World Health Organization

THIRD MEETING OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE
Agenda item 6

EB/SCHEPPR/3/5
6 October 2023

Report of the meeting

1. The third meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response ("the Standing Committee") was held in Geneva on 13–14 September 2023. The Chair of the Standing Committee, Dr Noor Hisham Abdullah of Malaysia, presided over the meeting.

2. The Director-General provided opening remarks, welcomed all participants and said that he looked forward to being advised and supported by the Standing Committee through the Executive Board.

3. The Standing Committee then considered the matter related to the office of Vice-Chair of the Standing Committee, which had been vacant since April 2023 owing to the appointment of Professor Jérôme Salomon (France) as Assistant Director-General for Universal Health Coverage and Communicable and Noncommunicable Diseases at WHO headquarters. Two expressions of interest had been received to fill the position of Vice-Chair: Dr Abdelkrim Meziane Bellefquih (Morocco) and Professor Christian Rabaud (France), respectively. To facilitate consensus on the matter, the Secretariat initiated informal discussions with the two candidates to reach a mutually acceptable compromise. At the end of those discussions in a spirit of compromise and to allow the Standing Committee to concentrate on its mandate, Dr Abdelkrim Meziane Bellefquih kindly agreed to accept an arrangement according to which Morocco withdrew its candidacy for Vice-Chair, while expressing in return interest in serving as the Chair of the Standing Committee from June 2024. The Standing Committee noted with satisfaction the spirit of openness and dialogue of Dr Abdelkrim Meziane Bellefquih and supported the expression of interest in the position of Chair next year. Professor Christian Rabaud was thereby appointed as Vice-Chair and would serve in the position until the closure of the Seventy-seventh World Health Assembly in June 2024 in accordance with decision EB152(2) (2023).

4. The Chair introduced the agenda, which was subsequently adopted by the Committee.

5. The Standing Committee expressed its deep sadness at the loss of lives caused by the earthquake in Morocco and the massive floods in Libya. It offered its heartfelt condolences to the peoples of Morocco and Libya, particularly to those directly affected by the earthquake and floods. The Standing Committee stressed the importance of providing continued support to and standing in solidarity with Morocco and Libya.

6. The Secretariat delivered presentations on the current status of three public health emergencies of international concern (two recently terminated and one ongoing), namely coronavirus disease (COVID-19), monkeypox/mpox and poliovirus. The Standing Recommendations for COVID-19 and mpox were also presented. Decreasing surveillance and increasing transmission of COVID-19 in specific geographies as well ongoing challenges with the mpox response were described as concerning developments, requiring continued public health action at all levels despite the public health emergencies of international concern being terminated. Updates concerning the Working Group on Amendments to the International Health Regulations (2005) were also provided to the Committee. The Secretariat described the criteria for convening an extraordinary meeting of the Standing Committee

following the determination of a public health emergency of international concern and proposed a set of modalities for such an event. During the ensuing discussion, the following points were raised.

(a) The need for Member States and the Secretariat to transition the management of the COVID-19 pandemic to a more sustainable approach in view of the decreased amount of reporting and shrinking fiscal space and to maintain critical functions across the 5Cs (**collaborative** surveillance, safe and scalable **care**, **community** protection, access to **countermeasures** and **coordination** to benefit COVID-19 and future infectious threats).

(b) The need to study post-COVID conditions (including long COVID) and the future impact of repeated infections.

(c) The need to support ongoing surveillance, testing and reporting for mpox and the elimination of human-to-human transmission as a key public health objective.

(d) The need to consider the complexities of poliovirus eradication, including identification of the reasons for zero-dose children, aspects of community engagement, cross-border movement, and the importance of transition and integration. The situation required the polio programme to adapt its operations in order to deliver polio vaccines within the broader humanitarian context.

(e) The need for clear standard operating procedures for extraordinary meetings of the Standing Committee, including logistic and administrative arrangements for the meeting as well as the provisional agenda and content, and for further consideration of the mechanisms for reporting to the Executive Board. Additional information regarding the extraordinary meetings would be developed during the intersessional period and would be presented to the fourth meeting of the Standing Committee in April 2024. It was suggested that the standard operating procedures should be tested by conducting a simulation exercise.

7. The Secretariat provided a briefing on the framework for strengthening health emergency preparedness, response and resilience. The framework aimed to help countries not only to prepare for the next pandemic but also to deal with multidimensional, multi-year crises. There were currently 42 graded emergencies and more than 340 million people in need of humanitarian assistance. Health emergency preparedness, response and resilience was aligned with sectors outside health and with regional strategies. Governance structures and financing were being discussed in a number of different fora and any developments should be reported to the Standing Committee. During the ensuing discussion, the following main points were raised.

(a) The Standing Committee noted the need for further consultation with Member States on health emergency preparedness, response and resilience as an organizing framework for preparedness and response and for further consideration of the linkage between health emergency preparedness, response and resilience and the International Health Regulations (2005) monitoring framework, as well as the application of health emergency preparedness, response and resilience in fragile, conflict-affected and vulnerable settings. The Standing Committee requested a further analysis of the financing landscape and gaps for preparedness and response. A white paper including an action plan for the 5Cs was requested in advance of further discussions on that topic at the 154th session of the Executive Board in January 2024.

(b) The inequity experienced during the COVID-19 pandemic, including the limitations of COVAX, the vaccines pillar of the Access to COVID-19 Tools (ACT) Accelerator, illustrated a need for increased investment in public health preparedness, including faster development and

equitable access to countermeasures. The Standing Committee requested continued consultations with Member States on an interim coordination mechanism for medical countermeasures to prepare for a potential event while negotiations continued in the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response and the Working Group on Amendments to the International Health Regulations (2005) to find a permanent solution.

8. The Secretariat presented a review of the number of event signals currently being managed at WHO headquarters. The 42 graded emergencies included infectious diseases, natural disasters and humanitarian emergencies. Those threats included cholera; climate-related and extreme weather events (some driven by El Niño weather phenomenon); earthquakes; resurgence of vector-borne diseases, including dengue; and vaccine-preventable diseases, such as diphtheria. Presentations from each WHO region then followed.

(a) In the African Region, the main Grade 3 emergencies (80% of which were infectious diseases) included complex emergencies, the Horn of Africa drought and food insecurity. Overall, the main challenges included increased displacement of populations, with limited access for provision of services; a shortage of supplies; and inadequate funding. Addressing the root causes of conflicts was required as well as increased domestic funding for health, access to safe water, and fast-track mechanisms to facilitate clearance of shipped supplies.

(b) In the Region of the Americas, environmental hazards, hurricane season, and human mobility (migration) were the main emergencies. Protracted crises continued in two countries in the Region. Mpox continued in many countries in the Region. In Haiti, there was civil unrest, violence and outbreaks of cholera. There had been significant improvements in vaccination coverage in Haiti.

(c) In the European Region, the conflict in Ukraine, with the accompanying massive civilian displacement, continued to be a Grade 3 emergency. Challenges to access in non-accessible territories in Ukraine remained as well as severe gaps in funding. Earthquakes in the Syrian Arab Republic and in Türkiye had occurred earlier in 2023. Additional support was critical. Collaboration at the three levels of the Organization took place regularly.

(d) In the South-East Asia Region, the main emergencies were conflicts (Myanmar and Cox's Bazar, Bangladesh) and a dengue outbreak in Bangladesh. Financing was unpredictable and inadequate. Ensuring clarity on roles and responsibilities during the response to complex emergencies was critical. Capacity-building for emergencies was a challenge.

(e) In the Western Pacific Region, mpox and COVID-19 continued to be the main emergencies. A draft Asia Pacific health security action framework had been developed, with a comprehensive, multisectoral approach for comprehensive health security systems. It would be submitted for the consideration of the Regional Committee for the Western Pacific at its 74th session in October 2023.

(f) In the Eastern Mediterranean Region, there were 21 graded emergencies with more than 60 other public health events; 63 disease outbreaks; and complex emergencies in Sudan and Yemen. Overall one person in five required humanitarian assistance. The recent earthquake in Morocco and the floods in Libya required massive response at the national level with support from the international community based on the needs expressed by governments. Many operational constraints including disruptions in the supply chains of health emergency-related products existed across the Region.

9. The ensuing discussion included questions and comments from Standing Committee members as well as from Member States not represented on the Standing Committee. The following main points emerged from those discussions.

(a) The Standing Committee recognized and applauded the work of the WHO Health Emergencies Programme workforce at all three levels of the Organization.

(b) Recognizing the need to coordinate closely and engage with the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme, the Standing Committee requested the opportunity to review the implementation of previous recommendations made by the Advisory Committee—what had been actioned, what had not and the barriers to implementation.

(c) The Standing Committee noted the issues concerning the access granted to and security of WHO staff and humanitarian partners in complex emergencies and crisis contexts. Recognizing the very difficult and often unstable environment in which WHO staff and partners were operating in order to deliver operations and life-saving programmes, the Standing Committee underscored the importance of inter-agency cooperation, in particular the critical role of the United Nations Department of Safety and Security in supporting the safety and security of humanitarian partners in crisis contexts. In recognition of the personal risk that humanitarian partners faced when delivering humanitarian assistance, WHO should continue to improve its own security management capabilities as well as working closely with the United Nations Department of Safety and Security.

(d) Recognizing the evolution of the WHO Health Emergencies Programme over eight years, the Standing Committee advised the Secretariat to finalize and issue the updated version of the WHO Emergency Response Framework.

(e) The Standing Committee noted that it would benefit from a deeper understanding of the finances of the WHO Health Emergencies Programme, both in terms of core programme and emergencies operations. A proposal for the Standing Committee to be regularly updated on that matter was put forward.

(f) The Standing Committee acknowledged the need for more information on mental health and psychosocial issues related to emergencies and emergency response.

10. Potential agenda items for future meetings of the Standing Committee, including in April 2024 were discussed. The same standing agenda items would continue to be addressed but with the addition of other items, such as the status of implementation of the recommendations of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme; health threats that required additional preparedness; and standard operating procedures for extraordinary meetings of the Standing Committee. It was also decided that room should be made for any further additional agenda items including, for example, priority issues after the transition from the COVID-19 pandemic; current threats that could become health emergencies; priorities for prevention and response; and reports on ongoing initiatives. The Chair invited additional suggestions for future agenda items in line with the Standing Committee's terms of reference, which could be submitted to the Secretariat in accordance with modalities to be communicated in due course.

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

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