

International Health Regulations (2005)

Areas of work for implementation

June 2007

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Contents

1	Abbreviations and acronyms
3	Executive summary
6	Background
10	Vision and goals
14	Areas of work and expected results
14	Foster global partnerships
16	Strengthen national disease prevention, surveillance, control and response systems
18	Strengthen public health security in travel and transport
20	Strengthen WHO global alert and response systems
22	Strengthen the management of specific risks
24	Sustain rights, obligations and procedures
25	Conduct studies and monitor progress

Abbreviations and acronyms

ACI	Airports Council International
ADB	Asian Development Bank
AFD	Agence française de développement
AFRO	WHO Office for Africa
APHA	American Public Health Association
APSED	Asia Pacific Strategy for Emerging Diseases
ASEAN	Association of Southeast Asian Nations
CDC	Centers for Disease Control and Prevention
CIDA	Canadian International Development Agency
DFID	UK Department for International Development
EU	European Union
FAO	Food and Agriculture Organization
GAVI	The GAVI Alliance, formerly known as the Global Alliance for Vaccines and Immunization
GOARN	Global Outbreak Alert and Response Network
IAEA	International Atomic Energy Agency
IANPHI	International Association of National Public health Institutes
IATA	International Air Transport Association
ICAO	International Civil Aviation Organization
ICRC	International Committee of the Red Cross
IDSR	Integrated Disease Surveillance and Response
IFRC	International Federation of Red Cross and Red Crescent Societies
ISF	International Shipping Federation
ILO	International Labour Organization
IMO	International Maritime Organization
IHR (2005)	International Health Regulations, 2005 revision

IHR (1969)	International Health Regulations, 1969 edition
JICA	Japan International Cooperation Agency
Mercosur	Mercado Común del Sur (Southern Common Market)
MSF	Médecins sans frontières (Doctors Without Borders)
NGOs	Nongovernmental organizations
OIE	World Organization for Animal Health
SEARO	WHO Regional Office for South-East Asia
Sida	Swedish International Development Cooperation Agency
UIR	Union of International Railways
UN	United Nations
UNICEF	United Nations Children's Fund
UNWTO	World Tourism Organization
USAID	United States Agency for International Development
WHA	World Health Assembly
WPRO	WHO Regional Office for the Western Pacific
WTO	World Tourism Organization

1 Executive summary

The urgency of international public health security

Achieving international public health security is one of the main challenges arising from the new and complex landscape of public health.

Shared vulnerability implies shared responsibility. Strengthening countries' disease surveillance and response systems is central to improving public health security in each country and globally. WHO's unique public health mandate, worldwide network, well established global partnership and long-standing experience in international disease control constitute an exceptional and unique asset for supporting countries in strengthening their capacity and for achieving international health security. In June 2007, when the revised International Health Regulations (IHR) enter into force, the world will also have the necessary global framework to prevent, detect, assess and provide a coordinated response to events that may constitute a public health emergency of international concern.

International public health security relies on the appropriate and timely management of public health risks, which in turn depend on effective national capacities and international and intersectoral collaboration. The IHR comprise a legal instrument specifically designed to support the attainment of this goal.

Implementing IHR (2005) is an obligation for WHO and States Parties to the Regulations.

A necessary commitment

Meeting the requirements in the revised IHR (2005) is a challenge that requires time, commitment and the willingness to change. This paper has been developed to guide WHO Member States and other countries that are parties to the Regulations in the implementation of the obligations contained in them. Section 4 sets out seven areas of work to assist countries with the challenges inherent in meeting the new obligations. Each area of work has a specific goal that contributes to the over-arching goal of international public health security, and each area of work will be the subject of one or more detailed implementation plans.

Four key areas of work

Of the seven areas of work (see Table 1.1 below) to guide IHR implementation, four of these (2, 3, 4 and 5) are key, as they call for significantly strengthened national and global efforts: 2 - *Strengthen national disease surveillance, prevention, control and response systems* and 3 - *Strengthen public health security in travel and transport*, address countries' public health capacities to fulfil IHR (2005) requirements. 4 - *Strengthen WHO global alert and response systems* and 5 - *Strengthen the management of specific risks*, focus on the necessary surveillance, prevention, control, and response systems at international level.

Table 1.1 Seven Areas of work to guide IHR (2005) implementation

	AREA OF WORK	GOAL
GLOBAL PARTNERSHIP		
1.	Foster global partnerships	WHO, all countries and all relevant sectors (e.g. health, agriculture, travel, trade, education, defence) are aware of the new rules and collaborate to provide the best available technical support and, where needed, mobilize the necessary resources for effective implementation of IHR (2005).
STRENGTHEN NATIONAL CAPACITY		
2.	Strengthen national disease surveillance, prevention, control and response systems	Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread
3.	Strengthen public health security in travel and transport	The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.
PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES		
4.	Strengthen WHO global alert and response systems	Timely and effective coordinated response to international public health risks and public health emergencies of international concern.
5.	Strengthen the management of specific risks	Systematic international and national management of the risks known to threaten international health security, such as influenza, meningitis, yellow fever, SARS, poliomyelitis, food contamination, chemical and radioactive substances.
LEGAL ISSUES AND MONITORING		
6. Sustain rights, obligations and procedures		New legal mechanisms as set out in the Regulations are fully developed, and upheld; all professionals involved in implementing IHR (2005) have a clear understanding of, and sustain, the new rights, obligations and procedures laid out in the Regulations.
7. Conduct studies and monitor progress		Indicators are identified and collected regularly to monitor and evaluate IHR (2005) implementation at national and international level. WHO Secretariat reports on progress to the World Health Assembly. Specific studies are proposed to facilitate and improve implementation of the Regulations.

Areas of work in line with WHO strategy

This paper sets out expected results over the next five years and identifies national, international, and WHO institutional capacities that are vital to successfully implement the revised Regulations. The areas of work are in line with the WHO Medium-term strategic plan

2008-2013, which identifies the implementation of the IHR (2005) as one of the main priorities under the strategic objectives of the plan¹.

¹ *Medium-term strategic plan 2008–2013 and proposed programme budget 2008–2009*. Geneva, World Health Organization, 2007.

2 Background

International public health threats in the 21st century

Today's highly mobile, interdependent and interconnected world provides myriad opportunities for the rapid spread of diseases.

Epidemic-prone diseases

Cholera, epidemic meningococcal diseases and yellow fever made an alarming come back in the last quarter of the 20th century and call for renewed efforts in surveillance, prevention, and control. Emerging viral diseases such as avian influenza in humans, Ebola and Marburg haemorrhagic fevers, Nipah virus, SARS and West Nile fever have triggered major international concern, raised new scientific challenges, caused major human suffering and enormous economic damage.

Food-borne diseases

The food chain has undergone considerable and rapid changes over the last 50 years, becoming highly sophisticated and international. Although the safety of food has dramatically improved overall, progress is uneven and food-borne outbreaks remain common in many countries. In addition, some new food-borne diseases have emerged and create considerable concern, such as the recognition of the new variant of Creutzfeldt-Jakob disease associated with bovine spongiform encephalopathy.

Accidental and deliberate outbreaks

Outbreaks associated with the accidental release of infectious agents in laboratory settings are not new. However, several recent laboratory-associated outbreaks of high profile pathogens such as SARS have focused attention on the importance of safe working practices and safekeeping of infectious agents in the laboratory, that is, on laboratory biosafety and biosecurity. The spread of scientific capacity and advances in technology mean that many more institutions are performing clinical and research studies on infectious agents, increasing the risks of accidental release or diversion unless adequate biosafety and biosecurity standards are in place. Although there have been many examples of intentional release of dangerous pathogens in the past, the impact in terms of public disruption and concern was underscored by the anthrax letters in the United States in 2001.

In addition, our recent past is marked by disturbing new health events that resulted from chemical, nuclear and sudden environmental changes that caused major concerns in many parts of the world:

Toxic chemical accidents

- West Africa, 2006: the dumping of approximately 500 tons of petrochemical waste in at least 15 sites around the city of Abidjan left eight people dead and nearly 80,000 more complaining of ill health and seeking medical help while other countries were wondering if they could have also been put at risk;
- Southern Europe, 1981: 203 people died after consuming poisoned cooking oil that was adulterated with industrial rapeseed oil. A total of 15 000 people were affected by the tainted oil and no cure was ever found.

Radio nuclear accidents

- Eastern Europe, 1986: the Chernobyl disaster is regarded as the worst accident in the history of nuclear power. The explosion at the plant resulted in the radioactive contamination of the surrounding geographic area and a cloud of radioactive fallout drifted over parts of the western Soviet Union, eastern and western Europe, Scandinavia, the United Kingdom, Ireland and eastern North America. Large areas of the Ukraine, Belarus and the Russian Federation were badly contaminated, resulting in the evacuation and resettlement of over 336 000 people.

Environmental disasters

- Europe, 2003: the heat wave in Europe that claimed the lives of 35 000 persons was linked to unprecedented extremes in weather in other parts of the world during the same period.

These events illustrate the variety and breadth of public health threats we face today. Although the vast majority of threats to international public health security are posed by well known epidemic-prone infectious diseases, we must be ready to respond to diseases that may arise from acute environmental or climatic changes from industrial pollution and accidents that may put millions of people at risk in several countries and therefore require an international response.

National surveillance and response systems must be strengthened

It is critical that all countries have the capacity to detect, assess, and respond to public health events. They will then be able to contain the spread of diseases within their borders, thus minimizing the international spread of diseases. This is not the case in many countries and specific national action plans must be developed to improve countries' capacities. Enhanced international health security depends on all countries' commitment in this area.

International alert and response networks supplement national systems

WHO's ability to capture, interpret and disseminate accurate and timely information, and to coordinate support to countries for timely risk assessment, rapid outbreak response, access to technical guidance and support, and information management is crucial to international health security.

A number of regional and global networks are dedicated to disease surveillance, prevention and response. WHO is operating many of them, such as the global influenza surveillance network, the poliomyelitis laboratory network and the International Food Safety Authorities Network (INFOSAN), while a number of intergovernmental organizations have developed their own regional network, such as the Early Warning and Response System of the European Union.

WHO's international alert and response activities use local, regional and global knowledge of the technical evidence-base, situational context, operations, and risk communication to assess acute public health events, and identify public health risks and vulnerabilities in accordance with WHO's mandate under the International Health Regulations (2005).

Since April 2000, the Global Outbreak Alert and Response Network (GOARN) provides a framework for the technical coordination of international alert and response activities with institutions and countries around the world. Supported by the WHO Secretariat, and guided by a Steering Committee of technical partners, GOARN has helped to ensure that technical institutions are ready and able to respond to infectious disease outbreaks, or other public health emergencies, anywhere in the world.

The system has demonstrated how early identification of epidemics, and rapid access to the best technical resources are essential to effectively support national systems responding to urgent public health risks, and provide the perspective and risk assessment necessary for international coordination.

International collaboration for a more secure world

The revised International Health Regulations provide the framework for improved international public health security. They lay out new obligations devised to collectively respond to international public health challenges of the 21st century, taking advantage of new developments in biotechnology, surveillance systems, and information technology, such as rapid data sharing. Unprecedented tools are now available to rapidly detect, assess, and respond to events which may represent international public health threats.

The IHR (2005) represent a major change in comparison to the IHR (1969). Not only have the IHR been updated and adapted to broaden disease coverage and technical advancement but new concepts have been introduced, transforming the previously more passive Regulations into a pro-active set of rules with defined procedures and responsibilities between WHO and States Parties to the Regulations.

For the first time the Regulations call on countries to assess and strengthen their national public health structures and, at time of a public health event which may constitute a public health emergency of international concern, to actively and collectively interact with WHO for information sharing, risk assessment, and recommendation and implementation of public health measures.

From IHR (1969) to IHR (2005): a major paradigm shift

- From control at borders to [also] containment at source
- From a list of diseases to all public health threats
- From preset measures to adapted response

IHR (2005) Main legal requirements

Implementing IHR (2005) is an obligation for WHO and States Parties to the Regulations.

The obligations under the IHR (2005) can be regrouped as follows:

- those related to the core capacity requirements for countries to "detect, assess, notify and report events in accordance with the regulations" and to "respond promptly and effectively to public health risks" (e.g. Art. 5, 13, 19-22, Annex I).
- those related to the obligation, permission or prohibition of certain public health actions in respect of international travellers, goods, cargo and conveyances and the ports, airports and border crossings that they utilize (e.g. Art. 19-41).
- those related to the administration of IHR such as the nomination in each country of a National IHR Focal point and, for WHO, the nomination of WHO IHR Contact Points (e.g. Art. 4, 47-66).
- those related to the management of information and public health response for events which may constitute a "public health emergency of international concern" (e.g. Art. 5-18, Annex II), and
- those related to the full respect of human rights (e.g. Art. 3, 30, 31, 32) and the guidance provided by the Charter of the United Nations and the Constitution of the World Health Organization (e.g. Art. 3)

3 Vision and goals

Vision: international public health security

WHO's vision for international public health security is a more secure world that is on the alert and ready to respond collectively to the threat of epidemics and other public health emergencies that represent an acute threat to public health security, an unbroken line of defence using highly trained personnel and making effective use of up to date technologies.

Goals

A global alert and response system built on partnership, quality, and transparency that is based on two essential components:

1. Strong national public health systems able to maintain active surveillance of diseases and public health events, able to rapidly investigate reports, assess public health risk, share information, and implement public health control measures.
2. An effective international system that supports disease control programmes to contain specific public health threats, is able to continuously assess the global picture of public health risks (global risk assessment), and is prepared to rapidly respond to unexpected internationally spreading events.

Areas of work for IHR (2005) implementation

The areas of work for IHR implementation are in line with WHO's Medium-Term Strategic Plan (MTSP) 2008-2013, guided by WHO's commitment to "attaining results for health".² The MTSP identifies IHR (2005) implementation as one of the main priorities within the strategic objectives of the plan; as a cross-cutting legal framework, IHR implementation is an integral part of the Organization's overall strategy (see Table 3.1 below). It is also clearly reflected in the six areas for results identified by the WHO Director-General: health development, health security, capacity, evidence, partnership and performance.

Table 3.1 MTSP 2008-2013: Strategic objectives and organization-wide expected results (OWER) specifically linked to IHR implementation

Strategic objective 1	To reduce the health, social and economic burden of communicable diseases
OWER 1.4	<i>Policy and technical support provided to Member States in order to enhance their capacity to carry out surveillance and monitoring of all communicable diseases of public health importance</i>

² *Medium-term strategic plan 2008–2013 and proposed programme budget 2008–2009*. Geneva, World Health Organization, 2007.

OWER 1.6	Support provided to Member States in order to achieve the minimum core capacities required by the International Health Regulations (2005) for the establishment and strengthening of alert and response systems for use in epidemics and other public health emergencies of international concern.
OWER 1.7	Member States and the international community equipped to detect, assess, respond to and cope with major epidemic and pandemic-prone diseases (e.g. influenza, meningitis, yellow fever, haemorrhagic fevers, plague and smallpox) through the development and implementation of tools, methodologies, practices, networks and partnerships for prevention, detection, preparedness and intervention.
OWER 1.8	Regional and global capacity coordinated and made rapidly available to Member States for detection, verification, risk assessment and response to epidemics and other public health emergencies of international concern.
Strategic Objective 5	To reduce the health consequences of emergencies, disasters, crises and conflicts, and minimize their social and economic impact.
OWER 5.1	Norms and standards developed, capacity built and technical support provided to Member States for the development and strengthening of national emergency preparedness plans and programmes.
OWER 5.4	Coordinated technical support provided to Member States for communicable disease control in natural disaster and conflict situations.
OWER 5.5	Support provided to Member States for strengthening national preparedness and for establishing alert and response mechanisms for food-safety and environmental health emergencies.

Within the framework of IHR (2005), seven areas of work have been identified to achieve the goals described above. The first area of work aims to strengthen global partnerships; the second and third address countries' capacities to meet IHR (2005) requirements; the fourth and fifth areas of work focus on surveillance, prevention, control and response systems at international level; the sixth and seventh address awareness of the rules, legal aspects and measuring progress.

Global partnership

1. *Foster global partnerships*: in a closely interdependent world, global partnerships are essential to the successful implementation of the Regulations. Partnership is required between all countries to share technical skills and resources, to support capacity strengthening at all levels, to support each other in times of crisis and promote transparency. Partnership between different sectors (e.g. health, agriculture, travel, trade, education, defence) is also essential to build coherent alert and response systems which cover all public health threats, and, at the time of events, are able to rapidly mobilize the required resources in a flexible and responsive way.

Strengthening national capacity

2. *Strengthen national disease surveillance, prevention, control and response systems*: this is the cornerstone for enhanced national and international public health security. By strengthening national public health systems, specifically in the area of disease surveillance and response, countries can detect, assess, and respond to public health threats in a timely manner and prevent international spread.

3. *Strengthen public health security in travel and transport:* the control of diseases at border crossings remains a fundamental element of the Regulations. A number of IHR (2005) requirements apply to designated airports, ports and ground crossings. They entail close collaboration with other UN organizations (e.g. International Civil Aviation Organization (ICAO), International Maritime Organization (IMO), World Tourism Organization (WTO) and industry associations (e.g. International Air Transport Association (IATA), Airports Council International (ACI)).

Prevent and respond to international public health emergencies

4. *Strengthen WHO global alert and response systems:* effective global systems for alert and response are critical to provide global risk assessment, support countries that request assistance, mobilize international resources and coordinate international response. Such systems monitor global public health threats, assess risks, and complement national alert and response systems.
5. *Strengthen the management of specific risks,* including control programmes for chemical, toxic and environmentally induced events. The improvement of international control efforts to contain, eliminate, or eradicate epidemic-prone diseases is one of the most effective ways to improve international health security. The same applies to control programmes which aim to reduce the public health risks associated with chemical, toxic and environmentally induced events.

Legal issues and monitoring

6. *Sustain rights, obligations and procedures:* to properly implement IHR (2005) it is essential that all relevant national and WHO staff be fully aware of, and understand, the new rights, obligations and procedures laid out in the Regulations. In addition, a number of legal bodies and procedures (e.g. National IHR Focal Points, WHO IHR contact points, international roster of experts, emergency and review committees) must be identified and/or set up and maintained.
7. *Conduct studies and monitor progress:* monitoring and evaluating the implementation of the IHR is essential to provide States Parties, the WHA and partners to the implementation with information on progress and/or difficulties in implementing the Regulations. This will allow proposals for improvement.

Timeline

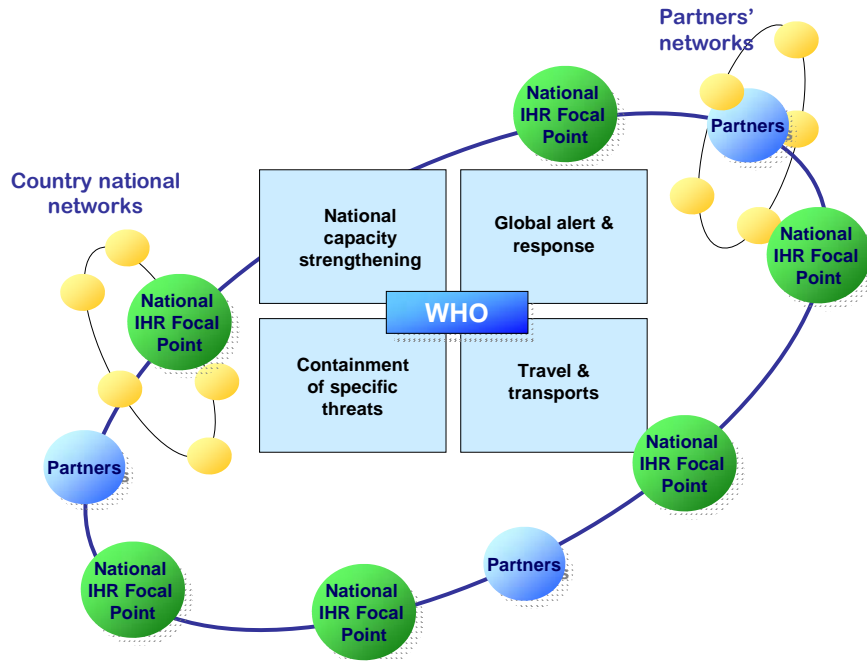
Unless a country has made reservation(s) to the Regulations, the IHR (2005) come into force on 15 June 2007.

States Parties shall meet the core capacity requirements as soon as possible, but no later than five years from the entry into force of the Regulations. The following timeline has been agreed:

- *from 15 June 2007,* States Parties have two years to assess their national structures and resources and develop national action plans;
- *from 15 June 2009,* States Parties have three years to meet the core capacity requirements.

On the basis of a justified need and an implementation plan, States Parties may obtain a two year extension for implementation of national action plans and, in exceptional circumstances, and supported by a new implementation plan, a further extension of up to two years may be granted by the Director-General of the WHO.

Figure 3.1
International public health security: a global network of national health systems and technical partners, focused on four major areas of work, coordinated by WHO



4 Areas of work and expected results

1. Foster global partnerships

Goal

WHO, all countries and relevant sectors collaborate to provide the best available technical support and, where needed, mobilize the necessary resources for effective, timely implementation of IHR (2005)

Rationale

WHO cannot single-handedly ensure international public health security. A more secure world that is ready and prepared to respond collectively in the face of epidemics and other major health emergencies requires global partnerships. This is what it will take to bring together all countries and partners in all relevant sectors, to gather the best technical support and mobilize the necessary resources for effective and timely implementation of the revised Regulations.

Expected results

1. All stakeholders in relevant sectors are informed, trained and actively involved in implementing the revised Regulations.
2. States Parties engage in the concept of shared responsibility and take an active role in the implementation of the revised IHR (2005).
3. States Parties understand the public health and economic benefits of implementing the revised Regulations and engage in resource mobilization activities to support their full implementation.
4. Industrialized countries and development partners make sufficient funding available for effective, timely implementation of the IHR (2005).
5. Resource-limited countries receive financial assistance for IHR (2005) implementation with the support of WHO and its partners.

Strategic approach

- Engage all partners to actively support IHR (2005) implementation.
- Reinforce interagency collaboration to facilitate IHR (2005) implementation.
- Build new partnerships to increase global resources available for IHR (2005) implementation.
- Foster collaboration at all levels: intersectoral, North-South, South-South.
- Develop and disseminate education and information packages.

Example of WHO key partners to support IHR implementation

- **Other intergovernmental organizations**
UN system (e.g. Food and Agriculture Organization (FAO), International Atomic Energy Agency (IAEA), ICAO, International Labour Organization (ILO), International Maritime Organization (IMO), United Nations Children's Fund (UNICEF), WTO).
regional (e.g. Association of Southeast Asian Nations (ASEAN), European Union (EU), Mercado Común del Sur (Mercosur))
technical (e.g. World Organization for Animal Health (OIE)).
- **International aid agencies** (e.g. Asian Development Bank (ADB), Agence française de développement (AFD), Canadian International Development Agency (CIDA), UK Department for International Development (DFID), Japan International Cooperation Agency (JICA), The Netherlands, Swedish International Development Cooperation Agency (Sida), United States Agency for International Development (USAID), World Bank).
- **WHO Collaborating Centres / networks of excellence** (e.g. GOARN, Institut Pasteur, United States Centers for Disease Control and Prevention (CDC)).
- **Academics and professional associations** (e.g. International Association of National Public health Institutes (IANPHI), American Public Health Association (APHA)).
- **Industry associations** (e.g. ACI, IATA, International Shipping Federation (ISF), UIR).
- **Nongovernmental organizations (NGOs) and foundations** (e.g. The GAVI Alliance, International Federation of Red Cross and Red Crescent Societies (IFRC), International Committee of the Red Cross (ICRC), Médecins sans frontières (MSF)).

2. Strengthen national disease prevention, surveillance, control and response systems

Goal

Each country assesses its national structure and resources for disease surveillance alert and response, and develops and implements national action plans to meet the core capacity requirements

Rationale

Strengthening national preparedness, surveillance and response capacities is critical for the sustained reduction and management of public health threats in countries and for the prevention of international spread to other countries. Supporting countries to strengthen their national surveillance and response systems therefore also reduces health threats to the international community.

As IHR capacity strengthening activities build on existing health systems in countries, the entire national health system will be improved.

Expected results

1. All States Parties are able to assess their alert and response capacity, perform gap analysis and develop and implement national action plans to prevent, detect, and respond to public health threats, taking into account the most likely events.
2. In collaboration with States Parties, WHO provides technical support through the development of specific guidelines and, at the request of individual States Parties, may conduct in-country joint assessments for the development and implementation of action plans.
3. Regular training activities strengthen country capacity for disease prevention, surveillance, risk assessment, control and response.

Strategic approach

- In collaboration with its Regional Offices, WHO will assist States Parties to assess their national structures and resources at all levels and develop and implement national action plans in synergy with existing relevant regional strategy and national plans;
- States Parties ensure that their national public health institutes, or equivalent institutions, fulfil the public health functions necessary to meet the IHR core capacity requirements particularly in the area of surveillance standards, surveillance coordination, data analysis, data mapping, risk assessment, and reporting;
- States Parties implement their national action plans, conduct exercises to ensure their effectiveness, and, on request, receive technical support by WHO and relevant partners.

Timeline

According to the timeline defined in the Regulations the national efforts to meet the core capacity requirements can be devised into two phases:

Phase 1: 15 June 2007 to 15 June 2009 (these dates may vary by a few weeks for States Parties having made reservations to the Regulations)

Develop national action plans that build on existing WHO regional strategies (e.g. Asia Pacific Strategy for Emerging Diseases (APSED) for WHO Regional Office for the Western Pacific (WPRO) and WHO Office for South-East Asia (SEARO) and Integrated Disease Surveillance and Response (IDSR) for WHO Office for Africa (AFRO), on relevant strategies of other intergovernmental organizations (e.g. EU), on national disease-control strategies and existing relevant national plans (e.g. pandemic preparedness plan).

- Ensure that relevant public health functions for alert and response are in place and operational; where appropriate, build or strengthen national public health institutes.
- Conduct exercises to identify operational gaps in the national surveillance and response systems.
- Ensure that the national surveillance and response system uses internationally recognized quality standards, particularly in the area of laboratory quality assurance.
- Consider strengthening human resources through training in intervention epidemiology, outbreak investigation, laboratory diagnostics, case management, infection control, social mobilization, and risk communication.
- Assess and plan operational links between national surveillance and response systems and designated points of entry (i.e. designated ports, airport, and ground crossings).
- Use standard WHO indicators to carry out regular assessments of core public health capacities to monitor progress and assess future needs.
- Where appropriate, develop proposals for international partnerships and the mobilization of external resources.

Phase 2. June 2009 – 3 years

Implement national action plans to effectively meet the core capacity requirements.

- Ensure that all national action plans are implemented within the set timeframe.
- Mobilize the necessary resources from the national budget and, where proposals have been developed, from international partners.
- Conduct drills on a regular basis to test the continuous operational capacity of the national surveillance and response systems.

Note: On the basis of a justified need and an implementation plan, States Parties may obtain a two-year extension for implementation of national plans and, on in exceptional circumstances and supported by a new implementation plan, a further extension of up to two years may be granted by the Director-General of WHO.

3. Strengthen public health security in travel and transport

Goal

The risk of international spread of diseases is decreased through effective standing public health measures and response capacity at designated airports, ports and ground crossings in all countries

Rationale

The control of diseases at border crossings remains an essential element of the Regulations. A number of IHR (2005) requirements apply to designated airports, ports and ground crossings, the three points of entry³ identified in the Regulations. Many of these are new and entail close collaboration with other UN organizations (e.g. ICAO, IMO, UNWTO) and industry associations (e.g. IATA, ACI, ISF, UIR).

The revised Regulations call on designated authorities in Member States to “treat travellers with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures” while complying with IHR requirements.

Expected results

1. Facilities used by travellers at points of entry are maintained in a sanitary condition and are kept free of infection or contamination, including vectors and reservoirs.
2. Routine measures, in compliance with IHR (2005), are in place for travellers, conveyances, cargo, goods and postal parcels.
3. A public health contingency plan for public health emergencies is effectively available and operational at all designated PoE and in all countries.
4. Designated points of entry have the capacity to rapidly implement international public health recommendations.
5. Coordination exists between WHO and other relevant UN and intergovernmental organizations, industry associations and travel-related professional associations.

Strategic actions

- Working in collaboration with its Regional Offices, WHO provides guidance and tools to States Parties to assist in the implementation of IHR (2005) requirements at all PoE, including:
 - travel and health advice
 - conveyances and PoE sanitation and health inspection
 - WHO certification for ports and airports
 - contingency plans for PoEs
 - control of vectors and reservoirs
- WHO publishes lists of designated PoEs authorized to issue ship sanitation control exemption certificate/ship sanitation control certificate.

³ The IHR (2005) define all points of entry (PoE) as “a passage for international entry or exit of travelers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit”(Art. 1, Definitions).

- WHO arranges for certification of airports and ports that meet IHR requirements, on request from countries.
- States Parties develop, strengthen and maintain core capacities on a routine and emergency basis.
- States Parties identify designated PoE that must have core capacities in place, and notify these to WHO.
- States Parties identify the competent authority⁴ for each designated PoE in its territory.
- States Parties put in place enhanced contingency and emergency planning mechanisms for all new IHR provisions at all designated PoE:
 - operational capacities are tested on a regular basis with drills and exercises.
 - requirements under the IHR are integrated into existing emergency, facilitation and security plans at PoE.
 - States Parties are able to provide WHO with relevant data regarding any potential public health risk.
- States Parties integrate drills into the contingency and emergency mechanisms to test operational capacity.

⁴ The IHR(2005) define competent authority as “an authority responsible for the implementation and application of health measures under the Regulations” (Art. 1, Definitions).

4. Strengthen WHO global alert and response systems

Goal

Timely and effective coordinated response to international public health risks and public health emergencies of international concern

Rationale

The world requires an alert, preparedness and response system to rapidly identify and contain international public health risks. The revised IHR (2005) provide the global legal framework to address these needs.

WHO's capacity to act dynamically in rapidly evolving situations is critically dependent on close collaboration, transparency and the engagement of all levels of the Organization for proper risk assessment, decision-making and response. It also requires effective real-time collaboration and communication with all States Parties, WHO Collaborating Centres, GOARN, technical institutions and networks, relevant UN and international organizations, regional and intergovernmental organizations.

This collaborative risk management process has been developed and proven to be effective but must be reinforced and formalised. This requires the development of policies, strategic approaches and standardized operating procedures, and significant investment in operational and technical capacity to draw on the respective and complementary strengths at all levels of WHO.

Adherence to agreed-upon processes, timeliness in sharing information, and the technical quality of risk assessments, decision-making and response will ensure WHO continues to provide effective support to States Parties.

Expected results

1. WHO provides timely, high quality risk assessments and early warning advice to States Parties on the prevention and control of public health risks, including those that may constitute a public health emergency of international concern.
2. At countries' request, WHO rapidly mounts and coordinates effective international responses to events that may constitute a public health emergency of international concern.
3. WHO has established contact and, where needed, coordination mechanisms with other relevant regional and technical intergovernmental organizations.

Strategic approach

- Implement WHO standard operating procedures for the management of acute public health threats across the Organization.
- Strengthen WHO's organization-wide event management system and ensure its operational capacity at all times by conducting regular drills and exercises.
- Strengthen Regional Office capacity in alert and response.

- Further develop and support the GOARN as the strategic regional and global partnership to ensure effective access to international technical resources when responding to events that may constitute a public health emergency of international concern.
- Further develop and strengthen field systems, tools, methodologies and capacity for risk assessment, communications and information management, outbreak logistics and field deployment.
- Contact relevant regional and technical organization and review, build, or strengthen, their operational links with WHO global alert and response systems.

5. Strengthen the management of specific risks

Goal

Systematic international and national management of the risks known to threaten international health security, such as influenza, meningitis, yellow fever, SARS, poliomyelitis, food contamination, chemical and radioactive substances

Rationale

The control or containment of known existing risks to public health is one of the most powerful ways to improve international health security since these risks constitute the vast majority of day-to-day events with the potential for a public health emergency. Preparedness and readiness for these threats are dependant on strong generic preparedness measures at national and international levels but also requires specific preparedness measures relating to surveillance, risk reduction, and response and containment. The development of specific risk reduction and containment processes is dependant on understanding the nature of the threat and implementing specific measures to reduce risk, which often requires cross sectoral communication and collaboration. Equally the development of interventions and the appropriate stockpiling of critical supplies requires specific disease knowledge and a variety of partnerships within the public and private sector.

The existing international disease control programmes, addressing infectious diseases as well as food-safety and environmental safety, are essential contributors to WHO global alert and response systems. At national level, threat specific initiatives and programmes can often be a driving force in meeting core capacities requirements (e.g. poliomyelitis).

It is however crucial that integrated approaches be taken as much as possible and that all threat specific preparedness and readiness be seen in the context of the overall planning and management of public health emergencies..

Expected results

1. Surveillance and early warning: specific risks are identified and prioritized at national and international level and appropriate mechanisms for surveillance and early warning implemented and maintained.
2. Risk reduction: opportunities for risk reduction are identified and implemented (e.g. exposure reduction, health communication, vaccination, safe clinical management) and collaborative cross cutting mechanisms for risk reduction initiatives established and maintained (e.g. zoonoses and the animal-human interface).
3. Preparedness and readiness: international and national preparedness and readiness measures implemented for response and containment of these threats (e.g. pandemic influenza, yellow fever, epidemic meningococcal disease, SARS, accidental or deliberate release). Response readiness is reinforced and improved through practice in exercises and real events.
4. Stockpiling: international mechanisms for stockpiling critical supplies (vaccines, drugs, personal protective equipment (PPE)) are implemented for priority threats (e.g. meningitis, yellow fever, influenza, polio).
5. Research: systematic coordination of upstream and operational research to characterize and assess risk, and develop and test new interventions implemented.

6. International programmes for key threats maintained.

Strategic approach

- WHO and other relevant UN organizations to encourage and assist countries in further implementing disease-specific control initiatives, with emphasis on the following:
 - i. programmes addressing diseases with serious public health impact for which a single case, irrespective of context, requires immediate notification to WHO (Annex II):
 - human influenza caused by a new subtype
 - poliomyelitis due to wild-type poliovirus
 - severe acute respiratory syndrome (SARS)
 - smallpox
 - ii. programmes addressing diseases that have demonstrated the potential to cause a serious health impact and to spread rapidly across borders:
 - cholera (and other epidemic diarrhoeal diseases)
 - pneumonic plague
 - viral haemorrhagic fevers (Ebola, Lassa, Marburg, West Nile fever)
 - yellow fever
 - iii. programmes addressing other diseases and/or conditions with epidemic potential, e.g.:
 - anthrax
 - anti-microbial resistance
 - arboviruses (e.g. Rift valley fever, West Nile fever)
 - chemical Safety
 - dengue
 - food safety
 - HIV/AIDS
 - malaria
 - measles and other vaccine-preventable diseases
 - meningococcal meningitis
 - radiation safety
 - tuberculosis
 - severe emerging zoonoses affecting humans

[not a comprehensive list]

- Conduct ad hoc drills and exercises with relevant countries and geographical areas to test the alert and response capacity in the face of the most likely events and to continuously improve available interventions.

6. Sustain rights, obligations and procedures

Goal

WHO has established and upholds the new legal mechanisms as set out in the IHR (2005); all relevant personnel understand and sustain the new mechanisms

Rationale

Although the International Health Regulations are not new to Member States, the revised Regulations are much broader in scope than their predecessors and contain a considerable shift in focus. From a strict notification mechanism for cholera, plague and yellow fever, the revised IHR now cover all potential international public health emergencies, whether naturally-occurring, accidental or deliberately-provoked. Countries need guidance both to understand the new legal provisions set out in the revised IHR and to absorb and take on this shift in focus, which calls for a pre-emptive and proactive approach to contain all public health threats at the source. In addition, the IHR (2005) propose an adapted response specific to each health threat, rather than relying on pre-set measures that may be ineffective or inappropriate. Accurate knowledge and understanding of the provisions in the revised Regulations among all WHO and all relevant national stakeholders are crucial to ensure their accurate implementation.

Expected results

1. National public health officials and other stakeholders are familiar with and understand the legal provisions laid out in the Regulations and ensure their full and effective implementation.
2. National public health legislation is adapted and in line with the revised Regulations.
3. States Parties transfer knowledge and understanding of the legal provisions in the Regulations to all relevant national staff.
4. WHO and States Parties have set up their IHR Contact Points and National IHR Focal Points, respectively, as well as the required pool of experts for the rapid constitution of an IHR Emergency Committee and/or an IHR Review Committee.

Strategic approach

- WHO provides continuous guidance to countries and other stakeholders on understanding and implementation of the Regulations, including the revision of their national legislation.
- WHO develops and provides specialized training/education for all actors in the fields of public health, law, event management, surveillance, risk assessment, response, epidemiology, laboratory and case management.
- WHO assists countries to adapt their current public health legislation to comply with the Regulations.

7. Conduct studies and monitor progress

Goal

Indicators are identified and collected regularly to monitor, evaluate and report on the progress of IHR implementation to WHO, States Parties, and the World Health Assembly (WHA); proposals for specific studies are developed to improve implementation of the Regulations

Rationale

Monitoring and evaluation of progress on the implementation of the IHR (2005) is central to the proper follow up and improvement of the implementation efforts at national, regional, and global levels. The capacity to monitor progress in IHR implementation is also essential to build donors' confidence and present regular progress reports to the WHA, as required under the Regulations.

Expected results

1. Regular assessments in countries, as well as in WHO and in other relevant and partner organizations, provide reports in respect of progress made and/or difficulties encountered during IHR (2005) implementation, using standard indicators.
2. WHO provides technical support and guidance to countries on an ongoing basis according to the strengths and weaknesses identified in these assessments.
3. Proposed studies or changes to improve the Regulations and/or their implementation.

Strategic approach

- In close collaboration with relevant WHO Collaborating Centres and other centres of excellence in health system monitoring, identify a small set of quantitative and qualitative indicators to monitor and assess progress in IHR implementation within national public health systems.
- Identify global indicators of international public health security.
- Identify indicators relevant for legal procedures and processes.
- Collect and analyse data according to best standards.
- Determine benchmarks on national core capacities required under the Regulations.
- Identify areas for research to improve the Regulations and/or their implementation.