



European Union

Statement

WHO

156th Executive Board

(3-11 February 2025)

Agenda item 15- WHO work in emergencies

Geneva, 6 February 2025

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Chair,

Director-General,

I have the honor to speak on behalf of the European Union and its Member States.

The candidate countries North Macedonia, Montenegro, Serbia, Albania, Ukraine, Republic of Moldova* and Georgia as well as Armenia align themselves with this statement.

WHO's work in health emergencies.

The European Union and its Member States remain concerned regarding the alarming rise of health emergencies, especially the ones graded at the highest level.

These emergencies are more frequent, last longer, and are caused or exacerbated by highly complex and multifaceted factors. Ongoing armed conflicts as well as the triple planetary crisis, lead to increased migration and displacement, put human and animal health as well as the health systems under strain and contribute to health insecurity, including with severe impacts on mental health and wellbeing.

Conflicts and crises are becoming more protracted, and the number of people in need of humanitarian aid is growing. Health emergencies have a lasting social and economic impact, increase health inequities, and compromise progress towards the achievement of the 2030 Agenda, the Sustainable Development Goals, and the fulfilment of the Right to Health for all.

1. WHO's work in health emergencies

First, we commend WHO, at all the 3 levels of the Organization, for its tireless efforts to save lives in extreme conditions and continuously defending the fulfilment of the Right to Health for all.

* North Macedonia, Montenegro, Serbia and Albania continue to be part of the Stabilisation and Association Process.

While WHO provides critical support in crisis-affected countries, funding gaps and heavy earmarking limit its ability to prepare and respond adequately. The announced withdrawal from WHO expressed by the Organization's single largest donor country may have an impact on the Organization's financing. The work of the Emergencies Programme is crucial for delivering lifesaving treatment to the most vulnerable. It is in the collective interest of all countries to ensure that the Organization has the financial and human resources necessary to carry out its mission in emergencies. Flexible and predictable emergency funding is crucial in that regard, enabling WHO to respond swiftly and focus on areas and emergencies with the greatest need, aligned with wider humanitarian efforts. We welcome the ongoing process of reorganising and streamlining the WHE programme.

2. Health emergencies architecture: INB/IHR

Secondly, the threats of new epidemics and pandemics reinforce the need for a coordinated and proactive international action through the One Health approach. Progress has been made but the threats posed by zoonoses, such as avian influenza, continue to evolve. With the growing risk of spill over, we need to be able to quickly assess the risk related to an outbreak and respond with swift, comprehensive measures to guarantee human, animal and environmental health which are deeply intertwined.

The recent example in the Democratic Republic of the Congo where it took 2 months from the initial reports and the conclusion that the outbreak is not caused by an unknown disease shows that we still very much need to improve our international cooperation to prevent and prepare for health emergencies.

We reaffirm our commitment to reinforcing the capacity of WHO and its Member States to effectively address health emergencies, recognizing this as the cornerstone of global health security, working in partnership with global health actors.

Important work is still underway within the INB process and the EU and its MS remain committed to a successful conclusion of negotiations with a clear provision that covers the entire PPR cycle. Without prejudging their outcome, the success achieved at the 77th World Health Assembly with the adoption of the IHR amendments provides a solid basis for future work in this area.

3. Link with Regional Offices

Third, it is essential to enhance links with the Regional Offices to adapt the core health emergency components to regional specificities. We welcome the adoption of the new Preparedness 2.0 strategy by WHO EURO, which demonstrates this approach. Additionally, the ongoing EU cycle of national capacity evaluations integrates these regional specificities. By the end of 2025, 20 EU Member States are expected to have completed their evaluations, reinforcing regional preparedness and response efforts.

4. WHO and EU cooperation in health emergencies

We are proud to support the WHO's leadership role in the coordination of health emergencies, including through the EU Civil Protection Mechanism (UCPM), and in particular through the deployment of Emergency Medical Teams and experts from our Member States and UCPM participating states. Building on the experience in Ukraine, the EU and many of its Member States supported, also financially, the WHO in providing essential medical services and conducting medical evacuations of Palestinians from Gaza and Egypt. The EU stands alongside and in support of the WHO in tackling global health emergencies.

The EU's swift and comprehensive efforts to help control the mpox outbreak in Africa showed yet again our commitment to health security. We stress the pivotal role of the WHO and its joint work with Africa CDC. The mpox experience teaches us the importance of transparency so national, regional and global efforts are coordinated and do not duplicate each other. Perhaps most of all, it teaches us that, to save lives, prevention and preparedness is key. We are also pleased to collaborate with the WHO and global partners via i-MCM-Net

Thank you.