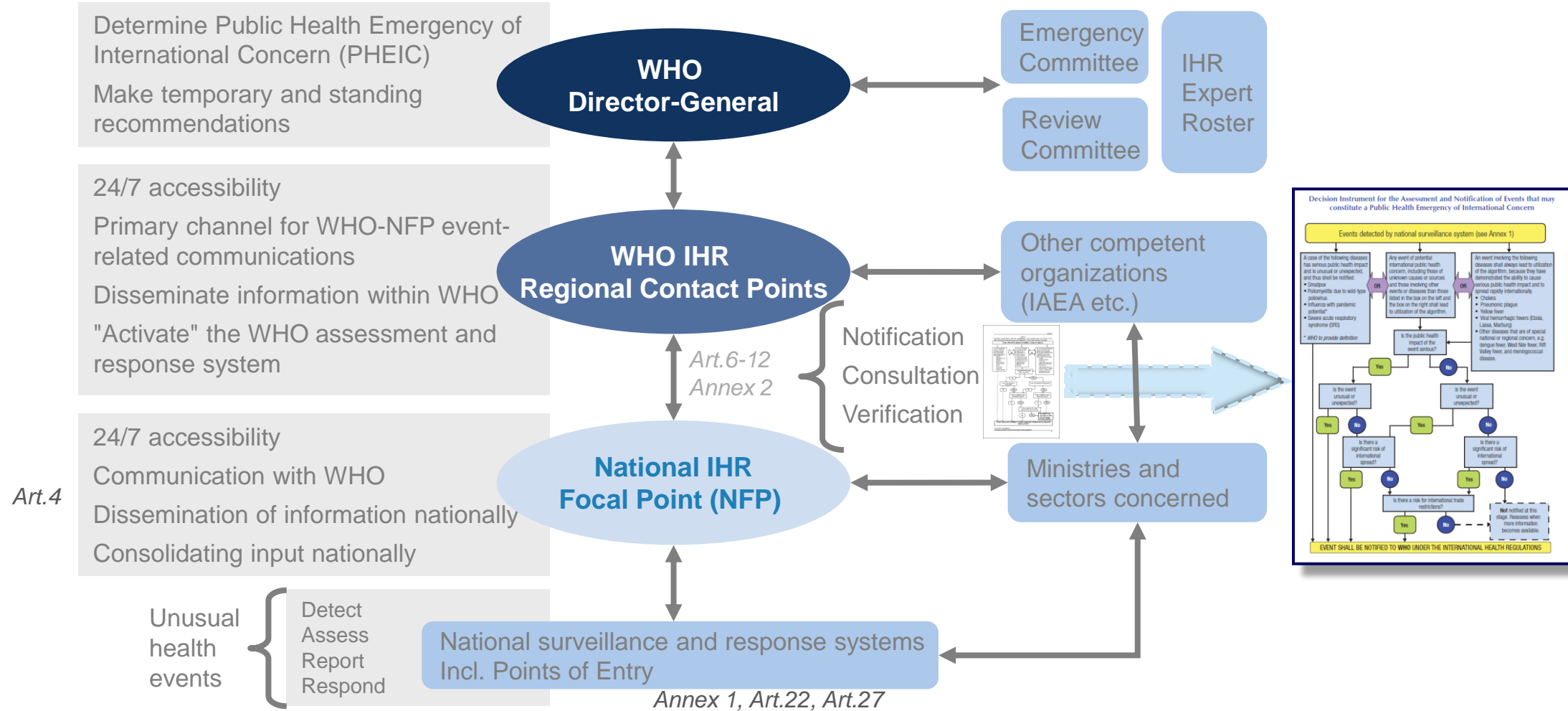


# Current practice in implementing the IHR provisions related to the convening of an Emergency Committee and the determination of a PHEIC (Articles, 12, 15-18, 48, 49)

*Dr Carmen DOLEA  
Unit Head, IHR Secretariat, WHE/WHO*

# Information sharing about public health events – IHR key provisions



# PART IX – THE IHR ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE

## Chapter II – The Emergency Committee (Art. 48 and 49)

### *Article 48 - Terms of reference and composition*

1. The DG shall establish an **Emergency Committee [(EC)]** that **at the request** of the **DG** shall provide its **views** on:
  - (a) whether an event **constitutes a PHEIC**;
  - (b) the **termination of a PHEIC**; and
  - (c) the proposed issuance, modification, extension or termination of **temporary recommendations**.
2. The EC shall be composed of **experts selected by the DG** from the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization. The DG shall determine the **duration of membership** with a view to ensuring its continuity in the consideration of a **specific event and its consequences**. The DG shall select the members of the EC on the basis of the expertise and experience required for any particular session and with due regard to the principles of equitable geographical representation. **At least one member** of the EC should be an expert **nominated by a SP** within whose territory the **event arises**.
3. The **DG may**, on his or her own initiative or at the request of the EC, appoint **one or more technical experts** to **advise the EC**.

# PART IX – THE IHR ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE

## Chapter II – The Emergency Committee (Art. 48 and 49)

### *Article 49 - Procedure*

1. The **DG** shall **convene** meetings of the **EC** by **selecting** a number of **experts** [...] according to the **fields of expertise** and **experience** most **relevant** to the specific **event** [...] “**meetings**” of the EC may include teleconferences, videoconferences or electronic communications.
2. The **DG** shall **provide** the **EC** with the **agenda** and any relevant **information** concerning the event, including information provided by the SPs, as well as any **temporary recommendation** that the **DG** **proposes** for issuance.
3. The EC shall elect its Chairperson and prepare following each meeting a brief summary report of its proceedings and deliberations, including any advice on recommendations.
4. The **DG** shall **invite the SP** in whose territory the **event arises** to present its views to the EC. To that effect, the DG shall notify to it the dates and the agenda of the meeting of the EC with as much advance notice as necessary. The **SP concerned**, however, may **not seek** a **postponement** of the meeting of the EC for the purpose of presenting its views thereto.
5. The **views of the EC** shall be forwarded to the **DG** for consideration. The **DG** shall make the **final determination** on these matters.
6. The **DG** shall **communicate to SP** the **determination and the termination of a PHEIC**, any **health measure taken by the SP concerned**, any **temporary recommendation**, and the[ir] modification, extension and termination, together with the **views of the EC**. The **DG** shall **inform conveyance operators through SPs** and the **relevant international agencies** of such temporary recommendations, including their modification, extension or termination. The **DG** shall subsequently **make** such information and recommendations **available to the general public**.
7. **SPs** in whose territories the **event has occurred** may **propose to the DG** the **termination of a PHEIC and/or the temporary recommendations**, and may make a presentation to that effect to the EC.

# WHO refers an event for consideration to the EC based on the rapid risk assessment

## Acute event management under the IHR and the WHO Emergency Response Framework

Signal detection by WHO/ State Party notification (Article 5.4, 6)  
 Verification and risk assessment by WHO (Article 7-10)



Rapid communication to State Parties via EIS;  
 DON; situation reports (Article 11)



**Consider convening an  
 Emergency Committee**  
 (Articles 47-49)

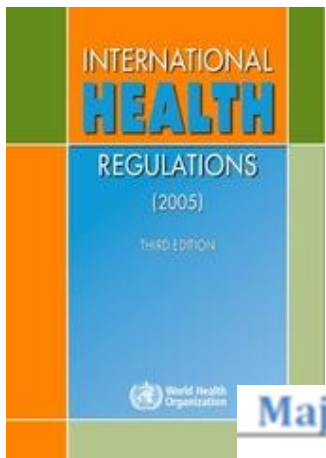
**Rapid Risk Assessment  
 Grading**  
**Initiate rapid response**

**WHO Emergency  
 Response  
 Framework**



### Major actions recommended by the risk assessment team

Action	Timeframe
<input type="checkbox"/> Refer the event for review by IHR Emergency Committee for consideration as a PHEIC by DG (Art 12, IHR)	Choose an item.
<input type="checkbox"/> Immediate activation of ERF response mechanism (IMS) as urgent public health response is required	Choose an item.
<input type="checkbox"/> Recommend setting up of grading call (funding can be accessed before grading completed)	Choose an item.
<input type="checkbox"/> Immediate support to response, but within limit of CFE (no grading recommended at this point in time)	Choose an item.
<input type="checkbox"/> Rapidly seek further information and repeat RRA (including field risk assessment)	Choose an item.
<input type="checkbox"/> Support Member State to undertake preparedness measures	Choose an item.
<input type="checkbox"/> Continue to closely monitor	Choose an item.
<input type="checkbox"/> No further risk assessment required for this event, return to routine activities	Choose an item.



# Mandate and operations of an Emergency Committee under the IHR

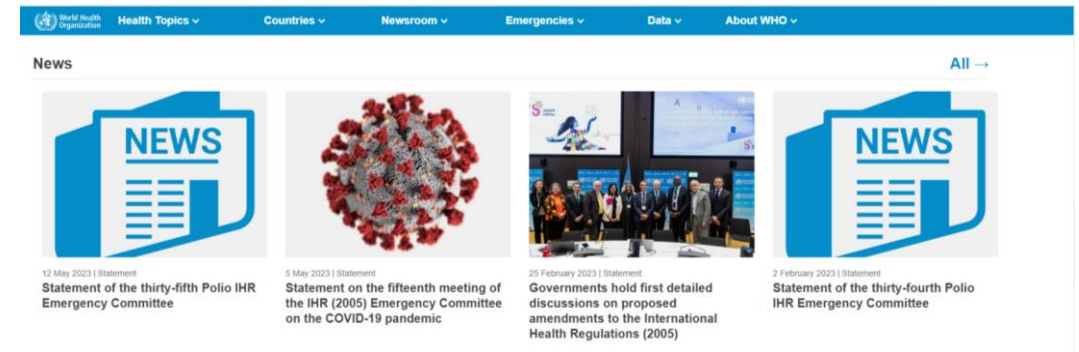
## Mandate of the Emergency committee (Art 48):

- To **advise the DG** if event is a **PHEIC or not**
- To **advise the DG** on the **termination** of a PHEIC
- To **advise** on issuance of **Temporary Recommendations** if a PHEIC is determined by the Director-General



## Operations of an Emergency Committee (Art 47-49):

- **Members and advisers** selected from IHR Roster of Experts (Article 47) or other Expert advisory panels of WHO, and expert nominated by the affected State Party
- **Rules of procedure** – convened based on the WHO Regulations of Expert Advisory Bodies (WHO Basic Documents)
- **Confidentiality** and **conflict of interest** assessed for each meeting
- **Affected State Party(ies)** invited to provide information
- **EC Report** with the views of the EC is provided to the Director-General



# Procedures for an Emergency Committee under the IHR (2005)

**PHEIC definition:**

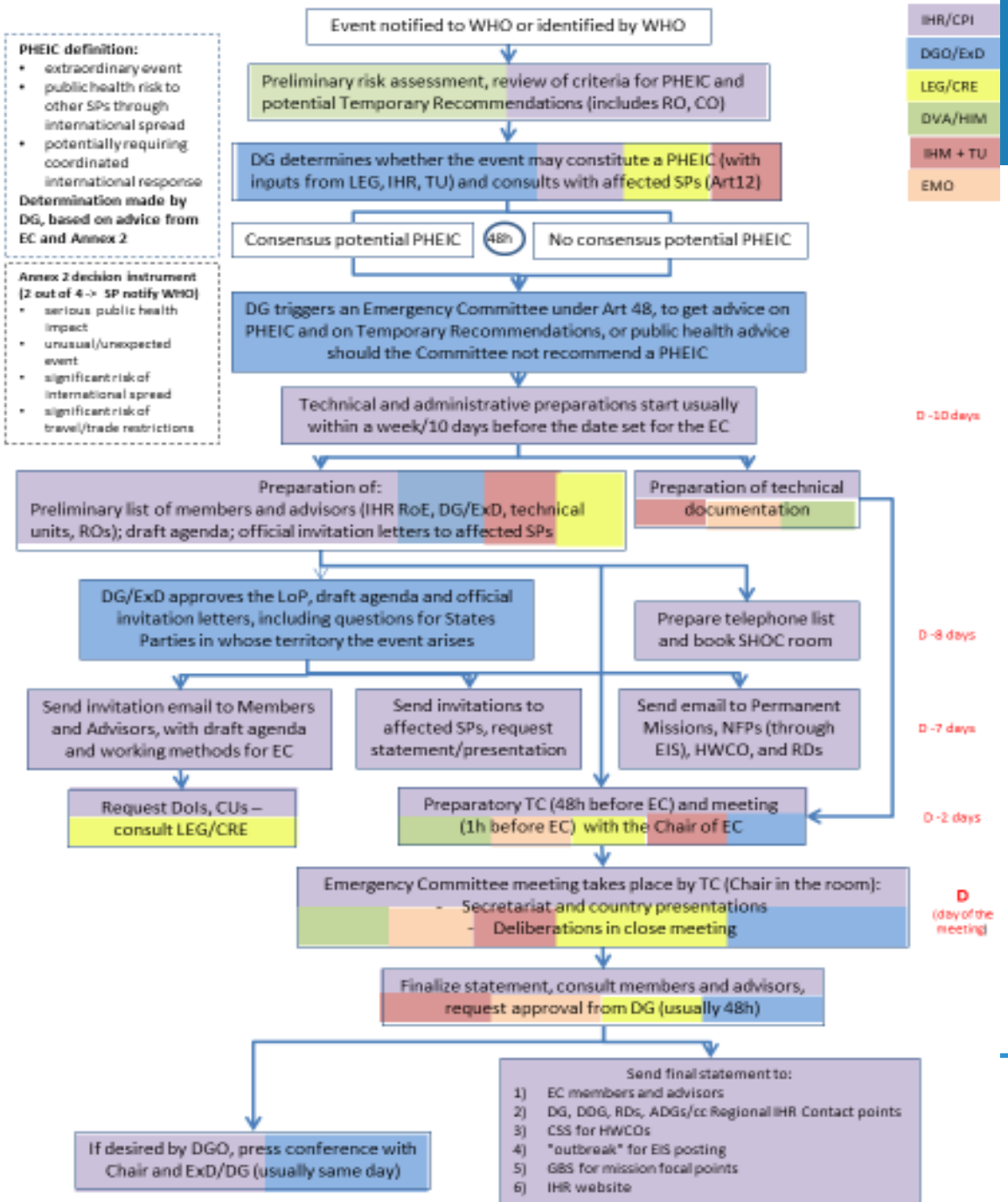
- extraordinary event
- public health risk to other SPs through international spread
- potentially requiring coordinated international response

**Determination made by DG, based on advice from EC and Annex 2**

**Annex 2 decision instrument (2 out of 4 -> SP notify WHO)**

- serious public health impact
- unusual/unexpected event
- significant risk of international spread
- significant risk of travel/trade restrictions

- IHR/CPI
- DGO/ExD
- LEG/CRE
- DVA/HIM
- IHM + TU
- EMO







# Operations – e.g. the IHR EC on the multi-country outbreak of mpox (2/2)

## Provision of agenda and relevant documentation to the EC members and advisors:

- Communication by email, from generic email address “ihrcommittees”
- Dedicated sharepoint for EC members and WHO technical staff to upload documents
- Meetings held virtually (previously teleconference, since COVID-19 by zoom only)

**Fifth meeting IHR Emergency Committee regarding the multi-country outbreak of mpox (NB: incl. deadline for DoI submission)**

ihrcommittees  
 Required: amstev04; BAUSCH, Daniel; damasco; DAMON, Inger; DASKALAKIS, Demetre; EUZEBIO DE LIMA, Cleitor; DUNNING, Jake; FAYE, Ousmane; GONSALEVES, Gregg; David Heymann (david.heyman@ishtm.ac.uk); LOW, Nicola; maksyutov\_ra@vector.nsc.ru; Wanda Markotter, Prof; MELLOUK, Othoman; OGOINA, Dimie; Jean-Marie Okwo-Bele (okwobelej@gmail.com); PHANUPHAK, Nittaya; Anne Rimoin; +10 others  
 Optional: DOLEA, Carmen Mihaela; ANDRAGHETTI, Roberta; GONZALEZ-MARTIN, Fernando; HOLLMMEYER, Helge Gottfried; RABINI, Magdalena; DERUAZ, Veronique; MANDELBAUM-SCHMID, Judith Ann; MARKOV, Eduard; ethicsoffice; ihrcommittees

This meeting request was updated after this message was sent. You should open a later update or open the item on the calendar.

01. 5th MPX EC\_Provisional Agenda.pdf (154 KB)  
 02. 5th MPOX EC\_Provisional List of Participants.pdf (120 KB)  
 03. 5th MPOX EC\_Rapid Risk Assessment.pdf (1 MB)  
 05. 5th MPX EC\_Proposed Temporary Recommendations.docx (26 KB)

10 May 2023 12:00-17:00 Zoom link and Room W1 in WHO/HQ premises

Dear Members and Advisors,

With reference to the upcoming Fifth meeting of the IHR Emergency Committee regarding the multi-country outbreak of mpox (10 May 2023, 12:00-17:00 CEST/GMT+2), please find below the Zoom link for connecting to the meeting:

Join Zoom Meeting  
 [Redacted]

For those attending in person, the meeting will be held in Room W1 in WHO/HQ premises.

Please find attached Documents > General > 5th Mpx IHR EC, 10 May 2023

- Provisional
- Provisional
- Rapid Risk
- Proposed

Please note that the

- Report on
- Presentati
- Presentati

WHO External Situ

5th Mpx IHR EC, 10 May 2023

- \_DG Opening remarks\_5th MPX EC.pdf
- \_DG Press briefing\_5th MPX EC.pdf
- 01. 5th MPX EC\_Provisional Agenda.pdf
- 02. 5th MPOX EC\_Provisional List of Participants\_rev\_rev.pdf
- 03. 5th MPOX EC\_Rapid Risk Assessment.pdf
- 04. 5th MPX EC\_Report on uptake past TR .pdf
- 05. 5th MPX EC\_Proposed Temporary Recommendations.docx
- 06. 5th MPX EC\_Mpox modelling informal consultation scenarios.pdf
- 07. 5th MPX EC\_WHO Secretariat presentation.pdf
- 5th MPX EC\_Report on Web.docx
- Japan\_5th MPX EC.pdf
- Nigeria\_5th MPX EC.pdf
- United Kingdom\_5th MPX EC.pdf

at site, as soon as these become available:

ess, Readiness, and Response Plan: Global Monitoring and Evaluation Fra

States Parties invited to present)

WHO African Region

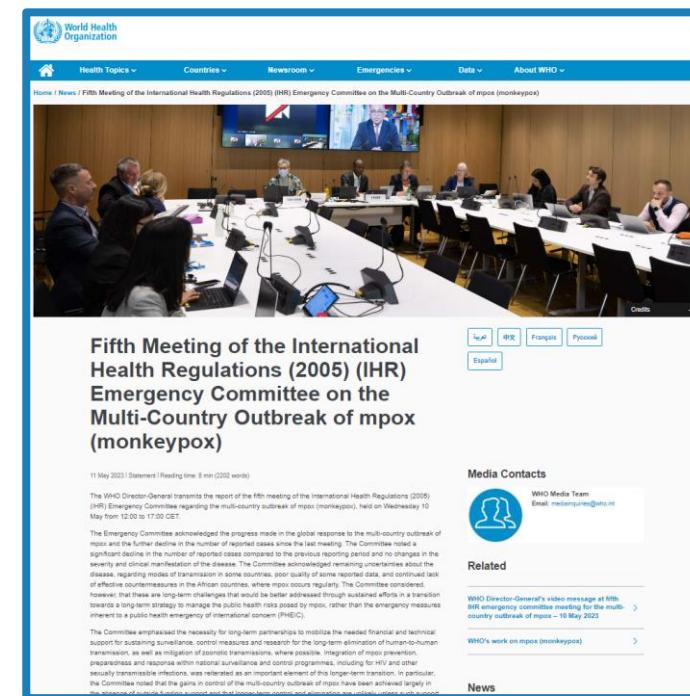
[www.who.int/emergencies/situation-reports](http://www.who.int/emergencies/situation-reports).

Date & Time (Geneva time-GMT +2)	Item
<b>OPEN SESSION</b>	
11:30	Connection to the meeting via Zoom, identification of members and advisors
12:00-12:10	Convening / opening of Meeting (Director-General (DG) or designee)
12:10-12:20	Identification of Emergency Committee (EC) Members, Advisors and State Party Representative(s) attending  <b>Administrative matters (LEG and CRE):</b> • Background on IHR, the EC and its mandate, organization and operations, obligations (LEG) • Institutional requirements such as the role and status of members and advisors and issues in relation to Declarations of Interest and/or Confidentiality (CRE)  <b>Handover to Chair - Objectives of the meeting:</b> • Provide views to the DG on whether the event constitutes a Public Health Emergency of International Concern (PHEIC) • Provide views to the DG on the issuance of proposed potential Temporary Recommendations to States Parties
12:20-13:30	<b>Presentations:</b> • Japan (~10 minutes) • United Kingdom of Great Britain and Northern Ireland (~10 minutes) • Nigeria (~10 minutes) • Global Epidemiology, Risk Assessment, and Response (~30 minutes) – WHO Secretariat
13:30-14:45	<b>Questions &amp; Answers</b> • From EC Members and Advisors to the presenters
14:45-15:00	Break

# Communication in relation to the determination of a PHEIC and the views of the Emergency Committee – e.g. the IHR EC on the multi-country outbreak of mpox

## Communication to States Parties

## Communication to General Public



## Internal Communication



<https://extranet.who.int/ihrc/eventinformation/announcement/42955-final-statement-fifth-meeting-international-health-regulations-2005-ihrc-emergency>

[https://www.who.int/news/item/11-05-2023-fifth-meeting-of-the-international-health-regulations-\(2005\)-\(ihrc\)-emergency-committee-on-the-multi-country-outbreak-of-monkeypox-\(mpox\)](https://www.who.int/news/item/11-05-2023-fifth-meeting-of-the-international-health-regulations-(2005)-(ihrc)-emergency-committee-on-the-multi-country-outbreak-of-monkeypox-(mpox))

# Challenges with the determination of PHEIC and with the advice provided by the Emergency Committee

- 2016, 2019 - WHO Secretariat organized 2 meetings with the Chairs of current and previous Emergency Committees to identify challenges and propose solutions.
- 2011, 2016, 2021 - various Review Committees on the functioning of the IHR identified several challenges and proposed recommendations regarding the functioning of the Emergency Committees
- Currently, the various challenges identified are being addressed as follows:
  - Decision to convene an Emergency Committee -> systematically considered during the Rapid Risk Assessment
  - Binary nature of the PHEIC -> EIS announcement on convening the Emergency Committee constitutes already an “Alert”
  - Criteria to inform the termination of a PHEIC (not included in the definition) -> EC COVID-19 and EC mpox considered criteria related to severity (morbidity and mortality), spread,
  - Monitor the uptake and implementation of the temporary recommendations -> conducted through the Regional offices

# Review Committee on the functioning of the IHR during COVID-19

## Recommendations regarding the Emergency Committee and determination of a public health emergency of international concern (1/2)

1. WHO should **make its decision-making process for convening an Emergency Committee available on its website** and **ensure that it continues to be based on a risk assessment.** → Decision to refer an event to EC is systematically considered in the WHO RRA
2. WHO should **make available to States Parties** through the EIS **all the information and technical documentation it provides to the Emergency Committee** for each of its meetings, including findings of rapid risk assessments. WHO should **allow sufficient time** for Emergency Committee members to deliberate, reach a conclusion and prepare their advice to the Director-General. Emergency Committee members should not be required to reach a consensus; if there is division, **divergent views should be noted in the Committees' report,** consistent with the Emergency Committee terms of reference Rule 12. → Divergent views of EC members are presented in the final report to the DG, without attribution
3. WHO **should consider an open call for the IHR Expert Roster**, organized to promote gender, age, geographic and professional diversity and equality, and should generally give more consideration to gender, geography and other aspects of equality and to succession planning (younger experts). WHO should emphasize to all Emergency Committee members the guidance document on the rules of procedure, informing the Chairs and members about the conduct of operations. → **Call for expression of interest: International Health Regulations (2005) Roster of Experts**  
29 April 2022 | Expression of Interest 29 April 2022

# Review Committee on the functioning of the IHR during COVID-19

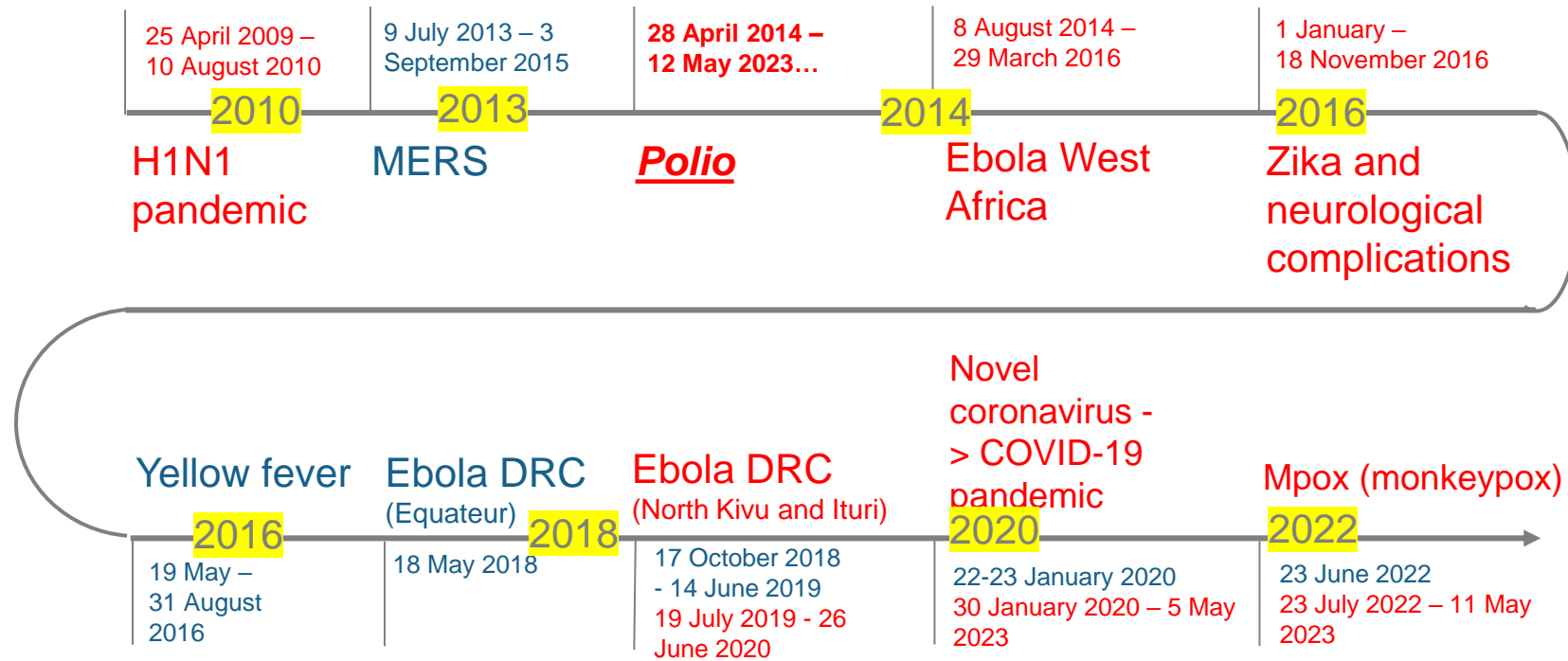
## Recommendations regarding the Emergency Committee and determination of a public health emergency of international concern (2/2)

1. WHO should **adopt a more formal and clearer approach to conveying information about the Emergency Committee's** meetings to States Parties and the public. To that end, WHO should **provide a standard template for statements** issued following each meeting, which should include: the information provided to the Emergency Committee and its deliberations; the reasons and evidence that led to the Emergency Committee's advice; any diverging views expressed by Emergency Committee members; the rationale for the determination or not of a public health emergency of international concern by the WHO Director-General; the issuance, modification, extension or termination of temporary recommendations; the categorization of recommended health measures; the significance of a public health emergency of international concern and the key public health response actions expected from States Parties (e.g. vaccine activities, funding, release of stockpiles); and the **difference between the declaration of a public health emergency of international concern and the declaration of a pandemic.**
  - Statements following the EC meetings use a single template (see following slides)
  - Currently being discussed in the WGIHR and INB processes
2. For events that may not meet the criteria for a public health emergency of international concern but may nonetheless require an urgent escalated public health response, WHO should **actively alert the global community**. Building on WHO's online Disease Outbreak News, a **new World Alert and Response Notice (WARN) should be developed to inform countries of the actions required to respond rapidly to an event so as to prevent it from becoming a global crisis**. This notice should contain the WHO risk assessment, shared in a manner consistent with Article 11, and the specific public health response actions required to prevent a public health emergency of international concern, including calling for an increased response from the international community.
  - EIS announcement of convening the EC constitutes an "alert" already. Ongoing discussions in WGIHR

# Article 12 Determination of a Public Health Emergency of International concern

1. The Director-General **shall determine**, on the basis of the **information received, in particular from the State Party within whose territory an event is occurring**, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.
2. If the Director-General considers, based on an assessment under these Regulations, that a public health emergency of international concern is occurring, the Director-General **shall consult** with the State Party in whose territory the event arises regarding this preliminary determination. If the Director-General and the State Party **are in agreement regarding this determination**, the Director-General **shall, in accordance with the procedure set forth in Article 49, seek the views of the Committee** established under Article 48 (hereinafter the “Emergency Committee”) on appropriate temporary recommendations.
3. If, following the consultation in paragraph 2 above, the Director-General and the State Party in whose territory the event arises **do not come to a consensus within 48 hours** on whether the event constitutes a public health emergency of international concern, a determination shall be made in accordance with the **procedure set forth in Article 49**.
4. In determining whether an event constitutes a public health emergency of international concern, the Director-General **shall consider**:
  - (a) **information** provided by the **State Party**;
  - (b) the decision instrument contained in **Annex 2**;
  - (c) the **advice** of the **Emergency Committee**;
  - (d) **scientific principles** as well as the available **scientific evidence** and **other relevant information**; and
  - (e) an **assessment of the risk to human health**, of the risk of **international spread** of disease and of the risk of **interference with international traffic**.

# The WHO Director-General convened an Emergency Committee under the IHR for 10 events – of which 7 were determined to constitute PHEIC



## Determination of PHEIC – by Director-General (Art 12.4):

- Information provided by States Parties in whose territory the event occurs
- Annex 2
- Advice from Emergency Committee
- Scientific principles and available evidence
- Risk to human health, risk of intl spread, risk of interference with intl traffic

## Public Health Emergency of International Concern (Art 1):

- Extraordinary (unusual/unexpected) event
- Constitutes a risk to other states through international spread
- Requires coordinated international response

# IHR Emergency Committee concerning ongoing events and context involving transmission and international spread of poliovirus (28-29 April 2014 - )

- **28-29 April 2014:** First EC meeting -> on **5 May 2014** DG accepted the advice of the EC and determined that wild polio transmission, in the context of polio eradication, constituted a PHEIC
- **10 November 2015** (7<sup>TH</sup> meeting): The scope of the PHEIC is expanded by the DG to include cDVPV.
- **26 May 2016:** In decision WHA68(9), the Health Assembly, endorsed the continuation of the management of the PHEIC through Temporary Recommendations issued by the DG, to address the provision in Article 15 that proscribes their continuation beyond the second WHA following a PHEIC determination.
- **12 May 2023 (35<sup>th</sup> meeting):** DG determined that event continued to constitute a PHEIC and extended/revised the IHR Temporary Recommendations.



<https://www.who.int/groups/poliovirus-ihr-emergency-committee>

Home Health Topics Countries Newsroom Emergencies Data About WHO

## Poliovirus IHR Emergency Committee

The IHR Emergency Committee concerning ongoing events and context involving transmission and international spread of poliovirus held its first meeting on 28 and 29 April 2014 and continues to meet every three months. On 5 May 2014, on the advice of the Committee, the WHO Director-General declared the international spread of wild poliovirus in 2014 a Public Health Emergency of International Concern (PHEIC) and issued corresponding Temporary Recommendations.

### Statements



1 November 2022 | Statement  
Statement of the Thirty-third Polio IHR Emergency Committee



24 June 2022 | Statement  
Statement of the Thirty-second Polio IHR Emergency Committee



11 March 2022 | Statement  
Statement of the Thirty-first Polio IHR Emergency Committee



23 November 2021 | Statement  
Statement of the Thirtieth Polio IHR Emergency Committee



11 Members and 1 Adviser; 7 male, 5 female.  
**Chair:** Prof Helen Rees, South Africa  
**Members:** S. Al Awaidy (Oman); Y. Al-Mazrou(KSA); V. Field (UK); O. Ivanova (Russia); R. Leke (Cameroon); J. Mackenzie (Australia); M. Rahman (Bangladesh); S. Saeedzai (Afghanistan); M. Salman (Pakistan); O. Tomori (Nigeria)  
**Adviser:** C. Burns, USA

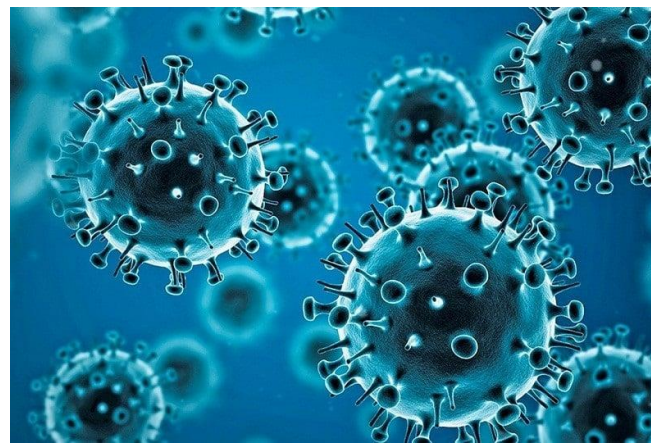
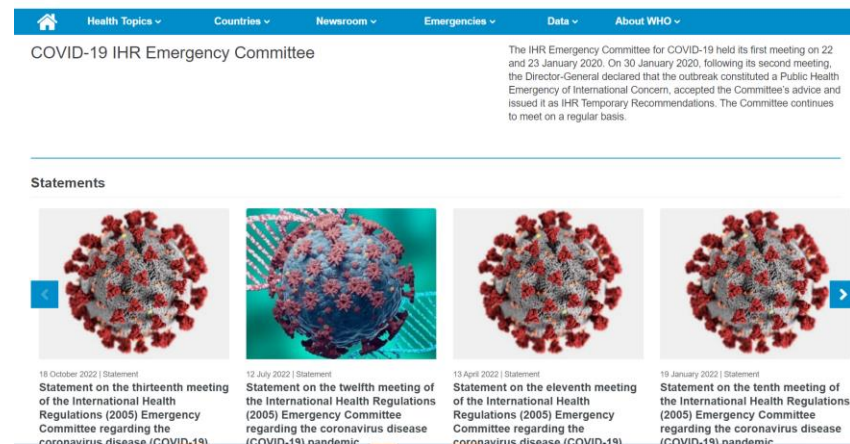
Afghanistan and Pakistan attended every meeting; other countries were invited, depending on occurrence of events.



# IHR Emergency Committee regarding the coronavirus disease (COVID-19) pandemic (20 January 2020 – 5 May 2023)

- **3 January 2020:** Response by China to a WHO verification request on cases of pneumonia of unknown etiology
- **22-23 January 2020:** The WHO Director General convened the EC and invited China to present on the situation. Members of the Emergency Committee expressed divergent views on whether the event constituted a PHEIC or not. DG reconvened the EC on 23 January in view of new containment measures in Wuhan and invited 3 additional countries reporting cases to present on their situation to the EC: Japan, Republic of Korea and Thailand. At that time EC advised that the event did not constitute a PHEIC but remained ready to reassess the rapidly changing situation. [Director-General accepted their advice](#).
- **30 January 2020:** Director-General reconvened the EC, who advised the event constituted a PHEIC. The [Director-General determined](#) the event to constitute a PHEIC and issued Temporary recommendations. The EC met every 3 months after that, and the Temporary Recommendations were regularly reviewed.
- **31 May 2021:** [Decision WHA74\(15\)](#) – Health Assembly endorsed the continuation of the management of the PHEIC through temporary recommendations issued by the Director-General under the International Health Regulations (2005).
- **5 May 2023 (15th meeting)** – EC advised the event no longer meets the criteria of PHEIC and [Director-General determined](#) the termination of the PHEIC.

 <https://www.who.int/groups/covid-19-ehr-emergency-committee>



**Members (12 male - 6 female):** Professor Didier Houssin (Chair), Dr Martin Cetron, Dr Adelle Chang On, Dr Supamit Chunsuttiwat, Dr Vladimir Dubyanskiy, Dr Youngmee Jee, Dr Nyoman Kandun, Dr Hiroshi Kida, Professor Marion Koopmans, Professor Rose Leke, Professor Wannian Liang, Professor John S. Mackenzie, Dr Brian McCloskey, Dr Ziad Memish, Dr Ravindran Palliri, Professor Helen Rees, Dr Muhammad Salman, Dr Denise Werker

**Advisors (8 male - 4 female):** Professor Steve Ahuka, Dr Lucia Alonso, Dr Etienne Bonbon, Dr Heike Deggim, Dr Dirk Glaesser, Dr Keith Hamilton, Dr Ansa Jordaan, Dr Palitha Karunapema, Dr Khalil Mohammad Khalil, Dr Malik Peiris, Dr David Powell, Dr Anders Tegnell

# IHR Emergency Committee on the multi-country outbreak of mpox (7 May 2022 – 11 May 2023)

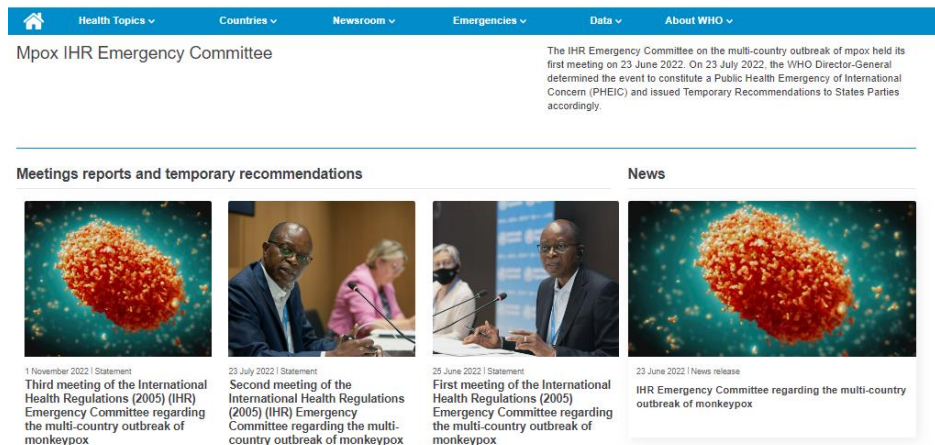
**7 May 2022:** [UK notification signaling international spread of mpox \(from Nigeria to United Kingdom\)](#)

**23 June 2022:** [First EC meeting](#) EC advised DG that event did not constitute a PHEIC but required close monitoring - DG concurred. EC regarded published [WHO guidance documents](#) as adequate to inform response actions

**21 July 2022:** [Second EC meeting](#): EC did not reach consensus as to whether the event constituted or not a PHEIC. Director-General made the determination that the event constituted a PHEIC and issued Temporary Recommendations.

**11 May 2023:** [Fifth EC meeting](#) – EC advised to terminate the PHEIC, DG accepted their advice and terminated the PHEIC, and issued Temporary recommendations

 <https://www.who.int/groups/monkeypox-ihf-emergency-committee>



The IHR Emergency Committee on the multi-country outbreak of mpox held its first meeting on 23 June 2022. On 23 July 2022, the WHO Director-General determined the event to constitute a Public Health Emergency of International Concern (PHEIC) and issued Temporary Recommendations to States Parties accordingly.

**Meetings reports and temporary recommendations**

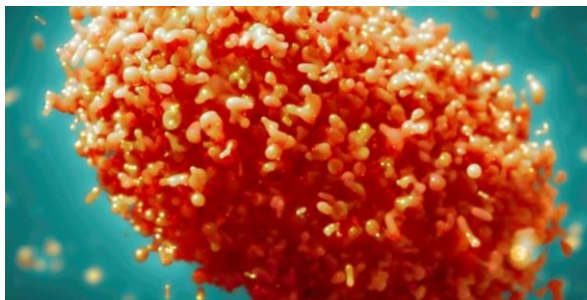
- 1 November 2022 | Statement: Third meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox
- 23 July 2022 | Statement: Second meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox
- 23 June 2022 | Statement: First meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the multi-country outbreak of monkeypox

**News**

- 23 June 2022 | News release: IHR Emergency Committee regarding the multi-country outbreak of monkeypox

**Members (10 males, 6 females):** Dr Jean-Marie Okwo-Bele (Chair), Dr Nicola Low (Vice-Chair), Dr Inger Damon (Rapporteur), Dr Daniel Bausch, Dr Clarissa Damaso, Dr Jake Dunning, Dr Ousmane Faye, Dr Rinat Maksyutov, Dr Othoman Mellouck, Dr Dimie Ogoina, Dr Nittaya Phanuphak, Dr Anne Rimoin, Dr Tomoya Saito, Dr Kathrin Summermatter, Dr Daniel Tarantola, Dr Zunyou Wu.

**Advisors (6 males, 2 females):** Dr Steve Ahuka, Dr Demetre Daskalakis, Dr Cleiton Euzebio De Lima, Dr Gregg Gonsalves, Dr David Heymann, Dr Wanda Markotter, Dr Gianfranco Spiteri, Dr Theresa Tam



# Categories of temporary recommendations issued by the Director-General following the determination of a PHEIC

Area for temporary recommendations	H1N1 2009-2011	Polio 2014 - ...	Ebola 2014 – 2016	Zika 2016	Ebola 2020	COVID-19 2020-2023	Mpox 2022-2023
Surveillance	X	X	X	X	X	X	X
Public health response	X	X	X	X	X	X	X
Mass gathering			X			X	X
Research				X	X	X	X
Access to therapeutics			X	X	X	X	X
Measures for international travellers		X	X	X		X	X

# Examples related to Temporary Recommendations

## Modification / Extension Multi-country outbreak of mpox, 1 Nov 2022

World Health Organization | Health Topics | Countries | Newsroom | Emergencies

**MODIFIED: 1.i.** Implement all actions necessary to be ready to apply or continue applying the set of Temporary Recommendations enumerated under Outbreak Response (2) below in the event of first-time or renewed detection of one or more suspected, probable or confirmed cases of monkeypox.

[https://www.who.int/publications/m/item/monkeypox-strategic-preparedness--readiness--and-response-plan-\(srrp\)](https://www.who.int/publications/m/item/monkeypox-strategic-preparedness--readiness--and-response-plan-(srrp))

**MODIFIED: Outbreak response (2): All States Parties with one or more cases of monkeypox, regardless of the initial source, or experiencing human-to-human transmission, including in key population groups communities at high risk of exposure**

**EXTENDED: 2.a. Implementing coordinated response**

**EXTENDED: 2.a.i.** Implement response actions with the goal of stopping human-to-human transmission of monkeypox virus, with a priority focus on communities at high risk of exposure, which may differ according to context and include gay, bisexual and other men who have sex with men (MSM). Those actions include: targeted risk communication and community engagement, case detection, supported isolation of cases and treatment, contact tracing, and targeted immunization for persons at high risk of exposure for monkeypox.

[https://www.who.int/publications/m/item/monkeypox-strategic-preparedness--readiness--and-response-plan-\(srrp\)](https://www.who.int/publications/m/item/monkeypox-strategic-preparedness--readiness--and-response-plan-(srrp))

**EXTENDED: 2.a.ii.** Empower affected communities and enable and support their leadership in devising, contributing actively to, and monitoring the response to the health risk they are confronting. Extend technical, financial and human resources to the extent possible and maintain mutual accountability on the actions of the affected communities.

[https://www.who.int/publications/m/item/monkeypox-strategic-preparedness--readiness--and-response-plan-\(srrp\)](https://www.who.int/publications/m/item/monkeypox-strategic-preparedness--readiness--and-response-plan-(srrp))

**ADDED: 2.e.iv.** Encourage, support and facilitate data gathering and priority research in areas of work relevant to monkeypox, including but not limited to disease transmission and the natural history of disease; diagnostics and innovative technologies including point-of-care tests, viral kinetics across specimen types and animal diagnostics; behavioural insights research and studies on effectiveness of interventions; exposure risk for health workers and pre- and post-exposure management; research on zoonotic transmission of monkeypox at the human-animal-environment interface, including, socio-economic and behavioural risk factors, and indications for environmental surveillance in wastewater.

[https://www.who.int/publications/m/item/monkeypox-strategic-preparedness--readiness--and-response-plan-\(srrp\)](https://www.who.int/publications/m/item/monkeypox-strategic-preparedness--readiness--and-response-plan-(srrp))

WHO R&D blueprint and monkeypox

One Health Joint Plan of Action to address health threats to humans, animals, plants and environment

Monkeypox - World Organisation for Animal Health

## Issuance after PHEIC terminated COVID-19 pandemic, 5 May 2023

World Health Organization | Health Topics | Countries | Newsroom | Emergencies

Home / News / Statement on the fifteenth meeting of the IHR (2005) Emergency Committee on the COVID-19 pandemic

### Statement on the fifteenth meeting of the IHR (2005) Emergency Committee on the COVID-19 pandemic

5 May 2023 | Statement | Reading time: 7 min (1792 words)

The WHO Director-General has the pleasure of transmitting the Report of the fifteenth meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the coronavirus 2019 disease (COVID-19) pandemic, held on Thursday 4 May 2023, from 12:00 to 17:00 CET.

During the deliberative session, the Committee members highlighted the decreasing trend in COVID-19 deaths, the decline in COVID-19 related hospitalizations and intensive care unit admissions, and the high levels of population immunity to SARS-CoV-2. The Committee's position has been evolving over the last several months. While acknowledging the remaining uncertainties posed by potential evolution of SARS-CoV-2, they advised that it is time to transition to long-term management of the COVID-19 pandemic.

The WHO Director-General concurs with the advice offered by the Committee regarding the ongoing COVID-19 pandemic. He determines that COVID-19 is now an established and ongoing health issue which no longer constitutes a public health emergency of international concern (PHEIC).

**Temporary Recommendations issued by the WHO Director-General to all States Parties**

**1. Sustain the national capacity gains and prepare for future events** to avoid the occurrence of a cycle of panic and neglect. States Parties should consider how to improve country readiness for future outbreaks. In alignment with WHO guidance, States Parties should update respiratory pathogen pandemic preparedness plans incorporating learnings from national and sub-national After Action Reviews. States Parties should continue to restore health programmes adversely affected by the COVID-19 pandemic.

- Preparedness and resilience for Emerging Threats;
- Strengthening pandemic preparedness planning for respiratory pathogens: policy brief;
- WHO COVID-19 policy briefs;
- Emergency Response Reviews

**2. Integrate COVID-19 vaccination into life course vaccination programmes.** States Parties should maintain efforts to increase COVID-19 vaccination coverage for all people in the high-priority groups (as defined by the SAGE Roadmap of April 2023) with WHO recommended vaccines and continue to actively address vaccine acceptance and demand issues with communities.

- Global COVID-19 Vaccination Strategy in a Changing World (July 2022 update);
- SAGE Roadmap (Updated March 2023);
- Good practice statement on the use of variant-containing COVID-19 vaccines;
- Continued collaboration with IVAC and others to summarise VE studies, Behavioural and social drivers of vaccination: tools and practical guidance for achieving high uptake.

## Tailoring to States Parties International spread of poliovirus, 12 May 2023

World Health Organization | Health Topics | Countries | Newsroom | Emergencies

### Risk categories

The Committee provided the Director-General with the following advice aimed at reducing the risk of international spread of WPV1 and cVDPVs, based on the risk stratification as follows:

1. States infected with WPV1, cVDPV1 or cVDPV3.
2. States infected with cVDPV2, with or without evidence of local transmission;
3. States no longer infected by WPV1 or cVDPV, but which remain vulnerable to re-infection by WPV1 or cVDPV.

Criteria to assess States as no longer infected by WPV1 or cVDPV:

- Poliovirus Case: 12 months after the onset date of the most recent case PLUS one month to account for case detection, investigation, laboratory testing and reporting period OR when all reported AFP cases with onset within 12 months of last case have been tested for polio and excluded for WPV1 or cVDPV, and environmental or other samples collected within 12 months of the last case have also tested negative, whichever is the longer.
- Environmental or other isolation of WPV1 or cVDPV (no poliovirus case): 12 months after collection of the most recent positive environmental or other sample (such as from a healthy child) PLUS one month to account for the laboratory testing and reporting period.
- These criteria may be varied for the endemic countries, where more rigorous assessment is needed in reference to surveillance gaps.

Once a country meets these criteria as no longer infected, the country will be considered vulnerable for a further 12 months. After this period, the country will no longer be subject to Temporary Recommendations, unless the Committee has concerns based on the final report.

### TEMPORARY RECOMMENDATIONS

## Beyond the second World Health Assembly after the determination

### WHA68(9) Poliomyelitis

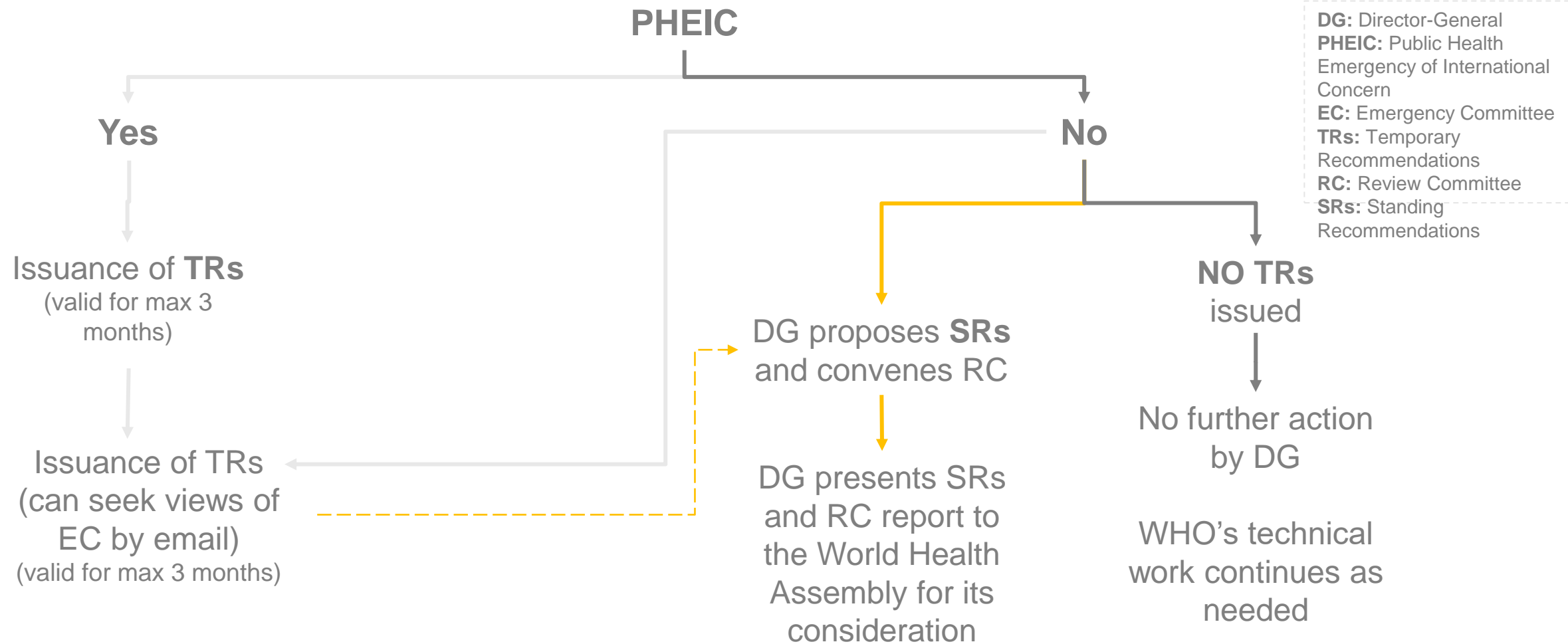
The Sixty-eighth World Health Assembly, having considered the report of the Secretariat on poliomyelitis,<sup>1</sup>

(1) endorsed the continuation of the management of the public health emergency of international concern through temporary recommendations issued by the Director-General under the International Health Regulations (2005),<sup>1</sup> **WHA74(15) Implementation of the International Health Regulations (2005)<sup>1</sup>**

(2) requested the Director-General,<sup>2</sup> The Seventy-fourth World Health Assembly, having considered the report by the international spread of poliovirus,<sup>2</sup>

Decided to endorse the continuation of the management of the public health emergency of international concern through temporary recommendations issued by the Director-General under the International Health Regulations (2005), on the advice of the IHR Emergency Committee for COVID-19, in connection with the public health emergency of international concern arising from the international spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

# Decision paths to inform the future management of events once the PHEIC is terminated



# Examples of considerations related to Standing Recommendations

**COVID-19 pandemic, 15th EC meeting, 5 May 2023:** *“The WHO Director-General will convene an [IHR Review Committee](#) to advise on **Standing Recommendations** for the long-term management of the SARS-CoV-2 pandemic, taking into account the [2023-2025 COVID-19 Strategic Preparedness and Response Plan](#).”*

**Multi-country outbreak of mpox, 5<sup>th</sup> EC meeting, 11 May 2023:** *“The Committee emphasized the need for long-term attention and support, including financial support, particularly for countries where mpox occurs regularly, and advised that **Standing Recommendations** under the IHR would now be a more appropriate tool to manage the immediate, short and long-term public health risks posed by mpox.”*

**International spread of poliovirus, 34<sup>th</sup> EC meeting, 2 February 2023:** *“The Committee recognizes the concerns regarding the lengthy duration of the polio PHEIC and the importance of exploring alternative measures, including the convening of an IHR Review Committee for polio that could advise the Director-General on possible IHR **standing recommendations**, and encourages further discussion regarding these alternatives.”*