICIENTLY PROTECTING
THE RIGHTS OF CITIZENS UNDER ARTICLE 21.**

To,

THE HON'BLE CHIEF JUSTICE OF INDIA AND HIS
COMPANION JUDGES OF HON'BLE SUPREME COURT OF INDIA.

THE HUMBLE PETITION OF THE
PETITIONER ABOVE NAMED

MOST RESPECTFULLY SHEWETH:-

1. That the Petitioner above-named has preferred the instant Public Interest Litigation vide a Civil Writ Petition seeking an appropriate order or direction from this Hon'ble Court directing the Respondents to make a representation to the People's Republic of China and WHO requesting it to provide and share all the relevant information relating to Covid-19 including the epidemiology and the evolution of the outbreak, the clinical features associated with the infection, treatment given to the infected persons, full data on all cases including genome sequence and share any other information related to risk management measures it had taken to curb the spread of the virus, technology related to the rapid testing kits, ongoing research and scientific developments in relation to this infectious disease. Further to share with India and the world at large statistics and general indicators

which led the Chinese Government to reopen the Wuhan wet market and the measures taken by it to curb the spread of virus beyond the borders of the central city of Wuhan which was the epicenter of the virus for about 3 months and any other information that may be relevant to help India curb the rapid spread of the disease and be in preparedness for potential importation of cases.

2. That the Petitioner is an organization by name "DOCTORS FOR YOU (Hereinafter to be referred as "DFY") which is a registered society, having registration no. F- 56886 (Mum) registered under the Societies Registration Act 1860 and represented through its President Dr. Rajat Jain who is a medical practitioner. The e-mail ID Rajat Jain rajat.jain@doctorsforyou.org, Adhaar No.962740605613 and PAN Card No.AHWPJ8936B of Dr Rajat Jain are as just mentioned. The annual income of the Authorised Representative is Rs.30,00,000/-.

DFY is a Pan-India humanitarian organization with international presence and is working in various disasters hit zones. Over the past 12 years, DFY has established itself as an organization with technical capacity to respond to different types of humanitarian crisis be it

natural or man-made disasters. Organization has responded to almost all major disasters in India starting from Koshi floods in Bihar 2008 to recent Corona Pandemic. Organization is also working in South Asian Association for Regional Corporation (SAARC) region and was one of the leading organisation who responded to Nepal Earthquake in 2015. Currently DFY is working across 16 states in India on Public Health System Strengthening, Training and Capacity Building Programmes, Disaster Risk Reduction activities etc. Organization has recently started a National Level warehouse exclusively for Disaster relief and Response across India situated at Patna, Bihar. During disasters our major focus is to address the Medical and Public health needs of the affected population which includes provision of medical services; working on Sexual and Reproductive Health; Maternal, Infant and Child Health; IYCF in Emergency; WATSAN Services; Nutritional Health; and Training Capacity Building. Some previous disaster response includes: Koshi floods 2008 including 2017 and 2019 floods in Bihar; BTAD Violence 2012 and 2014; Uttarakhand Floods, Uttarakhand, 2013 (with UNICEF); Kashmir Floods, Jammu and Kashmir, 2014 (with UNICEF); Nepal Earthquake, Nepal, 2015;

Chennai floods, Tamil Nadu, 2015; Kerala Floods 2018 (with UNICEF); Muzaffarpur AES Outbreak, Bihar, 2019; Cyclone Fani, Odisha, 2019; Sangli Floods, Maharashtra, 2019; Patna Floods, 2019, Bihar (with UNICEF); and Recurrent Floods in Assam since 2013. Currently DFY is responding to ongoing Covid-19 pandemic across various states of India in various roles and capacities along with state governments and engagement with communities in rural and urban areas. DFY is working on WHO recommended “Trace, Test & Treat strategy” including Health System Strengthening to respond this crisis in India.

For its contribution of humanitarian work the organization has received several awards which includes The SAARC Countries Award (2009), The British Medical Journal Group Award for Best Medical Team in Crisis Zone Category (2011), Golden Ruby Award (2015) and recognition from governments in India and abroad.

3. The present petition has been filed in public interest seeking a direction for the Respondents to use the diplomatic channel as mandated under Section- 35(2)(g) of the Disaster Management Act,

2005 read along with to obtain information from Chinese government in order to enable India to be better prepared for the current crisis.

4. It is submitted that there is no civil, criminal or revenue litigation involving the Petitioner organization which has or could have any legal nexus with the issue involved herein. It is further submitted that the Petitioner organization is acting bonafidely for the welfare and benefit of the society at a large in filing the present PIL before this Hon'ble Court. The Petitioner organization has no vested personal interest in the subject-matter of the petition. This PIL has been filed with no ulterior or malafide motive other than public interest.

The motivation for filing this petition is governed by the quest to have relevant information to discover effective vaccine against the Covid-19 as soon as possible.

5. **BRIEF FACTS OF THE CASE**

The facts and circumstances leading to the filing of the present Writ Petition are as under:

- 5.1 That on 01.12.2019 first few patients identified with symptoms of “pneumonia like illness” who allegedly had exposure to Wuhan market in China. The patients were quarantined in the hospital isolation wards.
- 5.2 That gradually, hospitals in the Wuhan witnessed an exponential increase in the number of these cases complaining of symptoms of “pneumonia like illness”. On 25.12.2019, Chinese medical staff in two hospitals in Wuhan was suspected of similar disease and were quarantined.
- 5.3 On 31.12.2019, the Wuhan Municipal Health Commission declared that their investigation has not found any obvious human-to-human transmission and no medical staff infection has been found in their investigation.
- 5.4 That on 05.01.2020, based on the information provided by the Chinese National Authorities, WHO did not recommend any specific measures for travelers and advised against the application of any travel or trade restrictions on China. This led to many travelers, travelling to and from China becoming oblivious carriers of the virus.

Copy of the Report of WHO dated 05.01.2020 titled 'Pneumonia of unknown cause- China' as available on the official website of WHO is marked and annexed as **ANNEXURE P-1 [Pg. 63-66]**.

- 5.5 That on 07.01.2020, the Chinese officials announced that they had identified a new virus, going against their earlier findings. The Novel Corona Virus was named 2019-nCoV and was identified as belonging to the Corona Virus family, which includes SARS and the common cold. The Wuhan labs had sequenced the Corona Virus in late December 2019, however; the Chinese authorities did not allow the Wuhan labs from disclosing the sequence of the novel Corona Virus. Despite experience with SARS, MERS and other respiratory pathogens, which are transmitted from human to human, the Chinese National authority did not raise an alarm against the novel Corona Virus and kept on insisting that there was no real threat from the virus. Moreover, on the basis of the limited information given by the Chinese Authorities, the WHO was compelled to not advise travel restrictions to China.

Copy of the article published in National Review dated 17.03.2020 titled 'Chinese Authorities gagged laboratories in December over Corona Virus-SARS connection' is marked and annexed as **ANNEXURE P-2 [Pg. 67-68]**.

- 5.6 That on 11.01.2020, the Wuhan City Health Commission released Q&A sheet emphasizing that most of the unexplained viral pneumonia cases in Wuhan have a history of exposure to the South China seafood market and "no clear evidence of human-to-human transmission has been found."
- 5.7 That on 12.01.2020, the Chinese National Authorities shared the genetic sequence of the novel virus with WHO.

Copy of the News release by WHO dated 12.01.2020 titled 'Novel Corona Virus- China' as available on its website is marked and annexed as **ANNEXURE P-3 [Pg. 69-73]**.

- 5.8 That on 13.01.2020, the first case of Novel Corona Virus was reported outside China involving a 61-year-old Chinese woman in Thailand, who had visited Wuhan earlier. However, Thailand's Ministry of Public Health, said the woman had not visited the Wuhan seafood

market.

Copy of the News release by WHO dated 13.01.2020 titled 'WHO statement on novel Corona Virus in Thailand' as available on the official website of WHO is marked and annexed as **ANNEXURE P-4 [Pg. 74-75]**.

- 5.9 That later, The Wuhan Municipal Health Commission, in a statement said that the possibility of "limited human-to-human transmission" cannot be ruled out.
- 5.10 That on 19.01.2020, the Chinese National Health Commission declared the virus "still preventable and controllable". On the next day, it confirmed "human-to-human transmission" of the novel Corona Virus. The Chinese government was strongly pressuring countries to lift or forestall travel restrictions. Before locking down Chinese authorities allowed 5 million people to leave the city of Wuhan, out of which most people were bound to travel to International destination and by the time WHO finally declared the virus as pandemic on 11.03.2020, it had killed more than 4,000 people and infected more than 1,00,000 people in at least 114 countries

around the world.

- 5.11 That on 20.01.2020 & 21.01.2020, a WHO delegation conducted a field visit to Wuhan to learn about the response to 2019 novel Corona Virus and on the basis of the data collected, the delegation suggested that human-to-human transmission is taking place in Wuhan.

Copy of the Statement given by the WHO dated 22.01.2020 titled 'Mission Summary: WHO Field Visit to Wuhan, China 20-21 January 2020' as available on the official website of WHO is marked and annexed as **ANNEXURE P-5 [Pg.76-79]**.

- 5.12 That on 22.01.2020 & 23.01.2020, the WHO Director-General convened an Emergency Committee under the International Health Regulations, 2005 (hereinafter referred to as IHR) to assess whether the outbreak constituted a 'Public Health Emergency of International Concern'. The WHO did not declare a 'Public Health Emergency of International Concern' despite evidence that 'human-human transfer' was not ruled out and a reported case outside China. Moreover, the WHO still advised against any travel restrictions on China.

Copy of the Statement given by the WHO dated 23.01.2020 titled 'Statement on the meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel Corona Virus (2019-nCoV)' as available on the official website of WHO is marked and annexed as **ANNEXURE P-6 [Pg. 80-87]**.

- 5.13 That it was only on 23.01.2020, nearly two months after the first case of the virus was reported, Chinese authorities announced their 'first steps for quarantine of Wuhan.' By this time, a significant number of Chinese citizens had travelled abroad as asymptomatic carriers of the novel Corona Virus and had spread the virus worldwide.
- 5.14 That on 30.01.2020, the WHO Director-General reconvened the Emergency Committee which advised the Director-General that the outbreak constituted a 'Public Health Emergency of International Concern'. The Director-General accepted the recommendation and declared the novel Corona Virus outbreak (2019-nCoV) as a 'Public Health Emergency of International Concern'. WHO gave a risk assessment of very high for China and high at the global level.

Copy of the Statement given by the WHO dated 30.01.2020 titled 'Statement on the meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel Corona Virus (2019-nCoV)' as available on the official website of WHO is marked and annexed as **ANNEXURE P-7 [Pg. 88-99]**.

5.15 That from 16.02.2020 to 24.02.2020, the WHO conducted a joint mission in China, with experts from Canada, Germany, Japan, Nigeria, Republic of Korea, Russia, Singapore and the US. The overall goal of the Joint Mission was to rapidly inform national (China) and international planning on next steps in the response to the ongoing outbreak of Covid-19. That the scientists were included from various countries including USA, Canada, Russia but most of the team consisted of Chinese scientists. That only a small team of scientist was allowed to visit Wuhan. That it is pertinent to note that the probe report was drawn up by the officials of China and the representatives of WHO had a very little say.

5.16 That on 11.03.2020, WHO declared Covid-19 as a pandemic. As of 27.05.2020, the novel Corona Virus has affected over 5.59 million people causing 3,50,000 reported deaths worldwide. India has

1,52,000 confirmed cases and 4,337 deaths caused by the Corona Virus. The countries like USA, Europe & Australia have alleged that despite evidence and warnings from health professionals, the Chinese government did not sufficiently contain and curb the travel of infected persons from further contaminating the world.

5.17 That India is faced with an unprecedented situation due to the global breakout of the COVID 19 and invoked the Disaster Management Act, 2005. Under these circumstances, the entire country has been kept in lockdown, and the citizenry have been forced to keep indoors. The Country has been in a nationwide lockdown since 24.03.2020, which has been causing huge loss to the country's economy as well as pushing the poor deep in poverty.

Human species has been confronted with this pandemic which if not checked can be a reason of extinction of entire human race. We already have heard about possibility of 2nd wave hitting China, Singapore & South Korea.

INTERNATIONAL CRITICISM / ALLEGATIONS

5.18 That in March 2020, China successfully blocked discussions on Corona Virus at United Nations Security Council, as it held the Presidency of the Security Council for the month of March. Estonia prepared a draft proposal for discussion in the United Nations Security regarding “growing concern about the unprecedented extent of the COVID-19 outbreak in the world, which may constitute a threat to international peace and security.” The draft called for full transparency over the outbreak, referring to the fact that China has been hiding vital information on the outbreak. With the help of other Nations, China was successfully able to block any discussion on the Corona Virus outbreak, even when the disease has been declared a pandemic by WHO and had spread in 196 countries by March 2020.

Copy of the article published in The Hindu Business Line dated 27.03.2020 titled ‘China rejects Estonia’s proposal to hold UNSC meeting to discuss Corona Virus’ is marked and annexed as **ANNEXURE P-8 [Pg. 100-101]**.

5.19 That Luc Montagnier, French Nobel prize-winning scientist has claimed and affirmed that the novel Corona Virus may have been accidentally leaked by an intern at the Wuhan Institute of Virology. He has claimed that the Chinese lab had been trying to develop a vaccine for HIV and in the process the virus was leaked.

Copy of the newspaper article titled “Corona Virus Originated in Wuhan Laboratory: French Nobel Prize-winning Scientist” dated 23.05.2020 has been marked and annexed as **ANNEXURE P-9 [Pg. 102-105]**.

5.20 That Taiwan has blamed the WHO for not giving a warning to the world despite it alerting the WHO about human to human transmission. It says that it had alerted the WHO about the virus but its concerns were not pressed on the other countries. IHR internal website provides a platform for countries for sharing information, however; information shared by Taiwan was not shared, alleges Taiwan. Health officials of Taiwan have claimed that they alerted the WHO at the end of December about the risk of human-to-human transmission of the new virus but WHO did not share its concerns with other countries. Human to human transmission was confirmed by

WHO only in January 2020.

Copy of the news report of Taiwan Officials in Financial Times has been marked and attached as **ANNEXURE P-10 [Pg. 106-110]**.

5.21 That the United States Department of Home Security in its report has stated that China had deliberately downplayed the severity of the novel Corona Virus. During the month of January 2020, when the Chinese Authorities had stated that there was no serious threat from the novel Corona Virus and there was no evidence to human to human transmission, the Chinese Government was hoarding Medical supplies. As per the Report, China deliberately held crucial information from WHO for much of January so that it could order medical supplies from abroad. During January 2020, there was a sharp decrease in export of medical supplies from China and its import of face masks and gloves increased. China did not disclose the severity of the disease and concealed crucial information, while hoarding medical supplies.

Copy of the article published in AP titled 'DHS Report: China hid virus' severity to hoard supplies dated 04.05.2020 is marked and

annexed as **ANNEXURE P-11 [Pg. 111-116]**.

- 5.22 That the Australian Government has emerged as a vocal critic of the China. The Australian Government has raised the issue of non-disclosure of the crucial information with the Chinese Authorities. Australia has called for an independent inquiry into the origins and spread of the virus. The Australian Prime minister, Scott Morrison, has called on the member Parties of the World Health Organization to support Australia's call for an independent inquiry into the origins and spread of the Corona Virus.

Copy of the article published in the Guardian titled 'Australia called 'gum stuck to China's shoe' by state media in Corona Virus investigation stoush' dated 28.04.2020 is marked and annexed as **ANNEXURE P-12 [Pg.117-121]**.

- 5.23 That the Chancellor of Germany Angela Merkel has called out to China to be more transparent. The German Chancellor has stated:

"You cannot blame China if the virus originated in that country or jumped species from bat to human in that country, but you can certainly blame it for holding back that information for a

few weeks, which might have made the world of a difference in controlling the pandemic at an early stage”

Copy of the article titled ‘German Chancellor Angela Merkel urges China to be more transparent about the origin of Corona Virus’ in The Hindu dated 21.04.2020 has been marked and attached as **ANNEXURE P-13 [Pg. 122-123]**.

5.24 The Chinese Government is under international obligation to share relevant and accurate information related to the novel Corona Virus, including its epidemiology, evolution, genetic make-up, source from which the virus started spreading, precautionary and preventive measures taken by the Chinese Government, research, concluded as well as ongoing, and any other relevant information which may help in the containment of the virus and development of antidote against the virus. The Chinese government alleges that the virus has been introduced by the US military in China giving all the more reason to know the origin of virus as to whether it originated from ground zero or was transmitted from fish to human, bat to human or human to human. This is very vital for making appropriate vaccine.

5.25 That on 10.12.1948 The United Nations General Assembly (resolution 217A) passed The Universal Declaration of Human Rights (UDHR). The UDHR sets out that fundamental human rights are to be universally protected. Article 25 of the UDHR recognized the right to a standard of living adequate for the health and well-being. The Member States of the United Nations reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person. It obligates the State Parties to ensure that it does not, directly or indirectly, interfere with the right of health of the people.

The people of India has the fundamental right to health, thus, obligating China to supply the necessary details to India for the purposes of research and development of a cure to save and secure the health of the population.

Copy of the relevant Article of UDHR is marked and annexed as **ANNEXURE P-14 [Pg. 124-126]**.

5.26 That on 16.12.1966 the International Covenant on Economic, Social and Cultural Rights (ICESCR), a multilateral treaty, was adopted by the United Nations General Assembly through GA Resolution 2200A

(XXI), and it came into force on January 3, 1976. The People's Republic of China ratified it on 27.03.2001. Article 12 (2)(c) of the Covenant places responsibility on the member states to work towards prevention, treatment, control of epidemic so that full realization of the enjoyment of highest level of physical and mental health can be delivered to the people. That China is obligated under Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR) which gives the right to everyone for the enjoyment of the highest attainable standard of physical and mental health and it further obligates the States Parties to take steps to achieve the full realization of this right.

Copy of the relevant Article of ICESR is marked and annexed as **ANNEXURE P-15 [Pg. 127-128]**.

5.27 That the USA, UK and Australian government has alleged that the Chinese Government, by not issuing prompt health warnings regarding the potential outbreak of the COVID-19 despite clear evidence and facts, and by hiding information of the same from the general public and the world community is responsible for the global outbreak of the novel Corona Virus. The further allegations by these

countries is that the Chinese Government has failed to address the origin, prevention, treatment and control of Covid-19 within its territory and its failure has spread the disease worldwide. Further, the delayed intimation by the Chinese Government to alert the authorities concerned, to enable them to handle the pandemic properly and deliberately misleading the World with false statistics and reserved disclosure relating to the deadly Covid-19 virus makes China guilty of immorality. The aforesaid countries have further stated on various platforms that the WHO too is hand in glove with China and is equally responsible for withholding crucial information and delayed intimation to the world community. Taiwan has blamed the WHO for not giving a warning to the world despite it alerting the WHO about human to human transmission, claiming that it had alerted the WHO about the virus in December 2019 but its concerns were not pressed on the other countries.

- 5.29 That the Vienna Convention on the Law of treaties adopted on 22.05.1969 lays down principles for state practice concerning treaties. Art 18 of the states that a state is obligated not to defeat the purpose of a treaty prior to its entry in force. The countries like USA, UK and

Australia have alleged that China by providing false statistics to WHO has undermined the purpose of Constitution of World Health Organisation which aims at attainment by all peoples of the highest possible level of health.

Copy of the relevant Article of the Vienna Convention on the law of Treaties has been marked and annexed as **ANNEXURE P-16 [Pg. 129]**.

- 5.30 That the WHO states that even after repeated reminders by them, the Chinese Government did not provide specific statistics on the health care workers, which is crucial to understand transmission patterns and help in developing strategy to contain the virus within state borders. The Chinese government provided a partial information about the novel Corona Virus after more than two months had passed since its outbreak in the city of Wuhan, when the virus had under its grip more than 2000 people and killed about 50. The Government in early weeks of January kept denying assistance offered from WHO for epidemic investigations and ceased to put any restrictions to and from Wuhan. The absence of a travel ban made all passengers to and from Wuhan

potential carriers which made the spread of the virus rapid. The WHO alleges that the delay of the medical fraternity of China to confirm human-to-human transmission led to delayed declaration of a Public Health Emergency of International Concern (PHEIC) by the WHO. Moreover, China blocking discussions at UNSC aimed at full transparency over the pandemic solidifies the allegations of various countries suspecting concealment of vital information. What adds to the suspicion of the potential cure lying with China is the containment of the virus only to the city of Wuhan and the reopening of the wet markets of Wuhan, shortly after first death due to Covid-19 in India, which was labeled as the source of the virus thus pointing to the fact that China has found a way to limit the toll of deaths.

- 5.31 That the Responsibility of the States for Internationally Wrongful Acts, 2001 (RSIWA) places responsible State under an obligation to make full reparation for the injury caused by the internationally wrongful act. Article 2 of the said act describe breach of International obligation as wrongful act.

Copy of the relevant Articles of Responsibility of the States for Internationally Wrongful Acts, 2001 is marked and annexed as **ANNEXURE P-17 [Pg. 130-131]**.

5.32 Thus, the Australian Government has called for an independent inquiry into the state of Wuhan for dissemination of information on the source of Covid-19. This becomes vital considering the fact that China has been alleged of being aware of the contagious nature of the diseases and that it had started hoarding medical supplies from the month of January. According to a report of the US Department of Home Security China was hoarding medical supplies during January 2020. The US Secretary to State in his recent media briefing mentioned that China has sharply dropped its export of medical supplies and had falsely pictured the danger radar low to hoard enough supplies.

5.33 That the International Health Regulations, 2005 (IHR) was incorporated by the WHO for the purpose “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to

public health risks, and which avoid unnecessary interference with international traffic and trade” it was ratified by China on 15th June 2007. As provided under Chapter III, Paragraph 1 of the IHR, People’s Republic of China has acknowledged the application of the provisions of the IHR within its territories and as per Paragraph 2, The Ministry of Health of the People’s Republic of China is designated as the National IHR Focal Point pursuant to Article 4, Para 1. Further, as per Para 3 of the said Chapter, the Chinese government has, “incorporated the development, enhancement and maintenance of the core-capability building for rapid and effective response to public health hazards and public health emergencies of international concern into its program”. Hence, the People’s Republic of China has admitted to incorporating the provisions of the IHR, being a member state of the WHO. Further under Article 44 of the IHR China is obligated to collaborate with and assist other countries in response to events provided in the regulation.

- 5.34 That the Chinese Government in order to help Indian Medical Scientists in coming up with an Antidote has to supply and share all the relevant information pertaining to the novel Corona Virus

including its genome, evolution, data related to clinical tests, containment measure that had been put in place by the Chinese to prevent the spread of the virus beyond the borders of the central city of Wuhan. The novel Corona Virus has spread to 196 countries of the world but the Chinese authorities were able to contain the virus within the province of Hubei, preventing it from spreading to other parts of its territory. Here, the containment measures taken by China become crucial to enable the world community, particularly India to contain the virus.

- 5.35 China is under a legal and moral obligation under the *International Human Regulations, 2005* and *Guidance for Managing Ethical Issues In Infectious Diseases Management* respectively to share of crucial information in a timely manner. Over the period of time the virus has undergone change due to change in climatic conditions, effect on medicine on it or even in duplicating itself in the process of transmission to other person. An elaborate RNA sequence of all the present mutations in the Wuhan city is required to help predict future hotspot of the disease transmission and surge and further for the development of a cost effective vaccine which is targeting maximum

variants and encountering least resistance.

Copy of the relevant Articles of the International Health Regulations, 2005 has been marked and annexed as **ANNEXURE P-18 [Pg.132-133]**.

5.36 That in 2016, the World Health Organization (WHO) published Guidance for Managing Ethical Issues in Infectious Disease Outbreaks (Guidance). The Guidance arose in the context of the 2013-2016 Ebola virus disease outbreak. The outbreak was declared a public health emergency of international concern (PHEIC) in August 2014. That declaration led to the formation of an Ethics Panel, and later an Ethics Working Group, which was charged with developing ethics guidance on issues and concerns as they arose in the course of the epidemic. The Guidance recognizes the importance of data sharing during an infectious disease outbreak, which can make or break public health efforts. Section 1 and Section 10 of the Guidance puts a moral obligation on the States as well as private individuals to provide all possible assistance during an infectious diseases outbreak and share data rapidly to assist in responding to an outbreak.

Copy of relevant sections of the Guidance for Managing Ethical Issues in Infectious Disease Outbreaks has been marked and annexed as **ANNEXURE P-19 [Pg. 134-148]**.

- 5.37 That China under its constitutional law is obligated to rightfully honour the International treaties it signs and ratifies.

Copy of relevant sections of Constitution of Peoples Republic of China has been marked and annexed as **ANNEXURE P-20 [Pg. 149]**.

- 5.38 That a similar provision is maintained in Article 238 of the Civil Procedure Law of the People's Republic of China, as amended in 1991. In the General Principles of the Civil Law of the People's Republic of China, promulgated in 1986, Chapter 8 on the Application of Law in Civil Relations with Foreign Elements provides in Article 142 that –

“The application of law in civil relations with foreign elements shall be determined by the provisions in this chapter. If any international treaty concluded or acceded to by the People's Republic of China contains provisions differing from those in the civil laws of the People's Republic of China, the provisions

of the international treaty shall apply, unless the provisions are ones on which the People's Republic of China has declared reservations."

Copy of the relevant provisions of the Civil Procedure Law of the Peoples Republic of China has been marked and annexed as **ANNEXURE P-21 [Pg.150]**.

ROLE OF INDIAN GOVERNMENT

5.39 That virus knows no national borders, and the epidemic distinguishes no races. Only with solidarity and by cooperation can the international community prevail over the pandemic and safeguard the common homeland of humanity. Although China has at different intervals shared varied information on the Novel Corona Virus describing its genetic sequence and statistical reporting of the positive cases while these efforts have been recognized and applauded internationally it is pertinent to note that information through these channels lack the transparency of sharing the medical treatment in progress in labs and the scientific researches being undertaken which is important for the Indian Medical Scientists to successfully develop a vaccination for fighting Corona Virus.

5.40 That the Respondent No.1 invoked the Disaster Management Act, 2005 to deal with the current pandemic. The respondents are mandated to coordinate with international bodies and countries in order to find a way to mitigate the disaster. Section 35(1) and 35 (2)(g) state as follows:

*“Section-35: Central Government to take measures (1)
Subject to the provisions of this Act, the Central Government shall take all such measures as it deems necessary or expedient for the purpose of disaster management.*

(2) In particular and without prejudice to the generality of the provisions of sub-section (1), the measures which the Central Government may take under that sub-section include measures with respect to all or any of the following matters, namely:—

“(g) coordination with the United Nations agencies, international organisations and governments of foreign countries for the purposes of this Act;”

That Respondent government is mandated under the Disaster Management Act to coordinate with government of foreign countries for the purposes of mitigating the disaster. Similarly, various countries are using diplomatic channels to pressurize the Chinese Government

to disclose information on the novel Corona Virus, it has been hiding from the world. The information is crucial to help the world community, especially developing countries having limited resources, to develop a cure and prevent the further spread of virus.

- 5.41 That Government of India should take cue from other nations and implement the DM Act, 2005 in its letter and spirit and raise concerns about the virus with the WHO and China. That the situation in India is worsening day by day and cases of Corona Virus are on the spike. That it is crucial Indian scientists receive the crucial information on the Corona Virus in a timely manner so as to save the population and be in preparedness for the future.

PURPOSE FOR REPRESENTATION

- 5.42 That this Infectious disease outbreak produces at least 3 broad classes of tangible objects or data that benefit individuals and communities. First, the treatment of patients produces clinical data that is useful in understanding the pathophysiology of disease, improving diagnosis and management, and improving public health surveillance. Second, collection of samples provides sequence data for humans and viruses,

which are useful in the development of surveillance technologies, diagnostics, and medical interventions. Finally, the use of experimental interventions in outbreaks provides information and tangible products such as vaccines and therapeutics. All this information is crucial for India and the world community at large in order to develop an effective vaccine or cure against the novel Corona Virus. The Chinese Government must provide all the relevant information on the novel Corona Virus in a timely manner.

5.43 That WHO under Article 10(4) of the International Health Regulations is under a duty to share information at its disposal with other states in case of public health risk even when the states fails to cooperate to provide information. Thus, WHO by taking a backseat in alerting the world community at large acted in direct contravention of International Health Regulations which state that the organization may in case of a public health emergency without the consent of the host party pass on vital information at its disposal for prevention of a larger harm. Thus, it is appropriate that a representation be made to WHO by the government of India to clarify its stand.

5.44 The Corona Virus is an oily membrane packed with genetic instructions to make millions of copies of itself. The instructions are encoded in 30,000 “letters” of RNA — a, c, g and u — which the infected cell reads and translates into many kinds of virus proteins. A cell infected by a Corona Virus releases millions of new viruses, all carrying copies of the original genome. As the cell copies that genome, it sometimes makes mistakes, usually just a single wrong letter. These typos are called mutations. As Corona Viruses spread from person to person, they randomly accumulate more mutations. The virus also mutates in order to adapt to and survive in different situations. It mutates when medicines try to control it. The parts of the genome that have accumulated many mutations are more flexible. They can tolerate changes to their genetic sequence without causing harm to the virus. The parts with few mutations are more brittle. Mutations in those parts may destroy the Corona Virus by causing catastrophic changes to its proteins. Those essential regions may be especially good targets for attacking the virus with antiviral drugs. Hence China must provide information of the pattern of mutations found in its vicinity so that a vaccine can be developed for the

dominant type with it being equally effective to the subtypes. Such receipt of information will help the medical fraternity to develop a vaccine with least probability of resistance to the subtypes of the mutations, targeting maximum variants of the virus with cost effectiveness.

Copy of the article published in the New York Times titled 'How Corona Virus mutates and spreads' dated 30.04.2020 is marked and annexed as **ANNEXURE P-22 [Pg. 151-160]**.

- 5.45 That the 73rd World Health Assembly met on 18th May to pass Resolution A73/CONF./1Rev1 "Covid 19 Response" aiming at a stepwise process of impartial, independent and comprehensive evaluation of the zoonotic source of virus and its route of introduction to human population at the earliest appropriate moment. It is pertinent to note that the resolution makes no mention of the Peoples Republic of China as the place of origin of the virus. Moreover, it lacks a clear definition of the 'earliest appropriate moment' nor does it provide a fixed date of probe.

Copy of the Resolution A73/CONF./1Rev1 "Covid 19 Response" moved in the World Health Assembly on 18th May 2020 is marked and annexed as **ANNEXURE P-23 [Pg. 161-180]**.

- 5.46 That considering past actions by China of destroying initial samples of the virus by pleading bio safety it is essential that a particular date is fixed for the probe and the investigation is not loosely held by the phrase at the earliest appropriate moment. The act of not mentioning of China's name as the source of virus in the resolution pose strong suspicion on the independence of such mission to be carried out.

Copy of the article "China Told Labs to Destroy Coronavirus Samples to Reduce Biosafety Risks" published in the wall street journal is herewith marked and annexed as **ANNEXURE P-24 [Pg. 181-185]**.

- 5.47 That on 18.05.2020 the American President Mr. Donald Trump in a letter sent to Director General of WHO, Dr. Tedros Adhanom Ghebreyesus opinionated his criticism of the failed response of WHO in controlling the spread of the virus. In his letter which was shared later through his twitter account, the White House accused WHO of its lack of independence from the People's Republic of China. He

further accused WHO succumbing to pressure of Chinese President Xi Ping to underplay the severity of the risk and its declaring a world health emergency. The White House has held China responsible for violating the International Health Principles by majorly delaying the reporting of the cases in the city of Wuhan and a further intentional delay in sharing its genome. The American President has called out WHO for portraying a sham of transparency showcased by China to the entire world. The American President has warned the WHO of permanent freezing of contributions to WHO and reconsideration of membership of United States of America in the organization.

Copy of the full text of the letter addressed to Mr Tedros by Mr. Donald Trump dated 18.05.2020 is marked and annexed as **ANNEXURE P-25 [Pg. 186-195]**.

- 5.48 That on 19.05.2020, the 'Covid-19 Response' resolution was adopted by the World Health Assembly calling for intensification of efforts to control the pandemic, and for equitable access to and fair distribution of all essential health technologies and products to combat the virus. It also calls for an independent and comprehensive evaluation of the global response, including, but not limited to, WHO's performance.

Copy of the Official Statement of the Director General of WHO dated 19.05.2020 is marked and annexed as **ANNEXURE P-26 [Pg.196-197]**.

- 5.49 That the timely sharing of the RNA sequencing of the various mutations will help predict the future global hotspots of disease transmission and surge.
- 5.50 The Chinese government must provide information relating to source of the virus and the route of introduction to the human population, including the possible role of intermediate hosts. Further, information on Corona Virus infections in animals and humans and also information related to qualitative and quantitative indicators that countries can use to assess and monitor SARS-CoV-2 transmission at all levels of public health response.

6. **QUESTIONS OF LAW:**

That the petitioner raises the following substantial questions of law for the purpose of appreciation and consideration by this Hon'ble Court:

- 6.1 Whether the Union of India is bound to coordinate with the United Nations agencies, international organisations and governments of foreign countries as mandated under Section-35(2)(g) of Disaster Management Act, 2005 and make all endeavors in order to protect the Right to life and health of the Indian citizen guaranteed by Article 21 of the Constitution of India?
- 6.2 Whether by limiting, withholding and censoring crucial information related to the novel Corona Virus China has interfered with the Right to life of the global citizens, particularly Indian Citizens guaranteed by Article 25 of the UDHR?
- 6.3 Whether the failure of Chinese authorities in raising an alarm to the world despite clear evidence and warnings from the doctors amounts to internationally wrongful act and thus making it internationally liable under the Responsibility of States for Internationally wrongful Acts, 2001?
- 6.4 Whether the concealment of information of outbreak of public health emergency in the vicinity of Wuhan by China is a violation of Article 6 and 7 of the IHR?

- 6.5 Whether by delaying the detection of the human to human transmission and failing to curb travel to and from china resulting in making people oblivious carriers China has violated the Principles laid down in the Corfu Channel case by the ICJ and has also undermined the object of the constitution of the WHO leading to violation of the Vienna Convention on Law of Treaties?
- 6.6 Whether China is obligated under the international law to share all the relevant and accurate information related to the novel Corona Virus to the world community in a timely manner?
- 6.7 Whether China is obligated to collaborate and cooperate with India at bilateral level to develop a cure for the novel Corona Virus and give technical assistance to India in its fight in under Article 44 of the IHR?
- 6.8 Whether the Director General of the World Health Organisation can be held liable under Article 37 of the WHO constitution for being partial while exercising his powers and function?

6.9 WHO runs on the basis of contributions by the member countries. In case any one country refuses to pay, WHO is entitled to suspend services given that Country. In other words, as long as a country keeps paying its contribution WHO cannot suspend its services to that country. Therefore, it is submitted that WHO while protecting China has acted in a manner injurious to other countries. It is appropriate that WHO in response to the representation made by the government of India clarifies its stand?

7. **GROUND:**

A. BECAUSE Right to Life under Article 21 of the Indian Constitution is undoubtedly the most fundamental of all rights. All other rights add quality to the life in question and depend on the pre-existence of life itself for their operation. Right to Life is an umbrella right and has been expanded by this Hon'ble Court to include Right to Health. Right to Health is an integral part of Right to Life. The spread of the deadly virus puts on scales the Right to life guaranteed by the Constitution of India. The Respondents have invoked the Disaster Management Act, 2005 with a view to deal with the present pandemic. The DM Act, 2005 mandates certain measures to be taken

by Central Government for disaster management which postulates coordination with the United Nations agencies, international organisations and governments of foreign countries. Thus, the Respondent government is duty bound to make representation to the People Republic of China and WHO.

- B. BECAUSE the State is duty bound to ensure that every person enjoys the Right to Health guaranteed by Article 21 of the Indian Constitution and must endeavor to ensure that every person continue to enjoy this right which includes making efforts to obtain all the relevant information on the novel Corona Virus through diplomatic channels.

- C. BECAUSE the Chinese government has deliberately hidden and censored information relating to the novel Corona Virus and its COVID-19 strain and silenced the doctors who tried to raise an alarm. It is alleged by countries like UK, USA and Australia that early warnings were given by Doctor Li Wenliang, who was reprimanded by the Chinese authorities and ordered not to report on the virus. Other doctors were also silenced from making any disclosure related

to the novel Corona Virus. Even the labs in Wuhan, Hubei, China were prevented from sharing the sequencing of the virus. This action of deliberately withholding significant information pertaining to the virus has led to this global pandemic outbreak.

- D. BECAUSE by limiting, withholding, censoring and misrepresenting crucial health information China has violated Article 25(1) of the UDHR.

Article 25(1) of the UDHR states the following:

“Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control”.

The UDHR obligates the Chinese Government to protect the right to health and well-being of not only its citizens, but the whole global community. State Parties should refrain from infringing on the Basic Human Rights of people recognized under UDHR.

- E. BECAUSE the act of concealment and failure on timely disclosure of crucial information on the novel Corona Virus China is in direct contravention of the Right to Health provided under Article 25(1) of the UDHR.
- F. BECAUSE the Chinese government, by not issuing prompt health warnings regarding the potential outbreak of the COVID-19 despite clear evidence and hazard looming large, and on hiding information of the same from the general public as well as health authorities within its administration, is responsible for the global outbreak of this pandemic.
- G. BECAUSE by failing to address prevention, treatment and control of epidemic of covid-19 within its territory and to the rest of the world, China has violated Article 2 read with Article 12 of ICESCR.
- H. BECAUSE China is legally liable under the Responsibility of the States for Internationally Wrongful Acts, 2001. Article 2 of the Responsibility of the States for Internationally Wrongful Acts, 2001 defines internationally wrongful act as an act or omission which constitutes as a breach of any international obligation. Article 4 of the

Responsibility of the States for Internationally Wrongful Acts, 2001 speaks about “Conduct of Organs of a State”. Article 14 of the Responsibility of the States for Internationally Wrongful Acts, 2001 provides for “Extension in time of the breach of an international obligation.”

- I. BECAUSE Article 1 of the Responsibility of the States for Internationally Wrongful Acts, 2001 provides that a State is internationally responsible for every internationally wrongful act. China failed to raise an alarm at the relevant time which has led to the spread of the novel Corona Virus worldwide. The Chinese authorities, by covering up information regarding the Novel Corona Virus failed to perform its international obligation. If China had been forthcoming the world would have been in a better place and the Corona Virus would have not taken as many lives as it has. Thus, China is internationally responsible for failure to perform its international obligations.
- J. BECAUSE China has, by its constant censorship and hiding of relevant information from the public as well as the WHO, clearly violated the provisions of Article 6 of IHR, which states that the

public authorities of the State must notify the WHO about the existence of a disease of public and international concern within 24 hours of assessment of public health information. The Chinese Authorities provided a partial information about the novel Corona Virus only on February 14, 2020 after the virus had affected more than 2000 people and killed about 50. The information related to the information amongst the health care workers came very late, even after repetitive reminders by the WHO. Timely information about the health of medical workers is key to understanding transmission patterns and developing strategies aimed at containing outbreaks.

- K. Even after public awareness about the new virus, the Chinese government failed to send crucial details relating to the outbreak and the transmission of the virus to the WHO officials and experts and only bothered to share the genome sequencing to show the strain of the Novel Corona Virus. It was reported that Chinese officials were not sending details that the WHO officials and other experts expected and needed.

- L. BECAUSE China has with its act of blocking discussions at UNSC aiming at transparency over the pandemic China is in direct contravention of Article 18 of the Vienna Convention on the Law of Treaties which obligates a state party not to defeat the purpose and object of a Convention to which it is a party to. By its act of negligence, miscalculations and false reporting China has put at risk health of millions at a global level and has undermined the purpose of the WHO constitution which aims at the attainment of highest level of health by all people. By delaying the enforcement of travel restrictions it has used its territories for spread of the virus beyond its national borders and has acted in contravention of the principles laid down in the Corfu Channel Case by the International Court of Justice.
- M. BECAUSE China is obligated to provide all sorts of technical help for the realization of the rights recognized by the Covenant. Article 2 of the Covenant binds the State Parties to take steps and provide technical and economic assistance in order to achieve the full realization of the rights conferred by the Covenant, including the prevention, treatment and control of epidemic.

- N. BECAUSE China is obligated to create a proper mechanism to deal with the epidemic and provide all possible assistance to countries to enable them to handle the epidemic properly and ensure proper medical service and attention to the infected persons. The Chinese government is obligated to disclose all the relevant research being conducted on the novel Corona Virus and in order to ensure the rest of the world is able to contain the virus and prevent it from taking more lives.
- O. BECAUSE China has been withholding relevant information which can help the world community at large to fight the novel Corona Virus. China is obligated to share information on the novel Corona Virus under Article 7 of the IHR, which provides for Information-sharing during an unexpected or unusual public health events. Thus, China is obligated under the IHR to share all the relevant public health information on the novel Corona Virus.
- P. BECAUSE even after public awareness about the new virus, the Chinese government failed to send crucial details relating to the outbreak and the transmission of the virus to the WHO officials and

experts and only bothered to share the genome sequencing to show the strain of the Novel Corona Virus. China is bound by Article 6 of IHR to share all research and study of the novel Corona Virus ‘including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed; and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern.’ India must bilaterally put pressure on the Chinese Government to make necessary information on the novel Corona Virus available in the public domain.

- Q. BECAUSE China is required to collaborate and cooperate with the world community to accelerate the development and availability of new COVID-19 tools.
- R. BECAUSE the Indian Government can seek China’s collaboration and cooperation and request China to make available all the relevant health information including death tolls, containment measure undertaken, ongoing research. India should call upon the Chinese

Government to give India access to safe, quality, effective, and affordable COVID-19 diagnostics, therapeutics and vaccines, and thus cooperate in its the fight against COVID-19. The IHR provides for cooperation through bilateral channels between State Parties for the development, strengthening and maintenance of the public health capacities. Thus, Indian Government should be directed to approach the Chinese Government to provide assistance on the ongoing Corona Virus outbreak.

- S. BECAUSE China is under a moral obligation to provide assistance under *Guidance for managing ethical issues in infectious diseases (hereinafter referred to as Guidance)*. Section 1 of the Guidance puts an obligation on the States that -

“have the resources to provide foreign assistance should support global epidemic preparedness and response efforts, including research and development on diagnostics, therapeutics, and vaccines for pathogens with epidemic potential. This support should supplement ongoing efforts to build local public health capacities and strengthen primary health care systems in countries at greatest risk of harm from infectious disease outbreak in infectious disease outbreak.”

- T. BECAUSE the *Guidance* requires rapid data sharing of information related to the novel Corona Virus. Relevant portion of Article 8 of the *Guidance* is reproduced below:

“Rapid data sharing: As WHO has previously recognized, every researcher who engages in generation of information related to a public health emergency or acute public health event with the potential to progress to an emergency has the fundamental moral obligation to share preliminary results once they are adequately quality controlled for release. Such information should be shared with public health officials, the study participants and affected population, and groups involved in wider international response efforts, without waiting for publication in scientific journals. Journals should facilitate this process by allowing researchers to rapidly disseminate information with immediate implications for public health without losing the opportunity for subsequent consideration for publication in a journal.

The Chinese Government cannot censor any research that has been conducted or is ongoing related to the novel Corona Virus and must share in the public domain.

- U. BECAUSE China is under an obligation to share data rapidly to assist in responding to an outbreak. Section 10 of the *Guidance* states that:

“rapid data sharing is critical during an unfolding health emergency.” The ethically appropriate and rapid sharing of data can help identify etiological factors, predict disease spread, evaluate existing and novel treatment, symptomatic care and preventive measures, and guide the deployment of limited resources. Activities that generate data include public health surveillance, clinical research studies, individual patient encounters (including MEURI), and epidemiological, qualitative, and environmental studies. All individuals and entities involved in these efforts should cooperate by sharing relevant and accurate data in a timely manner.”

Therefore, Chinese Government is required to rapidly share appropriate and accurate data on the novel Corona Virus to help India and other countries fight the battle against the virus and prepare itself for the future.

- W. BECAUSE the Constitution of China mandates that the International treaties, signed and rectified by China, are to be honoured in their spirit. A similar provision is maintained in Article 238 of the Civil Procedure Law of the People’s Republic of China, as amended in 1991. If any international treaty concluded or acceded to by the People’s Republic of China contains provisions differing from those

in the civil laws of the People's Republic of China, the provisions of the international treaty shall apply, unless the provisions are ones on which the People's Republic has declared reservations. Thus, the Municipal Law of China mandates that it follows and fulfils its international obligations.

- X. BECAUSE WHO under Article 10(4) of the International Health Regulations is under a duty to share information at its disposal with other states in case of public health risk even when the states fails to cooperate to provide information.WHO by taking a backseat in alerting the world community at large acted in direct contravention of International Health Regulations which state that the organization may in case of a public health emergency without the consent of the host party pass on vital information at its disposal for prevention of a larger harm.
8. That the source of knowledge of facts of the present case has been obtained by the Petitioner through media, newspaper reports and government websites.

9. That the Petitioner has not filed any such or similar petition before this Hon'ble Court or any other Court.
10. That the present petition is being filed in the interest of justice for fundamental and statutory rights, safety and security of the public at large.

PRAYER


In the facts and circumstances of the mentioned above, the Petitioner most respectfully prays that this Hon'ble Court be pleased to: -

- a) Issue a writ of Mandamus or any other appropriate writ or order directing the Respondent to make a representation to the People's Republic of China to share the epidemiology, evolution, clinical data and full extent of data on the novel Corona Virus which has put at stake the Right to Life guaranteed by the Indian Constitution and to share the statistics, indicators based upon which the Chinese Government directed the reopening of Wuhan wet markets and controlled the virus only to areas of the central city of Wuhan. It will further help the Indian medical scientists and doctors to research and have better chances of developing of Antidote;

- b) Direct the Respondent to call upon the Peoples Republic of China to allow probe by representatives of the most affected countries to assess the severity and dynamics of COVID -19 Virus;
- c) Direct the Respondent to call upon the People's Republic of China, through diplomatic channels, to share the RNA sequence of the various strains and mutations that have been found in the vicinity of Wuhan, to assist and collaborate in ongoing research to the potential line of treatments to cure the affected persons and provide with details of vaccines in process to abate the effects of the virus;
- d) Direct the respondent to call upon the World Health Organisation for its delay in notifying to the world community of the pandemic and supporting China to display an underplay effect of the pandemic statistics;
- e) Direct the respondent to call upon the World Health Organisation to initiate a probe immediately and not to keep the investigation pending on the uncertainty of it being tamed; and

- f) pass any other further orders as this Hon'ble Court may deem fit and proper in the facts and circumstances of the present case.

AND FOR THIS ACT OF KINDNESS THE PETITIONER AS IN DUTY BOUND SHALL EVER PRAY.

SETTLED BY: MR RUPINDER SINGH SURI SENIOR ADVOCATE	FILED BY:  ABHISHEK SINGH ADVOCATE ON RECORD
DRAWN BY (ADVOCATES): SIMAR SURI ADITYA GIRI DIPIKA JAIN SHIVANI DEWALLA DRAWN ON:	
NEW DELHI; FILED ON: 2nd June, 2020	

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IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
WRIT PETITION (C) NO. OF 2020

IN THE MATTER OF:-

DOCTORS FOR YOU

.... PETITIONER

VERSUS

UNION OF INDIA & ORS.

.... RESPONDENTS

AFFIDAVIT

I, Dr. Rajat Jain, son of Late Satish Jain, aged about 36 years, having its office at 313B, Gali No.3, Jain Nagar, Rohini, Sec-38, Delhi-11086, do hereby on solemn affirmation state and declare as under:

1. That I am the President of the Petitioner Association and am fully conversant with the facts of the case and competent to sign and swear the present affidavit.
2. That the accompanying List of Dates (page B to O), Writ Petition (paras 1 to 10, pages 1 to 59) and Applications have been drafted under my instructions and the contents of the same are read over and

Abhishek Jain
Code 2171
D/1893/2020

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explained to me. The same are true and correct to my knowledge and nothing material has been concealed therefrom.

3. That the Annexures thereto are true copies of their respective originals.
4. That the Petitioner has no personal gain, private motive or oblique reason in filing the present writ petition.
5. That the Petitioner has not filed any such or similar writ petition before this Hon'ble Court or any other High Court.


DEPONENT

Verification

Verified at New Delhi on this 28th May of May, 2020 that the contents of the above affidavit have been explained to me and the same are true and correct to the best of my knowledge and belief and no part of the same is false and nothing material has been concealed therefrom.


DEPONENT

APPENDIX-I

Article 32 in The Constitution Of India, 1949

32. Remedies for enforcement of rights conferred by this Part

- (1) The right to move the Supreme Court by appropriate proceedings for the enforcement of the rights conferred by this Part is guaranteed.
- (2) The Supreme Court shall have power to issue directions or orders or writs, including writs in the nature of habeas corpus, mandamus, prohibition, quo warranto and certiorari, whichever may be appropriate, for the enforcement of any of the rights conferred by this Part.
- (3) Without prejudice to the powers conferred on the Supreme Court by clause (1) and (2), Parliament may by law empower any other court to exercise within the local limits of its jurisdiction all or any of the powers exercisable by the Supreme Court under clause (2).
- (4) The right guaranteed by this article shall not be suspended except as otherwise provided for by this Constitution.

APPENDIX-II

Section 35 in the Disaster Management Act, 2005

35 Central Government to take measures. —

(1) Subject to the provisions of this Act, the Central Government shall take all such measures as it deems necessary or expedient for the purpose of disaster management.

(2) In particular and without prejudice to the generality of the provisions of sub-section (1), the measures which the Central Government may take under that sub-section include measures with respect to all or any of the following matters, namely:—

(a) coordination of actions of the Ministries or Departments of the Government of India, State Governments, National Authority, State Authorities, governmental and non-governmental organisations in relation to disaster management;

(b) ensure the integration of measures for prevention of disasters and mitigation by Ministries or Departments of the Government of India into their development plans and projects;

(c) ensure appropriate allocation of funds for prevention of disaster, mitigation, capacity-building and preparedness by the Ministries or Departments of the Government of India;

(d) ensure that the Ministries or Departments of the Government of India take necessary measures for preparedness to promptly and effectively respond to any threatening disaster situation or disaster;

(e) cooperation and assistance to State Governments, as requested by them or otherwise deemed appropriate by it;

(f) deployment of naval, military and air forces, other armed forces of the Union or any other civilian personnel as may be required for the purposes of this Act;

(g) coordination with the United Nations agencies, international organisations and governments of foreign countries for the purposes of this Act;

(h) establish institutions for research, training, and developmental programmes in the field of disaster management;

(i) such other matters as it deems necessary or expedient for the purpose of securing effective implementation of the provisions of this Act.

(3) The Central Government may extend such support to other countries affected by major disaster as it may deem appropriate.

ANNEXURE P-1

Pneumonia of unknown cause – China**Disease outbreak news**

5 January 2020

On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. As of 3 January 2020, a total of 44 patients with pneumonia of unknown etiology have been reported to WHO by the national authorities in China. Of the 44 cases reported, 11 are severely ill, while the remaining 33 patients are in stable condition. According to media reports, the concerned market in Wuhan was closed on 1 January 2020 for environmental sanitation and disinfection.

The causal agent has not yet been identified or confirmed. On 1 January 2020, WHO requested further information from national authorities to assess the risk.

National authorities report that all patients are isolated and receiving treatment in Wuhan medical institutions. The clinical signs and symptoms

are mainly fever, with a few patients having difficulty in breathing, and chest radiographs showing invasive lesions of both lungs.

According to the authorities, some patients were operating dealers or vendors in the Huanan Seafood market. Based on the preliminary information from the Chinese investigation team, no evidence of significant human-to-human transmission and no health care worker infections have been reported.

Public Health Response

National authorities have reported the following response measures:

- One hundred and twenty-one close contacts have been identified and are under medical observation;
- The follow-up of close contacts is ongoing;
- Pathogen identification and the tracing of the cause are underway;
- Wuhan Municipal Health Commission carried out active case finding, and retrospective investigations have been completed;
- Environmental sanitation and further hygiene investigations are under way.

WHO is closely monitoring the situation and is in close contact with national authorities in China.

WHO risk assessment

There is limited information to determine the overall risk of this reported cluster of pneumonia of unknown etiology. The reported link to a wholesale fish and live animal market could indicate an exposure link to animals. The symptoms reported among the patients are common to several respiratory diseases, and pneumonia is common in the winter season; however, the occurrence of 44 cases of pneumonia requiring hospitalization clustered in space and time should be handled prudently.

Wuhan city, with a population of 19 million, is the capital city of Hubei province, with a population of 58 million people. WHO has requested further information on the laboratory tests performed and the differential diagnoses considered.


WHO advice

Based on information provided by national authorities, WHO's recommendations on public health measures and surveillance of influenza and severe acute respiratory infections still apply.

WHO does not recommend any specific measures for travelers. In case of symptoms suggestive of respiratory illness either during or after travel,

travelers are encouraged to seek medical attention and share travel history with their healthcare provider.

WHO advises against the application of any travel or trade restrictions on China based on the current information available on this event.



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ANNEXURE P-2

Chinese Authorities Gagged Laboratories in December over Coronavirus-SARS Connection

By Tobias Hoonhout | March 17, 2020 10:25 AM

China's top medical authority issued a gag order after Wuhan labs sequencing coronavirus found it resembled the SARS virus that killed nearly 800 people in 2002-2003 back in late December, according to Chinese media.

Caixin Global, a respected independent publication, reported that genomics laboratories sequenced the coronavirus by December 27, but were ordered by local and national officials to hand over or destroy the samples and not release their findings.

Additionally, Wuhan officials deliberately did not inform a health team from Beijing during a January 8 visit that local medical staff had already been infected by patients, in an attempt to keep its contagiousness under wraps. The city then went ahead with its lunar new year celebration on January, which brought thousands of families to the city to celebrate,

without informing people that coronavirus was transmissible between humans.

In recent weeks, Chinese state media has stepped up propaganda efforts to shift focus away from Beijing's failures.

Zhong Nanshan, a pulmonologist who has made major announcements on Chinese state media, said at a press conference on February 27 that "the coronavirus first appeared in China but may not have originated in China." Other media outlets have repeated or implied the same message.

On Sunday, Serbian president Aleksandar Vučić asked China to send "everything...even to send us doctors, [because] our doctors are already tired."

"We will be begging [Chinese citizens] to come and help us with everything," Vučić said, criticizing the European Union for refusing to export medical equipment to Serbia.

Alibaba co-founder and Asia's richest man Jack Ma, a member of the Chinese Communist Party, announced last week that he was donating 500,000 test kits and 1 million masks to the U.S. to help fight the outbreak.



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ANNEXURE P-3**Novel Coronavirus – China****Disease outbreak news : Update**

12 January 2020

On 11 and 12 January 2020, WHO received further detailed information from the National Health Commission about the outbreak.

WHO is reassured of the quality of the ongoing investigations and the response measures implemented in Wuhan, and the commitment to share information regularly.

The evidence is highly suggestive that the outbreak is associated with exposures in one seafood market in Wuhan. The market was closed on 1 January 2020. At this stage, there is no infection among healthcare workers, and no clear evidence of human to human transmission. The Chinese authorities continue their work of intensive surveillance and follow up measures, as well as further epidemiological investigations.

Among the 41 confirmed cases, there has been one death. This death occurred in a patient with serious underlying medical conditions.

China shared the genetic sequence of the novel coronavirus on 12 January, which will be of great importance for other countries to use in developing specific diagnostic kits.

The cluster was initially reported on 31 December 2019, when the WHO China Country Office was informed. The Chinese authorities identified a new type of coronavirus (novel coronavirus, nCoV), which was isolated on 7 January 2020. Laboratory testing was conducted on all suspected cases identified through active case finding and retrospective review. Other respiratory pathogens such as influenza, avian influenza, adenovirus, Severe Acute Respiratory Syndrome coronavirus (SARS-CoV), Middle East Respiratory Syndrome coronavirus (MERS-CoV) were ruled out as the cause.

According to information conveyed to WHO by Chinese authorities on 11 and 12 January, 41 cases with novel coronavirus infection have been preliminarily diagnosed in Wuhan City. Of the 41 cases reported, seven are severely ill. This is when the one death, mentioned above, was reported, in a patient with other underlying health conditions. Six patients have been discharged from hospital. Symptom onset of the 41 confirmed

nCoV cases ranges from 8 December 2019 to 2 January 2020. No additional cases have been detected since 3 January 2020.

The clinical signs and symptoms reported are mainly fever, with a few cases having difficulty in breathing, and chest radiographs showing invasive pneumonic infiltrates in both lungs. National authorities report that patients have been isolated and are receiving treatment in Wuhan medical institutions.

According to the preliminary epidemiological investigation, most cases worked at or were handlers and frequent visitors to the Huanan Seafood Wholesale Market. The government reports that there is no clear evidence that the virus passes easily from person to person.

Currently, no case with infection of this novel coronavirus has been reported elsewhere other than Wuhan.

Public Health Response

China's National Health Commission has deployed a group of experts to Wuhan City to support the local response.

National authorities have reported the following response measures:

A total of 763 close contacts including healthcare workers, have been identified and followed up and no additional cases of infection with the novel coronavirus have been identified;

The Wuhan Municipal Health Commission carried out active case finding, and retrospective investigations of the current cluster of patients have been completed

The Huanan Seafood Wholesale Market has been temporarily closed to carry out environmental sanitation and disinfection;

Public risk communication activities have been carried out to improve public awareness and adoption of self-protection measures.

WHO is closely monitoring the situation and is in regular contact with national authorities in China to provide support required. Technical guidance on novel coronavirus has been developed and will continue to be updated as additional information is available.

WHO risk assessment

To date, investigations are still under way to assess the full extent of the outbreak.

Wuhan city is a major domestic and international transport hub. To date, there have been no reported cases outside of Wuhan City.

More comprehensive information and ongoing investigations are also required to better understand the epidemiology, clinical picture, source, modes of transmission, and extent of infection; as well as the countermeasures implemented.

WHO advice

Based on information provided by national authorities, WHO's recommendations on public health measures and surveillance for novel coronaviruses apply.

WHO does not recommend any specific health measures for travelers. In case of symptoms suggestive of respiratory illness either during or after travel, travelers are encouraged to seek medical attention and share travel history with their healthcare provider. Travel guidance has been updated.

WHO advises against the application of any travel or trade restrictions on China based on the information currently available on this event.

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ANNEXURE P-4**WHO statement on novel coronavirus in Thailand**

13 January 2020

News release

The World Health Organization (WHO) is working with officials in Thailand and China following reports of confirmation of the novel coronavirus in a person in Thailand.

The person was a traveler from Wuhan, China, and was identified by Thai officials on 8 January, and hospitalized that day. The person is recovering from the illness according to Thai officials.

The possibility of cases being identified in other countries was not unexpected, and reinforces why WHO calls for on-going active monitoring and preparedness in other countries. WHO has issued guidance on how to detect and treat persons ill with the new virus.

The genetic sequencing shared by China enables more countries to rapidly diagnose patients.

WHO reiterates that it is essential that investigations continue in China to identify the source of this outbreak and any animal reservoirs or intermediate hosts.

Given developments, WHO Director-General Dr Tedros Adhanom Ghebreyesus will consult with Emergency Committee members and could call for a meeting of the committee on short notice.



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ANNEXURE P-5**Mission summary: WHO Field Visit to Wuhan, China 20-21 January 2020**

22 January 2020

Statement

On 20-21 January 2020, a World Health Organization (WHO) delegation conducted a field visit to Wuhan to learn about the response to 2019 novel coronavirus (2019-nCoV). The mission was part of the on-going close collaboration between WHO and Chinese national, provincial, and Wuhan health authorities in responding to 2019-nCoV.

The delegation visited the Wuhan Tianhe Airport, Zhongnan hospital, Hubei provincial CDC, including the BSL3 laboratory in China's Center for Disease Control (CDC). The delegation observed and discussed active surveillance processes, temperature screening at the airport, laboratory facilities, infection prevention and control measures at the hospital and its associated fever clinics, and the deployment of the rRT-PCR test kit to detect the virus.

Data collected through detailed epidemiological investigation and through the deployment of the new test kit nationally suggests that human-to-human transmission is taking place in Wuhan. More analysis of the epidemiological data is needed to understand the full extent of human-to-human transmission. WHO stands ready to provide support to China to conduct further detailed analysis.

The delegation discussed China's plan to expand the 2019-nCoV case definition. This will allow China and the international community to build a clearer picture of the spectrum of severity of the novel coronavirus. The new case definition and the provision of test kits to all provinces, are expected to lead to further increases in the number of cases identified and confirmed in Hubei Province and other provinces. Increases in confirmed cases are to be expected as testing is increased.

The delegation discussed with the local authorities their on-going efforts to communicate to the general public to expect more cases of 2019-nCoV to be confirmed, and to follow public health advice regarding infection control procedures. This is especially important at a time when seasonal influenza is at its highest, and over the Chinese New Year period when many people travel across China. The delegation and their counterparts agreed close

attention should be paid to hand and respiratory hygiene, food safety and avoiding mass gatherings where possible. People with fever should avoid close contact with others and seek medical help.

The facilities for fever triage and for treatment of suspected and confirmed cases were visited in Zhongnan hospital. The delegation witnessed the systems that have been put in place to provide high quality diagnostic, treatment, and isolation services. The identification of infection among 16 health care workers reinforces the importance of ensuring appropriate infection prevention and control measures are in place for patients, staff and hospital visitors at all times. All health professionals should adhere to infection control procedures even in parts of the health care system that do not usually deal with cases of infectious disease.

On 21 January 2020, at the conclusion of the visit the Chinese Government has released the primers and probes used in the rRT-PCR test kit. This follows China's rapid identification of the virus and sharing of the genetic sequence. The primers will assist with establishing real-time RT-PCR for the detection of 2019-nCoV in other countries. Chinese experts also shared with the delegation a range of protocols that will be used in developing

international guidelines, including case definitions, clinical management protocols, and infection control among others.

The delegation commended the commitment and capacity demonstrated by national, provincial, and Wuhan authorities and by hundreds of local health care workers and public health specialists working to respond to the 2019-nCoV outbreak. While challenges still remain regarding the transmission, epidemiology and our understanding of the behavior of the virus, WHO and its partners will work together with China to respond to this outbreak.



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ANNEXURE P-6

**Statement on the meeting of the International Health Regulations (2005)
Emergency Committee regarding the outbreak of novel coronavirus
(2019-nCoV)**

23 January 2020

Statement

Geneva, Switzerland

The meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the outbreak of novel coronavirus 2019 in the People's Republic of China, with exportations currently reported in the Republic of Korea, Japan, Thailand and Singapore, took place on Wednesday, 22 January 2020, from 12:00 to 16:30 Geneva time (CEST) and on Thursday, 23 January 2020, from 12:00 to 15:10. The Committee's role is to give advice to the Director-General, who makes the final decision on the determination of a Public Health Emergency of International Concern (PHEIC). The Committee also provides public health advice or suggests formal temporary recommendations as appropriate.

Proceedings of the meeting

Members and advisors of the Emergency Committee were convened by teleconference.

The Director-General welcomed the Committee and thanked them for their support. He turned the meeting over to the Chair, Professor Didier Houssin.

Professor Houssin also welcomed the Committee and gave the floor to the Secretariat.

On 22 January, representatives of WHO's legal department and the department of compliance, risk management, and ethics briefed the Committee members on their roles and responsibilities.

Committee members were reminded of their duty of confidentiality and their responsibility to disclose personal, financial, or professional connections that might be seen to constitute a conflict of interest. Each member who was present was surveyed and no conflicts of interest were judged to be relevant to the meeting.

The Chair then reviewed the agenda for the meeting and introduced the presenters.

On 23 January, representatives of the Ministry of Health of the People's Republic of China, Japan, Thailand and the Republic of Korea updated the committee on the situation in their countries. There have been increased numbers of reported cases in China, with 557 confirmed as of today.

Conclusions and Advice

On 22 January, the members of the Emergency Committee expressed divergent views on whether this event constitutes a PHEIC or not. At that time, the advice was that the event did not constitute a PHEIC, but the Committee members agreed on the urgency of the situation and suggested that the Committee should be reconvened in a matter of days to examine the situation further.

After the announcement of new containment measures in Wuhan on 22 January, the Director-General asked the Emergency Committee to reconvene on 23 January to study the information provided by Chinese authorities about the most recent epidemiological evolution and the risk-management measures taken.

Chinese authorities presented new epidemiological information that revealed an increase in the number of cases, of suspected cases, of affected provinces,

and the proportion of deaths in currently reported cases of 4% (17 of 557). They reported fourth-generation cases in Wuhan and second-generation cases outside Wuhan, as well as some clusters outside Hubei province. They explained that strong containment measures (closure of public-transportation systems are in place in Wuhan City, as well as other nearby cities). After this presentation, the EC was informed about the evolution in Japan, Republic of Korea, and Thailand, and that one new possible case had been identified in Singapore.

The Committee welcomed the efforts made by China to investigate and contain the current outbreak.

The following elements were considered as critical:

Human-to-human transmission is occurring and a preliminary R_0 estimate of 1.4-2.5 was presented. Amplification has occurred in one health care facility. Of confirmed cases, 25% are reported to be severe. The source is still unknown (most likely an animal reservoir) and the extent of human-to-human transmission is still not clear.

Several members considered that it is still too early to declare a PHEIC, given its restrictive and binary nature.

Based on these divergent views, the EC formulates the following advice:

To WHO

The Committee stands ready to be reconvened in approximately ten days' time, or earlier should the Director-General deem it necessary.

The Committee urged to support ongoing efforts through a WHO international multidisciplinary mission, including national experts. The mission would review and support efforts to investigate the animal source of the outbreak, the extent of human-to-human transmission, the screening efforts in other provinces of China, the enhancement of surveillance for severe acute respiratory infections in these regions, and to reinforce containment and mitigation measures. A mission would provide information to the international community to aid in understanding of the situation and its potential public health impact.

WHO should continue to provide all necessary technical and operational support to respond to this outbreak, including with its extensive networks of partners and collaborating institutions, to implement a comprehensive risk communication strategy, and to allow for the advancement of research and scientific developments in relation to this novel coronavirus.

In the face of an evolving epidemiological situation and the restrictive binary nature of declaring a PHEIC or not, WHO should consider a more nuanced system, which would allow an intermediate level of alert. Such a system would better reflect the severity of an outbreak, its impact, and the required measures, and would facilitate improved international coordination, including research efforts for developing medical counter measures.

To the People's Republic of China

- Provide more information on cross-government risk management measures, including crisis management systems at national, provincial, and city levels, and other domestic measures.
- Enhance rational public health measures for containment and mitigation of the current outbreak.
- Enhance surveillance and active case finding across China, particularly during the Chinese New Year celebration.
- Collaborate with WHO and partners to conduct investigations to understand the epidemiology and the evolution of this outbreak, including specific investigations to understand the source of the novel coronavirus, notably the animal reservoir, and animals involved in the zoonotic transmission, as well as the understanding of its full potential

for human-to-human transmission, and where transmission is taking place, the clinical features associated with infection, and the required treatment to reduce morbidity and mortality.

- Continue to share full data on all cases with WHO, including genome sequences, and details of any health care worker infections or clusters.
- Conduct exit screening at international airports and ports in the affected provinces, with the aims early detection of symptomatic travelers for further evaluation and treatment, while minimizing interference with international traffic.
- Encourage screening at domestic airports, railway stations, and long-distance bus stations as necessary.

To other countries

It is expected that further international exportation of cases may appear in any country. Thus, all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO.

Countries are required to share information with WHO according to the IHR.

Technical advice is available here. Countries should place particular emphasis on reducing human infection, prevention of secondary transmission and international spread and contributing to the international response through multi-sectoral communication and collaboration and active participation in increasing knowledge on the virus and the disease, as well as advancing research. Countries should also follow travel advice from WHO.

To the global community

As this is a new coronavirus, and it has been previously shown that similar coronaviruses required substantial efforts for regular information sharing and research, the global community should continue to demonstrate solidarity and cooperation, in compliance with Article 44 of the IHR (2005), in supporting each other on the identification of the source of this new virus, its full potential for human-to-human transmission, preparedness for potential importation of cases, and research for developing necessary treatment.

The Director-General thanked the Committee for its advice.



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ANNEXURE P-7

Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)

30 January 2020

Statement

Geneva, Switzerland

The second meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the outbreak of novel coronavirus 2019 in the People's Republic of China, with exportations to other countries, took place on Thursday, 30 January 2020, from 13:30 to 18:35 Geneva time (CEST). The Committee's role is to give advice to the Director-General, who makes the final decision on the determination of a Public Health Emergency of International Concern (PHEIC). The Committee also provides public health advice or suggests formal Temporary Recommendations as appropriate.

Proceedings of the meeting

Members and advisors of the Emergency Committee were convened by teleconference

The Director-General welcomed the Committee and thanked them for their support. He turned the meeting over to the Chair, Professor Didier Houssin.

Professor Houssin also welcomed the Committee and gave the floor to the Secretariat.

A representative of the department of compliance, risk management, and ethics briefed the Committee members on their roles and responsibilities.

Committee members were reminded of their duty of confidentiality and their responsibility to disclose personal, financial, or professional connections that might be seen to constitute a conflict of interest. Each member who was present was surveyed and no conflicts of interest were judged to be relevant to the meeting. There were no changes since the previous meeting.

The Chair then reviewed the agenda for the meeting and introduced the presenters.

Representatives of the Ministry of Health of the People's Republic of China reported on the current situation and the public health measures being taken. There are now 7711 confirmed and 12167 suspected cases throughout the country. Of the confirmed cases, 1370 are severe and 170 people have died. 124 people have recovered and been discharged from hospital.

The WHO Secretariat provided an overview of the situation in other countries. There are now 83 cases in 18 countries. Of these, only 7 had no history of travel in China. There has been human-to-human transmission in 3 countries outside China. One of these cases is severe and there have been no deaths.

At its first meeting, the Committee expressed divergent views on whether this event constitutes a PHEIC or not. At that time, the advice was that the event did not constitute a PHEIC, but the Committee members agreed on the urgency of the situation and suggested that the Committee should continue its meeting on the next day, when it reached the same conclusion.

This second meeting takes place in view of significant increases in numbers of cases and additional countries reporting confirmed cases.

Conclusions and advice

The Committee welcomed the leadership and political commitment of the very highest levels of Chinese government, their commitment to transparency, and the efforts made to investigate and contain the current outbreak. China quickly identified the virus and shared its sequence, so that other countries could diagnose it quickly and protect themselves, which has resulted in the rapid development of diagnostic tools.

The very strong measures the country has taken include daily contact with WHO and comprehensive multi-sectoral approaches to prevent further spread. It has also taken public health measures in other cities and provinces; is conducting studies on the severity and transmissibility of the virus, and sharing data and biological material. The country has also agreed to work with other countries who need their support. The measures China has taken are good not only for that country but also for the rest of the world.

The Committee acknowledged the leading role of WHO and its partners.

The Committee also acknowledged that there are still many unknowns, cases have now been reported in five WHO regions in one month, and human-to-human transmission has occurred outside Wuhan and outside China.

The Committee believes that it is still possible to interrupt virus spread, provided that countries put in place strong measures to detect disease early, isolate and treat cases, trace contacts, and promote social distancing measures commensurate with the risk. It is important to note that as the situation continues to evolve, so will the strategic goals and measures to prevent and reduce spread of the infection. The Committee agreed that the outbreak now meets the criteria for a Public Health Emergency of International Concern and proposed the following advice to be issued as Temporary Recommendations.

The Committee emphasized that the declaration of a PHEIC should be seen in the spirit of support and appreciation for China, its people, and the actions China has taken on the frontlines of this outbreak, with transparency, and, it is to be hoped, with success. In line with the need for global solidarity, the Committee felt that a global coordinated effort is needed to enhance preparedness in other regions of the world that may need additional support for that.

Advice to WHO

The Committee welcomed a forthcoming WHO multidisciplinary technical mission to China, including national and local experts. The mission should review and support efforts to investigate the animal source of the outbreak, the clinical spectrum of the disease and its severity, the extent of human-to-human transmission in the community and in healthcare facilities, and efforts to control the outbreak. This mission will provide information to the international community to aid in understanding the situation and its impact and enable sharing of experience and successful measures.

The Committee wished to re-emphasize the importance of studying the possible source, to rule out hidden transmission and to inform risk management measures

The Committee also emphasized the need for enhanced surveillance in regions outside Hubei, including pathogen genomic sequencing, to understand whether local cycles of transmission are occurring.

WHO should continue to use its networks of technical experts to assess how best this outbreak can be contained globally.

WHO should provide intensified support for preparation and response, especially in vulnerable countries and regions.

Measures to ensure rapid development and access to potential vaccines, diagnostics, antiviral medicines and other therapeutics for low- and middle-income countries should be developed.

WHO should continue to provide all necessary technical and operational support to respond to this outbreak, including with its extensive networks of partners and collaborating institutions, to implement a comprehensive risk communication strategy, and to allow for the advancement of research and scientific developments in relation to this novel coronavirus.

WHO should continue to explore the advisability of creating an intermediate level of alert between the binary possibilities of PHEIC or no PHEIC, in a way that does not require reopening negotiations on the text of the IHR (2005).

WHO should timely review the situation with transparency and update its evidence-based recommendations.

The Committee does not recommend any travel or trade restriction based on the current information available.

The Director-General declared that the outbreak of 2019-nCoV constitutes a PHEIC and accepted the Committee's advice and issued this advice as Temporary Recommendations under the IHR.

To the People's Republic of China

Continue to:

- Implement a comprehensive risk communication strategy to regularly inform the population on the evolution of the outbreak, the prevention and protection measures for the population, and the response measures taken for its containment.
- Enhance public health measures for containment of the current outbreak.
- Ensure the resilience of the health system and protect the health workforce.
- Enhance surveillance and active case finding across China.
- Collaborate with WHO and partners to conduct investigations to understand the epidemiology and the evolution of this outbreak and measures to contain it.

- Share relevant data on human cases.
- Continue to identify the zoonotic source of the outbreak, and particularly the potential for circulation with WHO as soon as it becomes available.
- Conduct exit screening at international airports and ports, with the aim of early detection of symptomatic travelers for further evaluation and treatment, while minimizing interference with international traffic.

To all countries

It is expected that further international exportation of cases may appear in any country. Thus, all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO. Technical advice is available on the WHO website.

Countries are reminded that they are legally required to share information with WHO under the IHR.

Any detection of 2019-nCoV in an animal (including information about the species, diagnostic tests, and relevant epidemiological information) should be reported to the World Organization for Animal Health (OIE) as an emerging disease.

Countries should place particular emphasis on reducing human infection, prevention of secondary transmission and international spread, and contributing to the international response through multi-sectoral communication and collaboration and active participation in increasing knowledge on the virus and the disease, as well as advancing research.

The Committee does not recommend any travel or trade restriction based on the current information available.

Countries must inform WHO about travel measures taken, as required by the IHR. Countries are cautioned against actions that promote stigma or discrimination, in line with the principles of Article 3 of the IHR.

The Committee asked the Director-General to provide further advice on these matters and, if necessary, to make new case-by-case recommendations, in view of this rapidly evolving situation.

To the global community

As this is a new coronavirus, and it has been previously shown that similar coronaviruses required substantial efforts to enable regular information sharing and research, the global community should continue to demonstrate solidarity and cooperation, in compliance with Article 44 of the IHR (2005), in supporting each other on the identification of the source of this new virus, its full potential for human-to-human transmission, preparedness for potential importation of cases, and research for developing necessary treatment.

Provide support to low- and middle-income countries to enable their response to this event, as well as to facilitate access to diagnostics, potential vaccines and therapeutics.

Under Article 43 of the IHR, States Parties implementing additional health measures that significantly interfere with international traffic (refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours) are obliged to send to WHO the public health rationale and justification within 48 hours of their implementation. WHO will review the justification and

may request countries to reconsider their measures. WHO is required to share with other States Parties the information about measures and the justification received.

The Emergency Committee will be reconvened within three months or earlier, at the discretion of the Director-General.

The Director-General thanked the Committee for its work.



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ANNEXURE P-8

**THE HINDU
BUSSINESSLINE**

China rejects Estonia's proposal to hold UNSC meeting to discuss coronavirus: Report

Prashasti Awasthi Mumbai | Updated on March 27, 2020 Published on March 27, 2020

Estonia blamed China for crushing its efforts to hold a meeting with the United Nations Security Council (UNSC) to discuss the spread of coronavirus and loss of lives across the world. China, from where the coronavirus emerged, is the President of the UNSC till March 31, the Dominican Republic will then take over China, as per the Hindustan Times report.

According to the media reports, China declined to convene the meet by asking its close allies -- Russia and South Africa to vote against it. China then stated that there was no consensus within the UNSC to convene a meeting on the coronavirus.

The Estonian proposal sought for transparency over the COVID-19 outbreak, but the three countries rejected despite being seriously affected by the virus.

A diplomat cited in the Hindustan Times said: "It is quite evident that none of the P-5 wants to come up with a solution that is binding on them such as opening up the borders," said a diplomat."

The report suggested that the UN and WHO are not holding China accountable and are shy to call out the country for the spread of the virus because currently, China is the leading distributor of ventilators, HAZMAT suits, masks, and other equipment that are needed to treat COVID-19 patients.

A China watcher mentioned in the report said: "All the countries are quiet over China as they may have to import the same equipment from them in case of a worst-case scenario. Simply put, China first created the demand and now will supply it."

Meanwhile, China's Wuhan, which was the epicenter of the coronavirus, inches back to normalcy as China has lifted the inter-province travel restrictions and started resuming business operations, including the opening of malls and restaurants.

Published on March 27, 2020


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HW ENGLISH

Coronavirus Originated in Wuhan Laboratory”: French Nobel Prize-winning Scientist

by Maneesha Chaturvedi April 23, 2020

Trump last week acknowledged a report that the novel coronavirus may have been accidentally leaked by an intern at the Wuhan Institute of Virology.

Wuhan| Luc Montagnier, French Nobel prize-winning scientist has provoked a fresh controversy by claiming that the SARS-CoV-2 virus came from a laboratory in Wuhan.

He also claimed that the leak is the result of an attempt to make a vaccine against the AIDS virus.

Professor Montagnier who co-discovered HIV (Human Immunodeficiency Virus), in an interview given to French News channel and during a podcast by Pourquoi Docteur claimed the presence of elements of HIV in the genome of the coronavirus and even elements of the “germ of malaria” are highly questionable, as per a report in Asia Times.

“The Wuhan city laboratory has specialized in these coronaviruses since the early 2000s. Wuhan Institute of Virology has expertise in this area,” he was quoted as saying.

The theory that COVID-19 virus originated in the lab is making rounds for quite some time.

Last week, US President Donald Trump acknowledged Fox News report that the novel coronavirus may have been unintentionally leaked by an intern working at the Wuhan Institute of Virology in China.

In an exclusive report based on unnamed sources, the Fox News has claimed that though the virus is a naturally occurring strain among bats and not a bioweapon, it was being studied in Wuhan laboratory.

The news channel said that the initial transmission of the virus was bat-to-human and the “patient zero” worked at the laboratory. The lab employee was unexpectedly infected before spreading the disease among the common people outside the lab in Wuhan city.

For the identification of the AIDS virus, Professor Montagnier with his college professor Françoise Barre-Sinoussi was awarded the 2008 Nobel Prize in Medicine.

Also Read: South Korean Firm Confirms Making COVID-19 Rapid Test Kits At Haryana's Manesar

However, his fresh claim on coronavirus received criticism from scientists including his colleagues.

Two years ago, the US embassy officials in China raised concerns about the inadequate biosafety at the Chinese government's Wuhan Institute of Virology where deadly viruses and infectious diseases are studied, according to a recent Washington Post.

Located quite close to the Wuhan wet market, the institute is China's first biosafety level IV lab, the US state department had warned in 2018 about "serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory".

The United States remains the worst-hit country in the world with more than 800,000 infections and over 45,000 fatalities.

The global death toll from the coronavirus has now crossed over 1,70,000 people, according to the Johns Hopkins University tally.

At least 177,674 people have died from novel coronavirus and more than 2.5 million cases have been confirmed worldwide



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Financial Times**Taiwan says WHO failed to act on coronavirus transmission warning**

Relationship with Beijing blamed for not sharing alert over human-to-human infection.

Taiwan has accused the World Health Organization of failing to communicate an early warning about transmission of the coronavirus between humans, slowing the global response to the pandemic. Health officials in Taipei said they alerted the WHO at the end of December about the risk of human-to-human transmission of the new virus but said its concerns were not passed on to other countries. Taiwan is excluded from the WHO because China, which claims it as part of its territory, demands that third countries and international bodies do not treat it in any way that resembles how independent states are treated. The WHO's relationship with China has been criticised in the past, with some accusing the organisation of overly praising Beijing's handling of the coronavirus outbreak despite

allegations local officials had initially covered it up. Taiwan said its doctors had heard from mainland colleagues that medical staff were getting ill — a sign of human-to-human transmission. Taipei officials said they reported this to both International Health Regulations (IHR), a WHO framework for exchange of epidemic prevention and response data between 196 countries, and Chinese health authorities on December 31.

Taiwanese government officials told the Financial Times the warning was not shared with other countries. “While the IHR’s internal website provides a platform for all countries to share information on the epidemic and their response, none of the information shared by our country’s [Centers for Disease Control] is being put up there,” said Chen Chien-jen, Taiwan’s vice-president.

The WHO could not obtain first-hand information to study and judge whether there was human-to-human transmission of Covid-19. This led it to announce human-to-human transmission with a delay, and an opportunity to raise the alert level both in China and the wider world was lost,” said Mr Chen, an epidemiologist by training who was health minister at the time of the Sars outbreak. China’s health ministry only confirmed human-to-human

transmission on January 20, after the WHO said in mid-January there might be “limited” human-to-human transmission but stepped back from this view on the same day. Asked about the comments, the WHO said under its mandate it needed trust to “hold frank and open discussions on sometimes sensitive issues” and to enable this level of candour “requires that we respect the confidentiality of such communications”. Western countries have since been accused of failing to act even when they were warned about human-to-human transmission. The WHO has had to strike a delicate balance with China throughout the outbreak, with some accusing the organisation of being too pliant while medical experts said it had coped admirably. The challenge of managing the relationship extended to negotiations over the wording of a report following a joint mission to China last month. The nine-day trip comprised 12 WHO experts and 13 Chinese officials and was focused on the country’s response to the outbreak. Three of the WHO officials also visited Wuhan, the centre of the outbreak, as part of the mission. The WHO’s Bruce Aylward, the Canadian epidemiologist who led the team, described the process as “fantastic”. But he told the FT there was “huge back and forth” with Chinese officials about what went into the report.

Dr Aylward said Chinese health officials did not want to refer to the pathogen as “dangerous” as they regarded such terminology as reserved for diseases with higher mortality rates. Chinese health officials also refused to include any reference to avoiding a “second wave” of coronavirus in the report, he said, so they compromised on “a surge” or “resurgence”. Dale Fisher, an infectious disease specialist at the National University of Singapore, said the team’s Chinese counterparts requested the report not make reference to a “dangerous pathogen” because they said it had a “bioterrorism type suggestion”, so they found a replacement. Clifford Lane, clinical director of America’s National Institute of Allergy and Infectious Diseases who was one of two US officials on the mission, said the WHO team’s Chinese members had “a great desire to be precise”. He said the debates over wording did not amount to censorship but represented a “bit of spin”. China’s ministry of health did not respond to requests for comment. Despite the criticism, the WHO has impressed many medical professionals and public health experts with its speed and effectiveness. “The WHO has filled its leadership role admirably,” said Mark Woolhouse, professor of infectious disease epidemiology at Edinburgh University. “Though you could quibble a bit about timings, they have done all the right things so far.”

Dr Aylward added that whenever Chinese officials were reluctant to carry out a request or grant him access or were taken aback at his demands, he would always answer: "You can't rule out another Wuhan if you don't know how and when this started." He said that was always "the trigger point for them". "They don't want another Wuhan," he said. Reporting by Primrose Riordan in Hong Kong, Katrina Manson in Washington, Kathrin Hille in Taipei and Clive Cookson in London



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ANNEXURE P-11

DHS report: China hid virus' severity to hoard supplies

By WILL WEISSERT May 4, 2020

WASHINGTON (AP) — U.S. officials believe China covered up the extent of the coronavirus outbreak — and how contagious the disease is — to stock up on medical supplies needed to respond to it, intelligence documents show.

Chinese leaders “intentionally concealed the severity” of the pandemic from the world in early January, according to a four-page Department of Homeland Security intelligence report dated May 1 and obtained by The Associated Press. The revelation comes as the Trump administration has intensified its criticism of China, with Secretary of State Mike Pompeo saying Sunday that that country was responsible for the spread of disease and must be held accountable.

The sharper rhetoric coincides with administration critics saying the government's response to the virus was slow and inadequate. President Donald Trump's political opponents have accused him of lashing out at

China, a geopolitical foe but critical U.S. trade partner, in an attempt to deflect criticism at home.

MORE ON THE PANDEMIC:

- COVID-19 vaccine hunt heats up globally, still no guarantee
- The Latest: Experts back Japan plan to extend virus measures
- Italy lets millions back to work, US restrictions easing up

Not classified but marked “for official use only,” the DHS analysis states that, while downplaying the severity of the coronavirus, China increased imports and decreased exports of medical supplies. It attempted to cover up doing so by “denying there were export restrictions and obfuscating and delaying provision of its trade data,” the analysis states.

The report also says China held off informing the World Health Organization that the coronavirus “was a contagion” for much of January so it could order medical supplies from abroad — and that its imports of face masks and surgical gowns and gloves increased sharply.

Those conclusions are based on the 95% probability that China’s changes in imports and export behavior were not within normal range, according to the report.

China informed the WHO of the outbreak on Dec. 31. It contacted the U.S. Centers for Disease Control on Jan. 3 and publicly identified the pathogen as a novel coronavirus on Jan. 8.

Chinese officials muffled doctors who warned about the virus early on and repeatedly downplayed the threat of the outbreak. However, many of the Chinese government's missteps appear to have been due to bureaucratic hurdles, tight controls on information and officials hesitant to report bad news. There is no public evidence to suggest it was an intentional plot to buy up the world's medical supplies.

In a tweet on Sunday, the president appeared to blame U.S. intelligence officials for not making clearer sooner just how dangerous a potential coronavirus outbreak could be. Trump has been defensive over whether he failed to act after receiving early warnings from intelligence officials and others about the coronavirus and its potential impact.

"Intelligence has just reported to me that I was correct, and that they did NOT bring up the CoronaVirus subject matter until late into January, just prior to my banning China from the U.S.," Trump wrote without citing specifics. "Also, they only spoke of the Virus in a very non-threatening, or matter of fact, manner."

Trump had previously speculated that China may have unleashed the coronavirus due to some kind of horrible “mistake.” His intelligence agencies say they are still examining a notion put forward by the president and aides that the pandemic may have resulted from an accident at a Chinese lab.

Full Coverage: Virus Outbreak

Speaking Sunday on ABC’s “This Week,” Pompeo said he had no reason to believe that the virus was deliberately spread. But he added, “Remember, China has a history of infecting the world, and they have a history of running substandard laboratories.”

“These are not the first times that we’ve had a world exposed to viruses as a result of failures in a Chinese lab,” Pompeo said. “And so, while the intelligence community continues to do its work, they should continue to do that, and verify so that we are certain, I can tell you that there is a significant amount of evidence that this came from that laboratory in Wuhan.”

The secretary of state appeared to be referring to previous outbreaks of respiratory viruses, like SARS, which started in China. Pompeo repeated the same assertion hours later, via a tweet Sunday afternoon.

On Monday, China's official Global Times newspaper said Pompeo was making "groundless accusations" against Beijing by suggesting the coronavirus was released from a Chinese laboratory.

The populist tabloid published by the ruling Communist Party mouthpiece People's Daily said the claims were a politically-motivated attempt to preserve Donald Trump's presidency and divert attention from the U.S. administration's own failures in dealing with the outbreak.

"As the U.S. presidential election campaigns are underway, the Trump administration has implemented a strategy designed to divert attention from the incompetence it has displayed in fighting the pandemic," the paper said in an editorial.

The paper has made the U.S. top diplomat a main target of its attacks, in recent weeks describing him as "despicable" and of having "evil intentions" by blaming China for having caused the pandemic.

While the virus is believed to have originated in the central Chinese city of Wuhan, most scientists say it was most likely transmitted from bats to humans via an intermediary animal such as the armadillo-like pangolin. That has placed the focus on a wet market in the city where wildlife was sold for food.

The theories about a possible human release have centered on the Wuhan Institute of Virology which undertook research into the transmission of pathogens from animals to people.

Beijing has repeatedly pushed back on U.S. accusations that the outbreak was China's fault, pointing to many missteps made by American officials in their own fight against the outbreak. China's public announcement on Jan. 20 that the virus was transmissible from person to person left the U.S. nearly two months to prepare for the pandemic, during which the U.S. government failed to bolster medical supplies and deployed flawed testing kits.



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ANNEXURE P-12

Australia called 'gum stuck to China's shoe' by state media in coronavirus investigation stoush

Hu Xijin, editor of Global Times, responds to calls for inquiry into source of Covid-19

Australian foreign minister Marise Payne has put down 'any suggestion that economic coercion is an appropriate response' to Australia's call for an investigations into the origins of coronavirus, which China opposes.

Photograph: Lukas Coch/AAP

Australia has been described as "gum stuck to the bottom of China's shoe," by a Chinese state media editor as Beijing criticised calls for an inquiry into the coronavirus origin as "political manoeuvring," further straining ties.

Australia has emerged as one of the most vocal critics of Beijing as it calls for an investigation into the origins and spread of the virus, which emerged in China late last year and has now killed more than 200,000 people around the world.

Late on Monday, Hu Xijin, the editor of the state-run Global Times wrote on Weibo that ties between Australia and its largest trading partner, China, were

likely to deteriorate as much as relations between Beijing and Washington had.

Criticising Australia for joining the US in its attacks on China, Hu wrote: "After the epidemic, we need to have more risk awareness when doing business with Australia and also when we send our children to study there."

"Australia is always there, making trouble. It is a bit like chewing gum stuck on the sole of China's shoes. Sometimes you have to find a stone to rub it off," Hu said.

Hu's comments echo that of China's ambassador to Australia, Jingye Cheng, who told Australian media at the weekend that pushing for an inquiry could result in a boycott of the country's goods. "Maybe the ordinary people will say 'Why should we drink Australian wine? Eat Australian beef?'," Cheng told the Australian Financial Review.

At a briefing on Monday, a spokesman for China's ministry of foreign affairs, Geng Shuang, described international calls for an inquiry as destined to fail. Without naming Australia specifically, he said: "Some politicians are trying to make political manoeuvres over the origin to smear other countries, but their unpopular attempts will never succeed."

Geng added: "The urgent task for all countries is focusing on international cooperation rather than pointing fingers, demanding accountability and other non-constructive approaches."

The origin of the coronavirus has become an increasingly fraught topic as Beijing fights off accusations it is to blame for the pandemic. China has pushed the idea that the virus, first detected in the central Chinese city of Wuhan, may have originated elsewhere, while the US claims it could have leaked from a Chinese lab. In China, all research into the origins of the virus must go through prior vetting as part of a new policy, according to notices seen by the Guardian.

The Chinese embassy in Canberra has responded to reports about the Department of Foreign Affairs and Trade raising the investigation of the source of Covid-19 with the ambassador, releasing a statement claiming DFAT has conceded it has no detail on the proposed investigation.

The statement confirmed ambassador Cheng Jingye took a phone call from Dfat secretary Frances Adamson, but said media reports about what was said were incorrect.

"Secretary Adamson tried her best to defend Australia's proposal about the independent review, saying the proposal neither has political motive nor

targets China. She also admitted it is not the time to commence the review now and Australia has no details of the proposal. She further said that Australia does not want the matter to have any impact on Australia-China relationship.

“Ambassador Cheng elaborated clearly China’s relevant position, stressing that no matter what excuses the Australian side has made, the fact can not be buried that the proposal is a political manoeuvre.

“Ambassador Cheng flatly rejected the concern expressed from the Australian side over his remarks during the recent AFR interview, and called on Australia to put aside ideological bias, stop political games and do more thing to promote the bilateral relations.”

The foreign minister, Marise Payne, on Monday put down “any suggestion that economic coercion is an appropriate response to a call for such an assessment”.

The trade minister, Simon Birmingham, added: “Australia is no more going to change our policy position on a major public health issue because of economic coercion or threats of coercion, than we would change our policy position in matters of national security.”

The prime minister, Scott Morrison, has called on member nations of the World Health Organization to support an independent inquiry into the origins and spread of the coronavirus. He has said his country will push for an international investigation at the WHO assembly on 17 May.

With Paul Karp



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THE HINDU BUSSINESSLINE**German Chancellor Angela Merkel urges China to be more transparent
about the origin of coronavirus**

Hemani Sheth Mumbai | Updated on April 21, 2020 Published on April 21, 2020

German Chancellor Angela Merkel on Monday urged China to be as transparent as possible about the origin of the novel coronavirus according to media reports.

"I believe the more transparent China is about the origin story of the virus, the better it is for everyone in the world in order to learn from it," Merkel said as quoted by AFP.

Germany is not the only nation to request more transparency from China about the origin of Covid-19 and its handling of the virus.

Australia's Foreign Minister, Marise Payne on Sunday called for a global inquiry into the origin of the coronavirus and China's handling of it in an interview with ABC Insiders.

Payne had asked for an independent review to be set up by countries for better understanding the "genesis" of coronavirus as it will further help them

in strategising how to deal with the virus. She also called for an independent review of the transparency with which information was shared about the virus.

China has been drawing flak from countries across the globe, majorly from the US in light of the Covid-19 pandemic. French President Emmanuel Macron last week had said that it was “naïve” to think that China had managed the pandemic well and that there were certain things that had happened which the world didn’t know about, the Financial Times reported.

In another instance, Britain’s Foreign Secretary Dominic Raab had said that China will face “hard questions” related to the outbreak, specifically about its origin and China’s handling of it.

China on Monday had rejected US President Donald Trump’s demand to probe the origin of the virus by sending an investigation team to Wuhan, the epicentre of the outbreak claiming that it was a victim of the virus and not the culprit. It had also rejected Payne’s call for an independent review of the origin of the outbreak as per media reports.

Published on April 21, 2020


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Universal Declaration of Human Rights

Preamble

Whereas recognition of the inherent dignity and of the equal and inalienable rights of all members of the human family is the foundation of freedom, justice and peace in the world, □ Whereas disregard and contempt for human rights have resulted in barbarous acts which have outraged the conscience of mankind, and the advent of a world in which human beings shall enjoy freedom of speech and belief and freedom from fear and want has been proclaimed as the highest aspiration of the common people,

Whereas it is essential, if man is not to be compelled to have recourse, as a last resort, to rebellion against tyranny and oppression, that human rights should be protected by the rule of law, □ Whereas it is essential to promote the development of friendly relations between nations,

Whereas the peoples of the United Nations have in the Charter reaffirmed their faith in fundamental human rights, in the dignity and worth of the human person and in the equal rights of men and women and have determined to promote social progress and better standards of life in larger

freedom,

Whereas Member States have pledged themselves to achieve, in cooperation with the United Nations, the promotion of universal respect for and observance of human rights and fundamental freedoms,□Whereas a common understanding of these rights and freedoms is of the greatest importance for the full realization of this pledge,□Now, therefore,□The General Assembly,□Proclaims this Universal Declaration of Human Rights as a common standard of achievement for all peoples and all nations, to the end that every individual and every organ of society, keeping this Declaration constantly in mind, shall strive by teaching and education to promote respect for these rights and freedoms and by progressive measures, national and international, to secure their universal and effective recognition and observance, both among the peoples of Member States themselves and among the peoples of territories under their jurisdiction.

Article 25

1. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. □



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International Covenant on Economic, Social and Cultural Rights

ARTICLE 2

1. Each State Party to the present Covenant undertakes to take steps, individually and through international assistance and co-operation, especially economic and technical, to the maximum of its available resources, with a view to achieving progressively the full realization of the rights recognized in the present Covenant by all appropriate means, including particularly the adoption of legislative measures.

2. The States Parties to the present Covenant undertake to guarantee that the rights enunciated in the present Covenant will be exercised without discrimination of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth or other status.

3. Developing countries, with due regard to human rights and their national economy, may determine to what extent they would guarantee the economic rights recognized in the present Covenant to non- nationals.

Article 12

1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

2. The steps to be taken by the States Parties to the present Covenant to achieve the full realization of this right shall include those necessary for:

(a) The provision for the reduction of the stillbirth-rate and of infant mortality and for the healthy development of the child;

(b) The improvement of all aspects of environmental and industrial hygiene; (c) The prevention, treatment and control of epidemic, endemic, occupational and other diseases;

(d) The creation of conditions which would assure to all medical service and medical attention in the event of sickness.


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ANNEXURE P-16

Vienna Convention on the law of treaties.

Concluded at Vienna on 23 May 1969

Article 18. OBLIGATION NOT TO DEFEAT THE OBJECT AND
PURPOSE OF A TREATY PRIOR TO ITS ENTRY INTO FORCE

A State is obliged to refrain from acts which would defeat the object and
purpose of a treaty when:

- (a) It has signed the treaty or has exchanged instruments constituting the
treaty subject to ratification, acceptance or approval, until it shall have
made its intention clear not to become a party to the treaty; or
- (b) It has expressed its consent to be bound by the treaty, pending the
entry into force of the treaty and provided that such entry into force is
not unduly delayed.


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ANNEXURE P-17

Responsibility of States for Internationally Wrongful Acts 2001

Article 1□

Responsibility of a State for its internationally wrongful acts

Every internationally wrongful act of a State entails the international responsibility of that State.

Article 2

Elements of an internationally wrongful act of a State

There is an internationally wrongful act of a State when conduct consisting of an action or omission:

- (a) is attributable to the State under international law; and □
- (b) constitutes a breach of an international obligation of the State. □

Article 4□

Conduct of organs of a State

1. The conduct of any State organ shall be considered an act of that State under international law, whether the organ exercises legislative, executive, judicial or any other functions, whatever position it holds in the organization of the State, and whatever its character as an organ

of the central Government or of a territorial unit of the State.

2. An organ includes any person or entity which has that status in accordance with the internal law of the State.

Article 14□

Extension in time of the breach of an international obligation

1. The breach of an international obligation by an act of a State not having a continuing character occurs at the moment when the act is performed, even if its effects continue.

2. The breach of an international obligation by an act of a State having a continuing character extends over the entire period during which the act continues and remains not in conformity with the international obligation.

3. The breach of an international obligation requiring a State to prevent a given event occurs when the event occurs and extends over the entire period during which the event continues and remains not in conformity with that obligation.


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ANNEXURE P-18**INTERNATIONAL HEALTH REGULATIONS (2005)****Article 2 Purpose and scope**

The purpose and scope of these Regulations are to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.

**Article 6
Notification**

1. Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2. Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. If the notification received by WHO involves the competency of the International Atomic Energy Agency (IAEA), WHO shall immediately notify the IAEA.

2. Following a notification, a State Party shall continue to communicate to WHO timely, accurate and sufficiently detailed public health information available to it on the notified event, where possible including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed; and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern.

Article 7

Information-sharing during unexpected or unusual public health events

If a State Party has evidence of an unexpected or unusual public health event within its territory, irrespective of origin or source, which may constitute a public health emergency of international concern, it shall provide to WHO all relevant public health information. In such a case, the provisions of Article 6 shall apply in full.


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Guidance for Managing Ethical Issues □ In Infectious Disease Outbreaks

1. Obligations of governments □ and the international community

Questions addressed:

What are the obligations of governments to prevent and respond to infectious disease outbreaks? □

Why do countries' obligations to prevent and respond to infectious disease outbreaks extend beyond their own borders? □

What obligations do countries have to participate in global surveillance and preparedness efforts? □

What obligations do governments have to provide financial, technical, and scientific assistance to countries in need? □

Governments can play a critical role in preventing and responding to infectious disease outbreaks by improving social □ and environmental conditions, ensuring well-functioning and accessible health systems, and engaging in public health surveillance and prevention activities. Together, these actions can substantially reduce the spread of diseases with epidemic

potential. In addition, they help assure that an effective public health response will be possible if an epidemic occurs. Governments have an ethical obligation to ensure the long-term capacity of the systems necessary to carry out effective epidemic prevention and response efforts.

Countries have obligations not only to persons within their own borders but also to the broader international community. As the United Nations Committee on

Economic, Social and Cultural Rights has recognized, "given that some diseases are easily transmissible beyond the frontiers of a State, the international community has a collective responsibility to address this problem. The economically developed States Parties have a special responsibility and interest to assist the poorer developing States in this regard."⁹

These obligations reflect the practical reality that infectious disease outbreaks do not respect national borders, and that an outbreak in one country can put the rest of the world at risk.

Countries' obligations to consider the needs of the international community do not arise solely in times of emergency. Instead, they require ongoing

attention to ameliorate the social determinants of poor health that contribute to infectious disease outbreaks, including poverty, limited access to education, and inadequate systems of water and sanitation.

The following are key elements of the obligations of governments and the international community:

Ensuring the sufficiency of national public health laws — As discussed later in this document, certain public health interventions that might be necessary during an infectious disease outbreak (e.g. restrictions on freedom of movement) depend on having a clear legal basis for government action, as well as a system in place to provide oversight and review. All countries should review their public health laws to ensure that they give the government sufficient authority to respond effectively to an epidemic while also providing individuals with appropriate human rights protections. □

Participating in global surveillance and preparedness efforts — □ All countries must carry out their responsibilities under the IHR to participate in global surveillance efforts in a truthful and transparent manner. This includes providing prompt notification of events that may constitute a public health emergency of international concern, regardless □ of any negative consequences that □ may be associated with notification, such as a possible

reduction in trade or tourism. The obligation to provide prompt notification to the international community stems not only from the text of the IHR but also from the ethical principles of solidarity and reciprocity. In addition, countries should develop

preparedness plans for infectious disease outbreaks and other potential disasters and provide guidance to relevant health-care facilities to implement the plans.

- Providing financial, technical, and scientific assistance — Countries that have the resources to provide foreign assistance should support global epidemic preparedness and response efforts, including research and development on diagnostics, therapeutics, and vaccines for pathogens with epidemic potential. This support should supplement ongoing efforts to build local public health capacities and strengthen primary health care systems in countries at greatest risk of harm from infectious disease outbreaks.

8. Research during infectious disease outbreaks

Questions addressed:

What is the appropriate role of research during an infectious disease outbreak?

How might the circumstances surrounding infectious disease outbreaks affect the ethical review of research proposals? □

How might the circumstances surrounding infectious disease outbreaks affect the process of informed consent to research? □

What methodological designs are appropriate for research conducted during infectious disease outbreaks? □

How should research be integrated into broader outbreak response efforts? □

During an infectious disease outbreak there is a moral obligation to learn as much as possible as quickly as possible, in order to inform the ongoing public health response, and to allow for proper scientific evaluation of new interventions being tested. Such an approach will also improve preparedness for similar future outbreaks. Carrying out this obligation requires carefully designed and ethically conducted scientific research. In addition to clinical trials evaluating diagnostics, treatments or preventive measures such as vaccines, other types

of research — including epidemiological, social science, and implementation □ studies — can play a critical role in reducing morbidity and mortality and addressing the social and economic consequences caused

by the outbreak.

Research conducted during an infectious disease outbreak should be designed and implemented in conjunction with other public health interventions. Under no circumstances should research compromise the public health response to an outbreak or the provision of appropriate clinical care. All clinical trials must be prospectively registered in an appropriate clinical trial registry.

As in non-outbreak situations, it is essential to ensure that studies are scientifically valid and add social value; that risks are reasonable in relation to anticipated benefits; that participants are selected fairly and participate voluntarily (in most situations following an explicit process of informed consent); that participants' rights and well-being are sufficiently protected; and that studies undergo an adequate process of independent review. These internationally accepted norms and standards stem from the basic ethical principles of beneficence, respect for persons, and justice. They apply to all fields of research involving human beings, whether biomedical, epidemiological, public health or social science studies, and are explained in detail in numerous international ethics guidelines,^{11,12,13,14,15} all of which apply with full force in outbreak situations. All actors in research,

including researchers, research institutions, research ethics committees, national regulators, international organizations, and commercial sponsors, have an obligation to ensure that these principles are upheld in outbreak situations. Doing this requires attention to the following considerations:

Role of local research institutions — When local researchers are available, they should be involved in the design, implementation, analysis, reporting and publication of outbreak-related research. Local researchers can help ensure that studies adequately respond to local realities and needs and that they can be implemented effectively without jeopardizing the emergency response. Involving local researchers in international research collaborations also contributes to building long-term research capacity in affected countries and promoting the value of international equity in science. □

Addressing limitations in local research ethics review and scientific capacity — Countries' capacity to engage in local research ethics review may be limited during outbreaks because of time constraints, lack of expertise, diversion of resources to outbreak response efforts, or pressure from public health authorities that undermines reviewers' independence. International and nongovernmental organizations should assist local research ethics committees to overcome these challenges by, for example, sponsoring

collaborative reviews involving representatives from multiple countries supplemented by external experts.

- Providing ethics review in time-sensitive circumstances — The need for immediate action to contain an infectious disease outbreak may make it impossible to adhere to the usual timeframes for research ethics review. National research governance systems and the international community should anticipate this problem by developing mechanisms to ensure accelerated ethics review in emergency situations, without undermining any of the substantive protections that ethics review is designed to provide. One option is to authorize the advance review of generic protocols for conducting research in outbreak conditions, which can then

be rapidly adapted and reviewed for particular contexts. Early discussion and collaboration with local research ethics committees can help ensure the project is viable and can facilitate local committees' effective and efficient consideration of final protocols when an outbreak actually occurs.

Integrating research into broader outbreak response efforts — National authorities and international organizations should seek to coordinate research projects in order to set priorities that are consistent with broader outbreak response efforts, and to avoid unnecessary duplication of research

effort or competition among different sites. Researchers have an obligation □to share information collected as part of a study if it is important for the ongoing response efforts, such as information about hidden cases and transmission chains or resistance to response measures. Persons who share the information and those who receive it should protect the confidentiality of personal information to the maximum extent possible. As part of the informed consent process, researchers should inform potential participants about □the circumstances under which their personal information might be shared with public health authorities. □

Ensuring that research does□not drain critical health-related resources — Research should not□be done if it will excessively take□away resources, including personnel, equipment, and health-care facilities, from other critical clinical and public health efforts. To the extent possible, research protocols should anticipate provisions for local capacity-building such as involving and training local contributors or, where possible, leaving behind any potentially useful tools or resources. □

Confronting fear and desperation — The climate of fear and desperation typical of infectious disease outbreaks can make it difficult for ethics □ committees or prospective participants to engage in an objective assessment

of the risks and benefits of research participation. In an environment where large numbers of individuals become sick and die, any potential intervention may be perceived to be better than nothing, regardless of the risks and potential benefits actually involved. Those responsible for approving research protocols should ensure that clinical trials are not initiated unless there is a reasonable scientific basis to believe that the experimental intervention is likely to be safe and efficacious, and that the risks have been minimized to the extent reasonably possible. In addition, researchers and ethics committees should recognize that, during an outbreak, prospective participants may be especially prone to the therapeutic misconception — that is, the mistaken view that the intervention is primarily designed to directly benefit the individual participants, as opposed to developing generalizable knowledge for the potential benefit of persons in the future. Indeed, researchers themselves, as well as humanitarian aid workers, may sometimes fail to distinguish between engaging in research and providing ordinary clinical care. Efforts should be made to dispel the therapeutic misconception to the extent reasonably possible. Despite such efforts, some prospective participants may still not fully appreciate the difference between research and ordinary medical care, and this should not in itself preclude their enrolment.

- Addressing other barriers to informed consent — In addition to the impact of fear and desperation, other factors can challenge researchers' ability to obtain informed consent to research; these range from cultural and linguistic differences between foreign researchers and local participants, to the fact that prospective participants in quarantine or isolation may be cut off from their families and other support systems and feel powerless to decline an invitation to participate in research. To the extent possible, consent processes compatible with international research ethics guidelines should be developed in consultation with local communities and implemented by locally recruited personnel. In addition, researchers should be well informed about the medical, psychological and social support systems available locally so that they can guide participants in need towards these services. In some situations, it may be necessary to develop rapid mechanisms for appointing proxy decision-makers, such as during outbreaks of diseases that affect cognitive abilities, or when an outbreak leaves a large number of children as orphans.
- Gaining and maintaining trust — Failure to build and maintain community trust during the process of research design and implementation, or when disclosing preliminary results, will not only impede study recruitment and

completion but may also undermine the uptake of any interventions proven to be efficacious. Engaging with affected communities before, during, and after a study is essential to build and maintain trust. In environments in which the public's trust in government is fragile, researchers should remain as independent as possible from official public health activities. If government workers are themselves involved in conducting research, they should inform participants of this fact. Individuals who observe unethical practices carried out in the name of public health or emergency response efforts should promptly report them to ethics committees or other independent bodies.

- Selecting an appropriate research methodology — Exposing research participants to risk is ethically unacceptable if the study is not designed in a manner capable of providing valid results. It is therefore imperative that all research be designed and conducted in a methodologically rigorous manner. In clinical trials, the appropriateness of features such as randomization, placebo controls, blinding or masking should be determined on a case-by-case basis, with attention to both the scientific validity of the data and the acceptability of the methodology to the community from which participants will be drawn. In studies relying on qualitative methods, the potential

benefits of using methodologies such as focus groups (in which individual confidentiality cannot be guaranteed) or of interviewing traumatized victims should be balanced against the risks and burdens to the individuals involved.

- **Rapid data sharing:** As WHO has previously recognized, every researcher who engages in generation of information related to a public health emergency or acute public health event with the potential to progress to an emergency has the fundamental moral obligation to share preliminary results once they are adequately quality controlled for release.¹⁶ Such information should be shared with public health officials, the study participants and affected population, and groups involved in wider international response efforts, without waiting for publication in scientific journals. Journals should facilitate this process by allowing researchers to rapidly disseminate information with immediate implications for public health without losing the opportunity for subsequent consideration for publication in a journal.

- **Assuring equitable access to the benefits of research** — As recognized in existing international ethics guidelines, individuals and communities that participate in research should, where relevant, have access to any benefits that result from their participation. Research sponsors and host countries should agree in advance on mechanisms to ensure that any interventions

found to be safe and effective in research will be made available to the local population without undue delay, including, when feasible, on a compassionate use basis before regulatory approval is finalized.

10. Rapid data sharing

Questions addressed:

- Why is rapid data sharing essential during an infectious disease outbreak?
- What are the key ethical issues related to

The collection and sharing of data are essential parts of ordinary public health practice. During an infectious disease outbreak, data sharing takes on increased urgency because of the uncertain and ever-changing scientific information; the compromised response capacity of local health systems; and the heightened role of cross-border collaboration. For these reasons, “rapid data sharing is critical during an unfolding health emergency.”¹⁹ The ethically appropriate and rapid sharing of data can help identify etiological factors, predict disease spread, evaluate existing and novel treatment, symptomatic care and preventive measures, and guide the deployment of limited resources.

Activities that generate data include public health surveillance, clinical research studies, individual patient encounters (including MEURI), and epidemiological, qualitative, and environmental studies. All individuals and entities involved in these efforts should cooperate by sharing relevant and accurate data in a timely manner. As discussed in Guideline 8, efforts should be made to ensure that rapid sharing of information with immediate implications for public health does not preclude subsequent publication in a scientific journal.

As part of ongoing pre-epidemic preparedness efforts, countries should review their laws, policies, and practices regarding data sharing to ensure that they adequately protect the confidentiality of personal information and address other relevant ethical questions like managing incidental findings, and dealing with disputes over the ownership or control of information.



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Article 67 [Functions and Powers]

(14) to decide on the ratification and abrogation of treaties and important agreements concluded with foreign states;

(18) to decide, when the National People's Congress is not in session, on the proclamation of a state of war in the event of an armed attack on the country or in fulfillment of international treaty obligations concerning common defence against aggression;


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China's Civil Procedure Law

Article 238: If an international treaty concluded or acceded to by the People's Republic of China contains provisions that differ from provisions of this Law, the provisions of the international treaty shall apply, except those on which China has made reservations.



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THE NEW YORK TIMES

How Coronavirus Mutates and Spreads

By Jonathan Corum and Carl Zimmer April 30, 2020

Leer en español

The Coronavirus Genome

The coronavirus is an oily membrane packed with genetic instructions to make millions of copies of itself. The instructions are encoded in 30,000 “letters” of RNA — a, c, g and u — which the infected cell reads and translates into many kinds of virus proteins.

Start of coronavirus genome

30,000 RNA letters

A New Coronavirus Dec. 26

In December, a cluster of mysterious pneumonia cases appeared around a seafood market in Wuhan, China. In early January, researchers sequenced the first genome of a new coronavirus, which they isolated from a man who worked at the market. That first genome became the baseline for scientists to track the SARS-CoV-2 virus as it spreads around the world.

Genome Wuhan-Hu-1, collected on Dec. 26 from an early patient in Wuhan

Wuhan

A Typo in the RNA Jan. 8

A cell infected by a coronavirus releases millions of new viruses, all carrying copies of the original genome. As the cell copies that genome, it sometimes makes mistakes, usually just a single wrong letter. These typos are called mutations. As coronaviruses spread from person to person, they randomly accumulate more mutations.

The genome below came from another early patient in Wuhan and was identical to the first case, except for one mutation. The 186th letter of RNA was u instead of c.

When researchers compared several genomes from the Wuhan cluster of cases they found only a few new mutations, suggesting that the different genomes descended from a recent common ancestor. Viruses accumulate new mutations at a roughly regular rate, so the scientists were able to estimate that the origin of the outbreak was in China sometime around November 2019.

One Descendent, Two More Mutations Feb. 27

Outside of Wuhan, that same mutation in the 186th letter of RNA has been found in only one other sample, which was collected seven weeks later and 600 miles south in Guangzhou, China. The Guangzhou sample might be a direct descendent of the first Wuhan sample. Or they might be viral cousins, sharing a common ancestor.

During those seven weeks, the Guangzhou lineage jumped from person to person and went through several generations of new viruses. And along the way, it developed two new mutations: Two more letters of RNA changed to u.

Mutations will often change a gene without changing the protein it encodes.

Proteins are long chains of amino acids folded into different shapes. Each amino acid is encoded by three genetic letters, but in many cases a mutation to the third letter of a trio will still encode the same amino acid. These so-called “silent mutations” don’t change the resulting protein.

” non silent mutations do change a protein’s sequence, and the Guangzhou sample of the coronavirus acquired two non-silent mutations.

But proteins can be made of hundreds or thousands of amino acids. Changing a single amino acid often has no noticeable effect on their shape or how they work.

Some Mutations Disappear, Others Spread

As the months have passed, parts of the coronavirus genome have gained many mutations. Others have gained few, or none at all. This striking variation may hold important clues to coronavirus biology.

The parts of the genome that have accumulated many mutations are more flexible. They can tolerate changes to their genetic sequence without causing harm to the virus. The parts with few mutations are more brittle. Mutations in those parts may destroy the coronavirus by causing catastrophic changes to its proteins. Those essential regions may be especially good targets for attacking the virus with antiviral drugs.

Total number of amino acid substitutions found in 4,400 coronavirus genomes from Dec. to April

Longer lines may show places where the genome is more tolerant of mutations.

Gaps may show critical spots in the genome that cannot tolerate mutations.

As mutations accumulate in coronavirus genomes, they allow scientists to track the spread of Covid-19 around the world.

The First American Case Jan. 15

On January 15, a man flew home to the Seattle area after visiting family in Wuhan. After a few days of mild symptoms he tested positive for Covid-19. He became the first confirmed case of Covid-19 in the United States.

The genome of his virus contained three single-letter mutations also found in viruses in China. They allowed scientists to trace the man's infection to its source.

Five weeks later, a high school student in Snohomish County, Wash., developed flu-like symptoms. A nose swab revealed he had Covid-19. Scientists sequenced the genome of his coronavirus sample and found it shared the same distinctive mutations found in the first case in Washington, but also bore three additional mutations.

That combination of old and new mutations suggested that the student did not acquire the coronavirus from someone who had recently arrived from another country. Instead, the coronavirus was probably circulating undetected in the Seattle area for about five weeks, since mid-January.

Since then, viruses with a genetic link to the Washington cluster have now appeared in at least 14 states and several countries around the world, as well as nine cases on the Grand Princess cruise ship.

A different version of the coronavirus was also secretly circulating in California. On Feb. 26, the C.D.C. announced that a patient in Solano County with no known ties to any previous case or overseas travel had tested positive.

A sample taken the next day revealed that the virus did not have the distinctive mutations found in Washington State. Instead, it only had a single mutation distinguishing it from the original Wuhan genome. That indicates that it got to California through a separate introduction from China.

Two healthcare workers who cared for the patient also became sick. Along with the patient's mutation, their sample had additional mutations.

In January and February, more people arrived in the United States carrying coronaviruses of their own. Some viruses carried mutations indicating they had arrived from China or other parts of Asia. But in New York City, the majority of viruses researchers isolated from patients were genetic matches to viruses that had been circulating in Europe.

Shanghai to Munich Jan. 19

On Jan. 19 — the same day the first Washington patient tested positive for Covid-19 — a woman from Shanghai landed in Munich. Not long before the trip, her parents from Wuhan had paid her a visit. By the time she got to Munich she felt only mild symptoms, which she put down as jet lag.

The woman was employed by a German auto parts supplier. The day after she arrived, she went to a company meeting. Several other employees at the meeting got sick and tested positive for Covid-19. The coronavirus genome from a German man at the meeting had mutations linking it back to China.

Wuhan

Genetically similar versions of the virus later spread into other parts of Europe, but it's unclear if they came from this cluster of cases or from a different introduction.

Welcome to New York March 1

The first confirmed case of Covid-19 in New York was announced on March 1, after a woman living in Manhattan was infected while visiting Iran. Of all the viruses that scientists have studied in New York since then, none bears the mutations in her coronavirus genome. That indicates that her infection was not part of a continuing chain of transmissions.

Instead, most of the New York coronaviruses that scientists have sequenced show genetic links to coronaviruses in Europe. Others came from Asia, and still others may have come from other parts of the United States.

Soon, the United States and Europe became new sources for introductions to other countries. Dozens of Guatemalans sent on deportation flights from the U.S. later tested positive for the virus, and coronaviruses carrying mutations that arose in Europe have been reintroduced to Asia

A Slow-Mutating Virus

At this point in the pandemic, coronavirus genomes with 10 or fewer mutations are common, and only a small number have over 20 mutations — which is still less than a tenth of a percent of the genome.

Over time, viruses can evolve into new strains — in other words, viral lineages that are significantly different from each other. Since January, researchers have sequenced many thousands of SARS-CoV-2 genomes and tracked all the mutations that have arisen. So far, they haven't found compelling evidence that the mutations have had a significant change in how the virus affects us.

In fact, researchers have found that the coronavirus is mutating relatively slowly compared to some other RNA viruses, in part because virus proteins acting as proof readers are able to fix some mistakes. Each month, a lineage of coronaviruses might acquire only two single-letter mutations.

In the future, the coronavirus may pick up some mutations that help it evade our immune systems. But the slow mutation rate of the coronavirus means that these changes will emerge over the course of years.

That bodes well for vaccines currently in development for Covid-19. If people get vaccinated in 2021 against the new coronavirus, they may well enjoy a protection that lasts for years.

What We Don't Know

Researchers have only sequenced a tiny fraction of the coronaviruses that now infect over three million people worldwide.

Sequencing more genomes will uncover more chapters in the virus's history, and scientists are particularly eager to study mutations from regions where few genomes have been sequenced, such as Africa and South America.

Note: The four letters of DNA are A, C, G and T. In RNA molecules like the coronavirus genome, the T (thymine) is replaced with U (uracil).

Sources: Trevor Bedford, Sidney Bell et al., Nextstrain.org; Vaughan Cooper; Ana S. Gonzalez-Reiche et al., medRxiv; Nature; New England Journal of Medicine. Cahill-Keyes World Map projection by Gene Keyes.



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ANNEXURE P-23

WORLD HEALTH ORGANISATION

SEVENTY-THIRD WORLD HEALTH ASSEMBLY

Agenda item 3

A73/CONF./1

Rev.1

18 May 2020

COVID-19 response

Draft resolution proposed by Albania, Australia, Bahrain, Bangladesh, Belarus, Bhutan, Bolivia (Plurinational State of), Brazil, Canada, Chile, China, Colombia, Costa Rica, Djibouti, Dominican Republic, Ecuador, El Salvador, Fiji, Guatemala, Guyana, Iceland, India, Indonesia, Iraq, Japan, Jordan, Kazakhstan, Maldives, Marshall Islands, Mexico, Micronesia (Federated States of), Monaco, Montenegro, Morocco, New Zealand, North Macedonia, Norway, Panama, Paraguay, Peru, Qatar, Republic of Korea, Republic of Moldova, Russian Federation, San Marino, Saudi Arabia, Singapore, Sri Lanka, Thailand, the African Group and its Member States,

the European Union and its Member States, Tunisia, Turkey, Ukraine and United Kingdom of Great Britain and Northern Ireland

The Seventy-third World Health Assembly,

Having considered the address of the Director-General on the ongoing COVID-19 pandemic,¹

PP1 Deeply concerned by the morbidity and mortality caused by COVID-19 pandemic, the negative impacts on physical and mental health and social well-being, the negative impacts on economy and society and the consequent exacerbation of inequalities within and between countries;

PP2 Expressing solidarity to all countries affected by the pandemic, as well as condolences and sympathy to all the families of the victims of COVID-19;

PP3 Underlining the primary responsibility of governments to adopt and implement responses to the COVID-19 pandemic that are specific to their national context as well as for mobilizing the necessary resources to do so;

¹Document A73/3.

PP4 Recalling the constitutional mandate of WHO to act, *inter alia*, as the directing and coordinating authority on international health work, and recognizing its key leadership role within the broader United Nations response and the importance of strengthened multilateral cooperation in addressing the COVID-19 pandemic and its extensive negative impacts;

PP5 Recalling the Constitution of WHO, which defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and declares that the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being, without distinction of race, religion, political belief, economic or social condition;

PP6 Recalling the declaration of a Public Health Emergency of International Concern on novel Coronavirus (2019-nCoV) on 30 January 2020 by the Director-General; and the temporary recommendations issued by the Director-General under the International Health Regulations (2005, IHR) upon the advice of the Emergency Committee for COVID-19;

PP7 Recalling the United Nations General Assembly resolutions A/RES/74/270 on "Global solidarity to fight the coronavirus disease

2019 (COVID-19)" and A/RES/74/274 on "International cooperation to ensure global access to medicines, vaccines and medical equipment to face COVID-19";

PP8 Noting resolution EB146.R10 entitled "Strengthening Preparedness for Health Emergencies: implementation of the International Health Regulations (2005)" and reiterating the obligation for all Parties to fully implement and comply with the IHR;

PP9 Noting WHO's Strategic Preparedness and Response Plan (SPRP) and the Global Humanitarian Response Plan for COVID-19;

PP10 Recognizing that the COVID-19 pandemic disproportionately affects the poor and the most vulnerable people, with repercussions on health and development gains, in particular in low- and middle-income and developing countries, thus hampering the achievement of the Sustainable Development Goals (SDGs) and Universal Health Coverage (UHC) including through the strengthening of Primary Health Care, and reiterating the importance of continued and concerted efforts, and the provision of development assistance, and

further recognizing with deep concern the impact of high debt levels on countries' ability to withstand the impact of the COVID-19 shock;

PP11 Recognizing further the negative impacts of the COVID-19 pandemic on health, including hunger and malnutrition, increased violence against women, children, and frontline health workers, as well as disruptions in care of older persons and persons with disabilities;

PP12 Emphasizing the need to protect populations, in particular people with pre-existing health conditions, older persons, and other people at risk of COVID-19 including health professionals, health workers and other relevant frontline workers, especially women who represent the majority of the health workforce as well as persons with disabilities, children and adolescents and people in vulnerable situations, and stressing the importance of age-, gender-responsive and disability-sensitive measures in this regard;

PP13 Recognizing the need for all countries to have unhindered timely access to quality, safe, efficacious and affordable diagnostics, therapeutics, medicines and vaccines, and essential health

technologies, and their components as well as equipment for the COVID-19 response;

PP14 Noting the need to ensure the safe and unhindered access of humanitarian personnel, in particular medical personnel responding to the COVID-19 pandemic, their means of transport and equipment, and to protect hospitals and other medical facilities as well as the delivery of supplies and equipment, in order to allow such personnel to efficiently and safely perform their task of assisting affected civilian populations;

PP15 Recalling resolution 46/182 of 19 December 1991 on the strengthening of the coordination of emergency humanitarian assistance of the United Nations and all subsequent General Assembly resolutions on the subject, including resolution 74/118 of 16 December 2019;

PP16 Underscoring that respect for international law, including international humanitarian law, is essential to contain and mitigate outbreaks of COVID-19 in armed conflicts;

PP17 Recognizing further the many unforeseen public health impacts, challenges and resource needs generated by the ongoing COVID-19 pandemic and the potential re-emergences, as well as the multitude and

complexity of necessary immediate and long-term actions, coordination and collaboration required at all levels of governance across organizations and sectors, including civil society and the private sector, required to have an efficient and coordinated public health response to the pandemic, leaving no-one behind;

PP18 Recognizing the importance of planning and preparing for the recovery phase, including to mitigate the impact of the pandemic and of the unintended consequences of public health measures on society, public health, human rights and the economy;

PP19 Expressing optimism that the COVID-19 pandemic can be successfully mitigated, controlled and overcome through leadership and sustained global cooperation, unity, and solidarity;

OP1 Calls for, in the spirit of unity and solidarity, intensification of cooperation and collaboration at all levels to contain, control and mitigate the COVID-19 pandemic;

OP2 Acknowledges the key leadership role of WHO and the fundamental role of the United Nations system in catalysing and coordinating the comprehensive global response to the COVID-19 pandemic and the central efforts of Member States therein;

OP3 Expresses its highest appreciation of and support to the dedication, efforts and sacrifices, above and beyond the call of duty of health professionals, health workers and other relevant frontline workers, as well as the WHO Secretariat, in responding to the COVID-19 pandemic;

OP4 Calls for the universal, timely and equitable access to and fair distribution of all quality, safe, efficacious and affordable essential health technologies and products including their components and precursors required in the response to the COVID-19 pandemic as a global priority, and the urgent removal of unjustified obstacles thereto; consistent with the provisions of relevant international treaties including the provisions of the TRIPS agreement and the flexibilities as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health;

OP5 Reiterates the importance of urgently meeting the needs of low- and middle-income countries in order to fill the gaps to overcome the pandemic through timely and adequate development and humanitarian assistance;

OP6 Recognizes the role of extensive immunization against COVID-19 as a global public good for health in preventing, containing and stopping transmission in order to bring the pandemic to an end, once safe, quality, efficacious, effective, accessible and affordable vaccines are available;

OP7 Calls on Member States,¹ in the context of the COVID-19 pandemic, to:

OP7.1 Put in place a whole of government and whole of society response including through implementing a national, cross-sectoral COVID-19 action plan that outlines both immediate and long term actions with a view to sustainably strengthening their health system and social care and support systems, preparedness, surveillance and response capacities as well as taking into account, according to national context, WHO guidance, engaging with communities and collaborating with relevant stakeholders;

OP7.2 Implement national action plans by putting in place, according to their specific contexts, comprehensive, proportionate, time-bound, age- and disability-sensitive and gender-responsive measures across government sectors against

COVID-19, ensuring respect for human rights and fundamental freedoms and paying particular attention to the needs of people in vulnerable situations, promoting social cohesion, taking necessary measures to ensure social protection, protection from financial hardship and preventing insecurity, violence, discrimination, stigmatization and marginalization;

OP7.3 Ensure that restrictions on the movement of persons and of medical equipment and medicines in the context of COVID-19 are temporary and specific and include exceptions for the movement of humanitarian and health workers, including community health workers to fulfil their duties and for the transfer of equipment and medicines required by humanitarian organizations for their operations;

OP7.4 Take measures to support access to safe water, sanitation and hygiene, and infection prevention and control, ensuring that adequate attention is placed on the promotion of personal hygienic measures in all settings, including humanitarian settings and particularly in health facilities;

OP7.5 Maintain the continued functioning of the health system in all relevant aspects, in accordance with national context and priorities, necessary for an effective public health response to the COVID-19 pandemic and other ongoing epidemics, and the uninterrupted and safe provision of population and individual level services, for, among others, communicable diseases, including by undisrupted vaccination programmes, neglected tropical diseases, non communicable diseases, mental health, mother and child health and sexual and reproductive health and promote improved nutrition for women and children, recognizing in this regard the importance of increased domestic financing and development assistance where needed in the context of achieving UHC;

OP7.6 Provide the population with reliable and comprehensive information on COVID-19 and the measures taken by authorities in response to the pandemic, and take measures to counter misinformation and disinformation and as well as malicious cyber activities;

OP7.7 Provide access to safe testing, treatment, and palliative care for COVID-19, paying particular attention to the protection of those with pre-existing health conditions, older persons, and other people at risk, in particular health professionals, health workers and other relevant frontline workers;

OP7.8 Provide health professionals, health workers and other relevant frontline workers exposed to COVID-19, access to personal protective equipment and other necessary commodities and training, including in the provision of psychosocial support, taking measures for their protection at work, facilitating their access to work, and the provision of their adequate remuneration, consider also the introduction of task-sharing and task-shifting to optimize the use of resources;

OP7.9 Leverage digital technologies for the response to COVID-19, including for addressing its socioeconomic impact, paying particular attention to digital inclusion, patient empowerment, data privacy, and security, legal and ethical issues, and the protection of personal data;

OP7.10 Provide WHO timely, accurate and sufficiently detailed public health information related to the COVID-19 pandemic as required by the IHR;

OP7.11 Share, COVID-19 related knowledge, lessons learned, experiences, best practices, data, materials and commodities needed in the response with WHO and other countries, as appropriate;

OP7.12 Collaborate to promote both private sector and government-funded research and development, including open innovation, across all relevant domains on measures necessary to contain and end the COVID-19 pandemic, in particular on vaccines, diagnostics, and therapeutics and share relevant information with WHO;

OP7.13 Optimize prudent use of antimicrobials in the treatment of COVID-19 and secondary infections in order to prevent the development of antimicrobial resistance;

OP7.14 Strengthen actions to involve women's participation in all stages of decision-making processes, and mainstream a gender perspective in the COVID-19 response and recovery;

OP7.15 Provide sustainable funding to WHO to ensure that it can fully respond to public health needs in the global response to COVID-19, leaving no one behind;

OP8 CALLS on international organizations and other relevant stakeholders to:

OP8.1 Support all countries, upon their request, in the implementation of their multisectoral national action plans and in strengthening their health systems to respond to the COVID-19 pandemic, and in maintaining the safe provision of all other essential public health functions and services;

OP8.2 Work collaboratively at all levels to develop, test, and scale-up production of safe, effective, quality, affordable diagnostics, therapeutics, medicines and vaccines for the COVID-19 response, including, existing mechanisms for voluntary pooling and licensing of patents to facilitate timely, equitable and affordable access to them, consistent with the provisions of relevant international treaties including the provisions of the TRIPS agreement and the flexibilities as

confirmed by the Doha Declaration on the TRIPS Agreement and Public Health;

OP8.3 Address, and where relevant in coordination with Member States, the proliferation of disinformation and misinformation particularly in the digital sphere, as well as the proliferation of malicious cyber-activities that undermine the public health response, and support the timely provision of clear, objective and science-based data and information to the public;

OP9 REQUESTS the Director-General to:

OP9.1 Continue to work with the United Nations Secretary-General and relevant multilateral organizations, including the signatory agencies of the Global Action Plan for Healthy Lives and Well-Being, on a comprehensive and coordinated response across the United Nations system to support Member States in their responses to the COVID-19 pandemic in full cooperation with governments, as appropriate, demonstrating leadership on health in the United Nations system, and continue to act as the health cluster lead in the United Nations humanitarian response;

OP9.2 Continue to build and strengthen the capacities of WHO at all levels to fully and effectively perform the functions entrusted to it under the IHR;

OP9.3 Assist and continue to call upon all States' Parties to take the actions according to the provisions of the IHR, including by providing all necessary support to countries for building, strengthening and maintaining their capacities to fully comply with the IHR;

OP9.4 Provide assistance to countries upon their request, in accordance with their national context, to support the continued safe functioning of the health system in all relevant aspects necessary for an effective public health response to the COVID-19 pandemic and other ongoing epidemics, and the uninterrupted and safe provision of population and individual level services, for, among others, communicable diseases, including by uninterrupted vaccination programmes, neglected tropical diseases, noncommunicable diseases, mental health, mother and child health and sexual and reproductive health and promote improved nutrition for women and children;

OP9.5 Assist countries upon request in developing, implementing and adapting relevant national response plans to COVID-19, by developing, disseminating and updating normative products and technical guidance, learning tools, data and scientific evidence for COVID-19 responses, including to counter misinformation and disinformation, as well as malicious cyber activities, and continue to work against substandard and falsified medicines and medical products;

OP9.6 Continue to work closely with the World Organisation for Animal Health (OIE), the Food and Agriculture Organization of the United Nations (FAO) and countries, as part of the One-Health Approach to identify the zoonotic source of the virus and the route of introduction to the human population, including the possible role of intermediate hosts, including through efforts such as scientific and collaborative field missions, which will enable targeted interventions and a research agenda to reduce the risk of similar events as well as to provide guidance on how to prevent SARS-COV2 infection in animals and humans and prevent the

establishment of new zoonotic reservoirs, as well as to reduce further risks of emergence and transmission of zoonotic diseases;

OP9.7 Regularly inform Member States, including through Governing Bodies, on the results of fundraising efforts, the global implementation of and allocation of financial resources through the WHO Strategic Preparedness and Response Plan (SPRP), including funding gaps and results achieved, in a transparent, accountable and swift manner, in particular on the support given to countries;

OP9.8 Rapidly, and noting OP2 of RES/74/274 and in consultation with Member States,¹ and with inputs from relevant international organizations civil society, and the private sector, as appropriate, identify and provide options that respect the provisions of relevant international treaties, including the provisions of the TRIPS agreement and the flexibilities as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health to be used in scaling up development, manufacturing and distribution capacities needed for transparent equitable and timely access to

quality, safe, affordable and efficacious diagnostics, therapeutics, medicines, and vaccines for the COVID-19 response taking into account existing mechanisms, tools, and initiatives, such as the Access to COVID-19 Tools (ACT) accelerator, and relevant pledging appeals, such as “The Coronavirus Global Response” pledging campaign, for the consideration of the Governing Bodies;

OP9.9 Ensure that the Secretariat is adequately resourced to support the Member States granting of regulatory approvals needed to enable timely and adequate COVID-19 countermeasures;

OP9.10 Initiate, at the earliest appropriate moment, and in consultation with Member States,¹ a stepwise process of impartial, independent and comprehensive evaluation, including using existing mechanisms,² as appropriate, to review experience gained and lessons learned from the WHO-coordinated international health response to COVID-19, including (i) the effectiveness of the mechanisms at WHO’s disposal; (ii) the functioning of the IHR and the status of

implementation of the relevant recommendations of the previous IHR Review Committees;

(iii) WHO's contribution to United Nations-wide efforts; and
(iv) the actions of WHO and their timelines pertaining to the COVID-19 pandemic, and make recommendations to improve global pandemic prevention, preparedness, and response capacity, including through strengthening, as appropriate, WHO's Health Emergencies Programme;

OP9.11 Report to the Seventy-fourth World Health Assembly, through the 148th session of the Executive Board, on the implementation of this resolution.


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ANNEXURE P-24

THE WALL STREET JOURNAL

China Told Labs to Destroy Coronavirus Samples to Reduce Biosafety Risks

A Chinese senior official says domestic law has clear rules for the handling of highly pathogenic samples

By Josh Chin

May 16, 2020 10:58 pm ET

A senior Chinese official appeared to confirm Secretary of State Mike Pompeo's allegation that Beijing had told labs in the country to destroy coronavirus samples in early January but slammed his characterization as misleading.

In a May 6 press briefing, Mr. Pompeo accused China of covering up the Covid-19 outbreak as it emerged in the central city of Wuhan, saying China's National Health Commission had ordered destruction of samples of the virus on Jan. 3.

Asked about those comments at a press briefing in Beijing on Friday, NHC official Liu Dengfeng confirmed that the commission had issued these guidelines at that time “for pandemic prevention and control, which also played an important role in preventing biosafety risks.”

“If the laboratory conditions cannot meet the requirements for the safe preservation of samples, the samples should be destroyed on the spot or transferred to a professional institution for safekeeping,” said Mr. Liu, supervisor of the commission’s Department of Health Science, Technology and Education.

Chinese law has clear rules for the handling of highly pathogenic samples, he said.

Mr. Pompeo’s allegation that the samples were destroyed as part of a coverup “takes facts out of context with the aim of intentionally misleading people,” he said.

China’s early handling of the coronavirus outbreak in Wuhan has become the subject of intense scrutiny. Beijing and Washington both seek to deflect blame for a pandemic that has infected more than 4.6 million people and killed more than 310,000 world-wide.

Many governments, including the U.S., have regulations that require labs with lower biosafety ratings to destroy or transfer samples of particularly dangerous pathogens. Still, China's government has taken other actions that suggest it wants to stall an investigation into the origins of the virus.

Local authorities in Wuhan collected extensive samples at the end of December from a market where the virus is believed to have first begun spreading widely, enlisting professional disinfection crews to help with the effort, *The Wall Street Journal* reported. Four months later, officials have yet to share any data from those samples with any labs outside of China.

Some Chinese and foreign researchers told *The Journal* they had been informed by Chinese officials that animals taken from the market were destroyed. China's early handling of the coronavirus outbreak in Wuhan has become the subject of intense scrutiny. Beijing and Washington both seek to deflect blame for a pandemic that has infected more than 4.6 million people and killed more than 310,000 world-wide.

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Some Chinese and foreign researchers told The Journal they had been informed by Chinese officials that animals taken from the market were destroyed.

At Friday's briefing, Mr. Liu said China had always been active in sharing microbial samples with other countries.

He said Chinese officials "also have an active and open attitude" when it comes to the new coronavirus "and are willing to share novel

coronavirus strains in an orderly manner” within the framework of the World Health Organization.

Public health experts say it is likely too late to investigate the role of the market in Covid-19’s spread and that proving its origin might now be impossible.



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ANNEXURE P-25

THE WHITE HOUSE
WASHINGTON
18th MAY 2020

His Excellency

Dr. Tedros Adhanom Ghebreyesus

Director-General of the World Health Organization Geneva, Switzerland

Dear Dr. Tedros:

On April 14, 2020, I suspended United States contributions to the World Health Organization pending an investigation by my Administration of the organization's failed response to the COVID-19 outbreak. This review has confirmed many of the serious concerns I raised last month and identified others that the World Health Organization should have addressed, especially the World Health Organization's alarming lack of independence from the People's Republic of China. Based on this review, we now know the following:

- The World Health Organization consistently ignored credible reports of the virus spreading in Wuhan in early December 2019 or even earlier, including reports from the Lancet medical journal. The World Health Organization failed to independently investigate credible reports that

conflicted directly with the Chinese government's official accounts, even those that came from sources within Wuhan itself.

- By no later than December 30, 2019, the World Health Organization office in Beijing knew that there was a "major public health" concern in Wuhan. Between December 26 and December 30, China's media highlighted evidence of a new virus emerging from Wuhan, based on patient data sent to multiple Chinese genomics companies. Additionally, during this period, Dr. Zhang Jixian, a doctor from Hubei Provincial Hospital of Integrated Chinese and Western Medicine, told China's health authorities that a new coronavirus was causing a novel disease that was, at the time, afflicting approximately 180 patients.
- By the next day, Taiwanese authorities had communicated information to the World Health Organization indicating human-to-human transmission of a new virus. Yet the World Health Organization chose not to share any of this critical information with the rest of the world, probably for political reasons.
- The International Health Regulations require countries to report the

risk of a health emergency within 24 hours. But China did not inform the World Health Organization of Wuhan's several cases of pneumonia, of unknown origin, until December 31, 2019, even though it likely had knowledge of these cases days or weeks earlier.

- According to Dr. Zhang Yongzhen of the Shanghai Public Health Clinic Center, he told Chinese authorities on January 5, 2020, that he had sequenced the genome of the virus. There was no publication of this information until six days later, on January 11, 2020, when Dr. Zhang self-posted it online. The next day, Chinese authorities closed his lab for "rectification." As even the World Health Organization acknowledged, Dr. Zhang's posting was a great act of "transparency." But the World Health Organization has been conspicuously silent both with respect to the closure of Dr. Zhang's lab and his assertion that he had notified Chinese authorities of his breakthrough six days earlier.
- The World Health Organization has repeatedly made claims about the coronavirus that were either grossly inaccurate or misleading.
- On January 14, 2020, the World Health Organization gratuitously

reaffirmed China's now-debunked claim that the coronavirus could not be transmitted between humans, stating: "Preliminary investigations conducted by the Chinese authorities have found no clear evidence of human-to-human transmission of the novel coronavirus (2019-nCov) identified in Wuhan, China." This assertion was in direct conflict with censored reports from Wuhan.

- On January 21, 2020, President Xi Jinping of China reportedly pressured you not to declare the coronavirus outbreak an emergency. You gave in to this pressure the next day and told the world that the coronavirus did not pose a Public Health Emergency of International Concern. Just over one week later, on January 30, 2020, overwhelming evidence to the contrary forced you to reverse course.
- On January 28, 2020, after meeting with President Xi in Beijing, you praised the Chinese government for its "transparency" with respect to the coronavirus, announcing that China had set a "new standard for outbreak control" and "bought the world time." You did not mention that China had, by then, silenced or punished several doctors for speaking out about the virus and restricted Chinese institutions from publishing information about it.

- Even after you belatedly declared the outbreak a Public Health Emergency of International Concern on January 30, 2020, you failed to press China for the timely admittance of a World Health Organization team of international medical experts. As a result, this critical team did not arrive in China until two weeks later, on February 16, 2020. And even then, the team was not allowed to visit Wuhan until the final days of their visit. Remarkably, the World Health Organization was silent when China denied the two American members of the team access to Wuhan entirely.
- You also strongly praised China's strict domestic travel restrictions, but were inexplicably against my closing of the United States border, or the ban, with respect to people coming from China. I put the ban in place regardless of your wishes. Your political gamesmanship on this issue was deadly, as other governments, relying on your comments, delayed imposing life-saving restrictions on travel to and from China. Incredibly, on February 3, 2020, you reinforced your position, opining that because China was doing such a great job protecting the world from the virus, travel restrictions were "causing more harm than good." Yet by then the world knew that, before

locking down Wuhan, Chinese authorities had allowed more than five million people to leave the city and that many of these people were bound for international destinations all over the world.

- As of February 3, 2020, China was strongly pressuring countries to lift or forestall travel restrictions. This pressure campaign was bolstered by your incorrect statements on that day telling the world that the spread of the virus outside of China was "minimal and slow" and that "the chances of getting this going to anywhere outside China [were] very low."
- On March 3, 2020, the World Health Organization cited official Chinese data to downplay the very serious risk of asymptomatic spread, telling the world that "COVID-19 does not transmit as efficiently as influenza" and that unlike influenza this disease was not primarily driven by "people who are infected but not yet sick." China's evidence, the World Health Organization told the world, "showed that only one percent of reported cases do not have symptoms, and most of those cases develop symptoms within two days." Many experts, however, citing data from Japan, South Korea, and elsewhere, vigorously questioned these assertions. It is now clear

that China's assertions, repeated to the world by the World Health Organization, were wildly inaccurate.

- By the time you finally declared the virus a pandemic on March 11, 2020, it had killed more than 4,000 people and infected more than 100,000 people in at least 114 countries around the world.
- On April 11, 2020, several African Ambassadors wrote to the Chinese Foreign Ministry about the discriminatory treatment of Africans related to the pandemic in Guangzhou and other cities in China. You were aware that Chinese authorities were carrying out a campaign of forced quarantines, evictions, and refusal of services against the nationals of these countries. You have not commented on China's racially discriminatory actions. You have, however, baselessly labeled as racist Taiwan's well-founded complaints about your mishandling of this pandemic.
- Throughout this crisis, the World Health Organization has been curiously insistent on praising China for its alleged "transparency." You have consistently joined in these tributes, notwithstanding that China has been anything but transparent. In early January, for

example, China ordered samples of the virus to be destroyed, depriving the world of critical information. Even now, China continues to undermine the International Health Regulations by refusing to share accurate and timely data, viral samples and isolates, and by withholding vital information about the virus and its origins. And, to this day, China continues to deny international access to their scientists and relevant facilities, all while casting blame widely and recklessly and censoring its own experts.

- The World Health Organization has failed to publicly call on China to allow for an independent investigation into the origins of the virus, despite the recent endorsement for doing so by its own Emergency Committee. The World Health Organization's failure to do so has prompted World Health Organization member states to adopt the "COVID-19 Response" Resolution at this year's World Health Assembly, which echoes the call by the United States and so many others for an impartial, independent, and comprehensive review of how the World Health Organization handled the crisis. The resolution also calls for an investigation into the origins of the virus, which is necessary for the world to understand how best to counter

the disease.

- Perhaps worse than all these failings is that we know that the World Health Organization could have done so much better. Just a few years ago, under the direction of a different Director- General, the World Health Organization showed the world how much it has to offer. In 2003, in response to the outbreak of the Severe Acute Respiratory Syndrome (SARS) in China, Director- General Harlem Brundtland boldly declared the World Health Organization's first emergency travel advisory in 55 years, recommending against travel to and from the disease epicenter in southern China. She also did not hesitate to criticize China for endangering global health by attempting to cover up the outbreak through its usual playbook of arresting whistleblowers and censoring media. Many lives could have been saved had you followed Dr. Brundtland's example.
- It is clear the repeated missteps by you and your organization in responding to the pandemic have been extremely costly for the world. The only way forward for the World Health Organization is if it can actually demonstrate independence from China. My Administration has already started discussions with you on how to

reform the organization. But action is needed quickly. We do not have time to waste. That is why it is my duty, as President of the United States, to inform you that, if the World Health Organization does not commit to major substantive improvements within the next 30 days, I will make my temporary freeze of United States funding to the World Health Organization permanent and reconsider our membership in the organization. I cannot allow American taxpayer dollars to continue to finance an organization that, in its present state, is so clearly not serving America's interests.

Sincerely

Sd/-



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Historic health assembly ends with global commitment to COVID-19 response

“Let our shared humanity be the antidote to our shared threat.” -Dr Tedros

19 May 2020

News release

Geneva

At today’s meeting of the 73rd World Health Assembly —its first-ever to be held virtually—delegates adopted a landmark resolution to bring the world together to fight the COVID-19 pandemic.

The resolution, co-sponsored by more than 130 countries, was adopted by consensus.

It calls for the intensification of efforts to control the pandemic, and for equitable access to and fair distribution of all essential health technologies and products to combat the virus. It also calls for an independent and comprehensive evaluation of the global response, including, but not limited to, WHO’s performance.

As WHO convened ministers of health from almost every country in the world, the consistent message throughout the two-day meeting—including from the 14 heads of state participating in the opening and closing sessions—was that global unity is the most powerful tool to combat the outbreak. The resolution is a concrete manifestation of this call, and a roadmap for controlling the outbreak.

In his closing remarks, WHO Director-General Dr Tedros Adhanom Ghebreyesus said “COVID-19 has robbed us of people we love. It’s robbed us of lives and livelihoods; it’s shaken the foundations of our world; it threatens to tear at the fabric of international cooperation. But it’s also reminded us that for all our differences, we are one human race, and we are stronger together.”

The World Health Assembly will reconvene later in the year.



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IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
WRIT PETITION (CIVIL) NO. _____ OF 2020
(PUBLIC INTEREST LITIGATION)

IN THE MATTER OF:-

DOCTORS FOR YOU

.... PETITIONER

VERSUS

UNION OF INDIA & ORS.

.... RESPONDENTS

**AN APPLICATION FOR EXEMPTION FROM FILING
UNATTESTED AFFIDAVIT**

To,
THE HON'BLE CHIEF JUSTICE OF INDIA AND HIS COMPANION
JUSTICES OF THE HON'BLE SUPREME COURT OF INDIA.

THE HUMBLE PETITION OF THE
PETITIONER ABOVE NAMED

MOST RESPECTFULLY SHOWETH:

1. The Petitioner prefers this Writ Petition under Art.32 of the Constitution of India in the nature of a Public Interest Litigation. The Petitioner prays to this Hon'ble Court that the facts and circumstances stated in the Petition may kindly be read and treated as part and parcel

of this application, which are not being repeated herein for the sake of brevity.

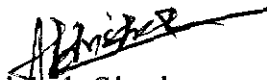
2. That the Petitioner may be exempted from filing unattested affidavit due to lockdown. The Petitioner undertakes to file the attested copy of the affidavit as and when the Oath Commissioner/Notary is available.

PRAYER

It is, therefore, most respectfully prayed that this Hon'ble Court may graciously be pleased to:

- a) exempt the Petitioner from filing the unattested affidavit; and
- b) pass such other/further orders as this Hon'ble Court may deem fit and proper in the interest of justice.

Filed by:



Abhishek Singh
Advocate for the Appellant

New Delhi
Dated: 02.06.2020

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IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
WRIT PETITION (CIVIL) NO. _____ OF 2020
(PUBLIC INTEREST LITIGATION)

MEMO OF PARTIES:

DOCTORS FOR YOU
THR. PRESIDENT
FLAT NO - 101/102, BUILDING NUMBER - 31
NATWAR PARIKH COMPOUND, NEAR INDIA OIL
NAGAR, GOVANDI, MUMBAI-400043
MAHARASHTRA, INDIA

Also at:

At 313B, Gali No.3, Jain Nagar,
Rohini, Sec-38, Delhi-11086.

... PETITIONER

VERSUS

1. UNION OF INDIA
THROUGH THE HOME SECRETARY,
CABINET SECRETARIAT,
RASHTRAPATI BHAWAN
NEW DELHI - 110004 ...RESPONDENT NO. 1

2. MINISTRY OF HEALTH AND FAMILY WELFARE
THR. SECRETARY
NIRMAN BHAWAN
CHANAKYA PURI
NEW DELHI - 110011 ...RESPONDENT NO. 2

3. MINISTRY OF EXTERNAL AFFAIRS
THR SECRETARY
E BLOCK, CENTRAL SECRETARIAT,
NEW DELHI, DELHI 110001 ...RESPONDENT NO.3

4. NATIONAL DISASTER MANAGEMENT AUTHORITY
THR. SECRETARY
NDMA BHAWAN A-1, SAFDARJUNG ENCLAVE
NEW DELHI - 110029 ...RESPONDENT NO. 4

Filed by:

Abhishek Singh

Advocate for the Petitioner

New Delhi;

Dated: 02.06.2020.

Section PIL
201

IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION

WRIT PETITION (CIVIL) NO. _____ OF 2020
(PUBLIC INTEREST LITIGATION)

IN THE MATTER OF:-

DOCTORS FOR YOU

.... PETITIONER

VERSUS

UNION OF INDIA & ORS.

.... RESPONDENTS

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1.	Listing Performa	1+1	
2.	Synopsis and List of Dates	1+3	
3.	Writ Petition affidavit	1+3	520/-
4.	Annexures P-1 to P-26	1+3	
5.	Application for exemption from filing unattested affidavit	1+3	100/-
5.	Vakalatnama & Memo of Appearance	1	10/-

630/-
Filed by:

Abhishek Singh
(Abhishek Singh)

Advocate for the Petitioner
16, New Lawyers Chambers

Supreme Court of India

New Delhi-110001

Code# 2171.

e-mail: office.abhisheksingh@gmail.com

I-Card# 4876

Kishan Singh Mehra

(M) 9810680998

Dated: 02.06.2020.

202

IN THE SUPREME COURT OF INDIA
CIVIL ORIGINAL JURISDICTION
WRIT PETITION (C) NO. OF 2020

IN THE MATTER OF:

Doctors For You

... Petitioner

Versus

Union of India & Ors.

.... Respondents


VAKALATNAMA

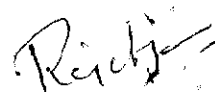
I, Dr. RAJAT JAIN in the above case, do hereby appoint **Mr Abhishek Singh, Advocate-on-Record**, Supreme Court of India, to act and appear for me/us in the above case and on my/our behalf to conduct and prosecute (or defend) the same and all proceeding(s) that may be taken in respect of any application connected with the same or any decree or order passed therein including proceedings in taxation and application for Review, to file and obtain return of document(s), and to deposit and receive money on my/our behalf in the said Petition and in application of Review, and to represent me/us and to take all necessary steps on my/our behalf in the above matter.

I/We agree to ratify all acts done by the aforesaid Advocate in pursuant to this authority.

Dated this the 28th Day of May, 2020.

ACCEPTED, VERIFIED & CERTIFIED


Abhishek Singh
Advocate-on-Record
The Address for Service of the said Advocate is:
016, New Lawyers Chambers
Supreme Court of India
New Delhi-110 001.
Tel: 23070347.


Put Signature(s) as below

Sd/-

203

MEMO OF APPEARANCE


To,
The Registrar
The Supreme Court of India
New Delhi.

Sir,

Please enter my appearance for the above-named Petitioner in the above mentioned matter.

Yours faithfully,

Dated: ...21.06..., 2020.


Abhishek Singh
Advocate-on-Record.
Supreme Court of India.
Code: 2171
M#: 9810680998

204

Rajat Jain (राजत जैन)

सूचना

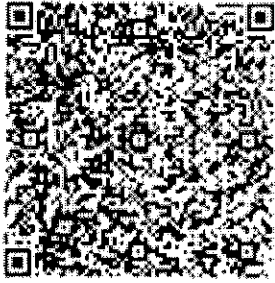
Date: 02/07/2016

C/O, 606 N-5, Narmada Apartment, Vasant Kunj D6,
Vasant Kunj, South West Delhi,
Delhi - 110070

- आधार पहचान का प्रमाण है, नागरिकता का नहीं।
- पहचान का प्रमाण ऑनलाइन ऑथेंटिकेशन द्वारा प्राप्त करें।
- यह एक इलेक्ट्रॉनिक प्रक्रिया द्वारा बना हुआ पत्र है।

आपका आधार क्रमांक/ Your Aadhaar No.:

9627 4060 5613



मेरा आधार, मेरी पहचान



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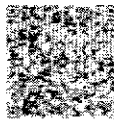
भारत सरकार



राष्ट्रीय विशिष्ट पहचान प्राधिकरण



राजत जैन
Rajat Jain
जन्म तिथि/ DOB: 18/08/1983
पुरुष / MALE



पता:

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अपार्टमेंट, वसंत कुंज डी6,
वसंत कुंज, दक्षिण पश्चिमी
दिल्ली,
दिल्ली - 110070

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Delhi - 110070

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मेरा आधार, मेरी पहचान

Rajat Jain

MERA AADHAAR, MERI PEHACHAN

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भारत सरकार

GOVT. OF INDIA

RAJAT JAIN

SATISH CHAND JAIN

18/08/1983

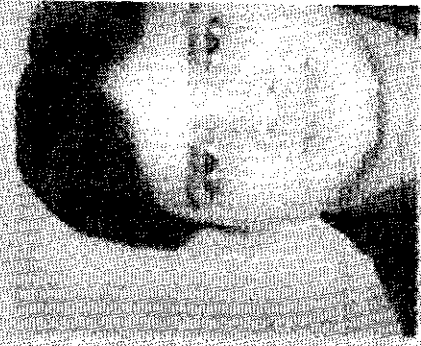
Permanent Account Number

AHWPJ8936B

Rajat Jain

Signature

Rajat



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