

# International Health Regulations

Guidance for national  
policy-makers and  
partners

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## Photo credits

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# new OBLIGATIONS OPPORTUNITIES

- If your country is a Member State of the World Health Organization (WHO), it is almost certainly a State Party to the International Health Regulations, revised in 2005.
- Each State Party to the IHR(2005) therefore contributes to a global legal framework for the detection of and response to international public health risks and potential public health emergencies of international concern.
- Each State Party has new obligations to prevent and control the spread of disease inside and outside their borders, **and to report potential public health emergencies of international concern to WHO**. To this end, your country is expected to develop and maintain its key disease surveillance capabilities.
- As a State Party to the IHR(2005), your country benefits from WHO's surveillance activities and from WHO's reports from other States Parties of critical health risks that may affect your country. States Parties may also participate in coordinated response efforts to protect your country from these fast-traveling risks.
- WHO is mandated to assist States Parties in fulfilling these new obligations.
- The IHR(2005) also offer new opportunities to countries to strengthen their public health capacities and collaborate with each other and with WHO.



## BACKGROUND

- The International Health Regulations, the legally binding international agreement to prevent the international spread of disease, were revised in 1969, then in May 2005. The 2005 revision of the Regulations **entered into force on 15 June 2007**.
- The IHR(1969) applied mostly to only three infectious diseases – cholera, plague and yellow fever. However, the dynamics of communicable disease spread in the world have changed greatly since 1969. We all are living in a global “village”. International travel and trade are commonplace and increasing. 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 IHR(2005) have a much broader scope. They apply to any diseases (including those from new or unknown causes), **irrespective of origin or source**, that could present significant harm to humans. They address weaknesses learnt in past decades in detecting and responding to disease outbreaks. The IHR(2005) aim at protecting against international disease spread while avoiding unnecessary interference with global travel and trade.
- By adopting the 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 or other epidemic, the IHR(2005) provide a framework for mobilizing support from governments, donors and other international partners.

## WHICH COUNTRIES ARE STATES PARTIES

- Adopted at the Fifty-eight World Health Assembly in Geneva in May 2005, the IHR(2005) are binding obligations upon 194 countries under international law..

## WHO ASSISTANCE

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





## WHAT YOUR COUNTRY MUST DO

- Your country must designate or establish a National IHR Focal Point, which should be a national centre for urgent communications under the IHR(2005).

### The National IHR Focal Point must:

- be accessible at all times, 24 hours a day;
- communicate with WHO concerning:
  - consultations, notifications, verification and assessments of public health events;
  - public health response;
- ensure coordination with other ministries/sectors within the country; and
- 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 that an actual public health emergency of international concern is occurring. It is the beginning of a dialogue between the State Party and WHO in assessing and analysing the event.



### 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 State Party to notify WHO.

Questions and examples attached to the decision instrument will guide you through this analysis.



- Your country also needs to be able to respond to WHO requests for verification of information concerning potential public health emergencies of international concern.
- Your country should start assessing immediately the existing public health system, and improving its capacity for the detection, reporting and assessment of and response to public health risks and public health emergencies of international concern to meet the minimum core capacity requirements under IHR(2005).
- Countries may consider parallel development of their national influenza pandemic preparedness plan and their plans to meet the increased demands of the IHR(2005).  
Partners (including donors) concerned about the threat of an influenza pandemic will understand the needs and priorities for improving national disease surveillance and response capacities for influenza and other public health emergencies in general.

## 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 new Regulations. This includes ensuring that national legislation is compatible with IHR(2005).
- Together with WHO and other partners, Member States must also start assessing and strengthening their public health capacities to meet the core capacity requirements under IHR(2005).



# in brief

## KEY OBLIGATIONS FOR STATES PARTIES

1. Designate or establish a National IHR Focal Point.
2. Strengthen and maintain the capacity to detect, report and respond rapidly to public health risks and public health emergencies of international concern.
3. Respond to requests for verification of information regarding potential public health emergencies of international concern.



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 facilities, services, inspections and control activities at international airports, ports and ground crossings to prevent the international spread of disease.
6. Implement appropriate measures recommended by WHO.
7. Collaborate with other States Parties and with WHO on IHR(2005) implementation.



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## KEY BENEFITS FOR STATES PARTIES

- As a State Party, your country enjoys the benefits of a respected partner in the international effort to maintain global health security.
- Upon request, your country will receive 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.



- Your country will be offered technical assistance and receive help in mobilizing possible funding support to meet these new responsibilities.
- Your country will receive WHO guidance during the outbreak verification process.
- Your country will have access to information gathered by WHO about public health risks worldwide that might affect you.
- WHO will give you advice and assist with the logistical support needed to respond to disease outbreaks and other public health emergencies.
- Your country will have access to WHO's Global Outbreak Alert and Response Network (GOARN), a "one-stop shop" of global resources to help respond to a public health emergency, including those of international concern.

## WHO'S RESPONSIBILITIES

WHO also has increased responsibilities under the IHR(2005) and will continue to strengthen its ability to fulfill these broadened obligations.

WHO's major tasks include:

- designating WHO IHR Contact Points;
- coordinating global surveillance and assessment of significant public health risks, and disseminating public health information to States Parties;
- supporting States Parties to assess their existing national public health structures and resources, as well as to build and strengthen their core public health capacities for surveillance and response, and at designated points of entry;
- determining whether particular events constitute a public health emergency of international concern, with advice from external experts;



- developing and recommending measures for use by Member States during a public health emergency of international concern (after consultation with external experts);
- providing technical assistance to Member States in their response to public health emergencies of international concern; and
- monitoring and evaluation of IHR(2005) implementation and adapting technical guidelines to reflect the evolving needs.

For further information visit our web site at: [www.who.int/ihr](http://www.who.int/ihr) or contact your WHO Regional Office

