

Update on ongoing public health emergencies of international concern

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

Poliomyelitis

1. Successfully securing a lasting poliomyelitis-free world depends upon reaching the remaining zero-dose children (children who are either un- or undervaccinated) in seven geographical areas,¹ which collectively account for some 90% of new poliomyelitis cases globally. Many of these areas are currently affected by different complex humanitarian emergencies, requiring the polio programme to adapt its operations in order to deliver polio vaccines within a broader humanitarian context.
2. In 2023, wild poliovirus type 1 continues to be detected in parts of Afghanistan and Pakistan, the last two remaining countries where the virus is endemic. Cases of poliomyelitis are now primarily restricted to endemic areas in both countries, namely the Nangahar province in the eastern region of Afghanistan; and seven districts in the southern Khyber Pakhtunkhwa province of Pakistan. The periodic detection of wild poliovirus type 1 from environmental samples outside of these remaining endemic areas demonstrates the continued risk of transmission. As both countries are considered to be a single, epidemiological block, cross-border activities continue to operate.
3. Significant challenges remain in finding and vaccinating the remaining zero-dose children in the Nangahar province of Afghanistan. In the first half of 2023, the quality of supplementary immunization activities continued to improve resulting in a reduction in the proportion of zero-dose children. However, further sustained efforts are required to interrupt transmission successfully and action must be taken to implement risk mitigation strategies in the highest-risk polio-free areas. A number of geopolitical factors continue to influence the quality of implementation of polio eradication strategies. In Pakistan, the genetic diversity of wild poliovirus type 1 transmission remains at a historic low, with only one strain remaining active in 2023. Since January 2021, all cases due to wild poliovirus type 1 in the country have been reported from the seven polio-endemic districts in the southern Khyber Pakhtunkhwa province.
4. In both countries, each newly detected virus from anywhere and from any source will be responded to as a national public health emergency. A specific risk categorization will be given based on programmatically distinct district/zone; endemic zones/districts; outbreak response zones/districts; very high-risk zones/districts; and all other/maintenance zones/districts. This approach aims to ensure

¹ Eastern Afghanistan; eastern Democratic Republic of the Congo; the Tete province of Mozambique; north-western Nigeria; the southern Khyber Pakhtunkhwa province of Pakistan; northern Yemen; and the southern and central areas of Somalia.

that resources are prioritized and activities tailored to each area based on the respective assessed needs and relevant programmatic requirements.

5. In 2022, one case of wild poliovirus type 1 was reported from Lilongwe in Malawi (with onset of paralysis in 2021) and eight from the Tete province of Mozambique. Cases were clustered along the Zambesi River and along transport routes linking the major population centres. Genetic sequencing data suggest that a single importation event from Pakistan occurred sometime between the second half of 2019 and early 2020. Thanks to a subregional, multi-country emergency response across five countries of the subregion, no wild poliovirus type 1 has been detected since 10 August 2022. At the same time, outbreak responses to both circulating vaccine-derived poliovirus type 1 and circulating vaccine-derived poliovirus type 2 are continuing in order to urgently stop outbreaks of all three strains.

6. Emergency outbreak response is continuing in all locations affected by circulating vaccine-derived polioviruses. The Democratic Republic of the Congo continues to be affected by both type 1 and type 2 circulating vaccine-derived poliovirus, particularly in the east of the country. However, cases due to both strains have been significantly declining in 2023 compared to 2022. The same is true of north-western Nigeria, where the outbreak continues to decline since mid-2022. In Somalia, transmission continues in the south and central area of the country and a special emergency operations plan has been developed to increase outreach amid a broader humanitarian emergency. The situation in northern Yemen remains particularly precarious, with significant outreach challenges affecting specifically the north of the country.

7. The global effort to eradicate poliovirus remains a public health emergency of international concern, as per the advice of the Emergency Committee under the International Health Regulations (2005) on the international spread of poliovirus. The Director-General, on the advice of the Emergency Committee, has issued temporary recommendations addressed to countries infected with poliovirus or those that remain vulnerable to reinfection.¹

UPDATE ON RECENTLY TERMINATED PUBLIC HEALTH EMERGENCIES OF INTERNATIONAL CONCERN

Coronavirus disease (COVID-19)

8. As of 30 July 2023, over 768 million confirmed cases of COVID-19 have been reported globally to WHO, although seroprevalence estimates suggest that billions of infections and reinfections have occurred. Currently, the number of reported cases has consistently declined; however, the observed decreasing trend has coincided with a global decline in testing rates, indicating that these figures are an underestimate of the true global circulation of the virus. This is also evident from other indicators, such as test positivity rates and wastewater levels of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). As of 30 July 2023, over 6.9 million deaths have been reported globally to WHO, with estimated deaths at least three times higher. The number of COVID-19-related deaths has been steadily declining, with a weekly average of around 1300 deaths in the last eight weeks.

9. Progress has been made in vaccinating the world's population against COVID-19, with 66% having received a complete primary series and 32% having received booster doses as of 27 July 2023. Crucially, progress has also been made in vaccinating high-priority groups. Significant

¹ See statement of the thirty-six meeting of the Emergency Committee under the International Health Regulations (2005) (IHR) on the international spread of poliovirus (<https://www.who.int/news/item/25-08-2023-statement-of-the-thirty-sixth-meeting-of-the-polio-ihc-emergency-committee>, accessed 31 August 2023).

variations in vaccination rates persist across regions and income groups, highlighting enduring inequities in vaccine accessibility and demand. Furthermore, the administration of booster doses for optimizing the effectiveness of vaccines against severe disease remains inadequate despite the availability of vaccines, while the global booster coverage rate of 61% for those over 60 years is of concern. Rapid access during public health emergencies requires special mechanisms to be established. In the case of the COVID-19 pandemic, this included the COVID-19 Vaccine Global Access (COVAX) Facility and other regional procurement mechanisms, manufacturer partnerships, public–partner investments, and agreements on transparency of information, all of which served as components of the COVID-19 response and were crucial in gaining and sustaining the momentum for vaccination once implementation had begun.

10. The COVID-19 pandemic placed significant demands on all three levels of the Organization over a prolonged period of time. Through the United Nations COVID-19 Supply Chain System, WHO together with other United Nations agencies and health partners aggregated worldwide demand for essential medical supplies to procure and deliver medical masks, gloves, diagnostic tests and medical oxygen and other life-saving supplies to Member States, as one country after another reported rising numbers of COVID-19 cases and deaths. As of July 2023, WHO had delivered US\$ 542 838 646 worth of personal protective equipment, diagnostics, medicines and medical equipment to support the COVID-19 response in 187 Member States. Included in this procurement were 41 pressure-swing absorption plants to provide oxygen production for 18 countries, 40 111 oxygen concentrators for 120 countries, and 69 932 654 tests (including molecular and antigen tests for diagnosis, as well as sequencing reagents and antibody tests) for 172 countries. Total procurement of essential supplies by all partners of the United Nations COVID-19 Supply Chain System has reached more than US\$ 2 billion, enough to support 198 Member States. This unprecedented level of support has also resulted in sustainable capacity gains by many countries, such as the increased availability of medical oxygen that can be used in treatment for a plethora of diseases for years to come.

11. Despite overall improvements in mitigating the impact of COVID-19, global efforts fell short of achieving the ultimate goals outlined in the 2022 COVID-19 Strategic Preparedness and Response Plan. A 2023–2025 update of that Plan calling for greater flexibility to adapt to rapid changes in viral evolution, transmission, disease severity and immunity was subsequently published on 3 May 2023. Numerous countries however continue to face surveillance challenges, through the reprioritization, defunding and scaling down of SARS-CoV-2 activities. These challenges, coupled with declining testing rates and reduced genome sequence submissions, hamper the ability to evaluate transmission and impact, and detect, assess and monitor the characteristics of current and future variants, including their severity and any related outbreaks. While available data indicate a reduced risk of developing post-COVID-19 condition after prior immunity from infection and/or vaccination, a substantial number of cases of the post-COVID-19 condition may persist in the years and decades to come. While knowledge about post-COVID-19 condition is growing, the current level of understanding remains inadequate, hindering the ability to manage such cases effectively. Uncertainties also remain about the health risks associated with repeated infections. These challenges highlight that strong and cohesive efforts are still required globally. Despite that fact, there remains a funding gap of US\$ 518 million, or 67% of the US\$ 772.2 million required for WHO’s COVID-19 response in 2023, which will severely hinder the Secretariat’s ability to support Member States.

12. During the public health emergency of international concern associated with the COVID-19 pandemic, from January 2020 to May 2023, countries’ response efforts were guided by temporary recommendations issued under the International Health Regulations (2005). Those temporary recommendations were extended by the Director-General following the termination of the public health emergency of international concern on 5 May 2023. On the advice of the Review Committee on Standing

Recommendations for COVID-19,¹ the Director-General issued standing recommendations to States Parties to the International Health Regulations (2005) on 9 August 2023. They range from implementing the 2023–2025 WHO COVID-19 Strategic Preparedness and Response Plan to improving specific types of reporting, authorizing medical countermeasures in national regulatory frameworks and enhancing support for research.²

Monkeypox/mpox

13. In May 2022, an outbreak of monkeypox/mpox spread rapidly around the world with sustained transmission of monkeypox virus outside its usual ecological niche. By August 2023, almost 90 000 cases and 152 deaths had been reported from 113 countries in all six WHO regions. Thousands of suspected cases and hundreds of deaths also continued to be reported in Africa, notably in the Democratic Republic of the Congo. Since March 2023, on average 100 new cases have been reported weekly from all regions, with the South-East Asia and Western Pacific regions experiencing sustained outbreaks. Countries in West and Central Africa report cases regularly, and all regions report cases linked to international travel or local transmission. Low-level and silent transmission of the virus continues.

14. In newly affected countries, most cases have been among men aged 19–59 years. Globally women constitute 3.7% of cases, while children and adolescents under 18 years represent 1.3%. The picture is different in Africa where proportionally more women and children are affected. In the global outbreak, 85% of cases self-report to be gay men, bisexual men or other men who have sex with men, with most transmission having occurred through sexual contact. Of all reported monkeypox/mpox cases with known HIV status (30% of cases), 50% were in people living with HIV.

15. While the global outbreak has been largely contained, sustained human-to-human transmission is still occurring, changing understanding of what was long thought to be a zoonotic disease. In Nigeria and the Democratic Republic of the Congo, transmission of monkeypox virus during sexual contact is being increasingly recognized. Currently, any country may experience importation or local transmission of monkeypox/mpox and some have outbreaks that may be related to zoonotic transmission.

16. Owing to the rapid rise of cases and in recognition of the challenges in countries where monkeypox/mpox occurs regularly, the Director-General determined the outbreak of monkeypox/mpox to be a public health emergency of international concern on 23 July 2022.

17. Together with the Secretariat, Member States and communities responded with immediate action. WHO established global surveillance for monkeypox/mpox; published situation reports and policy briefs; and provided guidance on surveillance, case investigation and contact-tracing; laboratory testing; vaccines and immunization; clinical management and infection prevention and control; and risk communication and community engagement, among other topics. WHO convened a global consultation on essential research, provided diagnostic kits to over 90 countries worldwide; developed a therapeutic trials protocol; established a reserve of therapeutics for compassionate use; facilitated efforts to improve access to vaccines; published target product profiles for diagnostics; and supported research on the effectiveness and safety of countermeasures. Countries mobilized to train health workers and laboratory

¹ <https://www.who.int/teams/ihr/ihr-review-committees/review-committee-regarding-standing-recommendations-for-covid-19>, accessed 31 August 2023.

² The standing recommendations for COVID-19 issued by the Director-General are available at: [https://www.who.int/publications/m/item/standing-recommendations-for-covid-19-issued-by-the-director-general-of-the-world-health-organization-\(who\)-in-accordance-with-the-international-health-regulations-\(2005\)-\(ihr\)](https://www.who.int/publications/m/item/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)) (accessed 18 August 2023).

personnel and to make vaccines, tests and treatment available nationally and internationally. Health officials and communities worked to provide services and address misinformation and stigma. Through the WHO Contingency Fund for Emergencies, WHO made US\$ 8.1 million available to support the response and launched an appeal for a further US\$ 30 million. Following this robust response by countries and communities, the outbreak peaked in July–August 2022 and declined steadily in early 2023.

18. Despite the slowing of the outbreak, cases persist worldwide accompanied by ongoing challenges. These include: sustaining effective surveillance; delivering health care to vulnerable groups; rectifying disparities in vaccine and treatment access within and among nations; expanding local laboratory capabilities in highly impacted African regions; validating rapid diagnostic tests; and enhancing understanding of the outbreak's origins.

19. During the public health emergency of international concern associated with monkeypox/mpox, from July 2022 to May 2023, countries' response efforts were guided by temporary recommendations issued under the International Health Regulations (2005). Those temporary recommendations were extended by the Director-General following the termination of the public health emergency of international concern on 11 May 2023. On the advice of the Review Committee on Standing Recommendations for mpox,¹ the Director-General issued standing recommendations for monkeypox/mpox to States Parties to the International Health Regulations (2005) on 22 August 2023 in order to address the long-term management of the disease.² Regrettably, the WHO's global funding appeal has failed to garner any financial backing for the response efforts.

EXTRAORDINARY MEETINGS OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE FOLLOWING THE DETERMINATION OF A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

20. In accordance with paragraph 8 of the terms of reference of the Standing Committee,³ in the event a public health emergency of international concern is determined pursuant to the International Health Regulations (2005), the Director-General shall convene an extraordinary meeting of the Standing Committee as soon as reasonably practicable, and ideally within 24 hours following the determination of the public health emergency of international concern.

21. Organizing a meeting of the governing bodies within 24 hours presents some practical challenges for both the Secretariat and Member States. To overcome these challenges, a set of practical aspects related to such extraordinary meetings are outlined in the Annex.

ACTION BY THE STANDING COMMITTEE

22. The Standing Committee is invited to note the report and its Annex.

¹ <https://www.who.int/teams/ihr/ihr-review-committees/review-committee-regarding-standing-recommendations-for-mpox>, accessed 31 August 2023.

² The standing recommendations for monkeypox/mpox issued by the Director-General are available at: <https://www.who.int/teams/ihr/ihr-review-committees/review-committee-regarding-standing-recommendations-for-mpox> (accessed 24 August 2023).

³ See decision EB151(2) (2022).

ANNEX

PRACTICAL ASPECTS RELATED TO THE CONVENING OF AN EXTRAORDINARY MEETING OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE FOLLOWING THE DETERMINATION OF A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

1. **Participation:** Participation will be in accordance with the terms of reference of the Standing Committee. The meetings of the Standing Committee shall be open for all Member States. The participation of experts or observers will be determined in consultation with the officers of the Standing Committee.
2. **Invitations:** As per usual practice, the Secretariat will issue the invitations to Member States through a circular letter. A template for invitations to extraordinary meetings of the Committee will be prepared in advance and translated into the six official languages, such that they can be readily adapted and dispatched without delay in the event a public health emergency of international concern is determined.
3. **Meeting format and working hours:** Extraordinary meetings will be held virtually. Working hours will accommodate, as much as possible, participation across different time zones. Resumed sessions of the extraordinary meetings will be determined in consultation with the officers of the Standing Committee.
4. **Registration and access:** All those who registered for the last regular meeting of the Standing Committee will be automatically registered for the extraordinary meeting, unless otherwise specified by the respective Member States within a specified deadline. Registered participants will receive a link via email to join the meeting on the virtual platform.
5. **Working language:** The meetings will be conducted in English only. However, interpretation into the six official languages will be made available where possible. Documentation will be provided in English only.
6. **Agenda:** The agenda of any extraordinary meeting of the Standing Committee convened in accordance with paragraph 8 of the terms of reference of the Standing Committee will be limited to matters bearing on the public health emergency of international concern at stake. It is envisioned that the provisional agenda of any extraordinary meetings so convened will include a briefing on the public health emergency of international concern followed by a discussion on next steps. Other aspects, including the initial financing outlook, may also be presented.

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