World Health Organization

SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY **A77/8 Add.2**
Provisional agenda item 13.2 **23 April 2024**

Implementation of the International Health Regulations (2005)

Report by the Director-General

In accordance with Article 53(g) of the International Health Regulations (2005), the standing recommendations for COVID-19, issued by the Director-General on 9 August 2023 in accordance with the International Health Regulations (2005), are hereby submitted to the Health Assembly for its consideration.

ANNEX

STANDING RECOMMENDATIONS FOR COVID-19 ISSUED BY THE DIRECTOR-GENERAL OF THE WORLD HEALTH ORGANIZATION (WHO) IN ACCORDANCE WITH THE INTERNATIONAL HEALTH REGULATIONS (2005) (IHR)

These standing recommendations are issued by the Director-General of the World Health Organization (WHO) in accordance with provisions of Articles 16 to 18, and 50 to 53 of the International Health Regulations (2005) (IHR or Regulations).

These standing recommendations are in effect for all States Parties from 9 August 2023 until 30 April 2025.

These standing recommendations may be modified or terminated prior to that time, in accordance with Article 53 of the Regulations. Furthermore, they will be submitted to the Seventy-Seventh World Health Assembly for its consideration, pursuant to Article 53(g) of the IHR.

In accordance with the advice provided to the Director-General of WHO by both the IHR Emergency Committee regarding the COVID-19 pandemic[1] and the IHR Review Committee regarding standing recommendations for COVID-19,[2] these standing recommendations, based on scientific principles and evidence, are necessary and appropriate to support States Parties in addressing the risk posed by COVID-19 during the transition from the response to a public health emergency of international concern[3] to its management within broader disease prevention and control programmes.[4]

Both the Review Committee regarding standing recommendations for COVID-19 and the Director-General underscore that the standing recommendations have been formulated and issued in strict compliance with relevant provisions of the IHR. Accordingly, these standing recommendations should be understood as respecting the ongoing work by Member States in the framework of the Intergovernmental Negotiating Body (INB) and the Working Group on Amendments to the International Health Regulations (2005) (WGIHR), and are not intended to interfere with or unduly influence that work.

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[1] https://www.who.int/groups/covid-19-ihr-emergency-committee (accessed on 4 August 2023).

[2] https://www.who.int/teams/ihr/ihr-review-committees/review-committee-regarding-standing-recommendations-for-covid-19 (accessed on 4 August 2023).

[3] On 30 January 2020, the Director-General of WHO determined the worldwide spread of SARS-CoV-2 virus, causing COVID-19, as a public health emergency of international concern. After characterising COVID-19 as a pandemic on 11 March 2020, the Director-General terminated the public health emergency of international concern associated with the COVID-19 pandemic on 5 May 2023. The temporary recommendations issues on 5 May 2023 expired on 4 August 2023.

[4] "WHO Strategic Preparedness and Response Plan: April 2023–April 2025 – From emergency response to long-term COVID-19 disease management: sustaining gains made during the COVID-19 pandemic" (accessed on 4 August 2023).

A. States Parties are recommended to revise and implement, as appropriate, national COVID-19 plans and policies that take into account the WHO COVID-19 Strategic Preparedness and Response Plan April 2023–April 2025. This document outlines critical actions that support States Parties in transitioning from emergency response to COVID-19 into strengthened and integrated infectious disease prevention and control programmes with the goal of reducing disease burden from COVID-19 and preparing for a possible worsening situation caused by new variants of the virus. Actions are recommended to:

1. Incorporate lessons learnt from national and sub-national evaluations of the COVID-19 response into COVID-19 related plans and policies.

2. Sustain national and sub-national capacities, as appropriate, for preparedness, prevention, and response for COVID-19. The capacity gains achieved during the public health emergency of international concern (PHEIC) associated with the COVID-19 pandemic should be leveraged to prepare for current and future events of both COVID-19 and other infectious pathogens with epidemic and pandemic potential. These capacities may include multi-source surveillance, risk assessment, testing and sequencing capacities, infection prevention and control, clinical management, planning and delivery of mass gathering events, risk communication and community engagement, infodemic management, public health and social measures, and access to and use of medical countermeasures.

3. Based on the current COVID-19 epidemiological situation, refrain from any unilateral travel-related restrictions or health measures, including requirements for testing or vaccination, and lift any such remaining measures to avoid unnecessary interference with international traffic and trade.

4. Continue to restore health programmes adversely affected by the COVID-19 pandemic.

B. States Parties are recommended to sustain collaborative surveillance[1] for COVID-19, in order to provide a basis for situational awareness and risk assessment and the detection of significant changes in virus characteristics, virus spread, disease severity and population immunity. Actions are recommended to:

5. Incorporate information from different COVID-19 monitoring systems to ensure detection of early warning signals and prepare to scale up and adapt systems, as needed. Include, as applicable, surveillance in sentinel populations, genomic sequencing, event-based surveillance, wastewater or environmental surveillance, serosurveillance, clinical severity assessment, and surveillance in animal populations. Support the enhancement of surveillance using a One Health Approach[2] to better understand SARS-CoV-2 circulation and evolution in animals.

6. Integrate COVID-19 surveillance with surveillance for other respiratory infections, e.g. influenza, where applicable, to provide baselines relative to other circulating viruses.

[1] The definition of collaborative surveillance by WHO is available at: https://www.who.int/publications/i/item/9789240074064 (accessed on 4 August 2023).

[2] The WHO One Health page is available at: https://www.who.int/health-topics/one-health#tab=tab_1 (accessed on 4 August 2023).

C. States Parties are recommended to continue reporting COVID-19 data, particularly mortality data, morbidity data, SARS-CoV-2 genetic sequences with meta-data, and vaccine effectiveness data to WHO or in open sources so that WHO can understand and describe the epidemiological situation and variant landscape, perform global risk assessments and work with expert networks and relevant WHO Advisory Groups. Actions are recommended to:

7. Report COVID-19 burden and impact data including hospitalization, Intensive Care Units, and mortality data to WHO or publish the data.

8. Maintain public reporting of sequences with meta-data and support the establishment of the WHO Global Coronavirus Laboratory Network (CoViNet) in order to, inter alia, support future selection of strains for updated vaccines.

9. Report epidemiological and laboratory information in a timely manner to established WHO regional or global platforms, through RespiMart and the expanded activities of the Global Influenza Surveillance and Response System (GISRS).

10. Improve reporting on COVID-19 vaccine implementation and programme data to WHO, in particular vaccine uptake in high risks groups, via established systems.

11. Notify WHO through IHR channels about significant COVID-19 related events.

D. States Parties are recommended to continue to offer COVID-19 vaccination based on both, the recommendations of the WHO Strategic Advisory Group of Experts on Immunization (SAGE) and on national prioritization informed by cost benefit reviews. Vaccine delivery should be appropriately integrated into health services. Actions are recommended to:

12. Improve efforts to increase COVID-19 vaccination coverage for all people in the high-priority groups using COVID-19 vaccines recommended by WHO or vaccines approved by national regulatory authorities, taking into account SAGE recommendations, and continue surveillance of vaccination uptake and adverse events.

13. Address actively vaccine misinformation, disinformation, acceptance, and demand issues with communities and health care providers.

E. States Parties are recommended to continue to initiate, support, and collaborate on research to generate evidence for COVID-19 prevention and control, with a view to reduce the disease burden of COVID-19. Actions are recommended to:

14. Contribute to the global research agenda to generate and promptly disseminate evidence for key scientific, social, clinical, and public health aspects of COVID-19 prevention, control, and disease burden reduction.

15. Improve collaboration between countries and with national and international organizations to design and perform such research. Particular attention should be paid to funding aimed at strengthening research institutions in low- and middle-income countries (LMIC) and to support LMIC researchers to lead and or participate in research for national, regional or global research agendas.

16. Continue primary research and systematic reviews of research, including but not limited to the following topics:

- Understand SARS-CoV-2 transmission patterns and the impact of climate, seasonality and behaviour.
- Understanding SARS-CoV-2 evolution and its impact on medical countermeasures.
- Understanding the optimal use and impact of single and combined public health and social measures and travel related health measures on reducing SARS-CoV-2 transmission as well as the impact of misinformation and disinformation on adherence to such measures.
- Vaccination efficacy, effectiveness, duration, and safety in groups defined by age, medical conditions and previous infection and vaccination with various products.
- Development of vaccines that reduce transmission and have broad applicability.
- Improved treatment of severe COVID-19 cases.
- Development of therapeutics for COVID-19.
- Understanding the full spectrum, incidence, impact, and treatment possibilities for post COVID-19 conditions (PCC).
- Understand the origins of SARS-CoV-2.
- Understanding the breadth and duration of immunity after infection, vaccination, or both and cross-reactivity with other coronaviruses.

F. States Parties are encouraged to continue to deliver optimal clinical care for COVID-19, appropriately integrated into all levels of health services, including access to proven treatments and measures to protect health workers and caregivers as appropriate. States Parties are encouraged to take actions to:

17. Ensure provision, and related scaling-up mechanisms, of appropriate clinical care, with infection prevention and control measures in place, for suspected and confirmed COVID-19 cases in clinical settings. Ensure training of health care providers accordingly and provide access to diagnostics and to personal protective equipment.

18. Integrate COVID-19 clinical care within health services as appropriate.

19. Ensure access to provision of evidence-based care and health products for patients with acute COVID-19 and PCC.

G. States Parties are encouraged to continue to work towards ensuring equitable access to safe, effective and quality-assured medical countermeasures for COVID-19. State Parties are encouraged to take action to:

20. Support and enhance equitable access to safe, effective, and quality-assured diagnostics, therapeutics and vaccines for all communities for COVID-19, including through, for example resource mobilization mechanisms and technology transfer, as appropriate.

21. Intensify ongoing efforts, including through global and regional networks, to expand the manufacturing capacity of diagnostics, therapeutics and vaccines for COVID-19.

22. Strengthen regulatory authorities to support efficient and effective authorization of diagnostics, therapeutics and vaccines within national regulatory frameworks.

Geneva, 9 August 2023

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