Statement on the fourteenth meeting of the International Health Regulations (2005) Emergency Committee regarding the coronavirus disease (COVID-19) pandemic

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Statement
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The WHO Director-General has the pleasure of transmitting the Report of the fourteenth meeting of the International Health Regulations (2005) (IHR) Emergency Committee regarding the coronavirus 2019 disease (COVID-19) pandemic, held on Friday 27 January 2023, from 14:00 to 17:00 CET.

The WHO Director-General concurs with the advice offered by the Committee regarding the ongoing COVID-19 pandemic and determines that the event continues to constitute a public health emergency of international concern (PHEIC). The Director-General acknowledges the Committee's views that the COVID-19 pandemic is probably at a transition point and appreciates the advice of the Committee to navigate this transition carefully and mitigate the potential negative consequences.

The WHO Director-General considered the advice provided by the Committee regarding the proposed Temporary Recommendations. The set of Temporary Recommendations issued by the WHO Director-General is presented at the end of this statement.

The WHO Director-General expresses his sincere gratitude to the Chair and Members of the Committee, as well as to the Committee's Advisors.

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Proceedings of the meeting

The WHO Director-General, Dr Tedros Adhanom Ghebreyesus, welcomed Members and Advisors of the Emergency Committee, who were convened by videoconference. He noted that this week marks the three-year anniversary of the determination of the COVID-19 PHEIC in January 2020. While the world is in a better position than it was during the peak of the Omicron transmission one year ago, more than 170 000 COVID-19-related deaths have been reported globally within the last eight weeks. In addition, surveillance and genetic sequencing have declined globally, making it more difficult to track known variants and detect new ones. Health systems are currently struggling with COVID-19 and caring for patients with influenza and respiratory syncytial virus (RSV), health workforce shortages, and fatigued health workers. Vaccines, therapeutics, and diagnostics have been and remain critical in preventing severe disease, saving lives and taking the pressure off health systems and health workers globally. Yet, the COVID-19 response remains hobbled in too many countries unable to provide these tools to the populations most in need, older people and health workers. He thanked the Chair, Members, and Advisors of the Committee for their work.

The Office of Legal Counsel's representative briefed the Committee Members and Advisors on their roles, responsibilities, and mandate under the relevant articles of the IHR. The Ethics Officer from the Department of Compliance, Risk Management, and Ethics reminded Members and Advisers of their duty of confidentiality as to the meeting discussions and the work of the Committee, as well as their individual responsibility to disclose to WHO in a timely manner any interests of a personal, professional, financial, intellectual or commercial nature that may give rise to a perceived or direct conflict of interest. No conflicts of interest for the attending Members and Advisors were identified.

The meeting was handed over to the Chair of the Emergency Committee, Professor Didier Houssin, who introduced the objectives of the meeting: to provide views to the WHO Director-General on whether the COVID-19 pandemic continues to constitute a PHEIC, and to review temporary recommendations to States Parties.

The WHO Secretariat presented a global overview of the current status of the COVID-19 pandemic. The recent rapid risk assessment continues to characterize the global risk of COVID-19 to human health and its ongoing transmission as high. The WHO Secretariat presented on the following: global COVID-19 epidemiological situation; currently circulating SARS-CoV-2 variants of concern, including descendent lineages of these variants; unexpectedly early seasonal return of influenza and RSV in some regions, which is burdening some already overstressed health systems; status of global vaccination and hybrid immunity; and new travel-related health measures, including testing and vaccination requirements, implemented in response to the recent wave of COVID-19 cases after policy changes.

The WHO Secretariat expressed concern about the continued virus evolution in the context of unchecked circulation of SARS-CoV-2 and the substantial decrease in Member States' reporting of data related to COVID-19 morbidity, mortality, hospitalization and sequencing, and reiterated the importance of timely data sharing to guide the ongoing pandemic response.

WHO continues to work closely with countries on all aspects of the COVID-19 response, including for strengthening the management of COVID-19 within longer-term disease control programs. The WHO Secretariat specifically highlighted its support to States Parties to: maintain multiple component surveillance systems; implement sentinel surveillance using a coordinated global approach to characterize known and emerging variants; strengthen COVID-19 clinical care pathways; provide regular updates to the COVID-19 guidelines; increase access to therapeutics, vaccines and diagnostics; and continue to conduct Unity studies which provide valuable information about seroprevalence globally.

WHO is urging countries: to remain vigilant and continue reporting surveillance and genomic sequencing data; to recommend appropriately targeted risk-based public health and social measures (PHSM) where necessary; to vaccinate populations most at risk to minimize severe disease and deaths; and to conduct regular risk communication, answering population concerns and engaging communities to improve the understanding and implementation of countermeasures.

The Committee was informed that, globally, 13.1 billion doses of COVID-19 vaccines have been administered, with 89% of health workers and 81% of older adults (over 60 years) having completed the primary series. Significant progress has also been made in: developing effective medical countermeasures; building global capacity for genomic sequencing and

genomic epidemiology; and in understanding how to manage the infodemic in the new informational eco-system including social media platforms.

Deliberative Session

The Committee considered the successes and challenges throughout the PHEIC. The Committee acknowledged the work of WHO, Member States and partners, in achieving substantial global progress over the last three years.

Yet, Committee Members expressed concern about the ongoing risk posed by COVID-19, with a still high number of deaths compared to other respiratory infectious diseases, the insufficient vaccine uptake in low- and middle-income countries, as well as in the highest-risk groups globally, and the uncertainty associated with emerging variants. They recognized that pandemic fatigue and reduced public perception of risk have led to drastically reduced use of public health and social measures, such as masks and social distancing. Vaccine hesitancy and the continuing spread of misinformation continue to be extra hurdles to the implementation of crucial public health interventions. At the same time, the long-term systemic sequelae of post-COVID condition and the elevated risk of post-infection cardiovascular and metabolic disease will likely have serious negative on-going impact on population, and care pathways for such patients are limited or not available in many countries.

The Committee acknowledged that, while the Omicron sub-lineages currently circulating globally are highly transmissible, there has been a decoupling between infection and severe disease when compared to earlier variants of concern. However, the virus retains an ability to evolve into new variants with unpredictable characteristics. The Committee expressed a need for improved surveillance and reporting on hospitalizations, intensive care unit admissions, and deaths to better understand the current impact on health systems and to appropriately characterize the clinical features of COVID-19 and post COVID-19 condition.

Persistent health workforce shortages and fatigue and competing priorities, including other disease outbreaks, continue to stretch health systems in many countries. The Committee emphasized the importance of maintaining capacities developed during the COVID-19 response and continuing to strengthen health system resilience.

Status of the PHEIC

The Committee agreed that COVID-19 remains a dangerous infectious disease with the capacity to cause substantial damage to health and health systems. The Committee discussed whether the continuation of a PHEIC is required to maintain global attention to COVID-19, the potential negative consequences that could arise if the PHEIC was terminated, and how to transition in a safe manner.

The Committee acknowledged that the COVID-19 pandemic may be approaching an inflexion point. Achieving higher levels of population immunity globally, either through infection and/or vaccination, may limit the impact of SARS-CoV-2 on morbidity and mortality, but there is little doubt that this virus will remain a permanently established pathogen in humans and animals for the foreseeable future. As such, long-term public health action is critically needed. While eliminating this virus from human and animal reservoirs is highly unlikely, mitigation of its devastating impact on morbidity and mortality is achievable and should continue to be a prioritized goal.

Moving forward past the PHEIC requires a focused commitment of WHO, its Member States and international organizations to developing and implementing sustainable, systematic, long-term prevention, surveillance, and control action plans. WHO's guidance, developed with support from relevant technical and advisory groups, should be consistent, and should support States Parties in taking actions and managing the implications of this transition.

The Committee, therefore, recommended that WHO, in consultation with partners and stakeholders, should develop a proposal for alternative mechanisms to maintain the global and national focus on COVID-19 after the PHEIC is terminated, including if needed a possible Review Committee to advise on the issuance of standing recommendations under the IHR.

The Committee also requested the WHO Secretariat to provide an assessment regarding the regulatory implications for developing and authorising vaccines, diagnostics, and therapeutics if the PHEIC were to be terminated in the coming months.

The Committee also encouraged WHO to assess and, if necessary, to accelerate the integration of COVID-19 surveillance into the Global Influenza Surveillance and Response System.

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

1. **Maintain momentum for COVID-19 vaccination to achieve 100% coverage of high-priority groups guided by the evolving SAGE recommendations on the use of booster doses. States Parties should plan for integration of COVID-19 vaccination into part of life-course immunization programmes.** Regular data collection and reporting on vaccine coverage should include both primary and booster doses. (Global COVID-19 Vaccination Strategy in a Changing World: July 2022 update; Updated WHO SAGE Roadmap for prioritizing uses of COVID-19 vaccines January 2023; Interim statement on the use of additional booster doses of Emergency Use Listed mRNA vaccines against COVID-19; Good practice statement on the use of variant-containing COVID-19 vaccines; Behavioural and social drivers of vaccination: tools and practical guidance for achieving high uptake.)

2. **Improve reporting of SARS-CoV-2 surveillance data to WHO. Better data are needed to: detect, assess, and monitor emerging variants; identify significant changes to COVID-19 epidemiology; and understand the burden of COVID-19 in all regions.** States Parties are recommended to use an integrated approach to respiratory infectious disease surveillance that leverages the Global Influenza Surveillance and Response system. Surveillance should incorporate information from representative sentinel populations, event-based surveillance, human wastewater surveillance, sero-surveillance, and animal-human-environmental surveillance. WHO should continue to work with Member States to ensure adequate capacity and coverage of COVID-19 surveillance are in place to recognise quickly any significant changes in the virus and/or its epidemiology and clinical impact including hospitalization, so that WHO can trigger appropriate global alerting as necessary. (Public health surveillance for COVID-19)

3. **Increase uptake and ensure long-term availability of medical countermeasures.** States Parties should enhance access to COVID-19 vaccines, diagnostics and therapeutics, and consider **preparing for these medical countermeasures to be authorized outside of** Emergency Use Listing procedures and within normal national regulatory frameworks**. (**Therapeutics and COVID-19: living guideline; COVID-19 Clinical Care Pathway)

4. **Maintain strong national response capacity and prepare for future events** to avoid the occurrence of a panic-neglect cycle. States Parties should consider how to strengthen country readiness to respond to outbreaks including attention to health workforce capacity, infection prevention and control, and financing for respiratory and non-respiratory pathogen preparedness and response. (WHO COVID-19 policy briefs; Strengthening pandemic preparedness planning for respiratory pathogens: policy brief)

5. **Continue working with communities and their leaders to address the infodemic and to effectively implement risk-based public health and social measures (PHSM).** Risk communication and community engagement should be adapted to local contexts and tackle mis- and dis-information that erodes trust in medical countermeasures and PHSM. States Parties should strengthen the public, media, and communities' understanding of the evolving science to encourage evidence-informed action and policies. States Parties should continue to monitor individual and public response to the implementation of PHSM and the uptake and acceptability of COVID-19 vaccines, and implement measures, including communication strategies, to support appropriate utilization. (WHO risk communications resources; Considerations for implementing and adjusting PHSM in the context of COVID-19.)

6. **Continue to adjust any remaining international travel-related measures**, based on risk assessment, and to not require proof of vaccination against COVID-19 as a prerequisite for international travel. (Interim position paper: considerations regarding proof of COVID-19 vaccination for international travellers; Policy considerations for implementing a risk-based approach to international travel in the context of COVID-19).

7. **Continue to support research** for improved vaccines that reduce transmission and have broad applicability, as well as research to understand the full spectrum, incidence and impact of post COVID-19 condition, and to develop relevant integrated care pathways.