**FOURTH MEETING OF THE STANDING COMMITTEE**
**ON HEALTH EMERGENCY PREVENTION,**
**PREPAREDNESS AND RESPONSE**                 **EB/SCHEPPR/4/6**
**Agenda item 6**                                          **7 May 2024**

# Report of the meeting

1.    The fourth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response ("the Standing Committee") was held in Geneva on 17 and 18 April 2024. The Chair of the Standing Committee, Dr Noor Hisham Abdullah of Malaysia, presided over the meeting. In his opening remarks, the Chair emphasized the need to leverage past experiences and lessons learned during crises and public health emergencies to strengthen health systems, particularly at national and regional levels.

2.    The Director-General welcomed all participants via a recorded message and expressed his appreciation for the valuable insight and guidance provided by the Standing Committee.

3.    The Standing Committee considered the matter related to the office of Vice-Chair of the Standing Committee. As the previously appointed Professor Christian Rabaud was no longer available, the Standing Committee appointed Dr Grégory Emery (France) to serve as Vice-Chair. In accordance with decision EB152(2) (2023), Dr Emery would serve in this position until the closure of the Seventy-seventh World Health Assembly in June 2024. The Vice-Chair expressed appreciation for the appointment and for the work of the Secretariat in addressing the growing number of health emergencies.

4.    Following the introduction of the agenda by the Chair, a Standing Committee member proposed to discuss the functioning and impact of the Standing Committee under agenda item 5. The amended agenda was adopted by the Standing Committee.

5.    The Secretariat delivered a presentation on the poliovirus public health emergency of international concern. Due to the risk of international spread, the Director-General declared on 28 March 2024 that poliovirus remained a public health emergency of international concern and extended the temporary recommendations in accordance with the advice provided during the thirty-eighth meeting of the Emergency Committee under the International Health Regulations (2005). The Secretariat presented an overview of recent poliovirus cases and the immunization, integration and surveillance activities that supported poliovirus eradication. During the ensuing discussion, the following main points were raised.

    (a)    High-level WHO and partner engagement with national political and technical stakeholders and inclusion of poliovirus on the agenda of intergovernmental fora were highlighted as mechanisms to maintain momentum for poliovirus eradication. In addition to the ongoing surveillance and immunization work, the need for continued risk communication and community engagement activities to address misinformation and vaccine hesitancy were raised.

    (b)    The potential value of a tiered system of public health emergencies of international concern to provide more nuanced levels of alerts was noted.

6.    The Secretariat provided a briefing on the ongoing efforts to strengthen health emergency preparedness, prevention, response and resilience (HEPR). The briefing included a summary of progress with governance and financing initiatives, country capacity assessments, and three of the five HEPR

subsystems (collaborative surveillance, community protection, and safe and scalable care). Country capacity assessments as well as preparedness and contingency plans contributed to national capacity-building for preparedness and response. In line with International Health Regulations (2005) requirements, 99% of Member States reported through the States Parties Self-Assessment Annual Report this year. The Universal Health and Preparedness Review was being refined in accordance with lessons learned from five national pilots and the Global Peer Review. The revised Universal Health and Preparedness Review and corresponding learnings would be provided at the Seventy-eighth World Health Assembly. Within the collaborative surveillance subsystem, the Secretariat presented activities conducted in support of national public health agencies, including the establishment of the International Pathogen Surveillance Network, which supported genomic surveillance capacity-building. Within the community protection subsystem, the current approach was bringing together diverse stakeholders (such as public health agencies, faith-based, youth, community and vulnerable groups, civil society, partner agencies and WHO regions) into a network. Within the safe and scalable care subsystem, the following areas were presented: end-to-end clinical management and expanded access to medical oxygen; improved infection prevention and control as well as water, sanitation, and hygiene in emergency settings; and the development of a long-term strategy to improve rapid response capacities. During the ensuing discussion, the following main points were raised.

(a)     The HEPR framework reflected and evolved in accordance with the needs and guidance provided by Member States, including through Health Assembly resolutions and ongoing International Negotiating Body negotiations and International Health Regulations (2005) amendments. HEPR aligned with regional strategies for health emergencies and activities conducted by regional associations. Initiatives within HEPR, such as the i-MCM-net, PRET, and above-mentioned networks, brought together global health and multisectoral stakeholders to enhance coordination and prepare for future events.

(b)     Collaborative surveillance and timely data sharing were needed to support decision-making. Evaluations of national capacities were important to support continued improvement of national capacity-building.

(c)     Challenges for persons with disabilities, including victims of explosive devices, and their need for access to care was highlighted as an important issue that needed to be addressed.

7.     The Secretariat provided an update on major ongoing health emergencies. There were currently 41 graded emergencies globally. In particular, cholera, dengue and mpox outbreaks were occurring in multiple regions around the world. Over 300 million people in 72 countries were expected to need humanitarian aid in 2024.

(a)     In the African Region, there were 134 health events due to infectious disease outbreaks, climate-related disasters, and humanitarian crises due to conflict. WHO provided technical expertise, financial support, health services, medical supplies and training to address issues posed by health emergencies. Key achievements included declining cholera cases, control of diphtheria outbreaks, and reduction in dengue cases in many countries. In December 2023, a regional emergency hub was launched in Senegal. Challenges included the concurrent emergencies occurring in countries, resulting in an overstretched health workforce. Most of the health emergencies were underfunded, resulting in recent staff cuts. In addition, diagnostics, vaccines, and other supplies were needed.

(b)     In the Region of the Americas, there were four national health emergencies and one regional epidemic. In Haiti, despite civil unrest and violence against health facilities, the region has been able to provide vaccination campaigns, child and maternal health services, and medical

care through medical clinics to internally displaced people. The regional office was supporting Colombia to address ongoing infectious disease, disaster-related, and humanitarian challenges; Cuba to access medicines and resources; and the Bolivarian Republic of Venezuela to implement the Humanitarian Response Plan 2024–2025. The dengue epidemic was increasing rapidly with 14 countries in the region experiencing active outbreaks.

(c)     In the South-East Asia Region, the main emergencies were the humanitarian crisis/conflict in Myanmar, the Rohingya emergency response in Bangladesh, and the measles outbreak in Sri Lanka. Key challenges included the need for more reliable and flexible funding for WHO's work and strengthening the health workforce at the subnational and local levels. Key achievements included the launch of the Regional Strategic Roadmap on Health Security and Health System Resilience for Emergencies 2023–2027, the development of the regional field epidemiology training programme roadmap, expanded genomic surveillance capacity, and the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits; as well as Pandemic Fund resourcing to countries in the Region. Political commitment was needed to implement regional frameworks.

(d)     In the European Region, current emergencies were caused by infectious diseases, conflicts and natural disasters. Since the last meeting of the Standing Committee, one graded emergency (Armenia refugee response) had been removed. Outbreaks of vaccine-preventable diseases were increasing due to the long-lasting effects of the coronavirus disease (COVID-19) pandemic. The region had developed a Preparedness 2.0 strategy, a Regional Action Plan for Emergency Medical Teams, a pan-European Network for Disease Control, which included participants from 17 Member States, and the European Geospatial Coordination Hub. Areas that needed additional support included ensuring sustainable financing for WHO's programmatic work, increasing access to humanitarian areas, and supporting countries to sustain capacity gains made during the COVID-19 pandemic.

(e)     In the Eastern Mediterranean Region, there were 18 graded emergencies, 90 other public health events, including 58 disease outbreaks and main emergencies in Sudan, and humanitarian crisis/conflict in the occupied Palestinian territory, including in east Jerusalem. Displacement was a key issue, with 58% of the global refugee burden originating from the region. Key achievements included robust coordination at the three levels of the Organization for response efforts, strengthened cross-regional coordination, and training of health workers in trauma and emergency response. Challenges included declining funding, constrained access, insecurity and logistics; degraded health systems; lack of national capacities; violations of international humanitarian law; and changing leadership. Support was needed to ensure access to people in need and to maintain national capacities strengthened during the COVID-19 pandemic.

(f)     In the Western Pacific Region, there were 113 public health events in 2022–2023. Currently, the main emergencies in the region included the re-emergence of human infections with avian influenza A(H5N1) in Cambodia and Viet Nam, dengue throughout the region, and dzuds (extreme winter conditions) in Mongolia. Key achievements included the launch of the Asia Pacific Health Security Action Framework and implementation of International Health Regulations (2005) country capacity assessments. The lack of predictable funding was a key challenge in the region. Member State support was needed to implement the Framework.

8.     The ensuing discussion focused on the following main points.

(a)     The importance of WHO coordination and international cooperation for common health emergency responses, such as cholera and dengue outbreaks.

(b)     The recognition that sustainable funding was needed to implement preparedness, resilience and response activities, to address the effects of the funding gaps, and to continue to work in collaboration with other actors to pool resources to address health emergencies. For example, the cholera outbreak had not received donor support or political attention at the global level. In addition, countries had developed multisectoral national action plans for health security and pandemic plans, yet resources had not been dedicated to implementing the actions articulated within them. If additional resources were not provided, it was anticipated that some of the World Health Emergencies Programme staff would be let go during 2024.

(c)     The impact of conflicts and humanitarian crises on vulnerable populations and the need to respect international humanitarian law was highlighted. In addition, rehabilitation services and access to assistive technologies, particularly for people affected by humanitarian emergencies, were needed.

9.     The Chair reported back on the simulation exercise held on 11 April 2024. The exercise tested the standard operating procedures (SOPs) for extraordinary meetings of the Standing Committee, pursuant to paragraph 8 of its terms of reference. The Chair noted that during the simulation exercise, Member States discussed different aspects of the SOPs, including the notification period, the information provided and access to the exercise. Suggestions for improvements included more information on substantive items in the provisional agenda, the inclusion of guiding questions to frame the discussion, ensuring that links were sent in a timely manner, and more clarity on expected outputs.

10.     The Standing Committee expressed its appreciation to the Secretariat for conducting the simulation exercise. The Committee suggested additional measures be considered to improve the SOPs, such as the possibility of revising the time frame for conducting extraordinary meetings following the determination of a public health emergency of international concern to enhance engagement and prepare an updated list of Standing Committee contact points for extraordinary meetings of the Standing Committee. In addition, it was recommended that all Member States should have access to the emergency information provided through the extraordinary meeting process. The importance of translation into all six United Nations languages, where feasible, was noted. Suggestions also included better defining the objectives for an extraordinary meeting, ensuring a common understanding of declarations of a public health emergency of international concern and details concerning temporary recommendations. The Secretariat noted the Standing Committee's inputs and would prepare a revised version of the SOPs in preparation for the fifth meeting of the Standing Committee.

11.     The Chair of the Independent Oversight and Advisory Committee, Professor Walid Ammar, explained that the Advisory Committee oversaw and guided the World Health Emergencies Programme ("the Programme"). Its functions included assessing the performance of the Programme, monitoring application of lessons learned from past events to increase the effectiveness of WHO's work in health emergencies, and working with the Standing Committee on issues relevant to its mandate.

12.     The Secretariat provided a briefing on the implementation of the Advisory Committee's recommendations for the Programme. Sixty-four percent of the 315 recommendations issued from 2017–2023 had been implemented. Key recommendations actioned included: the updated Emergency Response Framework; use of standardized procedures for emergencies; implementation of prevention of and response to sexual exploitation, abuse and harassment policies; the establishment of the WHO Hub for Pandemic and Epidemic Intelligence; and faster processes to deliver medical interventions during emergency outbreaks. Recommendations in progress included a staffing and resources review for the Programme to deliver its mandate, sustain and expand capacities for staff security and prevention of and response to sexual exploitation, abuse and harassment and a secure financing model for the Programme. The Programme's fragile financing model, as well as weaknesses in internal and external

coordination, were the primary barriers to implementation of the remaining recommendations. During the ensuing discussion, the following main points were raised.

(a)     Countries acknowledged WHO's vital role in responding to health emergencies and the achievements made since the establishment of the Programme. Appreciation was expressed for the high implementation rate of the Advisory Committee's recommendations. Proposed mechanisms to improve coordination included leveraging existing entities and Committees such as the Standing Committee to explain the role of the Programme. To enable this, the Secretariat could provide in-depth presentations on specific thematic areas and functions at upcoming Standing Committee meetings. Countries recognized that financing was the primary barrier to further implementation of key issues.

(b)     A key priority of the Programme was regional and subregional capacity-building and resourcing. For example, 90% of the Programme's COVID-19 funding was distributed to regional, subregional and national levels. An overview of the ecosystem of pandemic preparedness and response resourcing across global health entities would be beneficial at future Standing Committee meetings.

(c)     To support countries in rapidly and appropriately responding to public health events, nuanced levels of public health emergencies of international concern should be clearly identified. In addition, the balance of centralized and decentralized supply planning was discussed to ensure greater efficiency in stockpiling and rapid provision of supplies.

(d)     The safety and protection of health workers and security of WHO staff and partners were highlighted as key issues that needed continued attention globally. In addition, WHO reported multiple requests from countries to establish national incident management support teams, corresponding to WHO's updated Emergency Response Framework, which could enable a faster and more streamlined response to health events.

13.     The Global Preparedness Monitoring Board Co-Chair, Ms Joy Phumaphi, provided an overview of the Monitoring Board's role. Established in response to the recommendations of the High-level Panel on the Global Response to Health Crises, the Monitoring Board was an independent monitoring and accountability body that advocated for pandemic preparedness and monitored preparedness levels. The Secretariat provided an overview of the 2023 Monitoring Board's report that highlighted areas where global focus was needed: improving data quality and evidence collection; investing in domestic contingency funds and bolstering international financing; increasing equitable access to medical countermeasures; and ensuring multisectoral engagement in pandemic preparedness. Globally, 125 countries were in the process of updating their pandemic plans with support from the Programme's PRET initiative. During the ensuing discussion, the following main points were raised.

(a)     The substantial work of the Monitoring Board was recognized. In accordance with the above-listed recommendations, countries were establishing and expanding local production of medicines and medical supplies to enhance equitable access to medical countermeasures. In addition, countries emphasized that a multisectoral approach to pandemic preparedness and response was critical.

(b)     The complex ecosystem of pandemic preparedness and response was noted. There was interest in reducing fragmentation, increasing accountability and leveraging existing resources and information.

14.     Potential agenda items for future meetings of the Standing Committee were discussed. The next meeting of the Standing Committee was proposed to take place on 3–4 September 2024, subject to a decision of the 155th session of the Executive Board in June 2024. The same standing agenda items would be addressed but with the addition of other items, such as the revision of the SOPs for paragraph 8 of the Standing Committee's terms of reference and proposed amendments to paragraph 9 of the Standing Committee's terms of reference; and deep dives into financing; the interconnectedness of networks and initiatives across the five HEPR subsystems; and normative tools and guidance. 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 that would be communicated in due course. Questions for the fifth Standing Committee meeting would be shared in advance as requested. The next meeting was also proposed to be held in hybrid format. It was proposed that the 155th session of the Executive Board consider preparing for a review of the functioning and impact of the Standing Committee. If agreed by the Executive Board, the fifth meeting of the Standing Committee could be used for this review.

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

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