



Report of the Standing Committee on Health Emergency Prevention, Preparedness and Response

Report by the Director-General

1. The Director-General has the honour to transmit to the Executive Board at its 153rd session the report of the second meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response (see Annex), which met on 13 and 14 April 2023.

ACTION BY THE EXECUTIVE BOARD

2. The Board is invited to note the report.

ANNEX

REPORT OF THE MEETING

1. The second meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response (“the Standing Committee”) was held in a hybrid format on 13–14 April 2023. The officers of the Standing Committee, Dr Noor Hisham Abdullah of Malaysia as Chair, and Professor Jérôme Salomon of France as Vice-Chair, presided over the meeting.

2. The Director-General provided the opening remarks, welcomed all participants, and said that he looked forward to being advised and supported by the Standing Committee through the Executive Board.

3. The Chair recalled the functions of the Standing Committee as per the terms of reference contained in decision EB151(2) (2022), reviewed the agenda and introduced the programme of work. The Chair referred to some general principles to support the efficient conduct of the Standing Committee’s work while noting that none of these principles in any way altered the terms of reference that were agreed by the Executive Board through decision EB151(2). In this regard, the Chair noted that:

- The main role of the Standing Committee was to provide guidance to the Director-General through the Executive Board on matters pertaining to health emergency prevention, preparedness and response, including by supporting the WHO Health Emergencies Programme, in accordance with the Standing Committee’s terms of reference;
- Avoiding duplication with the work carried out by other relevant bodies, specifically, the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme and the Global Preparedness Monitoring Board, was key;
- The Standing Committee should prioritize discussions on public health emergencies of international concern and, outside of those, on strengthening and oversight of the WHO Health Emergencies Programme and effective health emergency prevention, preparedness and response, in accordance with the Standing Committee’s terms of reference;
- Standing Committee discussions needed to be focused; and
- The Standing Committee should embrace simplicity with practical solutions in its approach and interventions.

4. The Chair of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, Professor Walid Ammar, presented the Independent Oversight and Advisory Committee’s expanded scope of work, according to the fifth edition of the Independent Oversight and Advisory Committee’s terms of reference adopted in March 2023, as well as its membership, methods of work and previous reports. The interim Co-Chair of the Global Preparedness Monitoring Board, Ms Bente Angell-Hansen, reviewed the Global Preparedness Monitoring Board’s origins, its functions, mandates, current objectives and 2023 priorities. The Secretariat reviewed the development of the WHO Health Emergencies Programme and its composition, including an overview of current signals, emergencies, humanitarian crises and needs. The Secretariat reviewed the status of proposals for strengthening the global architecture for health emergency prevention, preparedness, and response; updates on financing mechanisms; the evolving concept of collaborative surveillance; and the work of the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other

international instrument on pandemic prevention, preparedness and response, and the Working Group on Amendments to the International Health Regulations (2005).

5. The Regional Director from the Eastern Mediterranean Region and other representatives of the Eastern Mediterranean Region, the African Region, the Region of the Americas, the European Region, the South-East Asia Region and the Western Pacific Region reviewed recent experiences with emergencies, humanitarian crises, conflicts and displacements, and natural disasters, and their preparedness and response priorities and activities.

6. The Secretariat presented lessons learned from the COVID-19 pandemic, which remains a public health emergency of international concern. The current status of the pandemic was reviewed, along with how best to support countries to shift to a COVID-19 programme within broader disease prevention and control programmes. A large part of the focus was on pandemic preparedness for the future, for any pathogen with epidemic or pandemic potential. Other significant issues mentioned included: trust; the importance of communities; solidarity; leveraging innovations and technologies; aligning with country priorities; and breaking the cycle of panic and neglect.

7. The Secretariat presented the current status of graded emergencies, the grading process of the Emergency Response Framework, and the many different forms of public health intelligence received and requiring evaluation daily. Three public health emergencies of international concern were ongoing: poliovirus; mpox; and COVID-19. The Marburg virus disease situation in the African Region was cited as an emerging threat. Regional offices then provided updates on graded emergencies in their regions. These included: earthquake response in Türkiye and the Syrian Arab Republic, including cross-border operations; multiple conflict-related compounding crises and humanitarian situations, requiring trauma and surgical care, communicable disease control, mental health care, essential health services and recovery of the health system; climate-related emergencies such as cyclones and tsunamis; outbreaks of cholera; and refugee crises.

8. The Secretariat provided a briefing on current health threats requiring the attention of the Standing Committee. These threats included: avian influenza viruses with pandemic potential; arboviruses such as chikungunya, dengue, yellow fever, and Zika; climate-related and extreme weather events, including floods, storms, heatwaves, droughts and earthquakes; Nipah virus infection; and cholera.

9. Discussion followed each report, including questions and comments from Standing Committee members, as well as from Member States not represented on the Standing Committee. Major themes that emerged included:

- the sustainability of the WHO Health Emergencies Programme in light of its increasing workload and how to strengthen its authority, responsibilities and support;
- making decisions on priorities, and the role of Member States in helping WHO integrate lessons learned from the pandemic;
- the need to revise preparedness and response plans to incorporate lessons learned from the COVID-19 pandemic and the urgent need to integrate these preparedness efforts with health systems strengthening, reinforcing relationships and collaboration on health emergencies across the three levels of the Organization;
- sustaining the achievements of the pandemic in such areas as genomic and wastewater monitoring;

- the need to strengthen diagnostic capabilities and their integration with multisource surveillance systems; and
- the creation and support of One Health initiatives.

10. Further questions were related to the development of medical countermeasures, the R&D Blueprint, the supply of cholera vaccines, and the role of anticipation as part of activities to prevent, detect and respond to disease threats. It was noted that countries needed to increase their preparedness efforts and accelerate research to understand the threats posed by climate change, and that cross-border and regional collaborations and partnerships were also critical.

11. Potential agenda items on health emergency prevention preparedness and response for the next meetings of the Standing Committee were discussed, including recurring items on:

- all hazards prevention and preparedness at global and regional levels;
- review of ongoing emergencies and response; and
- ongoing public health risks (as defined in the International Health Regulations 2005) requiring increased attention and preparation.

12. It was noted that additional potential agenda items could also include:

- the sharing of updates to the Emergency Response Framework with a view to discussing its successful implementation;
- WHO’s global strategy for laboratories, especially with respect to preparedness for emergencies; how to support and strengthen the WHO Health Emergencies Programme, including funding, capacity-building, and resilience, without prejudice to the Independent Oversight and Advisory Committee’s mandate;
- how to provide specific guidance to the Executive Board and advice to the Director-General, through the Executive Board; and
- how the Standing Committee could complement, possibly create links with, and not duplicate the work being done by other relevant bodies, which could also include a review of the implementation of the Independent Oversight and Advisory Committee’s recommendations.

13. The Committee could also explore a discussion on possible planning and budget implications for the WHO Health Emergencies Programme of the draft Proposed programme budget 2024–2025, which would require consideration by the Programme, Budget and Administration Committee of the Executive Board, including challenges regarding the need for prioritization. Some Member States suggested discussing a standard agenda of the Standing Committee both for its regular and its extraordinary meetings.

14. The Chair invited additional suggestions for future agenda items, which could be submitted to the Secretariat in accordance with modalities to be communicated in due course.

15. The Standing Committee considered and adopted its meeting report. The meeting was closed.

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