Member States Information Session

IHR - Risk assessment approach related to public health emergencies of international concern, including pandemic emergencies

(as per OP3.(7) of resolution WHA77.17 (2024))

WHO Health Emergencies Preparedness and Response Programme (WHE)

World Health Organization

Agenda

Chair: Dr Nedret Emiroglu, Director and Head of IGWG Secretariat, Health Emergencies Governance Unit, WHE

Opening remarks: Dr Abdi Mahamud, Director, Health Emergency Alert & Response Operations Department, WHE

Presentation on IHR - Risk assessment approach related to public health emergencies of international concern, including pandemic emergencies (as per OP3.(7) of resolution WHA77.17 (2024))

Dr Esther Hamblion, Unit Head, Public Health Intelligence Unit, Health Emergency Alert & Response Operations Department (EOP), WHE

Q&A : Moderator: Dr Catherine Clary, Health Emergency Alert & Response Operations Department, WHE

Panel: Dr Esther Hamblion - Public Health Intelligence Unit, Health Emergency Alert & Response Operations Department

Dr Lidia Alexandrova-Ezerska - Public Health Intelligence Unit, Health Emergency Alert & Response Operations Department

Dr Olivier le Polain –Epidemiology and Analytics, Health Emergency Alert & Response Operations Department

Dr Roberta Andraghetti - IHR Secretariat, Health Emergency Governance Unit,

Closing remarks: Dr Nedret Emiroglu, Director and Head of IGWG Secretariat, Health Emergencies Governance Unit, WHE

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Objectives of this information session

- This Information Session is organized in accordance with OP3.(7) of resolution WHA77.17 (2024), adopting the amendments to the IHR, that entered into force on 19 September 2025 – *"The Seventy-seventh World Health Assembly, […] 3. REQUESTS the Director-General: […] (7)*

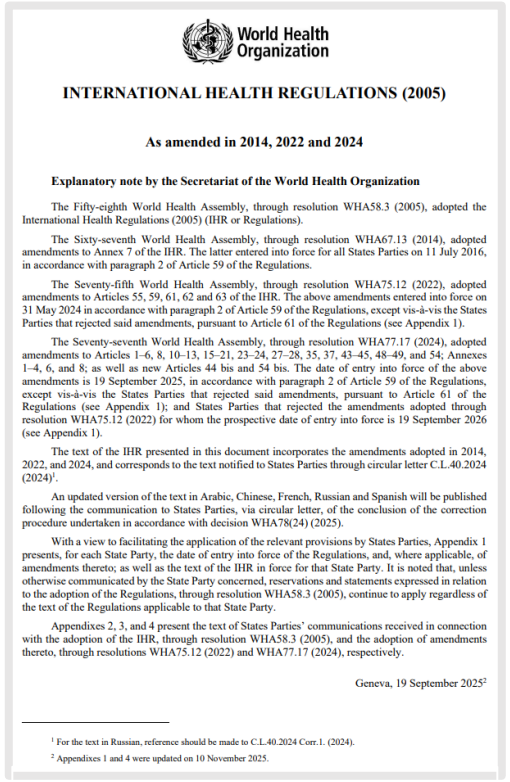
  to develop, and regularly review in consultation with Member States, the risk assessment approach to inform the determination of public health emergencies of international concern, including pandemic emergencies."

- Today, starts the consultative process with Member States/States Parties by providing the background to WHO's rapid risk assessment processes to date and launching the consultation through an online platform

- The output of the consultative process will be the revised version of document WHO Rapid Risk Assessment Guidance v.2.1, detailing the event-related risk assessment approach applied by the WHO Secretariat, and the template of the related output.

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International Health Regulations (2005)
as amended in 2014, 2022, 2024



World Health Organization

INTERNATIONAL HEALTH REGULATIONS (2005)

As amended in 2014, 2022 and 2024

Explanatory note by the Secretariat of the World Health Organization

The Fifty-eighth World Health Assembly, through resolution WHA58.3 (2005), adopted the International Health Regulations (2005) (IHR or Regulations).

The Sixty-seventh World Health Assembly, through resolution WHA67.13 (2014), adopted amendments to Annex 7 of the IHR. The latter entered into force for all States Parties on 11 July 2016, in accordance with paragraph 2 of Article 59 of the Regulations.

The Seventy-fifth World Health Assembly, through resolution WHA75.12 (2022), adopted amendments to Articles 55, 59, 61, 62 and 63 of the IHR. The above amendments entered into force on 31 May 2024 in accordance with paragraph 2 of Article 59 of the Regulations, except vis-à-vis the States Parties that rejected said amendments, pursuant to Article 61 of the Regulations (see Appendix 1).

The Seventy-seventh World Health Assembly, through resolution WHA77.17 (2024), adopted amendments to Articles 1–6, 8, 10–13, 15–21, 23–24, 27–28, 35, 37, 43–45, 48–49, and 54; Annexes 1–4, 6, and 8; as well as new Articles 44 bis and 54 bis. The date of entry into force of the above amendments is 19 September 2025, in accordance with paragraph 2 of Article 59 of the Regulations, except vis-à-vis the States Parties that rejected said amendments, pursuant to Article 61 of the Regulations (see Appendix 1); and States Parties that rejected the amendments adopted through resolution WHA75.12 (2022) for whom the prospective date of entry into force is 19 September 2026 (see Appendix 1).

The text of the IHR presented in this document incorporates the amendments adopted in 2014, 2022, and 2024, and corresponds to the text notified to States Parties through circular letter C.L.40.2024 (2024)[1].

An updated version of the text in Arabic, Chinese, French, Russian and Spanish will be published following the communication to States Parties, via circular letter, of the conclusion of the correction procedure undertaken in accordance with decision WHA78(24) (2025).

With a view to facilitating the application of the relevant provisions by States Parties, Appendix 1 presents, for each State Party, the date of entry into force of the Regulations, and, where applicable, of amendments thereto; as well as the text of the IHR in force for that State Party. It is noted that, unless otherwise communicated by the State Party concerned, reservations and statements expressed in relation to the adoption of the Regulations, through resolution WHA58.3 (2005), continue to apply regardless of the text of the Regulations applicable to that State Party.

Appendixes 2, 3, and 4 present the text of States Parties' communications received in connection with the adoption of the IHR, through resolution WHA58.3 (2005), and the adoption of amendments thereto, through resolutions WHA75.12 (2022) and WHA77.17 (2024), respectively.

Geneva, 19 September 2025[2]

[1] For the text in Russian, reference should be made to C.L.40.2024 Corr.1. (2024).

[2] Appendixes 1 and 4 were updated on 10 November 2025.

https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf

Art.12, 155

Determine/terminate PHEIC, incl. pandemic emergency

Issue temporary recommendations

WHO Director-General

Emergency Committee

Review Committee

Expert Roster

Art.4

Accessibility at all times

Primary channel for WHO-NFP event-related communications

Disseminate information within WHO

Art.5

"Activate" the WHO assessment and response system

WHO IHR Contact Points Regions

Other competent organizations (e.g. IAEA, OIE)

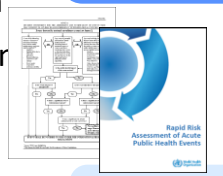
Art.6-12
Annex 2

Notification

Consultation

Report

Verification



Art.4

Accessibility at all times

Communication with WHO

Dissemination of information nationally

Consolidating input nationally

National IHR Focal Points (NFP)

Ministries and sectors concerned

Annex 1

Unusual health events

Detect

Assess

Report

Respond

National surveillance and response systems including at Points of Entry

Art. 5, 13, 19, 20, 21, Annex 1

World Health Organization

Key steps in WHOs Public Health Intelligence process



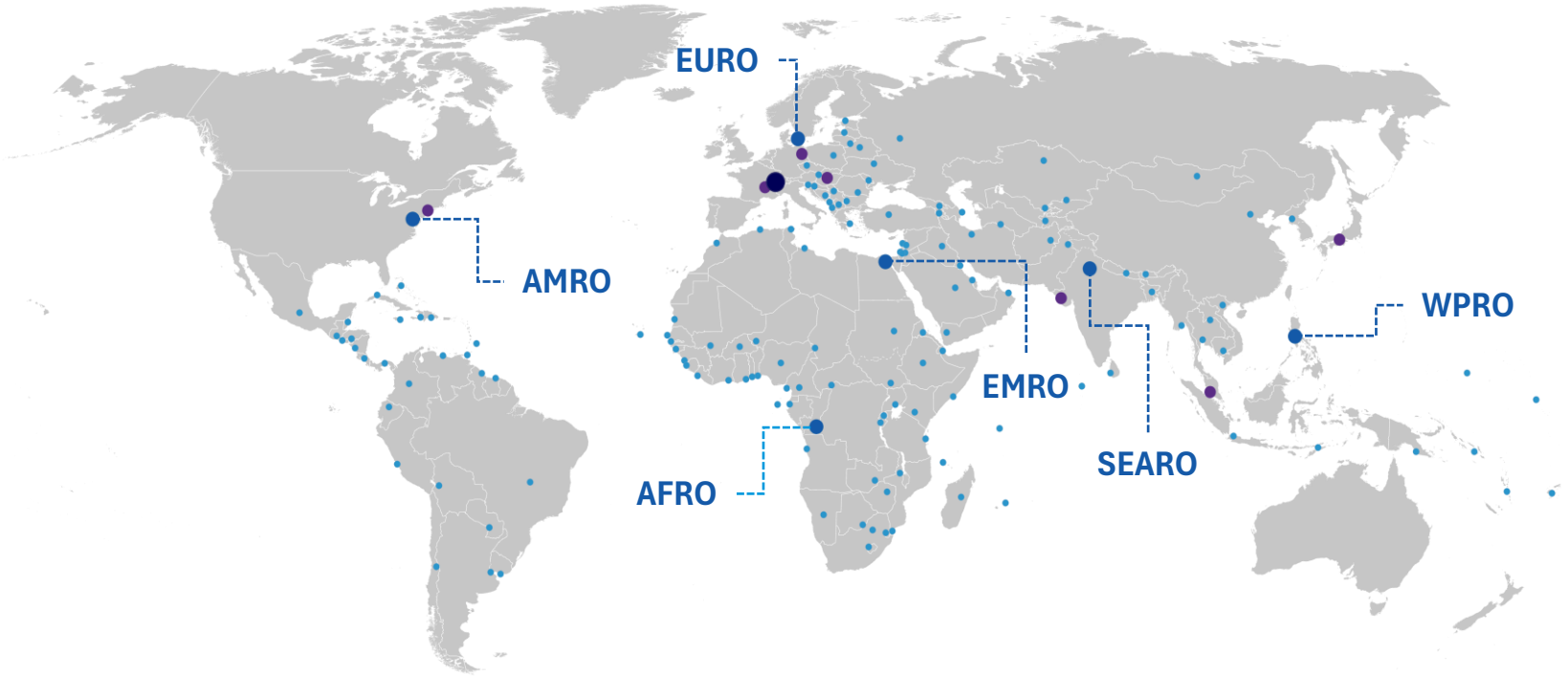
World Health Organization

WHO Global Public Health Intelligence Infrastructure

6 Regional offices + HQ

150 Country offices

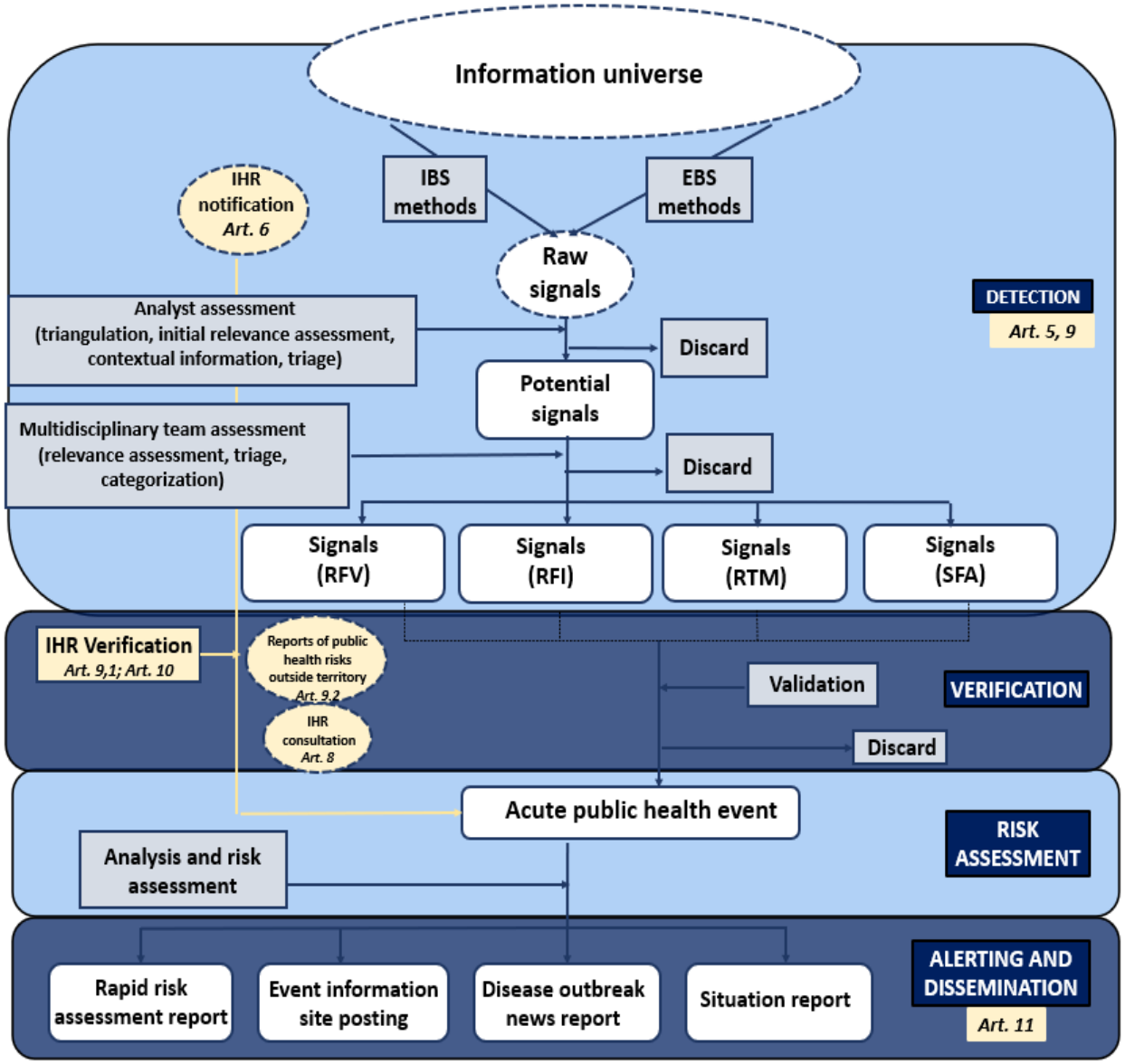
Global Network of Technical Experts



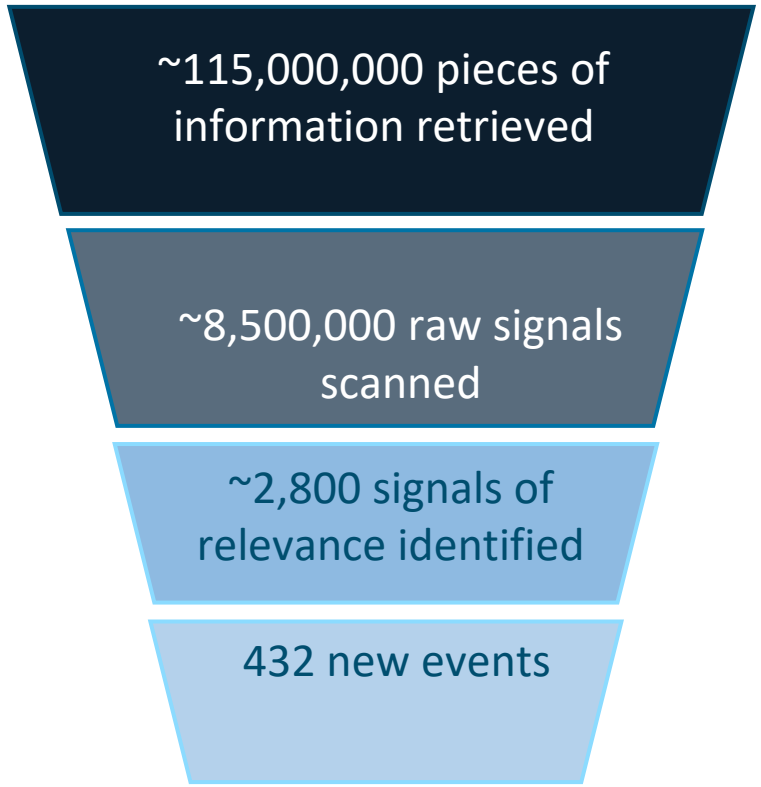
- Infectious disease experts
- Antimicrobial resistance experts
- Radio nuclear experts
- Chemical experts
- Climate experts
- Laboratory experts
- GOARN partners
- Global Early Warning System (GLEWS+)
- International Food Safety Authorities Network (INFOSAN)
- WHO Collaborating centers
- Incidents and Substandard/Falsified Medical Products

World Health Organization

WHO Public Health Intelligence process overview



In 2024



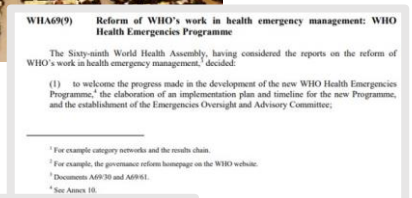
33 Rapid risk assessments

115 EIS reports for IHR NFPs

46 Disease Outbreak News

Background to WHO Rapid Risk Assessment



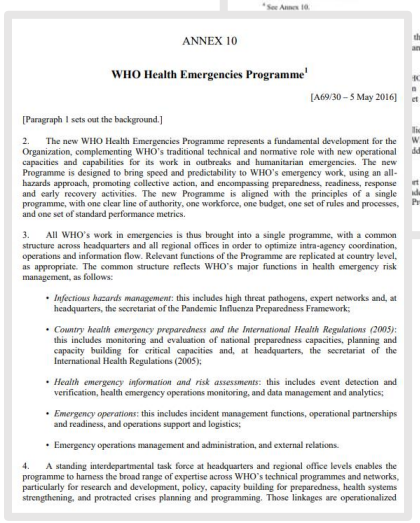


WHA69(9) **Reform of WHO's work in health emergency management: WHO Health Emergencies Programme**

The Sixty-ninth World Health Assembly, having considered the reports on the reform of WHO's work in health emergency management,[3] decided:

(1) to welcome the progress made in the development of the new WHO Health Emergencies Programme,[4] the elaboration of an implementation plan and timeline for the new Programme, and the establishment of the Emergencies Oversight and Advisory Committee;

[1] For example category networks and the results chain.
[2] For example, the governance reform homepage on the WHO website.
[3] Documents A69/30 and A69/61.
[4] See Annex 10.



ANNEX 10

WHO Health Emergencies Programme[1]

[A69/30 – 5 May 2016]

[Paragraph 1 sets out the background.]

2. The new WHO Health Emergencies Programme represents a fundamental development for the Organization, complementing WHO's traditional technical and normative role with new operational capacities and capabilities for its work in outbreaks and humanitarian emergencies. The new Programme is designed to bring speed and predictability to WHO's emergency work, using an all-hazards approach, promoting collective action, and encompassing preparedness, readiness, response and early recovery activities. The new Programme is aligned with the principles of a single programme, with one clear line of authority, one workforce, one budget, one set of rules and processes, and one set of standard performance metrics.

3. All WHO's work in emergencies is thus brought into a single programme, with a common structure across headquarters and all regional offices in order to optimize intra-agency coordination, operations and information flow. Relevant functions of the Programme are replicated at country level, as appropriate. The common structure reflects WHO's major functions in health emergency risk management, as follows:

- *Infectious hazards management*: this includes high threat pathogens, expert networks and, at headquarters, the secretariat of the Pandemic Influenza Preparedness Framework;
- *Country health emergency preparedness and the International Health Regulations (2005)*: this includes monitoring and evaluation of national preparedness capacities, planning and capacity building for critical capacities and, at headquarters, the secretariat of the International Health Regulations (2005);
- *Health emergency information and risk assessments*: this includes event detection and verification, health emergency operations monitoring, and data management and analytics;
- *Emergency operations*: this includes incident management functions, operational partnerships and readiness, and operations support and logistics;
- Emergency operations management and administration, and external relations.

4. A standing interdepartmental task force at headquarters and regional office levels enables the programme to harness the broad range of expertise across WHO's technical programmes and networks, particularly for research and development, policy, capacity building for preparedness, health systems strengthening, and protracted crises planning and programming. Those linkages are operationalized

May 2016, 69th World Health Assembly

- Decision WHA69(9), 27 May 2016
  - Establishment of a WHO Health Emergencies Programme (WHE)
  - Transparency, reliability, consistency
  - **Commitment to conduct and communicate risk assessment**
    - Assessments for acute public health events
    - Commitment to MS to develop and implement standard process for risk assessment of acute PH events

October 2016

- WHE operational
  - **Development WHO RRA tool initiated**

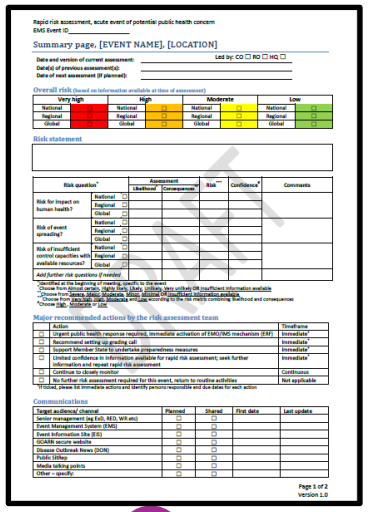
July 2017

- Publication of WHO Emergency Response Framework (ERF), 2nd ed (ERF 2.1, update 2nd ed., published in February 2024)

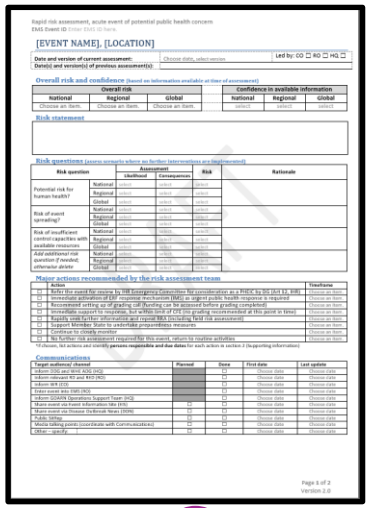


World Health Organization

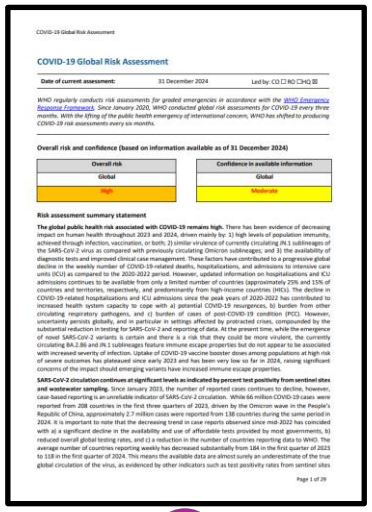
Chronological overview of RRA Templates & Guidance


Rapid risk assessment, acute event of potential public health concern

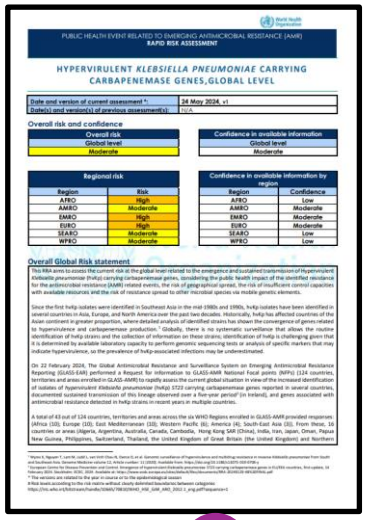
Summary page, [EVENT NAME], [LOCATION]


Rapid risk assessment, acute event of potential public health concern

[EVENT NAME], [LOCATION]


COVID-19 Global Risk Assessment

COVID-19 Global Risk Assessment


PUBLIC HEALTH EVENT RELATED TO EMERGING ANTIMICROBIAL RESISTANCE | AMR RAPID RISK ASSESSMENT

HYPERVIRULENT *KLEBSIELLA PNEUMONIAE* CARRYING CARBAPENEMASE GENES, GLOBAL LEVEL

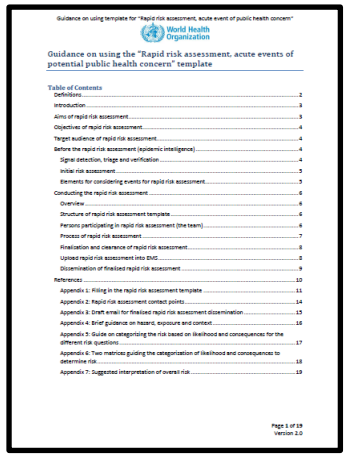
2016
RRA v.1.0


Guidance on using template for "Rapid risk assessment, acute event of public health concern"

Guidance on using the "Rapid risk assessment, acute events of potential public health concern" template

Table of Contents

2018
RRA v.2.0


Guidance on using template for "Rapid risk assessment, acute event of public health concern"

Guidance on using the "Rapid risk assessment, acute events of potential public health concern" template

Table of Contents

2020
RRA v.2.1
Global

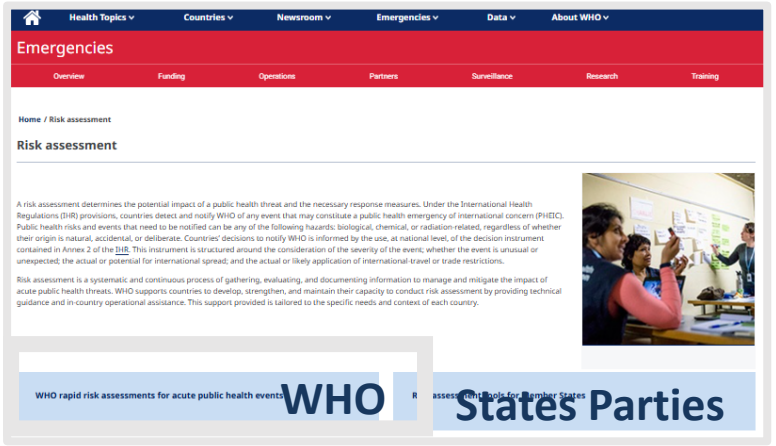
2020
AMR RRA v.1.0

2024
AMR RRA v2.0

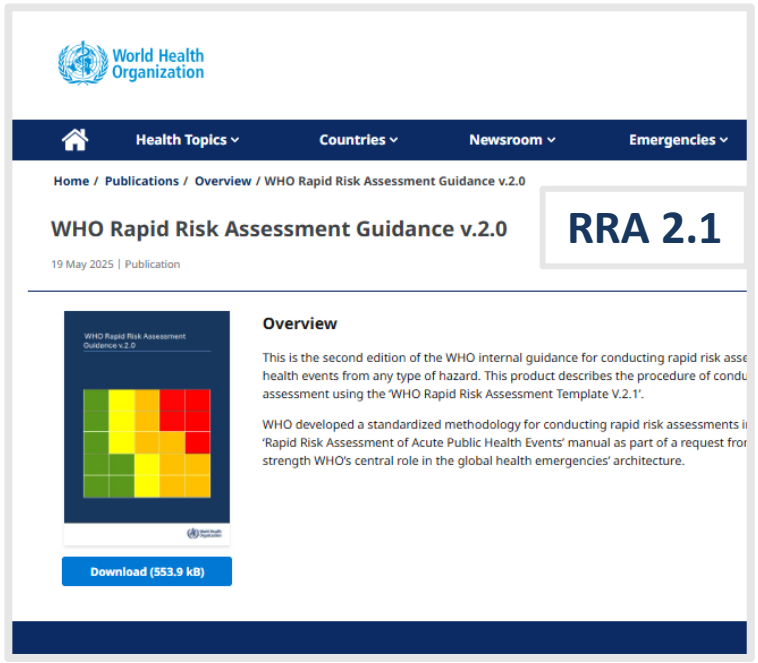
World Health Organization

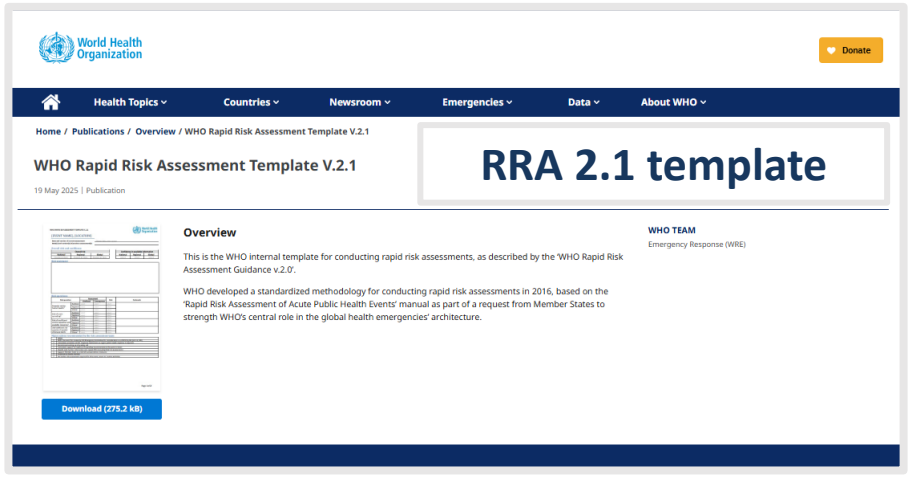
Launch of WHO Risk Assessment web page, May 2025

https://www.who.int/emergencies/risk-assessment









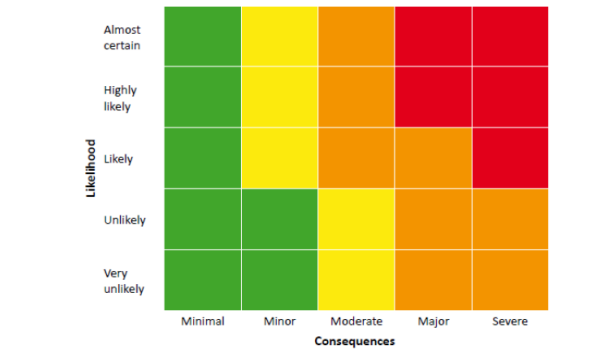


Objectives & Initiation of WHO Rapid Risk Assessment



- The main **objectives of the risk assessment by WHO** are to **characterize the risk to public health and** to **recommend** the most effective **public health actions**
- A **systematic process** for gathering, assessing and documenting information to assign a level of risk to human health to an event, regardless of source or origin of the event
- **RRA 2.1** includes three **components**
  - Hazard assessment
  - Exposure assessment
  - Context assessment
- The RRA is conducted for large scale events potentially exceeding the capacity of the affected country to respond, for events with international implications and for those requiring a WHO response
- Elements intended to guide the initiation of RRA by WHO
  - Insufficient information to adequately assess situation with high level of uncertainty
  - Event of unknown aetiology
  - Events involving multiple countries
  - Highly dangerous pathogen
  - Occurring in a vulnerable country, setting or context (e.g. civil unrest, environmental degradation, weak health system, weak economy, mass gathering event, natural disaster, etc.)
  - WHO support/response anticipated/required

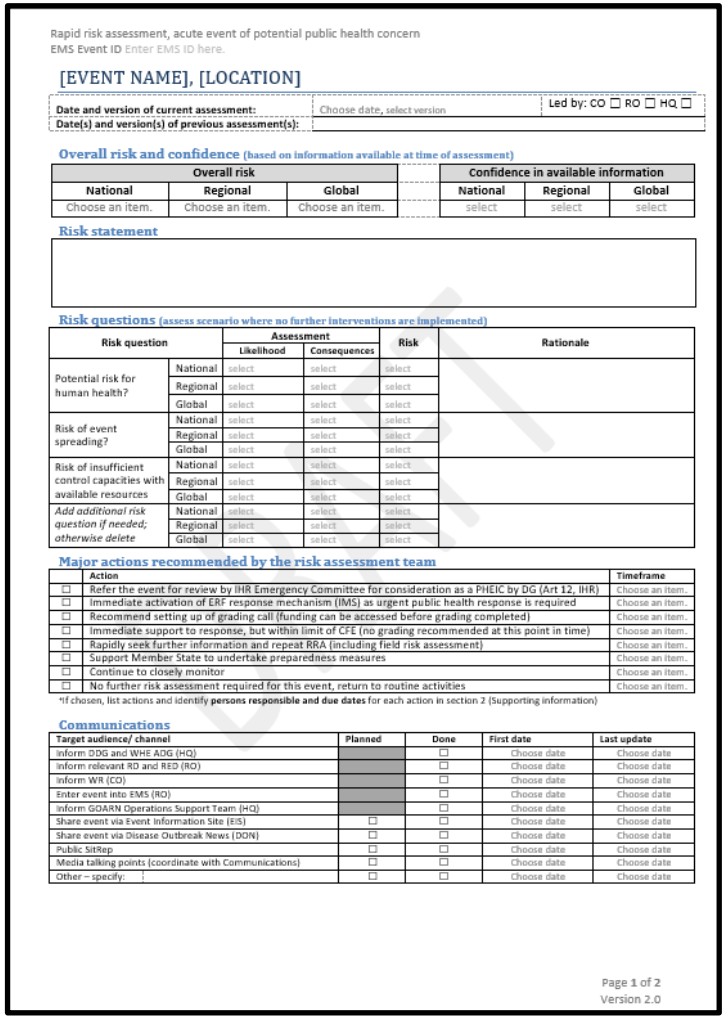
Figure 3a: A risk matrix showing clearly delimited boundaries between categories



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Aims of Rapid Risk Assessment

- To reduce the negative consequences of acute public health events.
- To impartially assess the risk posed by acute events of potential public health concern.
- To categorize the risk as low, moderate, high or very high, using the Hazard, Exposure and Context approach.
- To reflect WHO's independent assessment including a country's capacities / vulnerabilities to control the event
- To provide transparency and reproducibility regarding WHOs decision-making process for responding to events.
- To identify and initiate WHO response mechanisms for the implementation of appropriate and timely control measures



Rapid risk assessment, acute event of potential public health concern
EMS Event ID Enter EMS ID here.

[EVENT NAME], [LOCATION]

Date and version of current assessment:	Choose date, select version	Led by: CO ☐ RO ☐ HQ ☐
Date(s) and version(s) of previous assessment(s):		

Overall risk and confidence (based on information available at time of assessment)

Overall risk			Confidence in available information		
National	Regional	Global	National	Regional	Global
Choose an item.	Choose an item.	Choose an item.	select	select	select

Risk statement

Risk questions (assess scenario where no further interventions are implemented)

Risk question		Assessment: Likelihood	Assessment: Consequences	Risk	Rationale
Potential risk for human health?	National	select	select	select	
	Regional	select	select	select	
	Global	select	select	select	
Risk of event spreading?	National	select	select	select	
	Regional	select	select	select	
	Global	select	select	select	
Risk of insufficient control capacities with available resources	National	select	select	select	
	Regional	select	select	select	
	Global	select	select	select	
Add additional risk question if needed; otherwise delete	National	select	select	select	
	Regional	select	select	select	
	Global	select	select	select	

Major actions recommended by the risk assessment team

	Action	Timeframe
☐	Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR)	Choose an item.
☐	Immediate activation of ERF response mechanism (IMS) as urgent public health response is required	Choose an item.
☐	Recommend setting up of grading call (funding can be accessed before grading completed)	Choose an item.
☐	Immediate support to response, but within limit of CFE (no grading recommended at this point in time)	Choose an item.
☐	Rapidly seek further information and repeat RRA (including field risk assessment)	Choose an item.
☐	Support Member State to undertake preparedness measures	Choose an item.
☐	Continue to closely monitor	Choose an item.
☐	No further risk assessment required for this event, return to routine activities	Choose an item.

*If chosen, list actions and identify **persons responsible and due dates** for each action in section 2 (Supporting information)

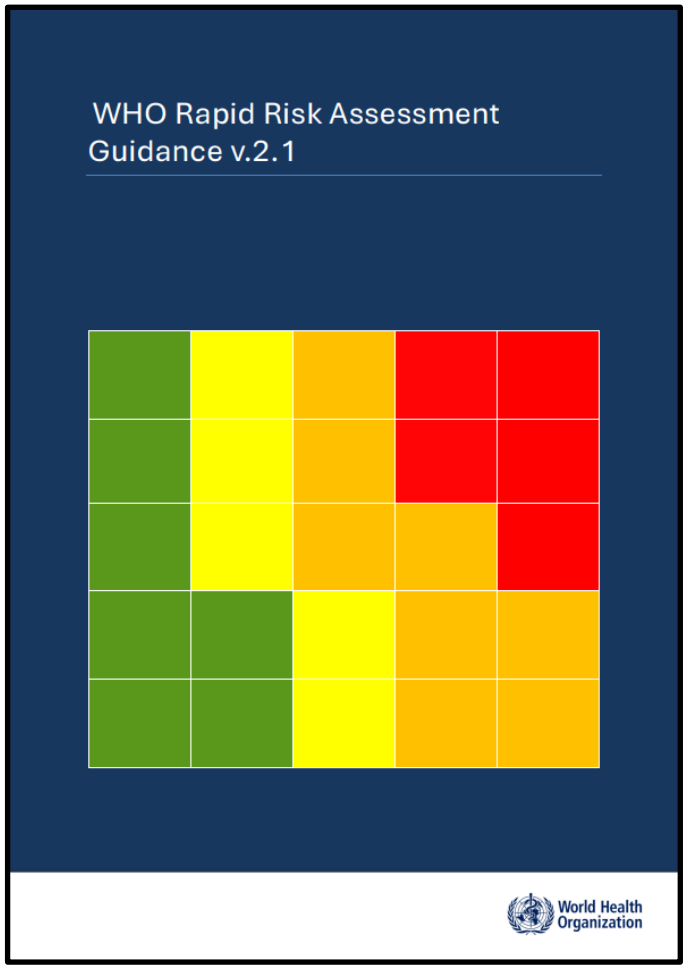
Communications

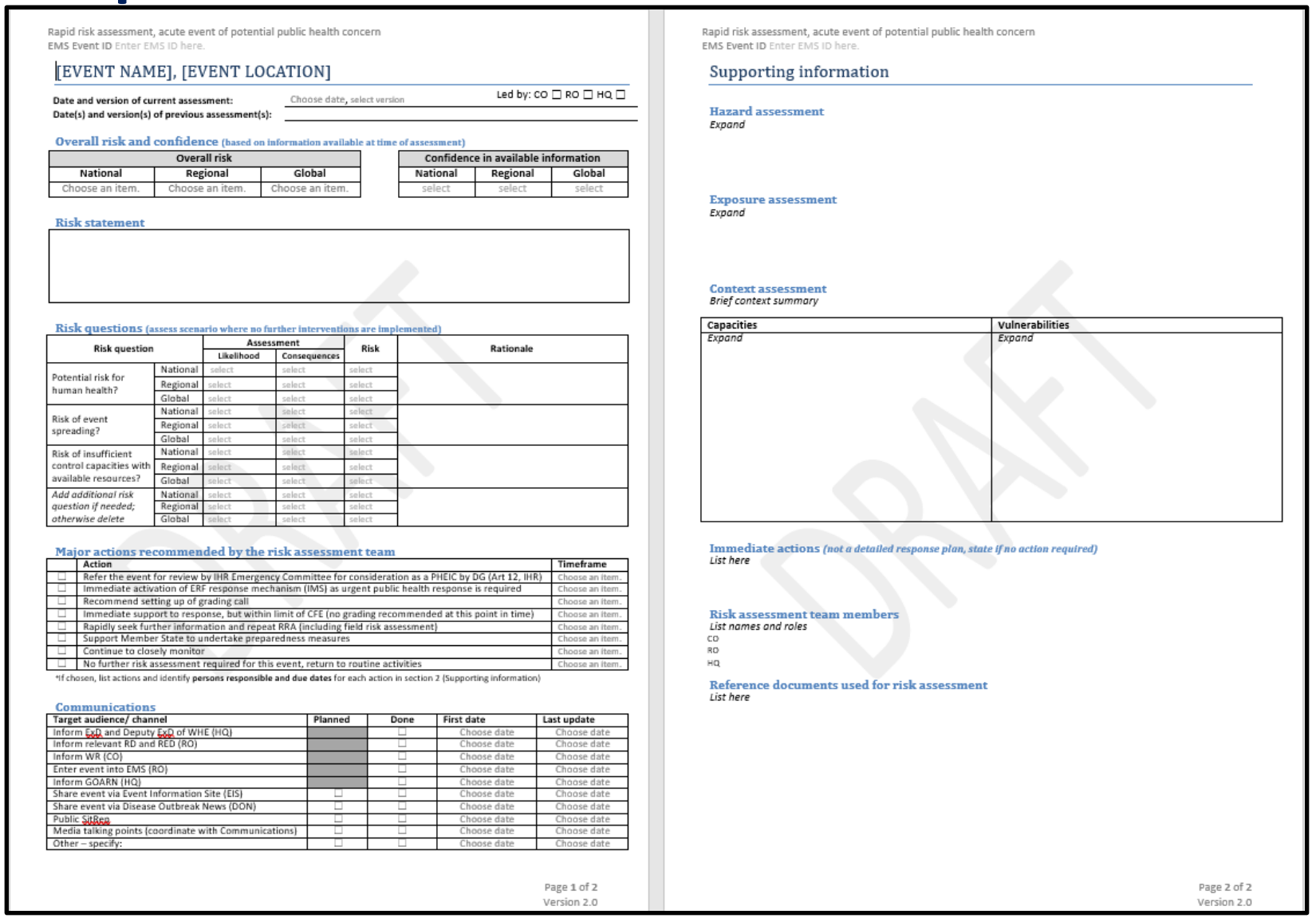
Target audience/ channel	Planned	Done	First date	Last update
Inform DDG and WHE AOG (HQ)		☐	Choose date	Choose date
Inform relevant RD and RED (RO)		☐	Choose date	Choose date
Inform WR (CO)		☐	Choose date	Choose date
Enter event into EMS (RO)		☐	Choose date	Choose date
Inform GOARN Operations Support Team (HQ)		☐	Choose date	Choose date
Share event via Event Information Site (EIS)	☐	☐	Choose date	Choose date
Share event via Disease Outbreak News (DON)	☐	☐	Choose date	Choose date
Public SitRep	☐	☐	Choose date	Choose date
Media talking points (coordinate with Communications)	☐	☐	Choose date	Choose date
Other – specify:	☐	☐	Choose date	Choose date

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Version 2.0

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RRA 2.1 Guidance & Template





Rapid risk assessment, acute event of potential public health concern
EMS Event ID Enter EMS ID here.

[EVENT NAME], [EVENT LOCATION]

Date and version of current assessment: Choose date, select version — Led by: CO ☐ RO ☐ HQ ☐
Date(s) and version(s) of previous assessment(s):

Overall risk and confidence (based on information available at time of assessment)

Overall risk			Confidence in available information		
National	Regional	Global	National	Regional	Global
Choose an item.	Choose an item.	Choose an item.	select	select	select

Risk statement

Risk questions (assess scenario where no further interventions are implemented)

Risk question		Assessment: Likelihood	Assessment: Consequences	Risk	Rationale
Potential risk for human health?	National	select	select	select	
	Regional	select	select	select	
	Global	select	select	select	
Risk of event spreading?	National	select	select	select	
	Regional	select	select	select	
	Global	select	select	select	
Risk of insufficient control capacities with available resources?	National	select	select	select	
	Regional	select	select	select	
	Global	select	select	select	
Add additional risk question if needed; otherwise delete	National	select	select	select	
	Regional	select	select	select	
	Global	select	select	select	

Major actions recommended by the risk assessment team

	Action	Timeframe
☐	Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR)	Choose an item.
☐	Immediate activation of ERF response mechanism (IMS) as urgent public health response is required	Choose an item.
☐	Recommend setting up of grading call	Choose an item.
☐	Immediate support to response, but within limit of CFE (no grading recommended at this point in time)	Choose an item.
☐	Rapidly seek further information and repeat RRA (including field risk assessment)	Choose an item.
☐	Support Member State to undertake preparedness measures	Choose an item.
☐	Continue to closely monitor	Choose an item.
☐	No further risk assessment required for this event, return to routine activities	Choose an item.

*If chosen, list actions and identify **persons responsible and due dates** for each action in section 2 (Supporting information)

Communications

Target audience/ channel	Planned	Done	First date	Last update
Inform ExD and Deputy ExD of WHE (HQ)		☐	Choose date	Choose date
Inform relevant RD and RED (RO)		☐	Choose date	Choose date
Inform WR (CO)		☐	Choose date	Choose date
Enter event into EMS (RO)		☐	Choose date	Choose date
Inform GOARN (HQ)		☐	Choose date	Choose date
Share event via Event Information Site (EIS)	☐	☐	Choose date	Choose date
Share event via Disease Outbreak News (DON)	☐	☐	Choose date	Choose date
Public SitRep	☐	☐	Choose date	Choose date
Media talking points (coordinate with Communications)	☐	☐	Choose date	Choose date
Other – specify:	☐	☐	Choose date	Choose date

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Rapid risk assessment, acute event of potential public health concern
EMS Event ID Enter EMS ID here.

Supporting information

Hazard assessment
Expand

Exposure assessment
Expand

Context assessment
Brief context summary

Capacities	Vulnerabilities
Expand	*Expand*

Immediate actions *(not a detailed response plan, state if no action required)*
List here

Risk assessment team members
List names and roles
CO
RO
HQ

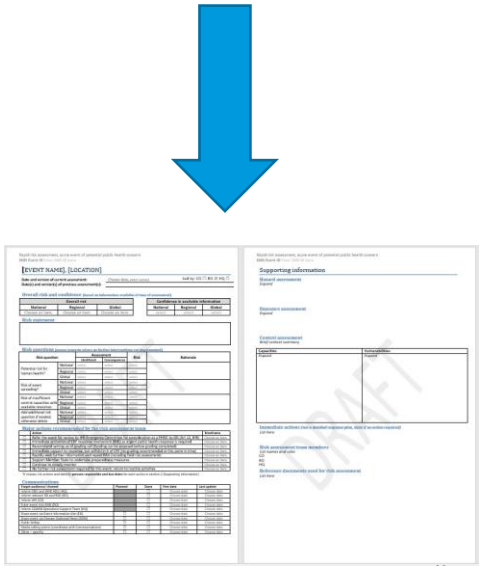
Reference documents used for risk assessment
List here

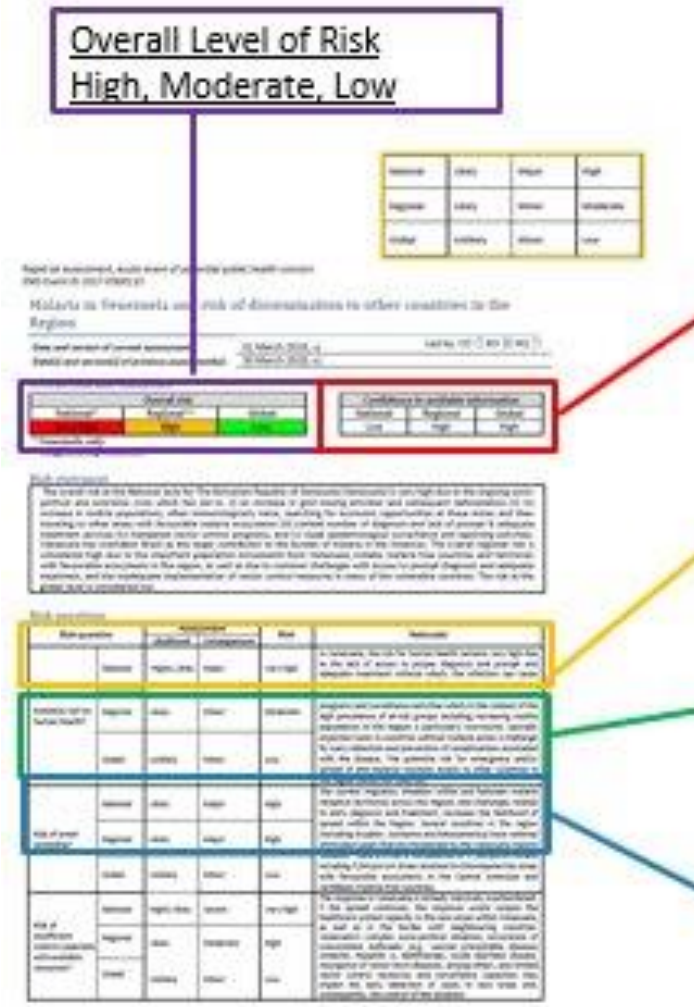
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Risk characterization – Risk Questions





Confidence on available information: refers to the confidence in the data/information available at the time the RRA is conducted. If the confidence in information is low, we may feel more concerned/ uncertain about an event and can push the overall risk to a "higher level"

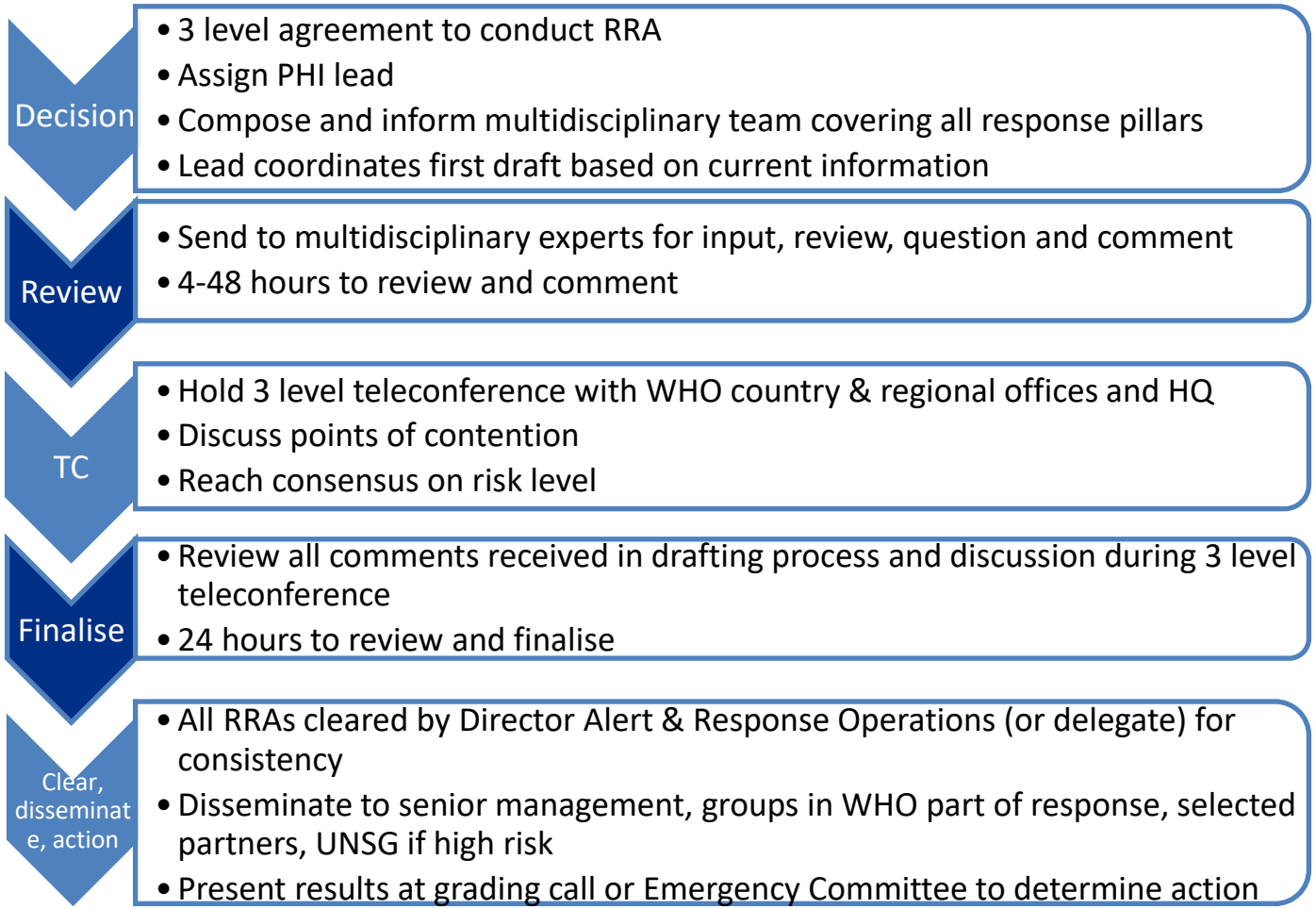
Potential risk for human health
Morbidity/mortality, CFR, transmissibility, transmission route, consequences for exposed population

Risk of spread
Where is this event occurring? Urban? Rural? Crowded? Level of sanitation? Mode of transmission (airborne, waterborne, person-to-person, fomites, etc.)
Population susceptibility, Vaccination coverage
Population movements, Ecosystems, Vectors density

Risk insufficient capacities
According to context: availability vaccine resource, case management capacity, surveillance performance, political willingness .....

World Health Organization

Risk Assessment process at WHO



World Health Organization

Disseminating Risk Assessment findings

Shared in full immediately to;

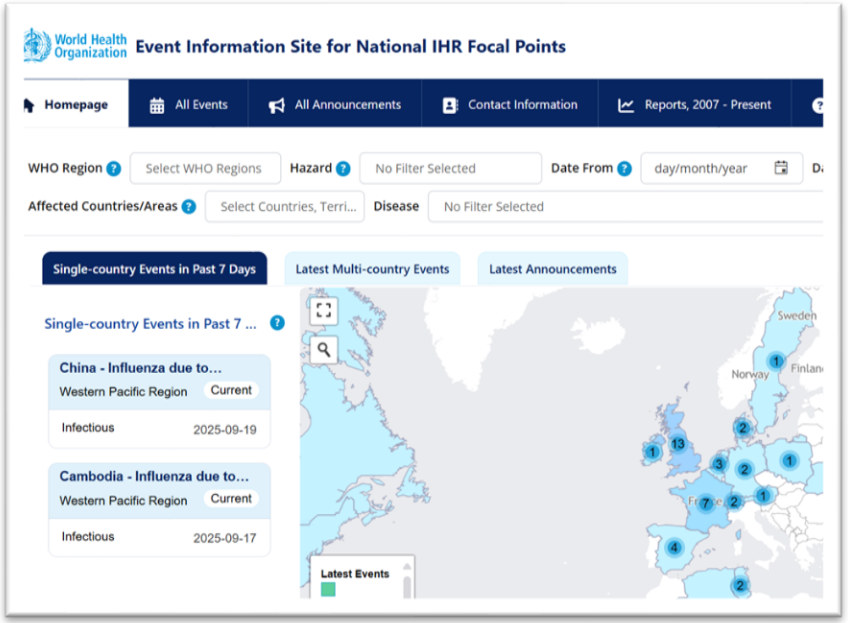
- WHO senior management and departments
- National authorities where event is occurring
- Response partners including key GOARN network steering committee
- United Nations system (for events assessed as Very High risk)

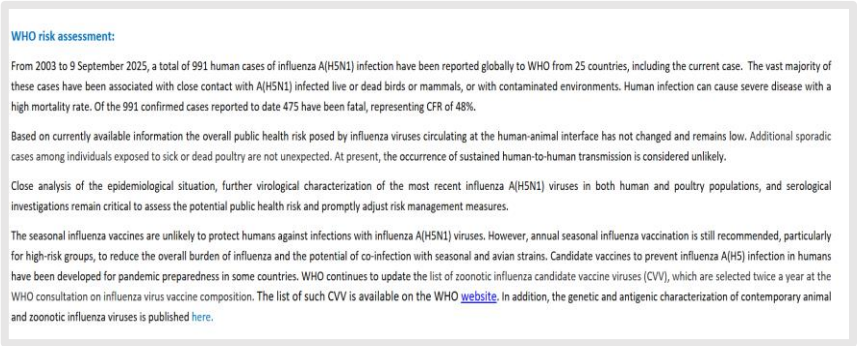
As per IHR Article 11 summary output rapidly shared to;

- IHR NFPs through event bulletin postings on Event Information Site (EIS)
- Public where appropriate through Disease Outbreak News reports https://www.who.int/emergencies/disease-outbreak-news

Additionally selected full RRAs available;

- Since May 2025 on WHO website https://www.who.int/emergencies/risk-assessment/rapid-risk-assessment





WHO risk assessment:

From 2003 to 9 September 2025, a total of 991 human cases of influenza A(H5N1) infection have been reported globally to WHO from 25 countries, including the current case. The vast majority of these cases have been associated with close contact with A(H5N1) infected live or dead birds or mammals, or with contaminated environments. Human infection can cause severe disease with a high mortality rate. Of the 991 confirmed cases reported to date 475 have been fatal, representing CFR of 48%.

Based on currently available information the overall public health risk posed by influenza viruses circulating at the human-animal interface has not changed and remains low. Additional sporadic cases among individuals exposed to sick or dead poultry are not unexpected. At present, the occurrence of sustained human-to-human transmission is considered unlikely.

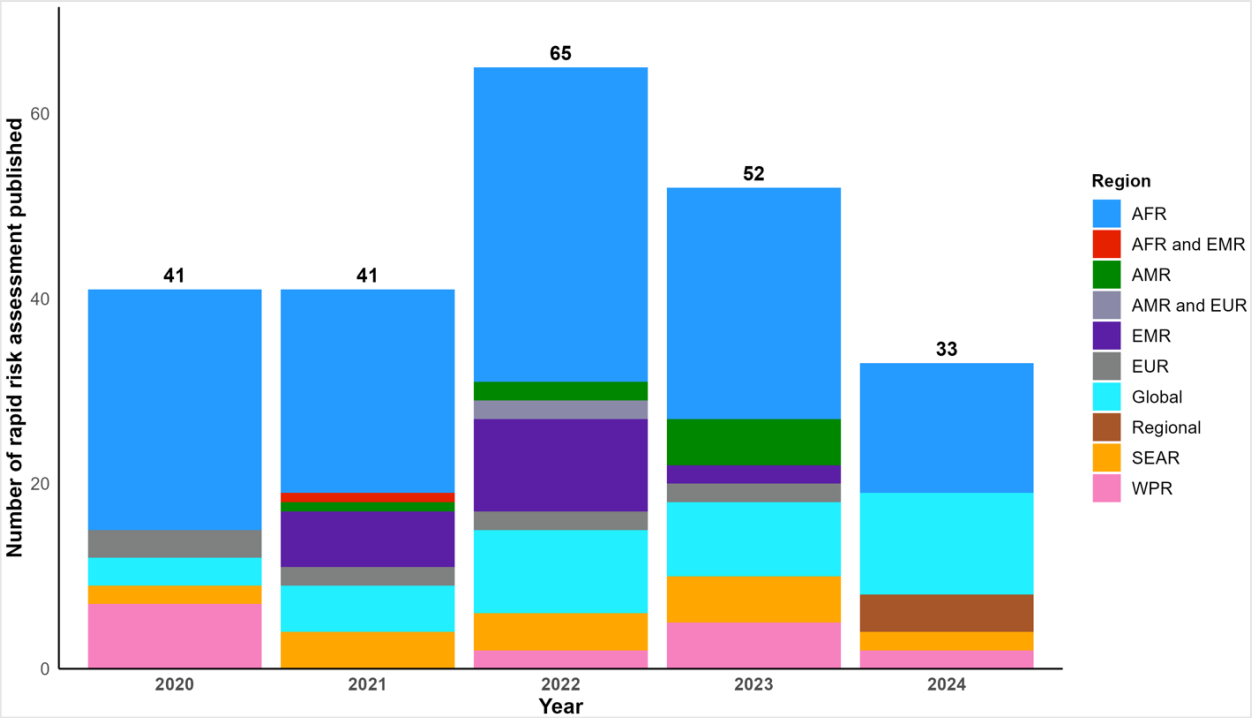
Close analysis of the epidemiological situation, further virological characterization of the most recent influenza A(H5N1) viruses in both human and poultry populations, and serological investigations remain critical to assess the potential public health risk and promptly adjust risk management measures.

The seasonal influenza vaccines are unlikely to protect humans against infections with influenza A(H5N1) viruses. However, annual seasonal influenza vaccination is still recommended, particularly for high-risk groups, to reduce the overall burden of influenza and the potential of co-infection with seasonal and avian strains. Candidate vaccines to prevent influenza A(H5) infection in humans have been developed for pandemic preparedness in some countries. WHO continues to update the list of zoonotic influenza candidate vaccine viruses (CVV), which are selected twice a year at the WHO consultation on influenza virus vaccine composition. The list of such CVV is available on the WHO website. In addition, the genetic and antigenic characterization of contemporary animal and zoonotic influenza viruses is published here.

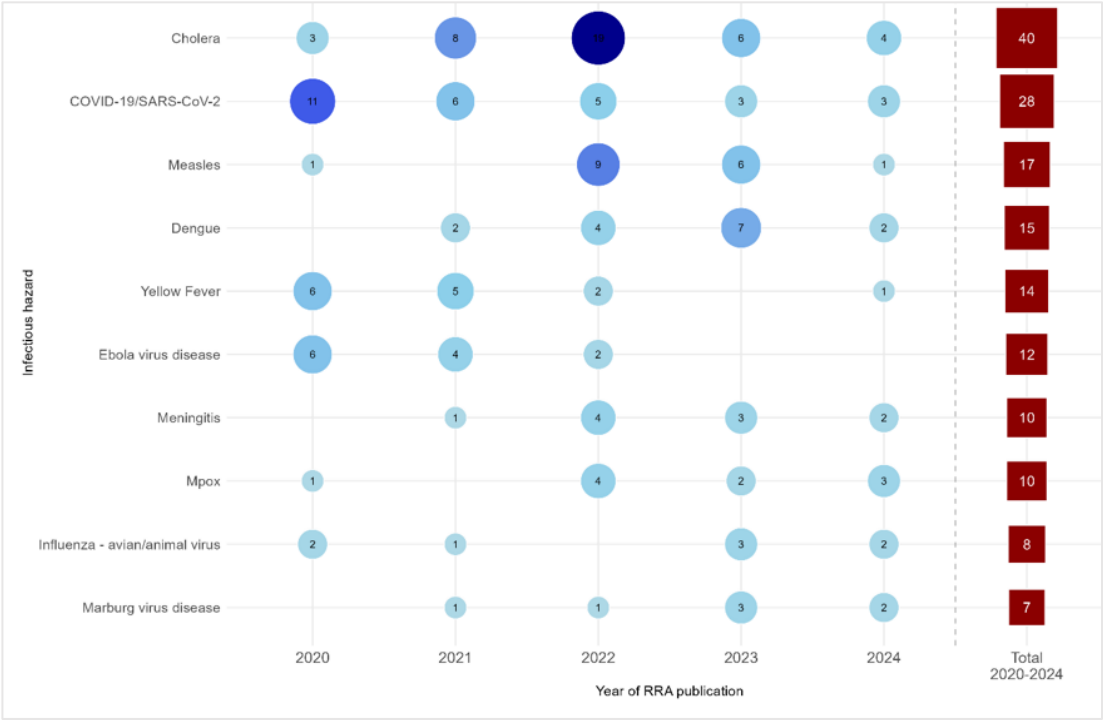
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RRAs published by year, geographical area and hazard, 2020–2024

Number of RRAs published by year, geographical area, 2020–2024



The ten most frequent public health events of an infectious nature for which a RRA was conducted, 2020–2024.



World Health Organization

Use of RRA for WHO Grading and Operations to support MS response

Major actions recommended by the risk assessment team

	Action	Timeframe
☐	Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR)	Choose an item.
☐	Immediate activation of ERF response mechanism (IMS) as urgent public health response is required	Choose an item.
☐	Recommend setting up of grading call	Choose an item.
☐	Immediate support to response, but within limit of CFE (no grading recommended at this point in time)	Choose an item.
☐	Rapidly seek further information and repeat RRA (including field risk assessment)	Choose an item.
☐	Support Member State to undertake preparedness measures	Choose an item.
☐	Continue to closely monitor	Choose an item.
☐	No further risk assessment required for this event, return to routine activities	Choose an item.

*If chosen, list actions and identify **persons responsible and due dates** for each action in section 2 (Supporting information)



Ungraded — Operational response **does not exceed** the usual country-level cooperation of the WCO and MS. Event is monitored as required.

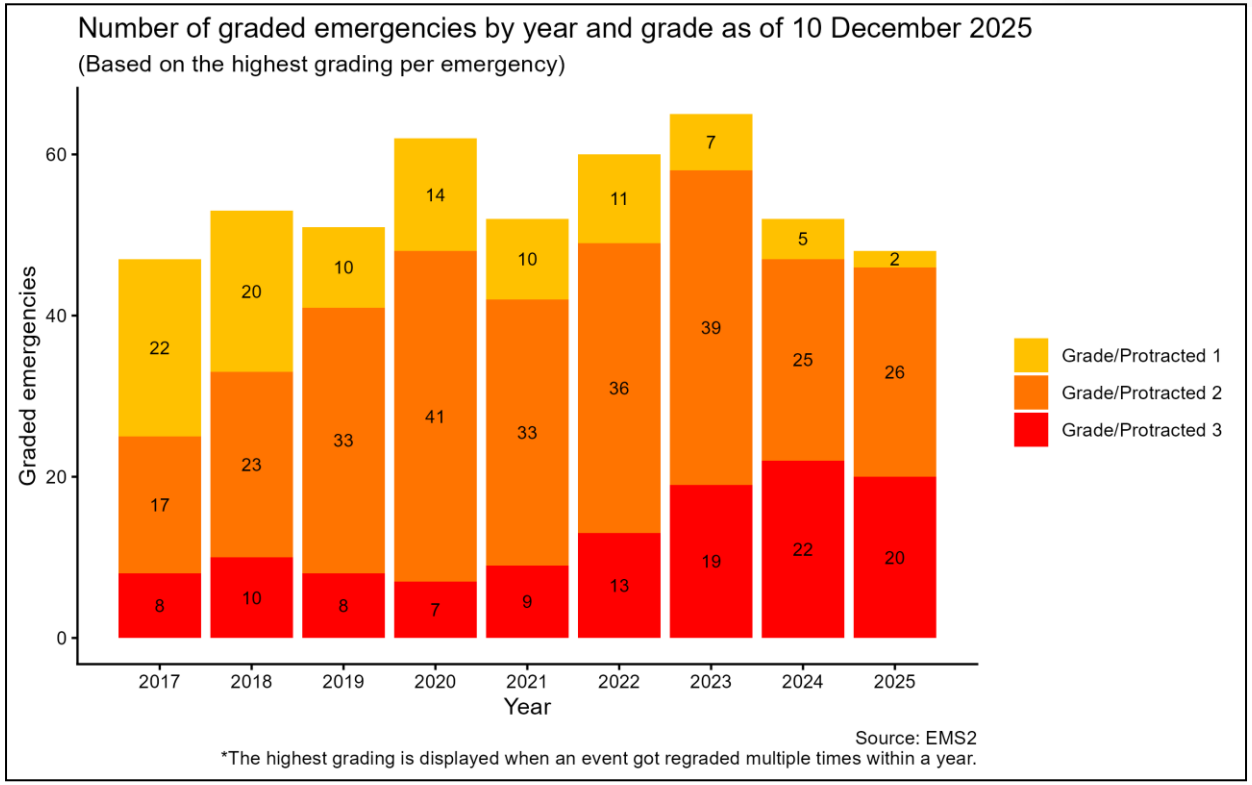
Grade 1 — Event requires **a limited response** by WHO, which exceeds the usual country-level cooperation. Organizational or external support required is minimal. Support to WCO is coordinated by an IM counterpart in the Regional Office.

Grade 2 — Event requires a **moderate response** by WHO, exceeding the capacity of the WCO. Organizational or external support required is moderate. Support to WCO is coordinated by an IM in the Regional Office, with an IM counterpart at HQ to assist with coordination or organization-wide support as required.

Grade 3 — Event requires a **major to maximal WHO response**. Organizational and external support required by the WCO entails the mobilization of Organization-wide assets. Support to WCO is coordinated by an IM in the Regional Office. An IM is also appointed at HQ to assist with the coordination of Organization-wide support. The WHE EXD and involved RDs may agree to coordinate the event from HQ. An IM at HQ will coordinate responses involving multiple regions.

An IASC system-wide scale-up activation automatically results in a WHO Grade 3

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Source: EMS2

*The highest grading is displayed when an event got regraded multiple times within a year.

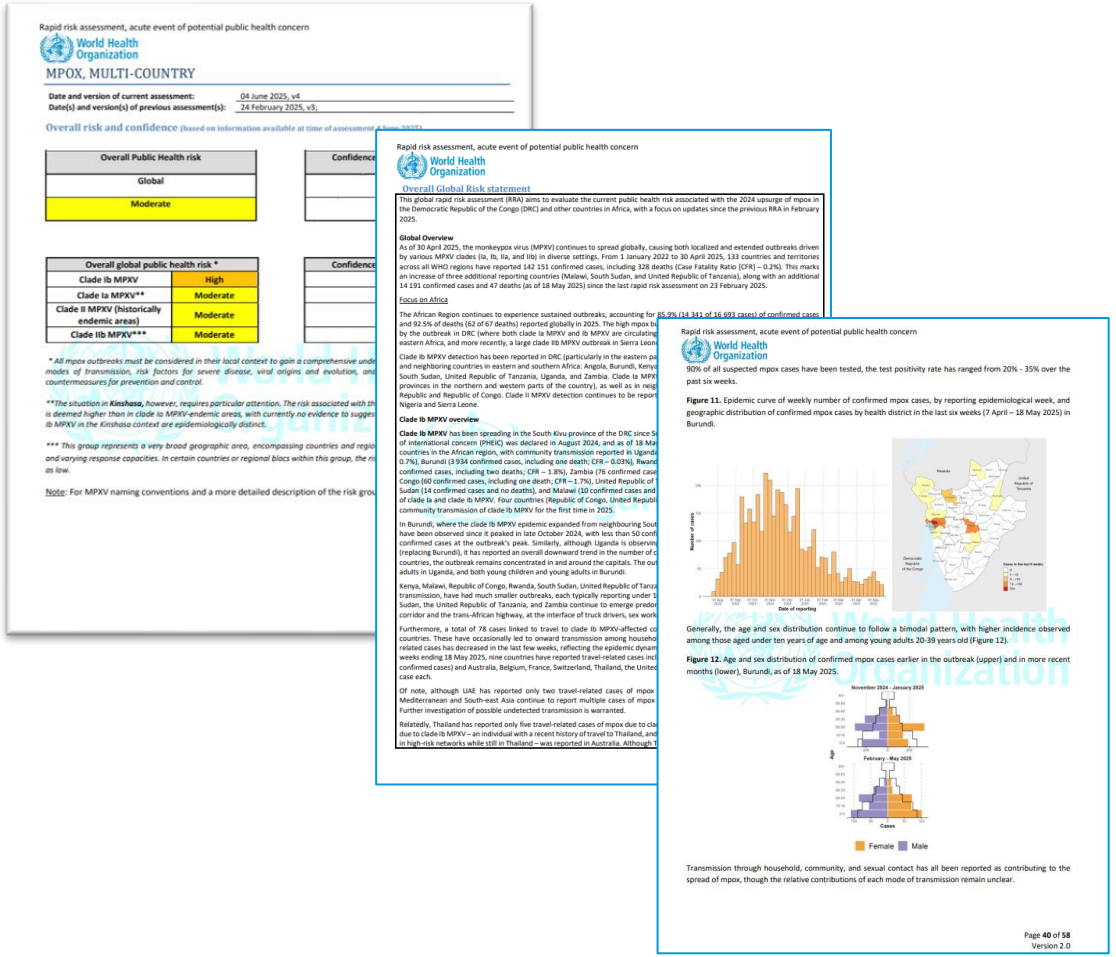
Use of RRA in determining and terminating a PHEIC emergency

Major actions recommended by the risk assessment team

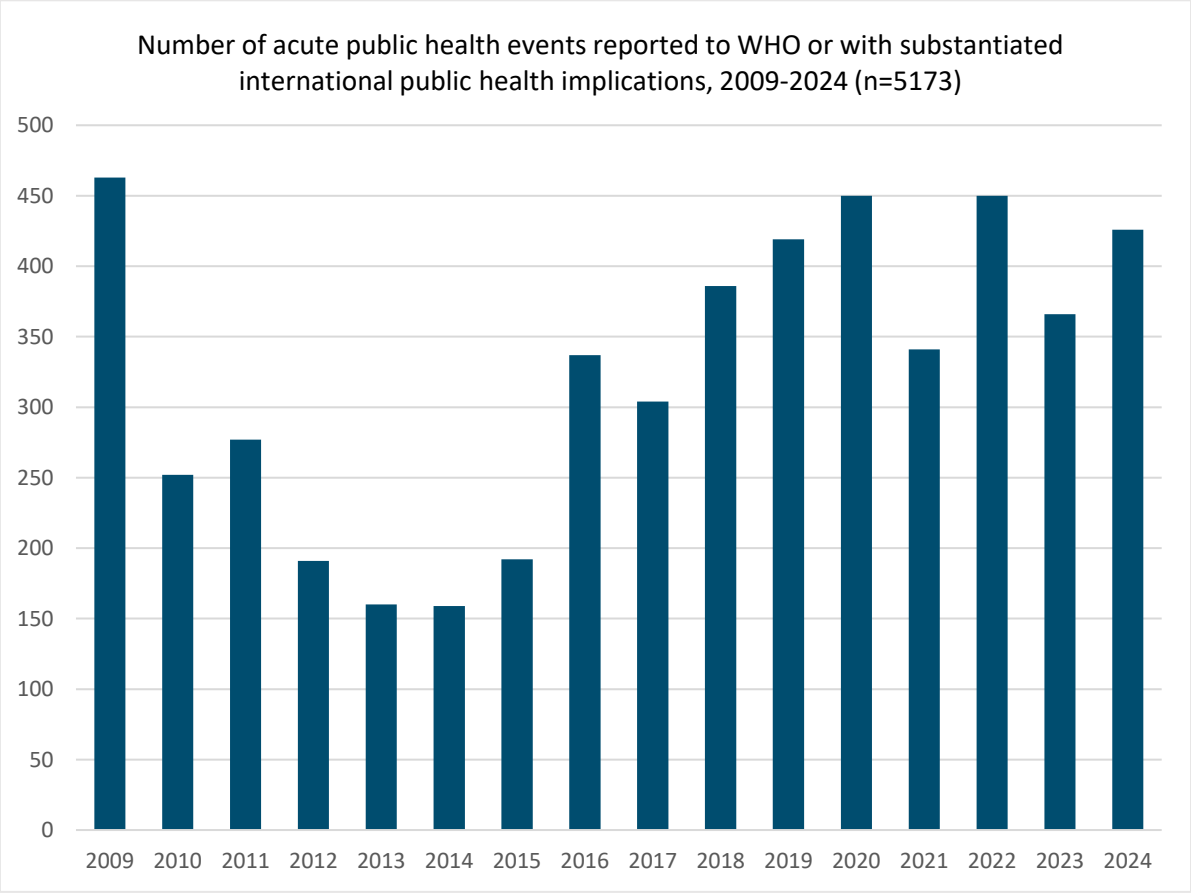
	Action	Timeframe
☐	Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR)	Choose an item.
☐	Immediate activation of ERF response mechanism (IMS) as urgent public health response is required	Choose an item.
☐	Recommend setting up of grading call	Choose an item.
☐	Immediate support to response, but within limit of CFE (no grading recommended at this point in time)	Choose an item.
☐	Rapidly seek further information and repeat RRA (including field risk assessment)	Choose an item.
☐	Support Member State to undertake preparedness measures	Choose an item.
☐	Continue to closely monitor	Choose an item.
☐	No further risk assessment required for this event, return to routine activities	Choose an item.

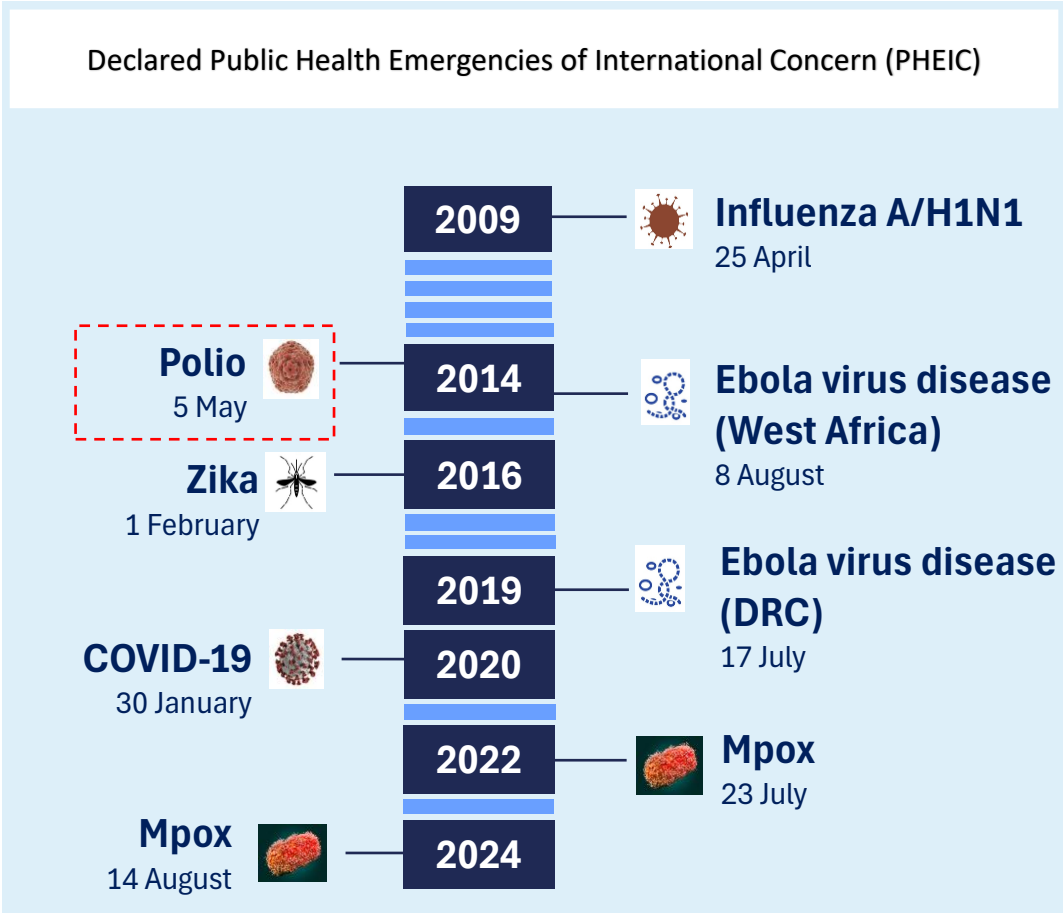
†If chosen, list actions and identify **persons responsible and due dates** for each action in section 2 (Supporting information)

- RRA recommends whether an event should be referred to IHR Emergency Committee
- RRAs often 50-100 pages of detailed evidence assessing the risk
- RRA is key piece of evidence presented
- EC held at least every 3 months for ongoing PHEIC



Public health emergencies of international concern (PHEICs)



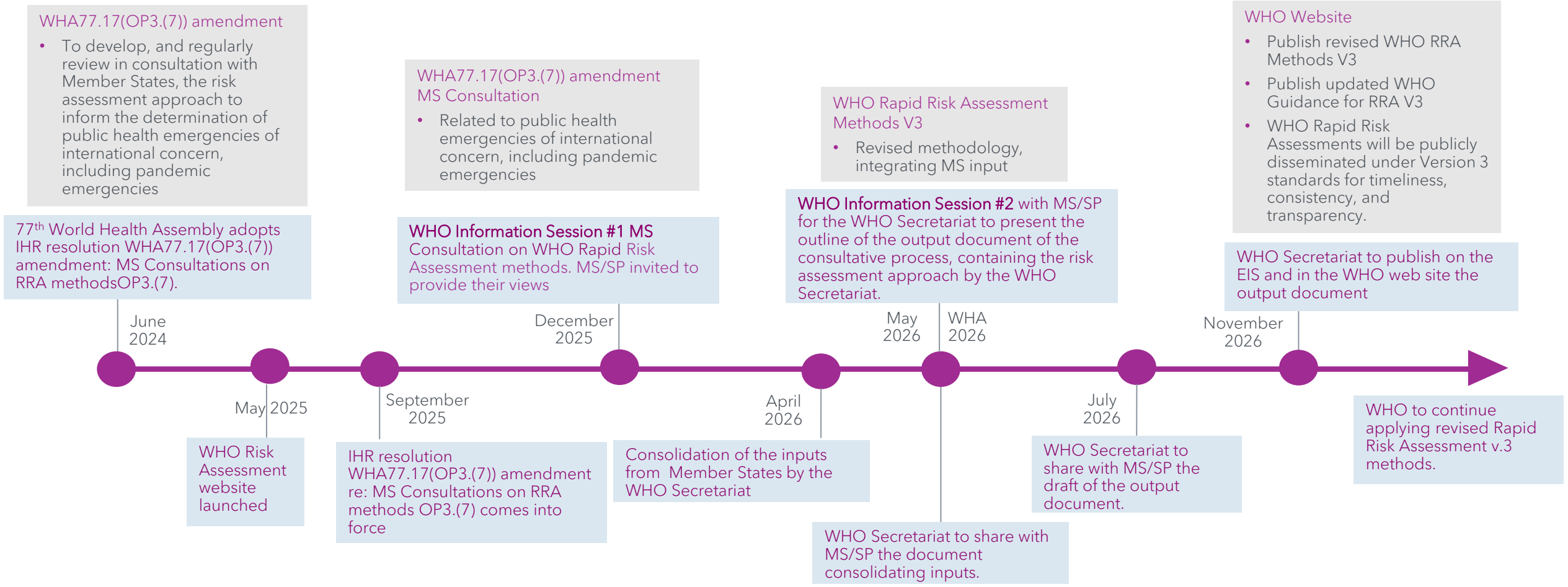


IHR Emergency Committees convened, PHEICs NOT determined initially but SUBSEQUENTLY determined
Ebola, Ituri, DRC (2018-2019); COVID-19 (2020); Mpox (2022)

IHR Emergency Committees convened but PHEICs NOT determined
MERS-CoV (2013-2015); Yellow fever, Angola/DRC (2016); Ebola, Equateur, DRC (2018)

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Member State Consultation anticipated timeline



World Health Organization

Consultation for Member State Feedback

Based on the experience of the WHO secretariat in applying the RRA guidance 2.1 and considering the 2024 amendments to the IHR, the WHO Secretariat is updating the guidance document and associated template focusing on the following areas:

- Refinement of the methodological approach to incorporate semi-quantitative methods
- Incorporation of a health system response capacity domain, as well as domains relevant for the risk assessment related to the potential prospective determination/termination of a pandemic emergency
- Characterization of the degree of confidence in the risk assessment

Please provide your views using the online platform with responses by 13 February 2026.



https://forms.cloud.microsoft/e/sCnsFN3LNP

World Health Organization

Question & Answer session

Please raise name plate if in the room or hand if on the zoom

World Health Organization

Thank you

For more information, please contact:

Dr Esther Hamblion
Unit Head, Public Health Intelligence unit
outbreak@who.int



Further reading: 2023 Annual global report on public health intelligence. WHO. 2024.
https://iris.who.int/bitstream/handle/10665/378455/9789240098206-eng.pdf?sequence=1

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