



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 2005 marked the end of a decade of technical updating, through meetings, workshops, subregional and regional consultations and two sessions of an open-ended Intergovernmental Working Group (IGWG) in November 2004 and February and May 2005.

Major changes introduced by the IHR(2005)

The IHR(2005) will have a significantly broader scope of application compared to the current Regulations (IHR(1969)), which are limited to the notification and response to cases of cholera, plague and yellow fever only. Under the IHR(2005), States Parties must notify all events that may constitute a public health emergency of international concern (PHEIC)¹. 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 to facilitate dialogue between a State Party and WHO. On receiving advice from an Emergency Committee, if the Director-General (DG) of WHO determines that a PHEIC is occurring in a particular country, the DG may make temporary recommendations in order to prevent or reduce the international spread of disease and to avoid unnecessary 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. States and WHO will have to develop, maintain and strengthen appropriate public health and administrative capacities to comply with the new Regulations.

Resolution to immediately comply with certain provisions of IHR(2005)

On 26 May 2006 WHO's Member States adopted resolution WHA59.2 which calls for immediate compliance, on a voluntary basis, with provisions of the IHR(2005) considered relevant to the risk posed by avian and potential human pandemic influenza. Provisions of the IHR(2005) relating to surveillance, reporting, information-sharing, transport of biological substances and public health measures for travelers were identified as important to ensure a strong and coordinated response by the international community to both the present situation and a possible pandemic.

WHO Member States are also specifically urged to identify a National IHR Focal Point by August. At the same time, WHO is requested to identify WHO IHR Contact Points to ensure a constant flow of information between countries and the Organization before, during and after public health emergencies, including a potential human influenza pandemic. Effective and transparent communications are crucial for the early detection and notification of human cases of influenza, rapid risk assessment and the immediate implementation of appropriate containment and response measures should a pandemic strain emerge. Countries are also expected to cooperate with each other to boost their vaccine production capacities with the support of WHO, whose role will be to seek to reduce the global shortage of and equitable access to affordable influenza vaccine for both epidemics and global pandemics. It is the joint responsibility of Member States and WHO to marshal the necessary human, financial, technical, and logistical resources to better prepare the world for the possibility of a human pandemic, including through the reasonable stockpiling of essential drugs.

¹ 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.