

Report of the meeting

1. The seventh meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response (“the Standing Committee”) was held in virtual format on 16 and 17 September 2025. The Chair of the Standing Committee, Dr Alejandra Pizarro Ibáñez (Chile), presided over the meeting. In her opening remarks, the Chair welcomed Dr Pierre Somse (Central African Republic), the Vice-Chair, and the members to the seventh meeting, especially the new Standing Committee members: Professor Mohamed Hassany (Egypt), Dr Elmer Roberto Bonilla Espinoza (El Salvador), Dr Riyadh Qainan Abdullah Alghamdi (Saudi Arabia) and Dr Panumard Yarnwaisakul (Thailand), and ex officio members, Mr Blair Comley (Australia) and Mr Rakan Khalid Bin Dohaish (Saudi Arabia).
2. Dr Chikwe Ihekweazu (Executive Director, WHO Health Emergencies Programme) opened the meeting and welcomed all participants. He conveyed the greetings of the Director-General and his appreciation for the work of the Standing Committee. He reminded the Standing Committee that while disease outbreaks continued to erupt, along with growing humanitarian crises around the globe, the global health financing landscape had been upended and the global reductions in overseas development assistance had impacted the international community’s ability to respond. Dr Ihekweazu reiterated that the focus of the WHO Health Emergencies Programme was on dealing with the most pressing crises at the same time as continuing the highest priority normative work, and over the longer term, supporting governments to build sustainable, resilient health systems. He highlighted the recent adoption of the WHO Pandemic Agreement and its demonstration that multilateralism and common solutions remained the only way to address shared threats.
3. The Chair introduced the agenda, which was adopted.
4. The Secretariat provided a brief overview of the work of the Standing Committee for new Committee members. The presentation covered the establishment of the Standing Committee through decision EB150(6) (2022) to strengthen the Executive Board’s effectiveness and responsiveness to health emergencies. Its two functions (during and outside of public health emergencies of international concern) were also discussed along with the timeline of the Standing Committee’s work. At its 156th session in 2025, the Executive Board decided to extend the mandate of the Standing Committee until the closure of the Seventy-ninth World Health Assembly in 2026 (decision EB156(39) (2025)).
5. The Secretariat delivered a presentation on the ongoing poliovirus public health emergency of international concern, providing an overview of recent poliovirus cases in endemic and outbreak countries as well as the immunization, integration and surveillance activities to support

poliovirus eradication. With wild poliovirus type 1 continuing to be endemic in two countries, Afghanistan and Pakistan, the Secretariat highlighted key challenges to eradication, including vaccine hesitancy, security concerns and difficulty in reaching migrant and mobile populations. There had been an overall downward trend in outbreaks of variant poliovirus type 2, with a total of 136 cases being reported, mostly from countries in the Horn of Africa and Lake Chad Basin areas. However, detection of vaccine-derived poliovirus in the European Region from exclusively countries using inactivated poliovirus vaccines was highlighted as a global health security issue. There had also been an overall declining trend in outbreaks of variant poliovirus type 1 and globally low transmission levels of outbreaks of variant poliovirus type 3, with ongoing detection in Guinea and new detection in Cameroon and Chad. The challenges to address persistent transmission could be summarized across three areas: performance issues where current plans had not delivered results owing to substantial external obstacles; technical issues related to mucosal immunity boosting of older age groups and vaccine choice; and programmatic issues related to surveillance quality issues, suboptimal quality improvement plans and the inability to address critical programmatic matters. The Director-General, on the advice of the Emergency Committee at its forty-second meeting in June 2025, had determined that the international spread of poliovirus remained a public health emergency of international concern and had consequently extended the temporary recommendations addressed to countries infected with poliovirus or those that remained vulnerable to reinfection.

6. During the discussion, the following main points were raised and guidance provided.

- (a) Sustained political and financial commitments, including at the national level, were key to ensure predictable resources and sustain the gains made.
- (b) Efforts at the national level should focus on: strengthening surveillance, including environmental surveillance; improving routine immunization; increasing vaccination coverage, especially in hard-to-reach areas; working with local communities to increase vaccine uptake; and enhancing cross-border work.
- (c) As long as wild poliovirus continued to spread in some countries, polio eradication efforts would need to continue to be prioritized by Member States and the Secretariat.

7. The Secretariat updated the Standing Committee on the upsurge of mpox, the declaration of which as a public health emergency of international concern had been made on 14 August 2024 and subsequently ended on 5 September 2025. In 2025, 92 countries had reported 38 671 mpox cases and 163 deaths, with the African Region bearing the highest burden recording 34 273 laboratory confirmed cases and 153 deaths in 25 countries. In Africa, cases of both clade I and II mpox virus continued to be detected in endemic countries as well as in new countries in the region. However, the number of countries reporting community transmission had remained stable in recent months, five of which had been reporting cases since 2024, with continued spread of clade Ib mpox virus subnationally in Central and East Africa throughout 2025. Outside Africa, 18 new countries had reported mpox for the first time since the declaration of mpox as a public health emergency of international concern in 2024. Through the mpox access and allocation mechanism, 1 601 900 doses of the Modified Vaccinia Ankara-Bavarian Nordic vaccine had been delivered to 13 countries as at 12 September 2025 and 3 050 000 doses of LC16m8 (live-attenuated freeze-dried vaccinia) mpox vaccine delivered through a bilateral donation from Japan to the Democratic Republic of the Congo. In September 2025, it had been determined that mpox no longer represented a public health emergency of international concern, with the standing recommendations being extended for 12 months until August 2026. However, mpox remained a graded emergency that required sustained response capacity to face potential flare-ups and new outbreaks.

8. During the discussion, the following main points were raised.

- (a) It was acknowledged that containment of the outbreak was due to commitment and effective coordination and welcomed that the declaration of mpox as a public health emergency of international concern had been ended.
- (b) The importance of dealing with the root causes of outbreaks was noted, many of which were linked to climate change and One Health requiring the adoption of whole-of-government and whole-of-society approaches, the strengthening of national health systems and advance preparation in countries.
- (c) At the heart of the containment measures were engaged and empowered communities, which also contributed to prevention, as well as country ownership of the response at the highest level.

9. The Secretariat provided a report on the ongoing work to strengthen the global architecture for health emergency preparedness, response and resilience, including an update across the five associated systems (collaborative surveillance, community protection, safe and scalable care, access to medical countermeasures and emergency coordination).¹ The report highlighted the rapidly evolving global health emergency landscape, with crises becoming more frequent and complex, exacerbated by geopolitical instability, attacks on healthcare infrastructure, widening inequities, critical funding gaps, climate change and emerging diseases. The report emphasized the urgent need for stronger international cooperation and sustainable financing to: strengthen prevention and preparedness capacities, to build resilient health systems and to ensure effective responses to future health threats and crises.

10. During the discussion, the following main points were raised.

- (a) Health emergency preparedness, response and resilience provided a framework for alignment and efficiency since it could impact positively the functionality of national health systems.
- (b) Financial constraints continued to pose a threat to longer term sustainability, requiring Member States to strengthen political commitment and long-term and sustained financial support for health emergency preparedness, response and resilience implementation.
- (c) Concern was expressed about the documented attacks on healthcare and emphasis placed on protecting healthcare infrastructure and health workers. Ensuring continuity of health services remained a priority.
- (d) Despite the restructuring and prioritization process, it was essential that critical areas of work of the WHO Health Emergencies Programme were preserved.

11. The Secretariat provided an update on the ongoing Ebola virus disease outbreak in the Democratic Republic of the Congo. As at 14 September 2025, there had been 35 confirmed cases, 16 probable cases and 27 deaths (case fatality rate of 50%), with all confirmed cases having been reported from the Bulape health zone. Building on lessons learned from previous Ebola virus disease responses, delivering a community-centred and community-led response remained a top priority and would be integrated across all pillars of the response. It was emphasized that solidarity with the Democratic Republic of the Congo remained critical, recognizing the strong response implemented to date under the country's leadership and the importance of refraining

¹ Document EB/SCHEPPR/7/4.

from implementing health measures that were punitive and interfered with travel and trade. Continuing to scale up and sustain operations required rapid access to resources and support from Member States. Despite the challenging conditions, significant progress had been made over the past few weeks under the leadership of the Ministry of Health and with support from partners.

12. The Secretariat provided a report on the response to major ongoing health emergencies.² Between 1 January and 30 June 2025, WHO responded to a total of 40 graded emergencies in 75 countries and territories, comprising 15 Grade 3 emergencies, requiring the highest level of Organization-wide support, and 25 Grade 1 and Grade 2 emergencies. Those health emergencies were taking place in the context of an increasing number of humanitarian crises and climate-related disasters, in particular involving cholera, dengue and mpox outbreaks, as well as human infections with zoonotic influenza viruses occurring in multiple regions around the world. Challenges like limited surveillance and One Health capacities, insufficient production of critical vaccines and decreased funding in global health had affected the ability of WHO and its partners to rapidly detect, respond to and control disease outbreaks and health emergencies. Additionally, access constraints and attacks on healthcare continued to affect the delivery of essential health services in multiple humanitarian settings.

13. The Standing Committee noted the report on the health conditions in the occupied Palestinian territory, including east Jerusalem.³ The Standing Committee called for: an immediate stop of Israeli aggression and its complete withdrawal from the Gaza Strip; unrestricted access to healthcare and unimpeded access to humanitarian aid at scale; and full cessation of hostilities and targeting of civilian infrastructure and civilian population.

14. The Secretariat provided an update to the report on the health conditions in the occupied Palestinian territory, including east Jerusalem, pursuant to resolution WHA78.4 (2025).³ The update indicated that there had been 65 554 fatalities and 172 951 injuries reported, with 1672 attacks on healthcare verified in the Gaza Strip and West Bank since October 2023. Famine had been confirmed for the first time in the Gaza Strip, according to an Integrated Food Security Phase Classification analysis released on 22 August 2025. Between 1 January and 2 September 2025, 317 fatalities owing to acute malnutrition had been recorded including 83 children, 66 of whom were under 5 years old. There were no fully functional hospitals, with 18 out of 36 (50%) hospitals with inpatient capacity partially functional. Ongoing attacks and resource shortages had severely weakened the health system – damaging or destroying 94% of hospitals, overwhelming the remaining partially functional ones and disrupting essential health service delivery. On 10 September 2025, WHO evacuated 30 patients (including 29 children and one adult) along with 98 companions. Since October 2023, WHO had supported medical evacuation for over 7600 patients, including 5300 children. Still more than 15 800 patients including 4000 children remain in urgent need of life-saving care unavailable in the Gaza Strip.

15. The Standing Committee acknowledged and thanked the Secretariat for its continued efforts to support Member States in responding to major ongoing emergencies. The Standing Committee welcomed the update on the Ebola virus disease outbreak in the Democratic Republic of the Congo and called on all those concerned to increase vigilance to contain the outbreak and limit its spread.

² Document EB/SCHEPPR/7/3.

³ Document EB/SCHEPPR/7/5.

16. The Secretariat provided an update on the report requested in decision EB156(39) on the review of the mandates and functions of the different governance and oversight mechanisms for health emergencies, with a view to identifying any gaps or duplications. That request for efficiencies had become even more relevant in the light of the ongoing restructuring and prioritization exercise within the work of the Secretariat.

17. The Standing Committee thanked the Secretariat for the report and noted the need for a comprehensive review of the growing number of governance mechanisms, of which the Standing Committee was included, in what was becoming an increasingly complex landscape. The Standing Committee highlighted the need to streamline work to avoid duplication and ensure complementarity.

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