

Strengthening and oversight of the WHO Health Emergencies Programme

Update on health emergency prevention, preparedness, response and resilience (including health threats that require additional preparedness)

Report by the Director-General

INTRODUCTION

1. The global landscape of health emergencies is rapidly evolving, characterized by emergencies of increasing complexity, frequency and scale. The coronavirus disease (COVID-19) pandemic highlighted the urgent need for a more robust global architecture for health emergency preparedness, prevention, response and resilience. In recognition of those conditions, WHO and partners have launched initiatives to strengthen global health security, focusing on international legal instruments, sustainable financing mechanisms and enhanced systems.

2. This report provides an overview of progress made in that regard as of 1 August 2024. It highlights key achievements, ongoing challenges and future actions, demonstrating the collective commitment to building a more resilient and equitable global architecture. The report is organized into three sections: governance, financing and systems.

GOVERNANCE

3. Significant progress has been made in global health governance, particularly with the adoption of amendments to the International Health Regulations (2005) by the Seventy-seventh World Health Assembly in June 2024.¹ These amendments, resulting from extensive consultations, address critical gaps in the existing Regulations and introduce key new provisions, such as the establishment of a “National IHR Authority”, the introduction of a definition of a pandemic emergency, and provisions on equitable access and sustainable financing.

4. In parallel, the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response continued its work to the Seventy-seventh Health Assembly, per its mandate, and while significant progress was made, consensus on the final text was not reached, with outstanding issues including those

¹ Resolution WHA77.17 (2024).

regarding pandemic prevention and surveillance, the One Health approach for pandemic prevention, preparedness and response, technology transfer for the production of pandemic-related health products, and a pathogen access and benefit-sharing system. The Intergovernmental Negotiating Body's mandate was consequently extended,¹ and the outcome of further negotiations will be submitted to the Seventy-eighth World Health Assembly in May 2025, or earlier if possible to a special session of the Health Assembly, reflecting the commitment of Member States to finalize the agreement and strengthen the global health security architecture.

5. Sustained political leadership and accountability remain crucial to the success of these governance frameworks. The Standing Committee on Health Emergency Prevention, Preparedness and Response continues to develop its ways of working while also providing input regarding these processes. The 2023 United Nations General Assembly high-level meeting on pandemic prevention, preparedness and response further underscored the political commitment to enhancing global health security, emphasizing the importance of collaboration, equity and access to medical countermeasures.

6. The pilot phase of the Universal Health and Preparedness Review is nearing completion, offering valuable insights into how to better assess and improve national capacities. The expanded mandate of the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme reinforces the importance of independent scrutiny and accountability of WHO in developing a strong global health security architecture.

7. While significant progress has been made in strengthening global health governance, continued efforts are needed. Implementing the amendments to the International Health Regulations (2005), advancing the Intergovernmental Negotiating Body's negotiations and establishing oversight mechanisms demonstrate a collective commitment to preparedness and response. Addressing outstanding challenges, ensuring effective implementation and fostering sustained political leadership and accountability will help to build a more resilient and equitable global health security framework.

FINANCING

8. Adequate and sustainable financing is critical for effective health emergency preparedness and response. WHO and partners have made significant progress in mobilizing resources, improving allocation mechanisms and advocating for innovative and coordinated financing solutions.

9. WHO will support the implementation of the amendments to the International Health Regulations (2005), including through the establishment of a coordinating financial mechanism to support the identification of and access to the financing required to strengthen and maintain critical health emergency preparedness, response and resilience capacities and equitably address the needs and priorities of developing countries.

10. The Pandemic Fund, established in 2022, has emerged as a vital instrument in addressing such funding gaps. The overwhelming interest in its first and second calls for proposals underscores the urgent need for dedicated financing for pandemic preparedness and response. WHO has been actively engaged in establishing the Fund and supporting countries in developing proposals and implementing projects.

11. WHO is working with partners to expand surge financing for health emergencies and to identify and reduce vulnerabilities related to pandemics. The G20 Joint Finance and Health Task Force serves as a platform for collaboration between health and finance decision-makers, focusing on accelerating

¹ Decision WHA77(20) (2024).

and coordinating existing response financing mechanisms, accessing additional funding sources and developing new financing mechanisms. The development of an operational playbook for surge financing and a framework for economic vulnerabilities and risks to pandemics will contribute to a more comprehensive and coordinated approach to pandemic preparedness and response financing.

12. At the country level, the Secretariat continues to support Member States in developing Pandemic Fund proposals and adapting those proposals for other key financial mechanisms, thereby facilitating access to critical resources for strengthening national health security. The WHO resource mapping process further empowers countries to track and coordinate resources effectively, fostering transparency and alignment among stakeholders.

13. Despite these achievements, challenges persist. The current size and scope of the Pandemic Fund, which although valuable, represent only a partial solution to the funding gaps and limitations for strengthening health emergency preparedness, response and resilience. The need for sustainable and predictable funding at all levels remains a pressing concern; WHO will continue to advocate for innovative and coordinated financing mechanisms as well as increased investments in that respect.

SYSTEMS

Collaborative surveillance

14. Efforts to strengthen collaborative surveillance resulted in remarkable progress in 2024, reflecting a global commitment to enhancing decision-making through integrated disease threat and vulnerability monitoring. Numerous initiatives have bolstered capacities for early detection, risk assessment and timely response to emerging health threats. Notable examples include the International Pathogen Surveillance Network, the WHO Mosaic Respiratory Surveillance Framework, the WHO comprehensive initiative to strengthen national public health agencies, the WHO webinar series for public health laboratories, and a new WHO laboratory recognition programme and external quality assessment scheme. These efforts have proven crucial in ensuring that health systems can anticipate and respond to emergencies. Regional initiatives, such as the genomic costing tool in the European Region and a genomic prioritization workshop in the Western Pacific Region, showcase the diverse approaches to strengthening laboratory capacities.

15. Action has also been taken to strengthen national capacities for monitoring and rapid response by integrating collaborative surveillance into public health intelligence processes, including through the Epidemic Intelligence from Open Sources initiative. Efforts to cultivate an enabling environment have similarly been undertaken, including the establishment of a policy-maker forum, which serves as a platform for discussing the importance of country leadership, partnerships and data interoperability in the realization of collaborative surveillance worldwide. Work to mobilize sustainable financing for such surveillance initiatives and prioritize research for pandemic and epidemic intelligence is ongoing.

Community protection

16. Community protection is a cornerstone in preparing for and responding to health emergencies. Recognizing that effective responses hinge on working directly with affected communities, significant strides have been made in integrating community perspectives into all aspects of emergency and response. Such work has included: the working with partners to develop a position paper; the drafting of an operational framework aimed at making communities active participants in preparedness and response; the leveraging of the Risk Communication and Community Engagement Collective Service; the piloting of a new infodemic management training package; the expanding of the WHO Information

Network for Epidemics; the establishment of a multi-stakeholder science translation health emergencies community; the advancement of the WHO Public Health and Social Measures initiative; the ongoing strengthening of the network for global health security communicators; and the integration of the community protection concept into normative products, such as the recently published global guide on community readiness and response planning and risk community and community engagement training package. These tools ensure that interventions are effective, culturally appropriate and aligned with the needs and priorities of the communities they are intended to protect.

17. Strengthening coordination mechanisms and partnerships to ensure community protection remains a priority for WHO. Considerable progress has been made in building capacity and aligning activities at the regional level, including the launch of a pilot workshop on community protection for pandemic influenza and respiratory epidemics in Jordan and a community readiness exercise in Ghana. WHO and partners at the global level have also agreed on a set of priorities to promote community infection prevention and control and improvements to water, sanitation and hygiene.

18. In addition to advancing the conceptual foundations of community protection, the Secretariat remains focused on working closely with communities to develop and operationalize critical core capacities, including by supporting Member States to integrate community protection functions into Pandemic Fund proposals.

Safe and scalable care

19. Safe and scalable care is a critical pillar of health emergency preparedness, response and resilience. Recognizing the importance of robust health care systems and equitable access to interventions during emergencies, WHO has been actively working to strengthen clinical care pathways, enhance infrastructure to surge capacities and uphold essential health services during all health emergencies. Activities conducted in that regard include the launch and expansion of the WHO Access to Oxygen initiative to build resilient oxygen ecosystems; the strengthening of health care infrastructure and supply chains to accommodate surges in demand during emergencies; and the development and dissemination of evidence-based clinical and operational guidelines, including for influenza, COVID-19, diphtheria, and Crimean Congo haemorrhagic fever, and training resources to support health care workers in managing diseases and minimizing the health impact of emergencies.

20. Equitable and sustained access to essential health services is critical during emergencies. In recognition of that fact, WHO has launched the Global Framework for Action 2024–2030 for resilient health services and continues to provide leadership on and support awareness-raising of critical services such as infection prevention and control and water, sanitation and hygiene. Operational support to countries and regions has been provided through activities such as infection prevention and control readiness in Lebanon and global consultations on health care-associated infection surveillance. Response efforts have focused on supporting the emergency in the occupied Palestinian territory; developing a comprehensive water, sanitation and hygiene situation report for Sudan; and providing technical support for conflict recovery and cholera outbreaks in Ethiopia. Combined, these efforts are crucial in ensuring that health systems and workers can respond quickly and effectively to health emergencies, minimizing the impact on affected populations.

Access to countermeasures

21. Ensuring equitable and timely access to medical countermeasures remains crucial to effective health emergency preparedness and response. Significant progress has been made across the medical countermeasures value chain to enhance health security, in particular to address the challenges exposed

by the COVID-19 pandemic. A focus on the viral and bacterial family approach has accelerated medical countermeasures strategies and helped to identify knowledge gaps and foster global collaboration and preparedness for both known and unknown threats. Continued investments in pathogen discovery, basic and translational research, regulatory systems and clinical trial capacity, remain crucial for ensuring a robust pipeline of effective medical countermeasures.

22. Diversifying global manufacturing capacity and promoting regional self-sufficiency have been key priorities, particularly in low- and middle-income countries. Initiatives like the Platform for Harmonized African Health Products Manufacturing are paving the way for more resilient and equitable supply chains. Building a skilled workforce and promoting adaptable manufacturing platforms are also essential components of this effort.

23. Considering the need for agile, equitable and risk-based procurement and supply systems, WHO is working to establish evidence-based policies, predefined medical countermeasures lists and demand forecasting methodologies to ensure efficient and effective procurement. The expansion of pooled procurement mechanisms, especially at the regional level with the PAHO Strategic Fund, the pooled procurement mechanism led by the Africa Centres for Disease Control and Prevention, and the joint procurement agreement for the European Union coordinated by the European Commission's Health Emergency Preparedness and Response Authority, as well as strategic procurement modalities such as advance purchase agreements, will enhance access to critical medical countermeasures.

24. Ensuring timely and equitable access to medical countermeasures to save lives during health emergencies can only be achieved through intensive preparedness efforts to strengthen research and development, scalable manufacturing and supply chain systems, for which WHO will continue to advocate funding in the Fourteenth General Programme of Work, 2025–2028. Health emergency preparedness depends on WHO's continued leadership of the associated global and regional networks and partnerships that enable support to be delivered when and where it is most needed.

25. WHO continues to play a foundational role in facilitating efficient information sharing and ensuring equitable access to medical countermeasures through existing platforms, such as the Pandemic Influenza Preparedness Framework for the sharing of influenza viruses and access to vaccines and other benefits, the International Coordinating Group for Vaccine Provision and the WHO BioHub System.

Emergency coordination

26. The complexities of modern health emergencies necessitate robust and coordinated response mechanisms. Progress has been made in strengthening emergency coordination at all levels, with a focus on workforce capacity-building, enhanced national preparedness and better alert and response coordination. Examples of which include the launch of the Global Health Emergency Corps platform; the publication of a national outbreak response handbook by the Global Outbreak Alert and Response Network; and the strengthening of the Public Health Emergency Operations Centre Network.

27. The work to strengthen the global architecture for health emergency prevention, preparedness, response and resilience, notably the continued efforts to bring alignment between the International Health Regulations Monitoring and Evaluation Framework and the health emergency preparedness, response and resilience framework,¹ will help to better assess and strengthen national health emergency preparedness. Initiatives such as national action plans for health security, after-action reviews and

¹ <https://www.who.int/publications/m/item/strengthening-the-global-architecture-for-health-emergency-prevention--preparedness--response-and-resilience/> (accessed 19 August 2024).

collaborative measures like the One Health Tripartite operational tools and International Health Regulations-Performance of Veterinary Services bridging workshops continue to facilitate cross-sector coordination and preparedness for zoonotic diseases.

28. The updated WHO Emergency Response Framework and the development of a framework for health emergency alert and response for Member States aim to improve the predictability, timeliness and effectiveness of emergency responses. The revised public health emergency operations centre framework, the establishment of regional and global networks, the roll-out of the health emergency management suite and the ongoing train the trainer programme enhance coordination, information management and capacity-building.

Application of systems capabilities to specific threats and settings

29. WHO continues to leverage expert networks, collaborating centres and in-house expertise to help countries assess, prepare for and respond to epidemic and pandemic threats. The WHO Preparedness and Resilience for Emerging Threats initiative has succeeded in adapting the framework of health emergency preparedness, response and resilience capabilities to a specific hazard, resulting in more than 125 Member States undertaking the process of updating their pandemic preparedness plans. WHO continues to assist countries in operationalizing tailored prevention and mitigation strategies for specific hazards that are aligned with the health emergency preparedness, response and resilience framework such as yellow fever, cholera, meningitis and viral haemorrhagic fevers.

30. Addressing disaster risk reduction and climate crises remains a priority for strengthening health emergency preparedness, response and resilience,¹ with WHO collaborating with partners on risk assessment and climate-related health impacts. WHO and partners continue to build linkages between health emergency preparedness, response and resilience capabilities and risk reduction actions in health, including through a joint project with WMO to develop guidance on preparedness and readiness to address the health consequences of the El Niño-Southern Oscillation and climatic variances in countries and communities.

31. Improving preparedness and coordination at the health-security interface, particularly for deliberate events, remains a priority area for strengthening health emergency preparedness, response and resilience. As the co-lead of the United Nations Biorisk Working Group, WHO is working on inter-agency rules of procedure for deliberate events that can be used in case of a major emergency and in parallel is updating its own such procedure. The Organization has also participated in the Inter-agency Interoperability and Communication in Case of Chemical and/or Biological Attacks project, led by the United Nations Office of Counter-Terrorism and is drafting a memorandum of understanding with the International Criminal Police Organization.

32. WHO's work to protect health in humanitarian settings continues to rely on strong partnerships, including within the Inter-Agency Standing Committee. Operationalizing the health emergency preparedness, response and resilience framework in protracted crises, which often occur in settings characterized by vulnerability, fragility and conflict, involves flexible and human-centred approaches. With dedicated teams in 150 countries, WHO continues to rapidly assess needs on the ground and coordinate health cluster responses, working with approximately 900 cluster partners, governments and non-State actors to provide essential health services and prevent attacks on health care during emergencies.

¹ See resolution WHA77.8 (2024).

CONCLUSION

33. The collaborative efforts across the interconnected and vital functions of health emergency preparedness, response and resilience systems – collaborative surveillance, community protection, safe and scalable care, access to countermeasures and emergency coordination – demonstrate a collective commitment to building a more resilient and equitable global health security architecture.

34. The adoption of amendments to the International Health Regulations (2005), the ongoing negotiations towards a pandemic agreement and the establishment of robust oversight and advisory mechanisms represent crucial steps towards a more effective and coordinated response to future health emergencies. However, further action is required to secure sustainable and predictable financing, address inequities in access to resources and strengthen national capacities, particularly those in low- and middle-income countries.

35. WHO remains committed to working with partners and stakeholders to address these challenges and build on the progress achieved. Through sustained efforts, innovative solutions and a focus on collaboration and equity, a world better prepared to prevent, detect and respond to health emergencies can be realized and the health and well-being of all people safeguarded.

ACTION BY THE STANDING COMMITTEE

36. The Standing Committee is invited to note the report. In its discussions, it is further invited to provide comments and guidance in respect of the questions set out below.

- How can the Secretariat support work to ensure that the existing and future governance mechanisms and instruments are effectively used to further develop, align and operationalize the health emergency preparedness, response and resilience framework at all levels and ensure that capabilities are adapted to specific threats in specific settings?
- How can the Secretariat work with Member States and partner organizations to improve coherence among all the global, regional and national initiatives and strategies aimed at strengthening health emergency preparedness, response and resilience?

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