WORLD HEALTH ORGANIZATION

INTERGOVERNMENTAL WORKING GROUP ON REVISION OF THE INTERNATIONAL HEALTH REGULATIONS
Provisional agenda item 2

A/IHR/IGWG/2
14 September 2004

Summary report of regional consultations

1. A working paper containing proposals for the revision of the International Health Regulations was distributed to Member States and others in January 2004.[1] A series of regional and subregional consultations were held between March and July 2004 to provide feedback (see Annex). The present document summarizes key issues raised during the consultations.

2. In addition, 39 Member States submitted written comments on the proposals, a number of which have been posted, with permission, on WHO's web site.[2] Further submissions were contributed to the site by a regional economic integration organization and three transport industry associations.

3. The comments and suggestions received during this consultation process guided the drafting of the proposed revised Regulations.[3]

KEY ISSUES

4. **General agreement on direction and contents of the revision as framework for WHO's global health-security strategy.** Support is widespread for the overall direction and approach of the proposals for the revision. Once adopted, the revised Regulations are expected to help to improve capacity for early detection of threats to international public health, response and management of these threats through international cooperation and a global partnership, and communications among national institutions and between Member States and the Secretariat. They should also provide an effective framework for working with other bodies to contain the international spread of disease.

5. **Strengthening core capacities in Member States** (draft revised Regulations, Annex 1). There is general agreement that many Member States would need to strengthen their existing capacity in order to implement fully and successfully the revised Regulations. Questions were raised about how and in what timeframe those core capacities could be built up, interpretation of the term "core capacity", and the need for a grace period in which to attain the appropriate level of capacity. A number of Member States requested WHO to assess the resources needed to achieve the desired level of capacity. WHO should also assist in the mobilization of specific funds to enable Member States to fulfil their obligations during the implementation phase of the revised Regulations and to support national programmes in capacity building, including in epidemiological surveillance of communicable

[1] Document IGWG/IHR/Working paper/12.2003.

[2] http://www.who.int/csr/ihr/revisionprocess/comments/en/.

[3] Document A/IHR/IGWG/3.

diseases of international concern and laboratory and environmental surveillance. The revised Regulations require WHO to undertake activities that go beyond technical support, for which sufficient resources would need to be secured.

6. **Clarifying the scope of the Regulations.** The Regulations should cover diseases and events of biological or unknown origin. Broadening the scope to cover chemical and radiological events or those caused by deliberate release would need further discussion and would involve other international bodies and instruments, particularly in the case of radio-nuclear or chemical events. The relationship between the Regulations and a number of international bodies should be identified and clearly stated, with particular regard to the Codex Alimentarius Commission, FAO, IAEA, IMO, Office International des Epizooties and WTO.

7. **Disease list to supplement the decision instrument** (Article 5, Annex 2). The proposed decision instrument for identifying events that may constitute public health emergencies of international concern is generally accepted. Many Member States advocate adding a list of specific diseases, but opinions differ as to whether the list should be binding or only indicative. One suggestion is that the decision on both the scope and diseases to be listed should be based on the recommendations of a special committee, and reviewed and updated periodically. Other Member States are satisfied with the decision instrument as proposed, with minor adjustments.

8. **Sovereignty of Member States.** Consideration should be given to ensuring a balance between the sovereignty of Member States and the mandate of WHO. Many Member States agree that, in line with current practice, WHO teams should enter countries only with the consent of the affected Member State (Articles 8, 10). Some Member States are of the opinion that in circumstances where there is no national authority, WHO may respond according to internationally accepted practice. The value of Member States collaborating with WHO teams in country missions to assess risk and the adequacy of control measures is recognized. However, the mechanism for initiating such responses needs further elaboration. Member States also find that there may be legitimate reasons for exceeding WHO recommendations (Article 34), but that scientific justification should be provided for doing so.

9. **Support to affected Member States.** Several Member States suggest that WHO, in collaboration with other multilateral institutions, should help to seek ways to support or to compensate States affected by excessive measures imposed by other States, or which suffer economic damage as a consequence of a disease outbreak about which the State in question responded with openness and transparency in order to protect other States.

10. **Committees** (Articles 45, 46, Annexes 3, 10). Several Member States are of the view that bodies related to the Regulations (the IHR Advisory Panel, the Review Committee and the Emergency Committee) should be composed of independent experts and that their memberships should be communicated to Member States upon request. Geographical balance of representation on all technical committees related to the Regulations should be ensured. It is generally felt that the role of Member States in determining the membership of these bodies needs to be strengthened. Several Member States propose that States affected as a result of a disease outbreak should be given the opportunity to be heard before the Emergency Committee in order to assist it in its deliberations. Views diverged as to whether amendments to the annexes, once examined by the Review Committee, should be adopted by the Executive Board (Article 46) or by the Health Assembly.

11. **Role of the national focal point for the Regulations** (Article 3, Annex 1). Institution of a national focal point is widely supported. Its role and decision-making authority should be clarified, however. When drawing up its terms of reference, consideration should be given to pre-existing

structures and hierarchies within States, some of which, moreover, did not fall within the purview of the ministry of health.

12. **Need for additional guidance on response actions** (Article 10). Some Member States are of the opinion that the annexes contain too many technical issues which could be transferred to guidelines in order to facilitate updating and amendment. Other Member States, considering the importance of responding effectively to public health emergencies of international concern, are of the view that the articles and annexes contain too little information on how such responses should be organized and what they might entail. They cite the example of "quarantine" as effective in supporting the response to SARS, and therefore deserving of recognition and elaboration in the Regulations. In either case, as part of the drafting process, a review is needed of what should be included in the core text and what should appear in the annexes or referenced in guidelines.

13. **Human rights** (Article 36). The rights of persons to refuse public-health measures during public health emergencies of international concern and ways in which those rights should be balanced against public health imperatives need to be clarified.

14. **Definitions** (Article 1). There is support for including additional terms and, where possible, defining them in a way that is consistent with standard public-health terminology. Some of the current definitions are considered ambiguous.

15. **Information sharing during suspected intentional release** (Article 41). A number of Member States express concern about Article 41 and note that sharing specimens or epidemiological information during an intentional release may be constrained by a criminal investigation and/or national security requirements.

16. **Ground crossings** (Article 15 and Annex 1). Some Member States express concern over the role of ground crossings in the spread of disease and request more guidance in this area.

ANNEX

CONSULTATIONS ON REVISION OF THE INTERNATIONAL HEALTH REGULATIONS

Regional meetings

- Consultation meeting for the Western Pacific Region, Manila, 28 to 30 April 2004
- Consultation meeting for the African Region, Harare, 1 to 3 June 2004
- Consultation meeting for the European Region, Copenhagen, 9 to 11 June 2004
- Second consultation meeting for the Eastern Mediterranean Region, Damascus, 20 to 22 June 2004
- Second consultation meeting for the South-East Asia Region, New Delhi, 29 June to 1 July 2004

Subregional meetings

- Consultation meeting for South America, Rio de Janeiro, Brazil, 5 to 7 April 2004
- Consultation meeting for the English-speaking Caribbean, St. George's, 19 to 20 April 2004
- Consultation meeting for Central America and the Spanish-speaking Caribbean, Santo Domingo, 27 to 29 April 2004
- Consultation meeting for North America, Ottawa, 2 to 3 June 2004

Regional meetings in preparation for the consultations

- Orientation meeting of high-level ministry of health officials, Johannesburg, South Africa, 5 to 6 April 2004
- First consultation meeting for the South-East Asia Region, New Delhi, 13 to 14 April 2004
- First consultation meeting for the Eastern Mediterranean Region, Cairo, 1 to 2 March 2004

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