

Implementation of the International Health Regulations (2005)

Report by the Secretariat

1. In resolution WHA58.3, the Fifty-eighth World Health Assembly decided that States Parties to the International Health Regulations (2005) and the Director-General would submit their first report on the implementation of the International Health Regulations (2005) to the Sixty-first World Health Assembly, and that the Health Assembly would on that occasion consider the schedule for the submission of further such reports and the first review on the functioning of the Regulations.
2. Resolution WHA59.2, on application of the International Health Regulations (2005), requested the Director-General to report annually on progress achieved in providing support to Member States on compliance with, and implementation of, the Regulations. The present report updates the first such report, which was submitted to the Sixtieth World Health Assembly,¹ with a summary of implementation activities and compliance issues worldwide. Its structure follows that of the Secretariat's report on areas of work for implementation, issued in June 2007.²
3. In order to help to compile State Party reports to the Health Assembly, the Secretariat will send a questionnaire to States Parties requesting a summary of progress in implementation of the Regulations since May 2005, and, in particular, from the date of their entry into force (15 June 2007). The results will be submitted to the Sixty-first World Health Assembly.
4. Resolution WHA58.3 also requested the Director-General to replace Annex 9 of the International Health Regulations (2005) with the Health Part of the Aircraft General Declaration as revised by ICAO, and to inform the Health Assembly. The revised Health Part of the Aircraft General Declaration (see Annex) entered into force on 15 July 2007.

GLOBAL PARTNERSHIP

5. Both World Health Day 2007 and *The world health report 2007*³ focused on global public health security and explored the links between health and public safety in a changing world. The

¹ Document A60/8.

² Document WHO/CDS/EPR/IHR/2007.1.

³ *The world health report 2007. A safer future: global public health security in the 21st century*. Geneva, World Health Organization, 2007.

report has contributed significantly to raising awareness of the Regulations as an important instrument for ensuring that the goal of international public health security is fully met while mitigating the most devastating impacts of acute public health emergencies.

6. Further, the Secretariat has designed several multilingual packages for online training of staff members at all levels of the Organization and of the staff of national health authorities in order to ensure that they fully understand their new roles and responsibilities under the Regulations. As of 1 November 2007, this training had been completed by 61 country offices in the six WHO regions.

7. In fostering partnerships for implementation of the Regulations, WHO has maintained close ties with other organizations of the United Nations system and international agencies, including FAO, IAEA, ICAO, IMO, OIE and the United Nations World Tourism Organization. It relies heavily on its technical partners in WHO collaborating centres (over 300 centres in more than 60 countries), the Global Outbreak Alert and Response Network, the Radiation Emergency Medical Preparedness and Assistance Network, the Network on Environmental Health in Emergencies (e.g. for chemical incidents), the International Association of National Public Health Institutes, and other international, national and regional centres of excellence. The Secretariat and Member States are continuing their efforts to engage the support of the donor community and development agencies as well as other stakeholders, such as Airports Council International, the International Air Transport Association, the International Shipping Federation and the International Organization for Standardization. WHO is also continuing its work with regional and subregional organizations such as ASEAN, the European Community and MERCOSUR.

8. In June 2007, the Secretariat launched a new, dedicated web site that contains useful information for States Parties to the International Health Regulations (2005), other stakeholders in the fields of public health surveillance, detection, reporting and response, and the international travel and transport community.¹ Core documents and other materials on the web site will be issued in all six official languages.

STRENGTHENING NATIONAL CAPACITY

9. WHO continues to adapt its regional strategies for national disease surveillance and response systems in order to meet the core requirements for surveillance and response (as specified in Annex 1A of the Regulations). In support of capacity-building activities, the WHO Lyon Office for National Epidemic Preparedness and Response is working closely with regional and country offices on strengthening national surveillance and response systems in order better to detect, assess, notify and report events and to respond to public health risks and emergencies of international concern, in accordance with the Regulations.

10. Under the Regulations, each State Party shall assess, within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in Annex 1A. As of 1 November 2007, assessments of their national capacities had been carried out by 74 States Parties which are in the process of developing and implementing plans of action to ensure that the core capacities specified in Annex 1A of the Regulations are present and functioning no later than five years from the entry into force of these Regulations for a particular State Party (the deadline set in Article 5.1). These assessments were

¹ See www.who.int/ihr.

either made in the context of pre-existing WHO regional strategies for disease surveillance and response or especially tailored to the requirements of the Regulations. Plans are being made to involve the poliomyelitis eradication surveillance infrastructure in these assessments, where appropriate.

11. With regard to issues of international travel and transport, the Secretariat has prepared for Member States several documents and other materials, including guidance on the use of the new model international certificate of vaccination or prophylaxis, contained in Annex 6 of the Regulations, and on the implementation and issuance of the new ship sanitation certificates, contained in Annex 3. In this connection, the Secretariat is posting on its web site an updated list of ports that are authorized by States Parties to issue these certificates. It is also preparing third editions of the *Guide to hygiene and sanitation in aviation* and the *Guide to ship sanitation*, which will provide supplementary guidance to States Parties in assessing public health risks associated with international travel and transport.

PREVENTION OF AND RESPONSE TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES

12. In the area of global alert and response to acute public health events, the establishment of National IHR Focal Points in each State Party and the designation of WHO IHR Contact Points in all six WHO regions remain crucial to implementation of the Regulations. As of 1 November 2007, National IHR Focal Points had been designated by 183 States Parties to the Regulations. For its part, the Secretariat is ensuring the accessibility and effectiveness of WHO IHR Contact Points in all regional offices. In order to facilitate the sharing of information with States Parties through their National IHR Focal Points, the Secretariat has launched a restricted-access Event Information Site for them. To date, 421 accounts for the site have been created. Since 1 November 2007, 142 public health events have been entered into the system, about 10% of which were communicated to WHO through National IHR Focal Points. As it is expected that the number of communications received from these Focal Points will increase, guidance on the use of the decision instrument in Annex 2 of the Regulations is being tested. WHO's procedures relating to detection, verification, risk assessment and response have been adjusted to ensure conformity with the Organization's functions under the Regulations. On 15 June 2007, the date of entry into force of the Regulations for most Member States, the Secretariat tested communications protocols within the Organization, involving all six regional offices, the Director-General and all Regional Directors.

13. The application of the Regulations to the management of specific health risks has been analysed, most notably in relation to the current outbreaks of avian influenza, human infections with avian influenza viruses and preparations for a possible influenza pandemic. Further support provided to countries for national pandemic preparedness plans has included the integration and review of the relevant provisions and procedures established by the Regulations. The Regulations have also been applied to other significant health events, including the international travel of patients with extensively drug-resistant tuberculosis in 2007 and the epidemics of Marburg and Ebola haemorrhagic fevers in 2006 and 2007. In the areas of food safety and chemical and radiological public health risks, given the Regulations' broad scope, a consistent Organization-wide approach is being taken to actions that may fall under the Regulations; the Secretariat is also strengthening its response capacity. Examples include providing information to the International Food Safety Authorities Network Emergency Contact Points regarding procedures of the Regulations relevant to their operations and the need to ensure effective links with their corresponding National IHR Focal Points at the country level, and establishing national stockpiles of materials for use in response to radionuclear and chemical emergencies. Furthermore, the Director-General has established a new Health Security and

Environment cluster, effective as of 1 November 2007, in order to bring together the work of technical programmes with major responsibilities under the Regulations.

LEGAL ISSUES AND MONITORING

14. The Regulations entered into force on 15 June 2007 and bind 192 Member States.¹ Reservations and other communications from States Parties about implementation of the Regulations may be consulted on the new public web site referred to in paragraph 8, above, and in the International Health Regulations (2005) themselves.²

15. Pursuant to resolution WHA58.3, an IHR Roster of Experts has been established, and currently more than 50 States Parties have nominated an expert. In accordance with the requirements of the Regulations, an additional 94 experts have been nominated by the Director-General to serve on the roster, 30 of whom have been confirmed as members. Rules of Procedure for the Emergency Committee have been prepared. Extensive advice on legal and other implementation issues is being provided within the Secretariat and to States Parties, including in the area of adjustments to national legislation.

16. The Secretariat monitors progress in establishing National IHR Focal Points, their communications and their access to the event information web site. It is further planned to monitor national progress in establishing the core capacity requirements specified in Annex 1 through the development of specific indicators.

REGIONAL ACTIVITIES

17. The primary responsibility for the implementation of the Regulations lies with States Parties, with strong support from WHO's regional and country offices. The Regulations have been brought to the attention of several WHO regional committees this year. At the technical level, regional strategies have been developed or adjusted to integrate activities and timeframes relating to the Regulations, including strengthening disease surveillance and response capacities and reaching to public health issues at points of entry. In some regions, assessment tools and general guidance on implementation has been introduced for this purpose. Interregional cooperation has increased as a result and is an effective way of pooling resources and sharing experiences on implementation.

18. Intense activity in the area of preparedness and response for avian and human pandemic influenza has been used by WHO regional offices as an entry point to bolster implementation of the Regulations and to raise awareness further of the synergies between these activities and implementation of the Regulations. Briefings and workshops have been held for National IHR Focal Points, WHO country office staff and national stakeholders in all six regions. In most regions, a subregional approach has been preferred in order to allow for more detailed discussions on the

¹ In accordance with Article 60 of the International Health Regulations (2005), the Director-General sent, on 5 February 2007, a notification to Montenegro, which became a Member State of WHO after the adoption of the International Health Regulations (2005). The Regulations should enter into force for Montenegro on 5 February 2008, unless it rejects them, in accordance with Article 61, or submits reservations, in accordance with Article 62.

² *International Health Regulations (2005)*, Geneva, World Health Organization, 2nd ed, 2007.

long-term and short-term challenges faced in, and opportunities offered by, implementation of the Regulations.

19. In terms of coordinated public health risk assessment and management, WHO IHR Contact Points at the regional level, and other specific programme contacts such as International Food Safety Authorities Network Emergency Contact Points for food-safety-related events, continue to be available on a 24-hour, seven-days-a-week basis, for urgent communications with National IHR Focal Points. These communication channels are regularly tested to ensure their effectiveness and contact details are kept up to date. To this end, both regional offices and many States Parties are in the process of establishing or further strengthening emergency operation centres, or their equivalent, in order to provide those working on alert and response operations with a single platform for the detection of, and response to, public health events and emergencies.

ACTION BY THE EXECUTIVE BOARD

20. The Executive Board is invited to consider the following draft resolution:

The Executive Board,

Having considered the report on the Implementation of the International Health Regulations (2005),¹

RECOMMENDS to the Sixty-first World Health Assembly the adoption of the following resolution:²

The Sixty-first World Health Assembly,

Having considered the report on the Implementation of the International Health Regulations (2005);

Recalling resolution WHA58.3 on revision of the International Health Regulations, which decided that the Sixty-first World Health Assembly would consider the schedule for the submission of further reports by States Parties and the Director-General on the implementation of the International Health Regulations (2005) and the first review of their functioning, pursuant to paragraphs 1 and 2 of Article 54 of the Regulations;

Underscoring the importance of establishing a schedule to review and evaluate the functioning of Annex 2, pursuant to paragraph 3 of Article 54 of the International Health Regulations (2005);

Mindful of the request to the Director-General in resolution WHA59.2 on application of the International Health Regulations (2005) to report to the Sixtieth World Health Assembly and annually thereafter on progress achieved in providing support to

¹ Document EB122/8.

² See document EB122/8 Add.1 for the administrative and financial implications for the Secretariat of this resolution.

Member States on compliance with, and implementation of, the International Health Regulations (2005);

Recognizing the need to rationalize reporting on all aspects of implementation of the International Health Regulations (2005) in order to facilitate the work of the Health Assembly,

1. REAFFIRMS its commitment to the timely and effective implementation of the International Health Regulations (2005);

2. DECIDES:

(1) in accordance with paragraph 1 of Article 54 of the International Health Regulations (2005) that States Parties and the Director-General shall report to the Health Assembly on the implementation of the Regulations biennially, with the next report to be submitted to the Sixty-third World Health Assembly;

(2) in accordance with paragraph 2 of Article 54 of the International Health Regulations (2005) that the first review of the functioning of the Regulations shall be made by the Sixty-third World Health Assembly;

(3) in accordance with paragraph 3 of Article 54 of the International Health Regulations (2005) that the first review and evaluation of the functioning of Annex 2 shall be submitted to the Sixty-third World Health Assembly for its consideration;

3. URGES Member States:

(1) to ensure that the contact details of the centre that has been designated as the National IHR Focal Point are complete and up to date and to encourage relevant staff within the centre to access and use the Event Information Site on the WHO web site;

(2) to take steps to ensure that the national core capacity requirements specified in Annex 1 to the Regulations are put in place, strengthened and maintained, in accordance with Articles 5 and 13 of the International Health Regulations (2005);

(3) to designate an expert, if they have not already done so, for the IHR Roster of Experts, in accordance with Article 47 of the International Health Regulations (2005);

(4) to continue to support each other and collaborate with WHO in the implementation of the International Health Regulations (2005), in accordance with resolution WHA58.3 and relevant provisions of those Regulations;

4. REQUESTS the Director-General:

(1) to submit every two years a single report, including information provided by States Parties and about the Secretariat's activities, to the Health Assembly for its consideration, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005).

ANNEX

ANNEX 9

**THIS DOCUMENT IS PART OF THE AIRCRAFT GENERAL DECLARATION,
PROMULGATED BY THE INTERNATIONAL CIVIL
AVIATION ORGANIZATION**

HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION¹

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever – temperature 38°C/100°F or greater – associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop.....

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Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting.....

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Signature, if required, with time and date _____

Crew member concerned

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¹ This version of the Aircraft General Declaration entered into force on 15 July 2007. The full document may be obtained from the web site of the International Civil Aviation Organization at <http://www.icao.int>.