

Strengthening and oversight of the WHO Health Emergencies Programme

Update on strengthening health emergency prevention, preparedness, response and resilience

Introduction

1. The global health emergency landscape is evolving rapidly, with crises becoming more frequent and complex. WHO launched the health emergency prevention, preparedness, response and resilience (HEPR) framework at the Seventy-sixth World Health Assembly in 2023. Built on lessons learned, the HEPR framework enhances countries' ability to prevent, detect and respond to health threats while strengthening health system resilience.
2. Growing pressures, exacerbated by geopolitical instability, climate change and emerging diseases, further highlight the need for sustained investment in preparedness. Attacks on healthcare infrastructure, widening inequities and critical funding gaps reinforce the need for international cooperation and predictable financing. The WHO Health Emergencies Programme is central to these efforts, aligned with the pillar on protecting health of the Fourteenth General Programme of Work, 2025–2028.
3. The present report provides a review of HEPR implementation as at July 2025, highlighting progress and challenges, as well as financial constraints that severely limit WHO's ability to support full implementation. It emphasizes the urgent need for stronger international cooperation and sustainable financing to build resilient health systems and ensure effective responses to future health threats and crises.

Strengthening global governance

4. Further to resolution WHA77.17, adopted by the Seventy-seventh World Health Assembly in June 2024, the Secretariat has begun work in preparation for the entry into force of the amendments to the International Health Regulations (2005) on 19 September 2025.

5. The WHO Pandemic Agreement, adopted by the Seventy-eighth World Health Assembly in May 2025,¹ serves as a tool of international health law by establishing a set of agreed principles, rules and approaches for strengthened pandemic prevention, preparedness and response, with equity at its core. Member States, through resolution WHA78.1, established an open-ended Intergovernmental Working Group on the WHO Pandemic Agreement to draft and negotiate the Annex on Pathogen Access and Benefit-Sharing System, and to facilitate activities related to the opening for signature, ratification, acceptance, approval, accession or formal confirmation of the Agreement.
6. Since 2022, the Standing Committee on Health Emergency Prevention, Preparedness and Response has held six regular meetings and one extraordinary meeting on mpox. The Executive Board, at its 156th session in February 2025, extended the mandate of the Standing Committee until the closure of the Seventy-ninth World Health Assembly in 2026.²
7. Under the Universal Health and Preparedness Review pilot, 11 countries in five WHO regions have been officially engaged, and eight countries have conducted high-level missions.

Strengthening the capabilities of HEPR systems

Collaborative surveillance

8. Collaborative surveillance is a core pillar of the HEPR framework, ensuring early detection, rapid response and data-driven decision-making. By integrating public health intelligence, laboratory networks and event-based surveillance, WHO is strengthening pathogen detection, genomic surveillance and data-sharing mechanisms at all levels.
9. The Epidemic Intelligence from Open Sources initiative continues to strengthen global public health surveillance and intelligence. In 2024, public health intelligence activities analysed over 8 million raw signals, verifying 432 public health threats of potential international concern.
10. WHO supported 179 laboratories in 136 countries, improving mpox testing, genomic sequencing and outbreak response capabilities. The International Pathogen Surveillance Network strengthened genomic surveillance capacity, co-developed a comprehensive toolkit to support the use of genomic data and provided US\$ 1.92 million in catalytic funding to low- and middle-income countries.
11. WHO leads global laboratory networks and initiatives to enhance health security, including the Global Laboratory Leadership Programme. It conducted workshops engaging 145 participants from 51 countries to strengthen national ownership of the training programme, and hosted a global public health laboratory webinar series, reaching 3500 experts from 170 countries.
12. In 2024, the WHO Global Influenza Surveillance and Response System was further standardized and integrated multi-pathogen surveillance for influenza, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and respiratory syncytial virus across 130 Member States. The System serves as the global operational platform for surveillance, monitoring, risk assessment and response, and remains the frontline mechanism for any future novel pandemic respiratory virus.

¹ Resolution WHA78.1.

² Decision EB156(39).

Community protection

13. The HEPR framework prioritizes community engagement, risk communication and strengthening community capacities. WHO has set evidence-based norms and standards for community protection, with a focus on generating and applying community-level evidence, as well as developing operational tools to support real-time data collection, analysis and use.

14. To enhance evidence-informed decision-making, the WHO Public Health and Social Measures Knowledge Hub was launched, and in May 2025, the Seventy-eighth World Health Assembly adopted a resolution on strengthening the evidence-base for public health and social measures.³

15. Through Information Network for Epidemics and regional webinars, WHO provided technical guidance on: emerging public health issues and their linkage with the availability of community water, sanitation and hygiene services; protracted crises; solid waste management in emergencies; and wastewater surveillance for mosquito-borne diseases.

16. Of the 2427 points of entry (airports, ports and ground crossings) designated under the international Health Regulations (2005), 1889 have established public health contingency plans. In addition, 157 States Parties have authorized ports to conduct hygiene and sanitation inspections on board ships, reinforcing prevention and response to public health risks.

17. The WHO Secretariat has continued to provide support on border health and points of entry by developing guidance on responses to outbreaks of filovirus diseases, mpox and dengue, and conducting evidence reviews on syndromic entry and exit screening for epidemic-prone diseases of travellers at ground crossings, and on effectiveness of disinsection of conveyances to prevent or reduce the spread of mosquito vectors via international travel.

Safe and scalable care

18. The HEPR framework prioritizes resilient health systems, availability of water and sanitation, robust infection prevention and control measures, and scalable medical services to ensure safe patient care while maintaining essential health services and protecting health workers during crises.

19. Clinical guidelines form the backbone of evidence-based recommendations to support high-quality clinical care pathways, including for specific respiratory infections, mpox and epidemic-prone pathogens. WHO's Global Clinical Platform supports real-time data collection and analysis for coronavirus disease (COVID-19), mpox, filoviruses and cholera, strengthening clinical decision-making across countries.

20. WHO leads the Access to Oxygen Initiative, is the secretariat of the Global Oxygen Alliance, and is supporting the development of national oxygen road maps, and strategic data generation and uptake.

21. WHO-led expert network and working groups guided outbreak response, prioritizing infection prevention and control, and water, sanitation and hygiene actions. In fragile, conflict-affected and vulnerable settings, WHO provides context-specific options in partnership with the United Nations Children's Fund, through health worker trainings and health facility assessments.

³ Resolution WHA78.3.

Access to medical countermeasures

22. Ensuring timely, equitable access to medical countermeasures is critical for pandemic preparedness and response. WHO has strengthened global research coordination, scalable manufacturing and supply chain resilience to support rapid deployment of vaccines, therapeutics and diagnostics.

23. WHO also established collaborative open research consortiums to accelerate clinical trial standardization and the development of medical countermeasures, streamlining regulatory approvals, enabling rapid trial initiation and reducing delays in vaccine distribution.

24. WHO is driving the expansion of regional manufacturing, particularly in low- and middle-income countries. The WHO BioHub System facilitates global sharing of biological materials with epidemic and pandemic potential, and supports assay validation, antiviral screening, ex vivo infection studies, and basic research.

25. The interim Medical Countermeasures Network has improved collaborative access and allocation mechanisms. In 2025, 1.9 million doses of mpox vaccines were secured through the access and allocation mechanism and distributed to 13 countries. WHO also provided US\$ 44 million in emergency supplies to 77 countries.

26. Global production capacity for seasonal and pandemic influenza vaccines is stable at 1.53 billion doses, with pandemic vaccine production capacity estimated at 4.13 and 8.26 billion doses in moderate and best-case scenarios, respectively. There is local production capacity for influenza vaccines in five of the six WHO regions (not present in the African Region).

27. WHO has produced the leading global documents on the landscape of avian influenza A(H5) vaccines and access to A(H5) products, recording at least 22 A(H5) vaccines currently approved for use and 13 candidates in clinical trials.

28. WHO and partners have created event-specific health logistics and supply coordination mechanisms to steer global health supply chains towards response priorities. WHO is refining the appropriate strategic operational model for the Global Hub for Global Health Emergencies Logistics.

Emergency coordination

29. In 2025, WHO facilitated joint external evaluations in seven countries, conducted strategic risk assessments in 15 countries and supported the development of six national action plans for health security. It also expanded the International Health Regulations Monitoring and Evaluation Framework.

30. In 2025, WHO published the global health emergency corps framework to standardize national health emergency workforce and coordination structures and conducted a global simulation exercise of the GHEC Framework with 15 countries and 20 health organizations. It deployed 49 technical experts through the Global Outbreak Alert and Response Network, while Emergency Medical Teams facilitated over 3.5 million medical consultations in crisis settings, including the Gaza Strip and Sudan. WHO also provided support to expand national public health emergency operations centres.

31. The Secretariat reinforced interagency coordination, aligning health policies and travel-related recommendations during health emergencies. Workplans were developed between WHO, the International Civil Aviation Organization and the International Air Transport Association. Work continued with the International Maritime Organization to align maritime governance frameworks with the amendments to the International Health Regulations (2005) adopted in 2024, and with the International Labour Organization on the protection of essential workers during health emergencies.

Application of HEPR for specific threats and settings

32. A revised version of the 2025 Global Humanitarian Overview “hyper-prioritized” 43 million out of 81 million people initially targeted for health assistance. The United Nations Office for the Coordination of Humanitarian Affairs estimates that loss of funding from the United States of America for the health sector has exceeded US\$ 86 million. As at May 2025, over 4000 health facilities had suspended or scaled back services.

33. As the Inter-Agency Standing Committee cluster lead agency for humanitarian health response, WHO works with over 900 partners across 25 health clusters and sectors to ensure the provision of life-saving health services.

34. Between January and 5 August 2025, WHO documented 816 attacks on healthcare facilities across 16 countries and territories, resulting in 1120 deaths and 642 injuries among health workers and patients. Overall, WHO estimates that only 47% of health facilities in conflict zones are fully operational and has recorded over 96 000 updates of health facility status between July 2024 and June 2025.

35. Climate change is escalating health risks and increasing the frequency and magnitude of natural disasters and extreme weather events. These trends are heightening the impacts of vector-borne and zoonotic diseases, as well as food and water insecurity. WHO joined the Global Heat Health Information Network to help to mitigate climate-related health risks and is supporting countries affected by El Niño–Southern Oscillation in collaboration with the World Meteorological Organization and regional climate centres.

36. The Preparedness and Resilience for Emerging Threats (PRET) initiative supports countries to develop epidemic and pandemic plans. As at June 2025, over 125 Member States had developed and/or updated a respiratory pandemic plan, and PRET simulation exercise packages had been rolled out in more than 15 countries.

37. WHO works with Member States and partners to strengthen mpox response and control measures. It co-leads the continental Incident Management Support Team with the Africa Centres for Disease Control and Prevention, ensuring global and continental strategic plans are aligned and address the needs of affected areas.

Sustainable and coordinated financing for HEPR

38. Effective HEPR requires sustainable, predictable financing. According to WHO–World Bank estimates, US\$ 30 billion per year is required, with a current US\$ 10 billion funding gap. WHO is advocating for long-term, diversified financing solutions, ensuring sustainable, scalable and equitable health security investments.

39. WHO is a key partner in the Pandemic Fund, supporting 41 projects across six regions, with a total allocation of US\$ 427 million to date. The Fund reallocated US\$ 20 million for mpox response and launched a third call for proposals, with a funding window of US\$ 500 million.

40. In collaboration with major development banks, WHO launched the Health Impact Investment Platform to support countries in securing international financing for HEPR. To date, the platform has supported 14 countries in developing a HEPR investment plan.

41. WHO, the International Monetary Fund and the World Bank are integrating pandemic preparedness into the Resilience and Sustainability Trust – a US\$ 60 billion fund offering low-interest financing to countries to address vulnerabilities and strengthen capacity to respond to future pandemics. In July 2025, Jordan became the first country under the Trust to be awarded support – amounting up to US\$ 700 million.

42. WHO, as secretariat of the G20 Joint Finance and Health Taskforce, is enhancing collaboration between the health and finance sectors. Under South Africa's G20 Presidency, WHO co-hosted a pandemic simulation exercise and is refining the framework for economic vulnerabilities and risks to support risk-based HEPR investments.

43. In 2024–2025, the WHO Contingency Fund for Emergencies disbursed US\$ 59.8 million to respond to 39 emergencies, including humanitarian crises and outbreaks of cholera, dengue and mpox. Contributions from 13 donors provided US\$ 25.4 million, reinforcing rapid response capabilities and ensuring that WHO is able to act swiftly in emerging crises.

Action by the Standing Committee

44. The Standing Committee is invited to note the report and to provide guidance on the following key questions.

- How can WHO sustain and strengthen implementation of the HEPR framework amid the current financing constraints faced by the Organization?
- What are the broader implications for global health security if HEPR implementation is not sustained?
