



The International Health Regulations (2005)

A strategic advance for global public health

The International Health Regulations ("IHR (2005)") adopted by the World Health Assembly on 23 May 2005¹ marked the end of a decade of technical updating, through meetings, workshops, subregional and regional consultations which culminated in two sessions of an open-ended Intergovernmental Working Group (IGWG) in November 2004 and February and May 2005. The second session was *suspended* on 27 February 2005 with an agreement to *resume* and complete its work in May 2005 as a small number of issues remained unresolved. The final text was endorsed in the early hours of 14 May 2005 and transmitted to the Health Assembly for consideration. The resolution was adopted by acclamation on 23 May 2005 as resolution WHA58.3.

Major changes introduced by the IHR(2005)

The IHR(2005) significantly broaden the scope of the current Regulations (IHR(1969)), from States notification to WHO of single cases of cholera, plague and yellow fever only, to all events that may constitute a public health emergency of international concern (PHEIC)². States are also obliged to report evidence of public health risks outside their territory that may cause international disease spread. Notifications and reports are now communicated to WHO through the National IHR Focal Point. WHO, in turn, must identify IHR Contact Points at the headquarters or regional level to facilitate the dialogue between a State Party and WHO. On receiving advice from an Emergency Committee, if the Director-General of WHO determines that a PHEIC is occurring in a particular country, he or she may make temporary recommendations in order to prevent or reduce the international spread of disease and to minimize interference with international traffic. In addition the IHR(2005) update and further develop the provisions in the current Regulations with regard to routine public health measures at points of entry and relating to international traffic.

New challenges for WHO and its Member States

A number of the obligations placed on WHO and its Member States under the IHR(2005) reveal a real commitment by all parties to adopt a new way of working. In addressing the Health Assembly on 16 May 2005, the Director-General described the IHR (2005) as having more far-reaching implications for public health than even the Framework Convention on Tobacco Control. The IHR (2005) are a living international legal instrument which, upon entry into force in June 2007, will require States Parties and WHO to take concrete, often daily actions to prevent, protect against, control and provide a public health response to the international spread of disease. In doing so, States Parties and WHO must also avoid unnecessary interference with international traffic and trade. To fully implement and comply with the IHR (2005) States and WHO will have to develop, maintain and strengthen appropriate public health and administrative capacities in general, and at international ports, airports and some land crossings, in particular. This will require not only close collaboration between WHO and Member States, but also among Member States themselves. Such multilateral cooperation will better prepare the world for future public health emergencies.

¹ Health Assembly resolution WHA58.3.

² A PHEIC is defined in the Regulations as an extraordinary public health event which constitutes a public health risk to other States, through the international spread of disease, and may require a coordinated international response.