



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

19 April 2021 | Statement | Reading time: 9 min (2552 words)



The seventh meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (2005) (IHR) regarding the coronavirus disease (COVID-19) took place on Thursday, 15 April 2021 from 12:00 to 16:30 Geneva time (CEST).

Proceedings of the meeting

Members and Advisors of the Emergency Committee were convened by videoconference.

The Director-General welcomed the Committee, expressed concern over the continued rise in cases and deaths, and the need to scale up the global vaccination efforts. He thanked the committee for their continued support and advice.

Representatives of the Office of Legal Counsel (LEG) and the Department of Compliance, Risk Management, and Ethics (CRE) briefed the members on their roles and responsibilities. The Ethics Officer from CRE provided the Members and Advisers with an overview of the WHO Declaration of Interest process. The Members and Advisers were made aware of 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. They were additionally reminded of their duty to maintain the confidentiality of the meeting discussions and the work of the Committee. Each member who was present was surveyed and no conflicts of interest were identified. Two members of the Committee and one advisor who were members of the joint international team participating in the WHO-convened Global Study of Origins of SARS-CoV-2 agreed not to contribute to potential recommendations made by the Committee regarding the investigations concerning the origin and emergence of the virus.

The Secretariat turned the meeting over to the Chair, Professor Didier Houssin. Professor Houssin also expressed concern over the current trends with the COVID-19 pandemic and reviewed the objectives and agenda of the meeting.

The Secretariat presented on the following topics and responded to questions from the Committee.

- **Progress made on WHO's implementation of the 15 January 2021 advice to the Secretariat;**
- **Recent global and regional epidemiological trends, the tracking, monitoring and assessment process for SARS-CoV-2 variants, updates on the mission to understand SARS-CoV-2 origins, and the actions that WHO is taking to ensure a coordinated response to the COVID-19 pandemic;**
- **Global COVID-19 vaccine rollout and equity, the impact of vaccines on asymptomatic infection and transmission, and vaccine performance against variants of concern (VOC);**
- **WHO's assessment of the impact of SARS-CoV-2 variants of concern on public health interventions; and**
- **An overview of WHO actions related to health measures in relation to international traffic.**

The Committee thanked the Secretariat for the quality of the presentations made and unanimously agreed that the COVID-19 pandemic still constitutes an extraordinary event that continues to adversely affect the health of populations around the world, pose a risk of international spread and interference with international traffic, and to require a coordinated international response. As such, the Committee concurred that the COVID-19 pandemic remains a public health emergency of international concern (PHEIC) and offered advice to the Director-General.

The Committee noted that many of the past recommendations remain relevant to current global response efforts. The Committee requests that the IHR Secretariat review past advice and temporary recommendations and bring to the committee a proposal for the process of new

issuance, termination, or modification of advice and temporary recommendations in a consistent manner.

The Committee recognized WHO's and States Parties' progress in implementing the previous advice and Temporary Recommendations from the 6th meeting of the Emergency Committee. The Committee congratulated the mission team and the report from the *WHO-convened Global Study of Origins of SARS-CoV-2* and encouraged implementation of the recommendations published in the Mission report. The Committee remains concerned that the world will not exit the pandemic unless, and until, all countries have access to appropriate supplies of diagnostics, treatments and vaccines, irrespective of their ability to pay and the capacity and financial resources to rapidly and effectively vaccinate their populations. Inequities within and among all countries is slowing the return to normal social and economic life. The Committee provided the following advice to the Director-General accordingly.

The Director-General determined that the COVID-19 pandemic continues to constitute a PHEIC. He accepted the advice of the Committee to WHO and issued the Committee's advice to States Parties as Temporary Recommendations under the IHR.

The Emergency Committee will be reconvened within three months or earlier, at the discretion of the Director-General. The Director-General thanked the Committee for its work.

Advice to the WHO Secretariat

COVID-19 Vaccination

1. Promote global solidarity and equitable vaccine access by encouraging States Parties and manufacturers to support the COVAX Facility, including by sharing vaccine doses, and to conduct technology transfer for local production of COVID-19 vaccines and ancillary supplies, including in low- and middle-income countries with scalable capacities.
2. Accelerate evaluation of COVID-19 vaccine candidates, encourage regulatory agencies to use reliance mechanisms, and support States Parties in strengthening their regulatory agencies to facilitate supply of vaccines with assured quality, efficacy, and safety.
3. Mobilize technical assistance and financial support to States Parties with insufficient capacity and financial resources for vaccine introduction and roll out.
4. Encourage States Parties to prioritize vaccination of high-risk groups as identified in the Strategic Advisory Group of Experts in Immunization (SAGE) roadmap.
5. Continue to closely monitor potential vaccine safety signals globally, disseminate timely reports on adverse events following immunization (AEFI), and provide regular SAGE interim recommendations to inform timely national decision-making on the use of COVID-19 vaccines.

6. Continuously collect and share best practices and lessons learned from COVID-19 vaccination, to guide national, regional, and global decision-making.
7. Strengthen WHO and support strengthening of States Parties' capacities to prevent, detect and respond to the growing threat of substandard and falsified vaccines.
8. Encourage all countries and support low- and middle-income countries to conduct research in line with WHO guidance and best practices. Research topics include COVID-19 vaccine efficacy and effectiveness with regards to infection, transmission, and disease including due to VOC, duration of protection against disease and asymptomatic infection, long-term protection after using different vaccination intervals, protection after one/two/booster dose schedules, and protection following mixed vaccine product schedules.
9. Accelerate research to establish correlates of protection from COVID-19 vaccines against infection and disease, including for VOC, thereby facilitating implementation of vaccines and policy development on the use of vaccines.

SARS-CoV-2 Variants

10. Support States Parties to strengthen their epidemiological and virologic surveillance as part of a comprehensive strategy to control COVID-19.
11. Provide clear guidance to States Parties for sequencing to monitor virus evolution and encourage broader geographic representative of genetic testing, rapid sharing of sequences, and meta-data with WHO and publicly available platforms. This will strengthen SARS-CoV-2 evolution monitoring, increase global understanding of variants, and inform decision-making for public health and social measures, diagnostics, therapeutics and vaccines.
12. Strengthen the WHO SARS-CoV-2 risk monitoring and assessment framework for variants by accelerating collaboration, harmonizing research to answer critical unknowns about mutations and VOC, and prioritizing issues most relevant for vaccine development, regulatory authorization, and policy formulation, through relevant networks and expert groups such as WHO SARS-CoV-2 Virus Evolution Working Group, WHO Research and Development Blueprint for Epidemics.
13. Work with States Parties to conduct in-depth analyses into the factors contributing to the current surge of cases and deaths, including the potential role of SARS-CoV-2 variants.

Health Measures in Relation to International Traffic

14. Update the WHO December 2020 risk-based guidance for reducing SARS-CoV-2 transmission related to international travel (by air, land, and sea) based on current science and best practices that include clear recommendations for testing approaches and traveler quarantine duration, as appropriate. Incorporate an ethical framework into the updated guidance to guide national decision making. The guidance should take into consideration COVID-19 vaccination roll out, immunity conferred by past infection, risk settings, movements of migrants, temporary workers, and purpose of travel (non-essential versus essential).
15. Continue to coordinate with relevant stakeholders in the fields of international travel and transport, including ICAO, UNWTO, and IATA, for the regular review, updating, and dissemination of evidence-based guidance on travel-related risk reduction measures.
16. Continue to update the WHO interim position on the considerations regarding requirements of proof of vaccination and to produce interim guidance and tools related to standardization of paper

and digital documentation of COVID-19 travel-related risk reduction measures (vaccination status, SARS-CoV-2 testing and COVID-19 recovery status) in the context of international travel.

17. Continue to work with States Parties and partners to enable essential travel and repatriation and to facilitate the movement of goods to prevent delays in access to aid and essential supplies.
18. Continue to encourage vaccination of seafarers and air crews in line with the Joint statement on prioritization of COVID-19 vaccination for seafarers and aircrew.

Origin of SARS-CoV-2

1. Proceed with rapid implementation of the recommendations in the *WHO-convened Global Study of Origins of SARS-CoV-2 report* as part of the phase two studies.
2. Encourage research into the genetic evolution of the SARS-CoV-2 virus.

One Health

3. Promote One Health approaches to better understand and reduce the risk of spill-over of emerging infections from animal to human populations and from humans to animals, including from domestic animals.
4. Work with partners to develop and disseminate joint risk-based guidance for regulation of wet markets and farms to reduce transmission of novel pathogens from humans to animals and vice-versa.

Risk Communications, Community Engagement, and Risk Management

5. Provide communications materials and guidance to explain to communities the continued need for a sustained pandemic response; document and provide messaging to respond to pandemic fatigue.
6. Provide the public with communication materials that outline the relative benefits and risks of vaccinations and therapeutics, explain the need for the continuation of public health and social measures, and dispel misinformation.
7. Assist States Parties in providing their populations with credible and current information to guide national decision-making by analyzing the latest scientific evidence, sharing evidence-based good practices and experiences, and providing tools and strategies for engaging and understanding community concerns.

Temporary Recommendations to States Parties

COVID-19 Vaccination

1. Contribute to global solidarity efforts to increase equitable access to COVID-19 vaccines and ancillary supplies by supporting the COVAX Facility and engaging in technology transfer, where feasible.

2. Reduce national and global inequities by ensuring vulnerable populations' access to COVID-19 vaccines and by prioritizing vaccination of high-risk groups in line with the SAGE Roadmap. In light of currently limited global supply, prioritized vaccination can ensure vaccine supply is available for all countries.
3. Enhance capacity for COVID-19 vaccination by using the guidance, tools, and trainings for national/subnational focal points and health workers available in the COVID-19 vaccine introduction toolkit.
4. Incorporate, as necessary and appropriate, the private sector into the COVID-19 vaccine planning and introduction to supplement existing service provision and vaccination capacity.
5. Share with WHO data and key insights on COVID-19 vaccine uptake and acceptance, wherever possible, and provide the public with credible information on vaccine safety and the benefits of vaccination to address concerns.
6. Strengthen national vaccine pharmacovigilance systems to identify, report, and respond to vaccine safety signals.

SARS-CoV-2 Variants

7. Strengthen epidemiological and virologic surveillance as part of a comprehensive strategy to control COVID-19 and leverage existing systems such as the Global Influenza Surveillance and Response System (GISRS) and relevant networks for systematic sharing of data and specimens.
8. Share sequences and meta-data with WHO and publicly available platforms to strengthen SARS-CoV-2 evolution monitoring, increase global understanding of variants, and inform decision-making for public health and social measures, diagnostics, therapeutics and vaccines.
9. Virus sharing, including sharing of VOC, should be undertaken to facilitate evaluation of vaccines against VOC using internationally standardized assays.

Health measures in relation to international traffic

10. Do not require proof of vaccination as a condition of entry, given the limited (although growing) evidence about the performance of vaccines in reducing transmission and the persistent inequity in the global vaccine distribution. States Parties are strongly encouraged to acknowledge the potential for requirements of proof of vaccination to deepen inequities and promote differential freedom of movement.
11. Prioritize vaccination for seafarers and air crews in line with the Joint statement on prioritization of COVID-19 vaccination for seafarers and aircrew. Special attention should be paid to seafarers who are stranded at sea and who are stopped from crossing international borders for crew change due to travel restrictions, including requirements for proof of COVID-19 vaccination, to ensure that their human rights are respected.
12. Implement coordinated, time-limited, risk-based, and evidence-based approaches for health measures in relation to international traffic in line with WHO guidance and IHR provisions. If States Parties implement quarantine measures for international travelers on arrival at their destination, these measures should be based on risk assessments and consider local circumstances.
13. Reduce the financial burden on international travelers for the measures applied to them for the protection of public health (e.g. testing, isolation/quarantine, and vaccination), in accordance with Article 40 of the IHR.

14. Share information with WHO on the effects of health measures in minimizing transmission of SARS-CoV-2 during international travel to inform WHO's development of evidence-based guidance.

One Health

15. Strengthen regulation of wet markets and discourage the sale or import of wild animals that pose a high risk of transmission of novel pathogens from animals to humans or vice versa.
16. Conduct risk-based monitoring of animal populations to reduce disease transmission from animals to humans. Monitoring efforts should prioritize potential high-risk animal populations that may become reservoirs or lead to emergence of novel viruses or variants.

Origins of SARS-CoV-2

17. Support global research efforts to better understand critical unknowns about SARS-CoV-2 including the origin of the virus as well as specific mutations, variants, and genetic factors associated with severe disease.

Risk Communications, Community Engagement and Risk Management

18. Communicate about COVID-19 vaccinations clearly and consistently, including on the benefit-risk of vaccination and on potential AEFI. It should be clearly communicated that no vaccination is 100% effective and that risk of disease, especially severe disease, is significantly reduced but not eliminated. Consequently, public health and social measures are still critically needed to prevent infections and control transmission of SARS-CoV-2 while vaccination supplies increase and coverage grows. Materials should be provided in an easily understandable format and local languages.
19. Engage and enable communities, the media, and civil society stakeholders in response efforts to reduce pandemic fatigue and enhance vaccine acceptance.
20. Establish mechanisms to prepare and support health workers and public health authorities as the pandemic is likely to continue for many additional months.

In addition, the following previous recommendations are extended as advised by the Committee.

Extension and Updates of Previous Advice to the WHO Secretariat:

Essential Health Services and Strengthening Health Systems: Work with partners to support States Parties in strengthening their essential health services, with a particular focus on mental health, public health prevention and control systems, and other societal impacts, as well as preparing for and responding to concurrent outbreaks, such as seasonal influenza. Special attention should continue to be provided to vulnerable settings.

Provide strategic insight on how States Parties can strengthen and sustain their public health infrastructure, capacities, and functions developed for COVID-19 response to support strengthened health systems, emergency preparedness, and universal health coverage in the long-term.

Extension and Updates of Previous Temporary Recommendations to States Parties:

Essential Health Services and Strengthening Health Services: Maintain essential health services with sufficient funding, supplies, and human resources; strengthen health systems to cope with mental health impacts of the pandemic, concurrent disease outbreaks, and other emergencies.

Continue to strengthen public health infrastructure, system capacities, and functions for COVID-19 response, build health systems that can meet health security demands, and to enhance universal health coverage.

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