

International Health Regulations (2005)

Basic information for national policy-makers and partners



**Pan American
Health
Organization**

*Regional Office of the
World Health Organization*



NEW OBLIGATIONS, NEW OPPORTUNITIES

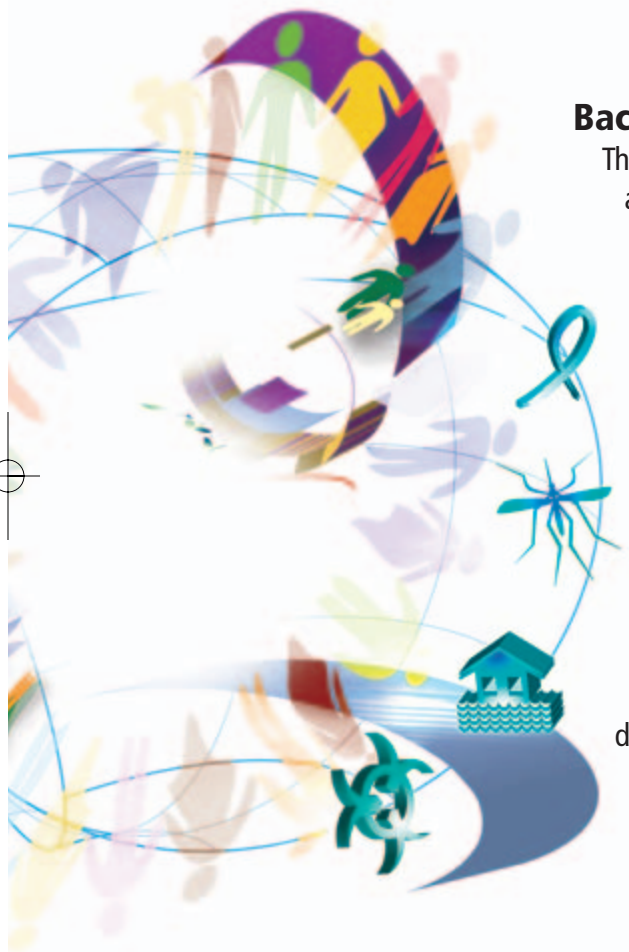
The revised International Health Regulations, namely IHR (2005), will enter into force on June 2007. All PAHO/WHO Member States agreed in 2005 to be bound by these Regulations.

New obligations for Member States to prevent and control the spread of disease inside and outside their borders are mentioned in the IHR (2005).

The Pan American Health Organization/World Health Organization (PAHO/WHO) is mandated to assist all its Member States in fulfilling the new obligations.

The revised Regulations also offer new opportunities to strengthen the public health capacities and collaborate with each other and with WHO.





Background

The International Health Regulations (1969), the legally binding international agreement to prevent the spread of disease, were revised in May 2005.

[The revised Regulations will enter into force in June 2007.](#)

The current Regulations, adopted in 1969, applied to only three infectious diseases – cholera, plague and yellow fever. However, the world has changed since then. We all are living in a global “village”. International travel is commonplace. Diseases can travel at the speed of jetliners. Severe acute respiratory syndrome (SARS) was the first disease of the 21st century to expose our vulnerabilities. It will not be the last.

To meet these challenges, the revised Regulations have a greatly expanded scope. They apply to diseases (including those with new and unknown causes), irrespective of origin or source, that present significant harm to humans. They address weaknesses learnt in past decades in detecting and responding to disease outbreaks.

IHR (2005) aim at protecting global health security with the least interference to global travel and trade. By adopting IHR (2005) the global community has agreed that it will work together to meet these challenges. In areas such as planning for a possible influenza pandemic, IHR (2005) provide a framework for mobilizing support from governments and donors and for responding to an influenza pandemic.

Which countries must comply

Adopted at the Fifty-eight World Health Assembly in Geneva in May 2005, the IHR (2005) become legally binding in any WHO Member State that did not reject or reserve against them by December 2006. Achieving the goal of IHR (2005) largely lies with all countries.

WHO assistance

Meeting new requirements will be challenging for many countries. WHO has been mandated to provide Member States with technical assistance in strengthening their public health capacities and in facilitating the implementation of IHR (2005). WHO will also mobilize resources necessary for this purpose.

What countries are expected to do

Countries must designate or establish a National IHR Focal Point (NFP), which should be a national centre, **NOT** an individual person.



National IHR Focal Point will

- be accessible at all times;
- communicate with WHO concerning IHR implementation, including:
 - consultation, notification, verification and assessment
 - public health response; and
- coordinate with other ministries/sectors within the country.

- Countries are expected to respond to WHO's requests for verification of information (including unofficial reports) regarding public health risks.
- Countries should notify WHO of all events that may constitute a public health emergency of international

concern, within 24 hours of assessment, by using a decision instrument – a flow chart that goes through the criteria for assessment and notification. The box below lists these criteria. Such a notification does not necessarily mean a real public health emergency of international concern. It is a start of consultation and collaboration process between the country and WHO.

Four criteria for assessment and notification

- Is the public health impact of the event serious?
- Is the event unusual or unexpected?
- Is there a significant risk of international spread?
- Is there a significant risk of restrictions on international travel or trade?

Answering “yes” to any two of the criteria requires a country to notify WHO.

- Countries should start assessing the existing public health system, and improving its capacity for the detection, reporting and assessment of and response to public health events to meet **the minimum core capacity requirements** under IHR (2005), stated in the Annex 1.

It might be best for countries to consider parallel development of their national influenza pandemic preparedness plan and their plans to meet the increased demands of IHR (2005). Partners (including donors) concerned about the threat of an influenza pandemic will understand the need and priorities for improving national disease surveillance and response capacities.

Actions to meet these expectations

It is time for Member States to make political

commitments and mobilize necessary resources that will guarantee the effective implementation of the revised Regulations.

This includes ensuring that the national legislation is compatible with IHR (2005).

Together with WHO and other partners, Member States should start assessing and strengthening their public health capacities to meet the core capacity requirements under IHR (2005).



IN BRIEF

Member States' key obligations

1. Designate or establish a National IHR Focal Point.
2. Strengthen and maintain the capacity to detect report and respond rapidly to public health events.
3. Respond to requests for verification of information regarding public health risks.
4. Assess public health events by using the decision instrument and notify WHO, within 24 hours, of all events that may constitute a public health emergency of international concern.
5. Provide routine inspection and control activities at designated international airports, ports and ground crossings to prevent the international spread of disease.
6. Make every effort to implement the measures recommended by WHO.
7. Collaborate with each other and with WHO concerning IHR (2005) implementation.



Member States' benefits

By fulfilling the obligations under IHR (2005), countries will enjoy the benefits of a respected partner in the international effort to maintain global health security:

- WHO guidance in building the core capacities necessary to quickly detect, report, assess and respond to public health emergencies, including those of national and international concern.
- Technical assistance and possible funding support to meet these new responsibilities.
- WHO guidance during the outbreak verification process.
- Access to privileged information gathered by WHO about public health threats in other countries that might affect your country.
- WHO advice and logistical support, when requested, to respond to disease outbreaks and other public health events.
- Access to WHO's Global Outbreak Alert and Response Network (GOARN), a "one-stop shop" of global resources to help manage a public health emergency, including those of international concern.

PAHO/WHO's responsibilities

WHO also has increased responsibilities under IHR (2005). WHO will strengthen its ability to fulfill those broadened obligations.

PAHO/WHO's major tasks include:

- designating WHO IHR (2005) contact point;
- conducting global surveillance and intelligence gathering to detect significant public health risks;
- supporting Member States' efforts to assess their existing national public health structures and resources;
- supporting Member States' efforts to build and strengthen the core capacities for surveillance and response, and the core capacities at designated points of entry;
- assessing relevant events (including on-site assessment, when necessary) and determining whether or not a particular event constitutes a public health emergency of international concern, with the advice of a committee of external experts;
 - developing and recommending measures for use by Member States during a public health emergency of international concern (with advice from a committee of external experts);
 - providing technical assistance to Member States in their response to public health emergencies of international concern; and
 - updating IHR (2005), its annexes and guidelines to maintain its scientific and regulatory validity.

More information about IHR (2005) can be found at
<http://www.paho.org/english/ad/dpc/cd/eer-ihrs.htm>
<http://www.who.int/csr/ihr/>

More information can be obtained by contacting:
Communicable Diseases Unit/Area of Health
Surveillance and Disease Management, PAHO/HQ,
emerg@paho.org

Adapted from: Western Pacific Region/WHO



**Pan American
Health
Organization**

*Regional Office of the
World Health Organization*

www.paho.org