



Revision and updating of the International Health Regulations: progress report

Report by the Secretariat

BACKGROUND

1. In May 1995, the World Health Assembly adopted resolution WHA48.7 requesting the Director-General to undertake a revision of the International Health Regulations in view of the changing international environment, the emergence of new diseases and the resurgence of old ones. The current Regulations have been in effect since 1969, with amendments relating to smallpox eradication and to cholera vaccination requirements introduced as appropriate. The Regulations require extensive revision, as they have become outdated in relation to current public health practice, disease prevention and treatment methods, technological advances and legal terminology.
2. Recent examples of international and national responses to infectious disease outbreaks have highlighted problems that the revised Regulations will seek to address. These include: reluctance to report diseases for fear of excessive measures by other countries that would adversely affect travel and trade; lack of resources and health system capacity to identify and deal with disease outbreaks; and the restricted scope of the current Regulations, which apply only to three diseases - cholera, plague and yellow fever.
3. The revised Regulations will form an integral part of the global communicable disease monitoring and alert system currently being strengthened by WHO. They will be developed as a mechanism for rapid notification of all outbreaks of communicable diseases of urgent international public health importance. However, it should be noted that the Regulations will not replace regular systematic disease surveillance and reporting activities.
4. WHO is working with Member States to strengthen their disease surveillance capacity and develop a global network of collaboration. The Regulations will provide a rapid reporting mechanism to capture disease outbreaks that pose an international threat in order to facilitate rapid response and containment. Guidance will be provided to Member States for the application of appropriate control measures.
5. An informal consultation of public health experts was convened in 1995 to consider the revision of the Regulations in the light of experience gained during outbreaks of cholera in Peru (1991), plague in India (1994) and Ebola haemorrhagic fever in the Democratic Republic of the Congo (formerly Zaire) (1995). The consultation recommended a broader base for disease notification, so that all outbreaks of urgent international public health importance are reported. To facilitate rapid notification and response, it proposed the introduction of immediate notification of clinical syndromes, pending determination of the causal agent. In

addition, the consultation recommended that operational guidelines be provided to assist in the application of the revised Regulations so that only appropriate measures are taken.

6. All Member States were invited early in 1996 to designate an official government focal point for liaison with WHO during the revision of the Regulations. To date, 97 Member States have done so. All intergovernmental and nongovernmental organizations with an interest in the Regulations were also invited to designate an official focal point, and several have done so. A provisional draft of the revised Regulations was distributed to all Member States and interested organizations in early 1998.

7. The Committee on International Surveillance of Communicable Diseases, which makes recommendations on and reviews the progress of the revised Regulations, met in November 1998. Although acknowledging that reports of disease syndromes, outbreaks and risks were often widely known from sources including the Internet and the media, the Committee considered that formal notification to WHO should continue to be made through the national authorities. It reaffirmed the desirability of syndrome notification and the principle that the control measures specified in the Regulations and their annexes should be the maximum that States can apply to international travel. The Committee endorsed the concept of keeping the core content of the Regulations broad and stable over the long term, using annexes for precision and technical detail and for more frequent updating. The Committee considered technical and legal issues in the provisional draft Regulations which required resolution and noted that much remained to be done on a number of provisions and on the preparation of the annexes.

8. A pilot study which began in early 1998 was carried out in collaboration with 21 selected countries to assess the proposal to notify clinical syndromes. A full evaluation of the study will be completed by late June 1999. The countries participating had extensive international links and a variety of disease surveillance infrastructures and were drawn from all WHO regions. The objectives of the pilot study were:

C to evaluate proposed notification criteria and case definitions of the notifiable syndromes;

C to assess operational issues at country level and in WHO arising from the proposed notification arrangements;

C to provide guidance on the development of training materials to assist countries when the revised Regulations come into force;

C to advise on the preparation of a practical handbook to accompany the revised Regulations.

9. Consequently, the timeframe for completion of the revision has been extended to allow sufficient time to complete and evaluate the pilot study and to hold further consultations on technical and legal aspects of the revised Regulations and the annexes.

ISSUES

10. The World Trade Organization (WTO), through its Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement), seeks to ensure that countries apply measures to protect human, animal and plant health based on assessment of risk. Areas of interest common to the Regulations and the SPS Agreement are likely to be reinforced under the revised Regulations. As most Member States of WHO are also Members of WTO, they have rights and obligations under both the Regulations and the SPS Agreement.

11. The fundamental principle behind the Regulations is maximum protection against the international spread of disease with minimum interference in traffic and trade. The objective of the Regulations is therefore fully consistent with WTO's purpose in reducing barriers to international trade. WHO should be in a position to assist WTO with respect to public health aspects of disputes arising as a result of disease outbreaks. It is important to avoid any potential conflict arising between the application of the Regulations and of health measures under the SPS Agreement. Discussions to explore potential areas for synergy are under way between the secretariats of the two organizations.

12. Representatives of WHO Member States which are also Members of WTO are encouraged to discuss areas of mutual interest in the Regulations and the SPS Agreement with their national trade departments.

13. In the light of the Committee's recommendations, the following activities are planned:

C evaluation of the pilot study to assess the use of syndrome notification;

C continuing discussions with WTO;

C completion of an international survey on current aircraft disinsection practices;

C preparation and distribution of a second version of the provisional draft revised Regulations to Member States and other organizations;

C facilitation of scientific studies to underpin the technical basis for the requirements of the Regulations;

C organization of health/trade seminars in selected countries;

C facilitation of collaboration among Member States to evaluate new concepts and requirements in the Regulations during the revision process;

C submission of a draft of the International Health Regulations to the Health Assembly in 2002.

ACTION BY THE HEALTH ASSEMBLY

14. The Health Assembly is invited to note the progress made in the revision of the International Health Regulations.

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