

Report of the meeting

1. The fifth meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response (“the Standing Committee”) was held in Geneva on 3 and 4 September 2024. The Chair of the Standing Committee, Dr Abdelkrim Meziane Bellefquih (Morocco) presided over the meeting. In his opening remarks, the Chair welcomed the Vice-Chair, Ms Christine Harmston (Canada), who joined the meeting virtually. He also introduced the new members of the Standing Committee: Dr Haji Mohammad Isham Haji Jaafar (Brunei Darussalam), Professor Plamen Dimitrov (Bulgaria), Dr Alejandra Pizarro Ibáñez (Chile), Dr Pak Jong Min (Democratic People’s Republic of Korea), Mrs Katarzyna Drażek-Laskowska (Poland), Mr Minsoo Park (Republic of Korea), and Dr Yawa Djatugbé Apétsianyi (Togo).
2. The Director-General welcomed all participants and noted that the first extraordinary meeting of the Standing Committee had been successfully held on 15 August 2024 following his determination of mpox as a public health emergency of international concern. He noted that the Standing Committee at its present meeting would evaluate the effectiveness of the temporary recommendations issued in response to the mpox public health emergency of international concern, which had been designed to refine WHO’s preparedness and response strategies. That would include providing guidance on strengthening the global health emergency framework, reviewing ongoing health emergencies such as poliomyelitis and continuing the assessment of the Standing Committee’s impact and functioning.
3. The Chair introduced the agenda, which was adopted.
4. The Secretariat gave an overview of the work of the Standing Committee. The rationale for the Standing Committee’s establishment was reviewed, including its overall aim of strengthening WHO’s operations in global health responses. Its two functions (during and outside of public health emergencies of international concern) were also discussed along with the mandate and timeline of the Standing Committee’s work.
5. The Secretariat delivered a presentation on the poliovirus public health emergency of international concern, noting that the Emergency Committee at its thirty-ninth meeting in July 2024 had recommended an extension of the temporary recommendations. The Secretariat presented an overview of recent poliovirus cases in the African Region and the Eastern Mediterranean Region, as well as the immunization, integration and surveillance activities that supported poliovirus eradication. The proposed extension of the Polio Eradication Strategy 2022–2026 to 2029 was reviewed.
6. The Secretariat updated the Standing Committee on the mpox public health emergency of international concern. Cases had been rapidly increasing. A number of countries had recently detected cases of Clade Ib, which had emerged in 2023. Drivers of transmission included human-to-human close contact, including sexual contact, and other modes of transmission. No deaths had been reported so far outside of the Democratic Republic of the Congo. An mpox strategic preparedness and response plan had been developed, with the ultimate goal of stopping outbreaks of mpox. A medical countermeasures access and allocation mechanism had been developed to ensure equitable access. An Africa continental

plan, which was a joint plan of WHO and the Africa Centres for Disease Control and Prevention, was currently being developed. Operational planning was ongoing and a financial tracking and coordination mechanism was being developed.

7. The Secretariat provided a briefing on the ongoing work to strengthen the global architecture for health emergency preparedness, response and resilience, including deep dives on financing, normative tools and guidance, and the interconnectedness of networks and initiatives across the five associated subsystems (collaborative surveillance, community protection, safe and scalable care, access to medical countermeasures and emergency coordination). A global overview of health emergency preparedness, response and resilience implementation was given, along with a review of the IHR implementation plan and health emergency preparedness, response and resilience financing. Based on the discussion that followed, the Secretariat noted that the health emergency preparedness, response and resilience framework was evolving in the light of ongoing developments.

8. The Secretariat provided an update on major ongoing health emergencies. There were currently 44 graded emergencies globally, taking place in the context of an increasing number of climate-related disasters and humanitarian crises, with nearly 4% of the world's population currently in need of humanitarian assistance. Attacks on health care were becoming a "new normal" with dramatic increases since January 2024: 13 countries or territories had reported 707 incidents, 354 deaths, and 630 injuries of patients or health workers taking place in five of the six WHO regions. In particular, cholera, dengue and mpox outbreaks were occurring in multiple regions around the world.

(a) In the African Region, there were 23 graded health emergencies due to climate-related disasters (droughts, floods, landslides and cyclones); outbreaks of infectious diseases (mpox, cholera, dengue and diphtheria); and humanitarian crises due to conflict. WHO had provided technical expertise, financial support, health services, medical supplies and training to address issues posed by those health emergencies. Key achievements included a decrease in the number of cholera cases; control of the health impacts of the El Niño floods in East Africa; and a reduction in dengue cases in many countries. National capacities for surge response had been strengthened, with a number of countries providing national and international deployments of trained responders. Collaboration with regional and global platforms had been efficient. Key challenges included inadequate human resources; limited funding; insecurity and problems in physical access to areas; and multiple, concurrent emergencies.

(b) In the Region of the Americas, there were three national health emergencies. In Haiti, despite the arrival of a multinational support force, armed gangs continued to hinder WHO/PAHO operations in certain areas. The situation in the country remained unpredictable, with many protests, executions and kidnappings reported. In the metropolitan area of Port-au-Prince, 33 health facilities had been attacked or looted since 1 January 2024. Only one public hospital remained operational there. WHO/PAHO was providing support in areas including surveillance, water, sanitation and hygiene, and mental health interventions to 46 000 internally displaced persons at 33 sites. A cholera outbreak was ongoing in Haiti. The regional office was supporting the Bolivarian Republic of Venezuela to implement the Humanitarian Response Plan 2024–2025.

(c) In the South-East Asia Region, the main emergencies were the humanitarian crisis in Cox's Bazar, Bangladesh, and in Myanmar. Key challenges included the vast number (1.4 million) of people in Cox's Bazar in need of health assistance; challenges in resettlement/repatriation; donor fatigue; and an underfunded response. In Myanmar, there had been an escalation of violence and a rapid increase in the numbers of displaced people. Attacks on health workers were continuing. Cholera outbreaks were ongoing in four countries. Key challenges included inadequate flexible funding; a lack of clarity on engagement with partners and insufficient intersectoral collaboration

in complex emergencies; an insufficiently trained workforce; a lack of synergies between health systems resilience and health security; and suboptimal sharing of information and samples during health emergencies. Key achievements included the implementation of regional road maps and action frameworks; the near finalization of the regional field epidemiology road map; and the completion of a number of joint external evaluations.

(d) In the European Region, eight current graded emergencies included outbreaks of dengue, cholera, coronavirus disease (COVID-19), mpox, conflicts and natural disasters. The unpredictability of the complex emergency resulting from the conflict in Israel and in the occupied Palestinian territory remained a challenge. The conflict in Ukraine was protracted, resulting in millions of refugees. But refugee-hosting countries lacked funding to offer support. Key achievements included the start of a landmark project on chemical, biological, radiological and nuclear substances response and readiness; the closure of the COVID-19 transition plan; a preparedness 2.0 plan for consideration at the regional committee meeting; and the development of an Emergency Medical Teams regional action plan 2024–2030. Key challenges included the resurgence of communicable disease threats; inconsistencies in health priorities at the national level; and the need for predictable funding.

(e) In the Eastern Mediterranean Region, 107 million people were in need of humanitarian assistance. Many natural disasters and outbreaks of infectious diseases were occurring. There continued to be ongoing emergencies and many deaths resulting from active conflicts. Sudan continued to constitute a main emergency. The humanitarian crisis continued in the occupied Palestinian territory; the crisis included both famine and collapse of the health care system. Key regional challenges included competing demands in the Region; a lack of political progress; operational constraints; and a lack of resources, especially for the emergencies programme. Challenges specific to the conflict in Israel and in the occupied Palestinian territory also included inaccessibility and insecurity; protection of health care workers; displacement of medical personnel; lack of equipment and fuel; lack of reliable mechanisms for deconfliction; and insufficient supplies. Key achievements included preparations for regional escalation, including radionuclear scenarios; strengthened National IHR Focal Points; advances in trauma care; and improved IHR compliance.

(f) In the Western Pacific Region, the main emergencies included measles (Mongolia and Viet Nam) and Q fever (Philippines). Key achievements included stakeholder engagement with the Asia Pacific Health Security Action Framework; a streamlining of One Health coordination; and ongoing IHR core capacity monitoring. Key challenges included Pandemic Fund resources; engagement with regional entities; emergency response operations; and prevention and resilience programmes.

9. The current status of the Standing Committee review was presented. The review comprised interviews with key stakeholders and a survey, which would be circulated among the Standing Committee and all Member States shortly. Aspects to be examined included the Standing Committee's role in the governance of the global health architecture, including the people involved, as well as the Standing Committee's purpose, coordination/cooperation and process, and the interface between the Standing Committee with other WHO governing bodies processes. The review would also consider feedback on the first extraordinary meeting of the Standing Committee. Delivery of the report on the functioning and impact of the Standing Committee was scheduled to be finalized by October 2024 for consideration by the Executive Board at its 156th session. In the discussion that followed, there was support for a broader consultation that would include Member States that were not members of the Standing Committee and key stakeholders outside of WHO.

10. The Standing Committee agreed to the proposed amendments to the standard operating procedures for its extraordinary meetings (see Annex 1).
11. The Standing Committee reviewed the proposed amendments to its terms of reference (see Annex 2) for consideration by the Executive Board at its 156th session. Should the Executive Board decide to extend the term of the Standing Committee, the Standing Committee recommended a revision of its terms of reference. The Committee also acknowledged that further amendments to the terms of reference might be needed.
12. The Standing Committee agreed that documents for regular meetings should be shared at least one week in advance.
13. The next meeting of the Standing Committee was scheduled for 16–17 April 2025; however, the Standing Committee requested the Executive Board to consider alternative dates earlier in that week instead.
14. The Standing Committee considered and adopted its meeting report. The meeting was closed.

ANNEX 1

**STANDARD OPERATING PROCEDURES FOR EXTRAORDINARY
MEETINGS OF THE STANDING COMMITTEE PURSUANT TO PARAGRAPH 8
OF ITS TERMS OF REFERENCE¹**

1. In accordance with paragraph 8 of the terms of reference of the Standing Committee,² in the event a public health emergency of international concern (PHEIC) 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 PHEIC.

2. 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 standard operating procedures related to such extraordinary meetings are outlined below.

ANNOUNCING THE MEETING

3. When an International Health Regulations (2005) Emergency Committee is convened to consider whether a public health event constitutes a PHEIC, members of the Standing Committee on Health Emergency Prevention, Preparedness and Response, along with Member States, will be informed by the Secretariat and provided with a tentative timeline for the relevant Emergency Committee's deliberations and an indication of when a possible extraordinary meeting of the Standing Committee could be convened if the Director-General determines that the public health event constitutes a public health emergency of international concern.

ATTENDANCE

4. Attendance 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. Attendance of experts or observers will be determined by the Chair and Vice-Chair of the Standing Committee, in consultation with the Director-General.

5. It is understood that, as per the Executive Board's consistent practice, if any member of the Standing Committee is unable to attend, her or his successor or the alternate member of the Board designated by the government concerned, in accordance with Rule 2 of the Rules of Procedure of the Executive Board, will participate in the work of the Standing Committee.

INVITATIONS

6. 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 Standing Committee has been prepared in advance and translated into the six official languages, such that it can be readily adapted and

¹ See document EB/SCHEPPR/4/5.

² See document EB151/2022/REC/1, decision EB151(2) (2022).

dispatched without delay in the event a public health emergency of international concern is determined (Appendix 1).

MEETING FORMAT AND WORKING HOURS

7. Extraordinary meetings will be held in a virtual format. Working hours will accommodate, as much as possible, participation across different time zones. The need for additional extraordinary meetings will be determined by the Director-General.

REGISTRATION AND ACCESS

8. For meetings, which will all be virtual, all those who registered for the previous regular meeting of the Standing Committee, prior to the holding of the extraordinary meeting, will be automatically registered for the extraordinary meeting, unless otherwise indicated 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.

WORKING LANGUAGE

9. The meetings will be conducted in English only. However, interpretation into the other five official languages will be made available where possible. Documentation will be made available in all official languages of WHO, where possible.

AGENDA

10. 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 an overview on key points related to the public health emergency of international concern, followed by a discussion. Other aspects, including the initial financing outlook and guiding questions to help to frame the discussion, may also be presented (Appendix 2).

MEETING OUTPUTS

11. In accordance with its terms of reference, the Standing Committee should provide guidance to the Executive Board and advice to the Director-General, through the Executive Board, including through a special session as needed, on matters regarding health emergency prevention, preparedness and response, and immediate capacities of the WHO Health Emergencies Programme. The guidance may include responses to the guiding questions posed by the Secretariat, and any recommendations suggested by the Standing Committee.

12. A meeting report will be prepared and will contain any guidance to the Executive Board and advice to the Director-General. The meeting report will be considered by the Executive Board, which will be convened through a special session as needed.

Appendix 1

**TEMPLATE FOR INVITATIONS TO EXTRAORDINARY MEETINGS
OF THE STANDING COMMITTEE**

Ref.: C.L. XX.20XX

... The Director-General of the World Health Organization (WHO) presents his compliments to Member States and has the honour to transmit the provisional agenda for the XXX extraordinary meeting of the Standing Committee on Health Emergency Prevention, Preparedness and Response (SCHEPPRX), which will be held in a virtual format, on XX XXX 20XX, starting at XX:XX (CET).

This meeting is being convened in accordance with the terms of reference of the Standing Committee, following the determination of a public health emergency of international concern (PHEIC) related to «*insert name of PHEIC*».

The membership of this Committee is as follows: XXXXXX.

A personalized zoom link to participate virtually will be sent to Member States. Member States who wish to revise their list of delegates may send an email to hqgoverningbodies@who.int ahead of the virtual meeting. To fast track the processing of requests, Member States are invited to list in the body of the email the delegate(s) who should be added or removed in the following format: email address, Member State and name (first name and surname of the delegate).

A note verbale is not required for the purposes of updating the list of delegates for virtual participation. In accordance with resolution WHA49.9 (1996) and to support the aim of achievement of Sustainable Development Goal 5 (Achieve gender equality and empower all women and girls), the Director-General invites Member States to consider that gender balance be applied to their delegations.

Documents pertaining to SCHEPPRX will be available at: <https://apps.who.int/gb/scheppr/>.

The WHO Director-General takes this opportunity to renew to Member States the assurance of his highest consideration.

GENEVA, X XXX 20XX

... ENCL.: (1)

Appendix 2

**TEMPLATE FOR PROVISIONAL AGENDA FOR AN EXTRAORDINARY
MEETING OF THE STANDING COMMITTEE**

Provisional agenda

1. **Opening of the meeting**
2. **Adoption of the agenda**
3. **Briefing on the ongoing public health emergency of international concern**
 - **The Secretariat will provide an overview of key points related to the public health emergency of international concern and may invite the Standing Committee to respond to guiding questions and share recommendations as needed.**
4. **Report of the meeting**
5. **Closure of the meeting**

ANNEX 2

AMENDED TERMS OF REFERENCE OF THE STANDING COMMITTEE ON HEALTH EMERGENCY PREVENTION, PREPAREDNESS AND RESPONSE^{1,2}**Composition and attendance**

1. The Standing Committee on Health Emergency Prevention, Preparedness and Response (“the Standing Committee”) shall be composed of 14 members, two from each region, selected from among Executive Board members, as well as the Chair and a Vice-Chair of the Board, ex officio, in line with the principles set out in Rule 18 of the Rules of Procedure of the Executive Board reflecting a balanced representation of developed and developing countries. Members of the Standing Committee shall serve for two years.
2. There shall be two office-bearers: a Chair and a Vice-Chair, who shall be appointed among the Committee members, in line with the principles set out in Rule 18 of the Rules of Procedure of the Executive Board, and shall serve for a one-year term.
3. The Chair and the Vice-Chair, in collective consultation with the Director-General, may invite observers³ to attend a meeting of the Standing Committee without the right to vote if they consider that this would enhance the work of the Standing Committee on a specific item or items on the agenda of the meeting. Furthermore, the Chair and the Vice-Chair, in consultation with the Director-General, may invite experts to attend a meeting of the Standing Committee to provide advice, as appropriate. Members of the Standing Committee can also propose the invitation of relevant experts.
4. Member States in whose territory an event arises shall be invited to present their views to the Standing Committee.

Functions

5. The Standing Committee shall act as follows:
 - (a) In the event that a public health emergency of international concern is determined pursuant to the International Health Regulations (2005): Consider information provided by the Director-General about the event that has been determined to constitute a public health emergency of international concern as well as information and needs expressed by the Member State in whose territory an event arises and, as appropriate, provide guidance to the Executive Board and advice to the Director-General, through the Executive Board, including through a special session as

¹ See decision EB151(2) (2022).

² The proposed new text is shown in **bold underline** and proposed deletions to existing text is shown in ~~striketrough~~. All other text would remain unchanged.

³ For the purposes of attending and addressing the Standing Committee reference to “observers” is understood as referring to the Holy See; Palestine; Gavi, the Vaccine Alliance; the Order of Malta; the International Committee of the Red Cross; the International Federation of Red Cross and Red Crescent Societies; the Inter-Parliamentary Union; the Global Fund to Fight AIDS, Tuberculosis and Malaria; the United Nations and other intergovernmental organizations with which WHO has established effective relations under Article 70 of the Constitution; the European Union; and any other body so authorized for these purposes by the Executive Board.

needed, on matters regarding health emergency prevention, preparedness and response, and immediate capacities of the WHO Health Emergencies Programme.

(b) Outside of the cases where a public health emergency of international concern is determined pursuant to the International Health Regulations (2005): Review, provide guidance and, as appropriate, make recommendations to the Executive Board regarding the strengthening and oversight of the WHO Health Emergencies Programme and for effective health emergency prevention, preparedness and response.

6. In performing its functions, the Standing Committee shall take into account the work of other relevant WHO instruments and bodies, as appropriate. The Standing Committee shall work in a manner respectful of and complementary to the technical scientific advice provided by the Emergency Committee in accordance with the International Health Regulations (2005).

Conduct of sessions

7. The Standing Committee shall meet at least twice annually for the conduct of its regular work. Decisions on the format¹ of the meeting shall be made by the Chair and Vice-Chair of the Standing Committee, **or either officer in the absence of the other**, in consultation with the Director-General.

8. In the event that 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.

9. ~~The Executive Board~~ **The Chair of the Executive Board, in consultation with the Chair and the Vice-Chair of the Standing Committee (or either officer in the absence of the other) and the Director-General**, may decide to convene extraordinary meetings of the Standing Committee in order to deal with urgent matters that fall within its terms of reference and are deemed necessary to be considered between its regular meetings.

10. The Standing Committee shall conduct its business on the basis of consensus and transparency. The Standing Committee will provide a report of each of its meetings to the Executive Board. In the event of inability to reach consensus, the difference in views shall be reported to the Board.

11. The meetings of the Standing Committee shall be open for all Member States.

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¹ In person, virtual or hybrid.