WHO Public Health IHR 2005 requirements and the 2024 amemdments

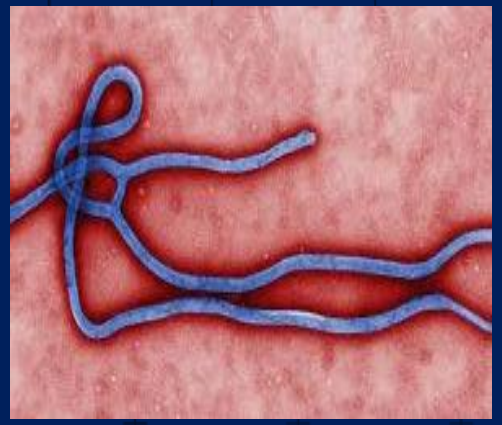
CAPSCA

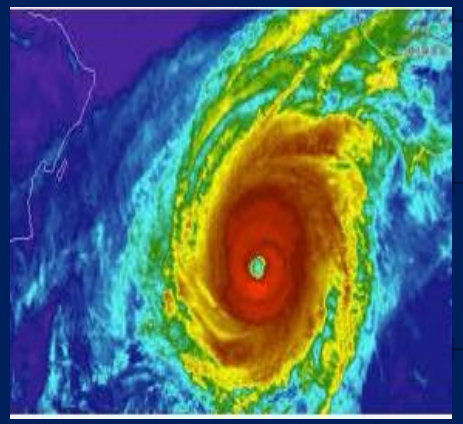
December 2025

World Health Organization
African Region

The World is now a global village; an infected individual can travel from country to country and from continent to continent in a few hours

COVID-19 pandemic and other multi-country infectious disease outbreaks e.g. Ebola, Zika, Dengue, etc. have raised global awareness of the importance of global health security and emergency preparedness Ensuring global health security is a priority for all. ***"When the world is collectively at risk, defense becomes a shared responsibility of all nations."*** – Dr Margaret Chan





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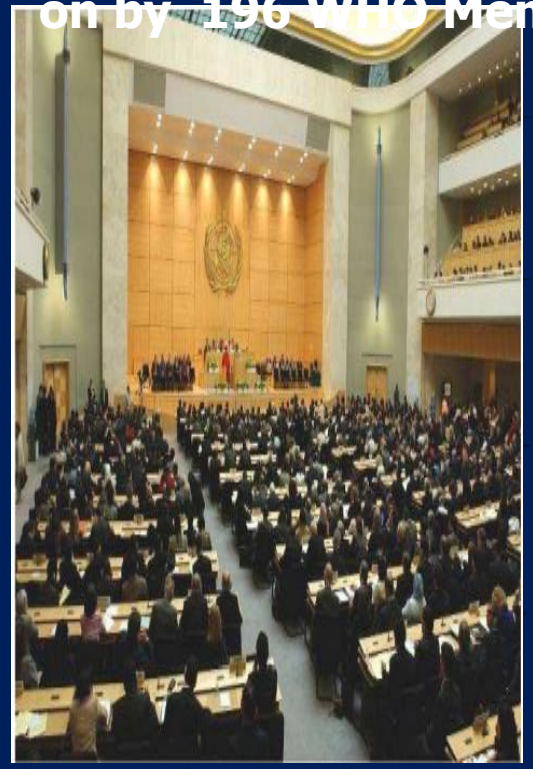
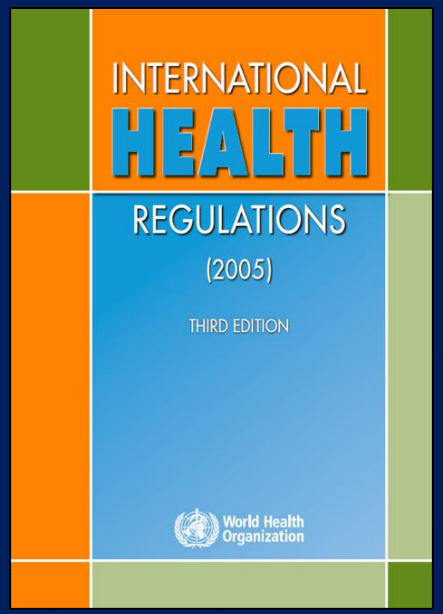
The International Health Regulations (IHR 2005)

- Adopted in 2005; entered into force in 2007; **legally biding, global health security framework agreed on by 196 WHO Member States**





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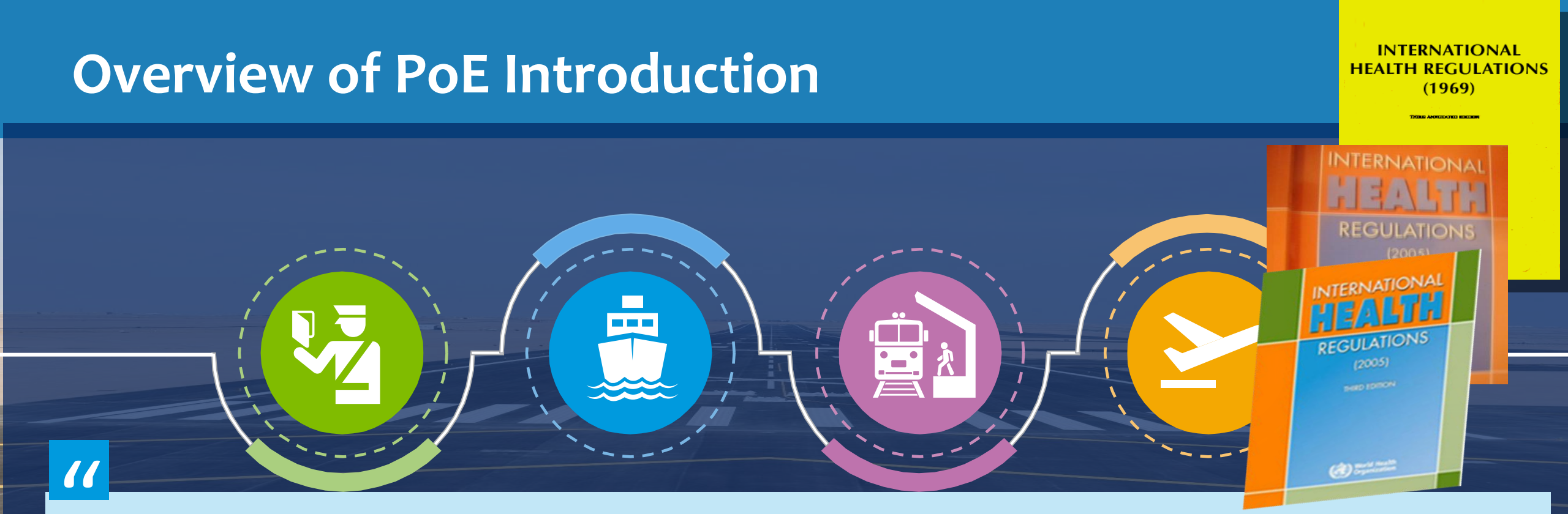
- Strengthened national capacity for **surveillance and control, including at ports, airports and ground crossings, and travel and transport**
- **Prevention, prepare for,** alert and response to international public health emergencies
- Global partnership and international collaboration
- Rights, obligations and procedures, and progress monitoring

Overview of PoE Introduction



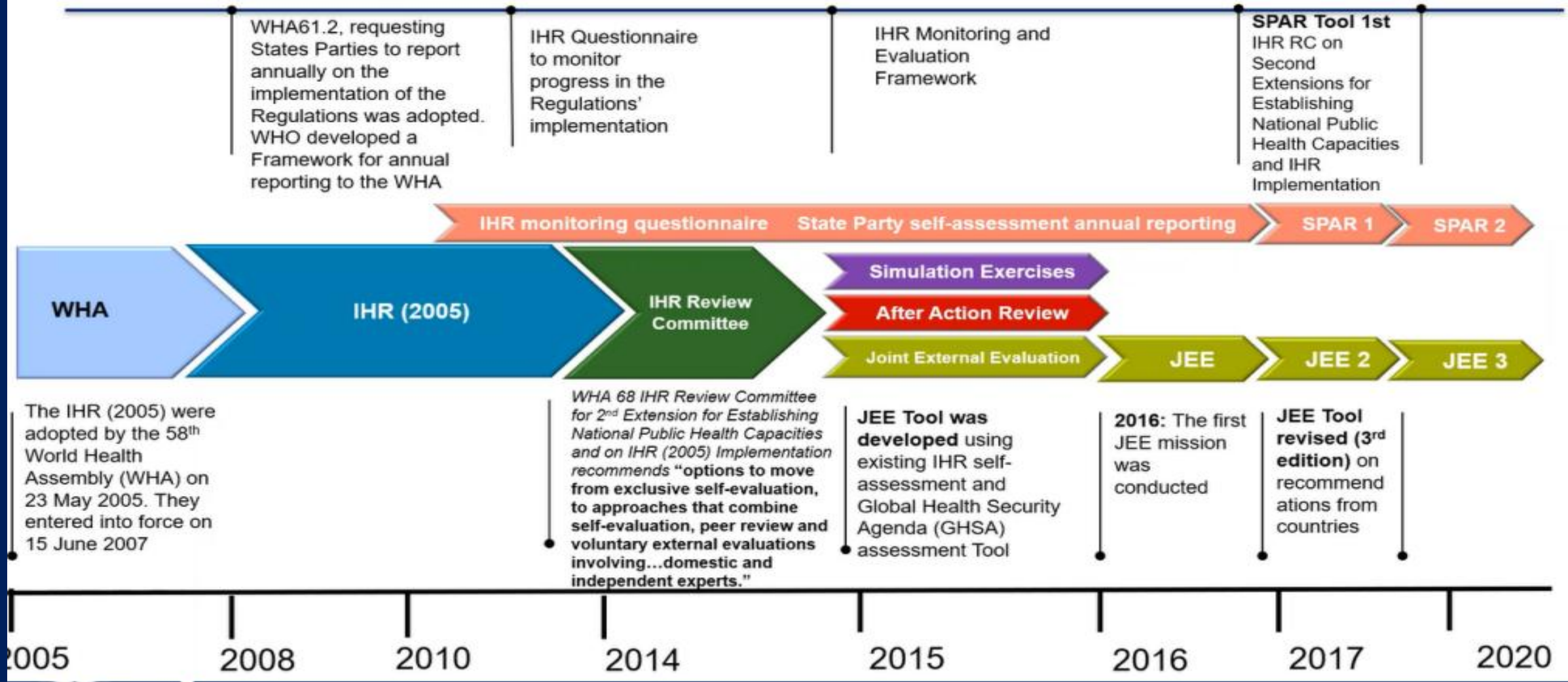
- ***IHR (2005):*** *An international agreement which helps countries to work together "to prevent, protect against, control and provide a public health response to the* ***international spread of disease*** ***in*** *ways that are commensurate with and restricted to* ***public health risks****, and which avoid unnecessary interference with* ***international traffic & trade****"*
- ***PoE:*** *A* ***passage*** *for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as* ***agencies and areas*** *providing services to them on entry or exit"*

- Adopted in 2005; entered into force in 2007; **legally binding upon 196 WHO Member States**

- Predecessors:

– IHR (1969, 1973, 1981)
– International Sanitary Regulations (1951)

IHR Monitoring and Evaluation



Organization

Key features of IHR 2005

- Innovations of the IHR (2005):

  a. Not limited to **any specific disease or means of transmission**
  b. States' obligations to develop **minimum core public health capacities**
  c. States' obligations to **notify events** that may constitute **a "public health emergency of international concern" (PHEIC)** according to defined criteria
  d. Authorization for WHO to use **unofficial reports** and obtain **verification**
  e. Determination of a PHEIC and issuance of **temporary recommendations**
  f. Protection of the **human rights of persons and travellers**
  g. Establishment of **National IHR Focal Points** and **WHO IHR Contact Points**

  h. Airports and ports (article 20): "States Parties **shall** designate the airports and ports that shall develop the capacities provided in Annex 1"

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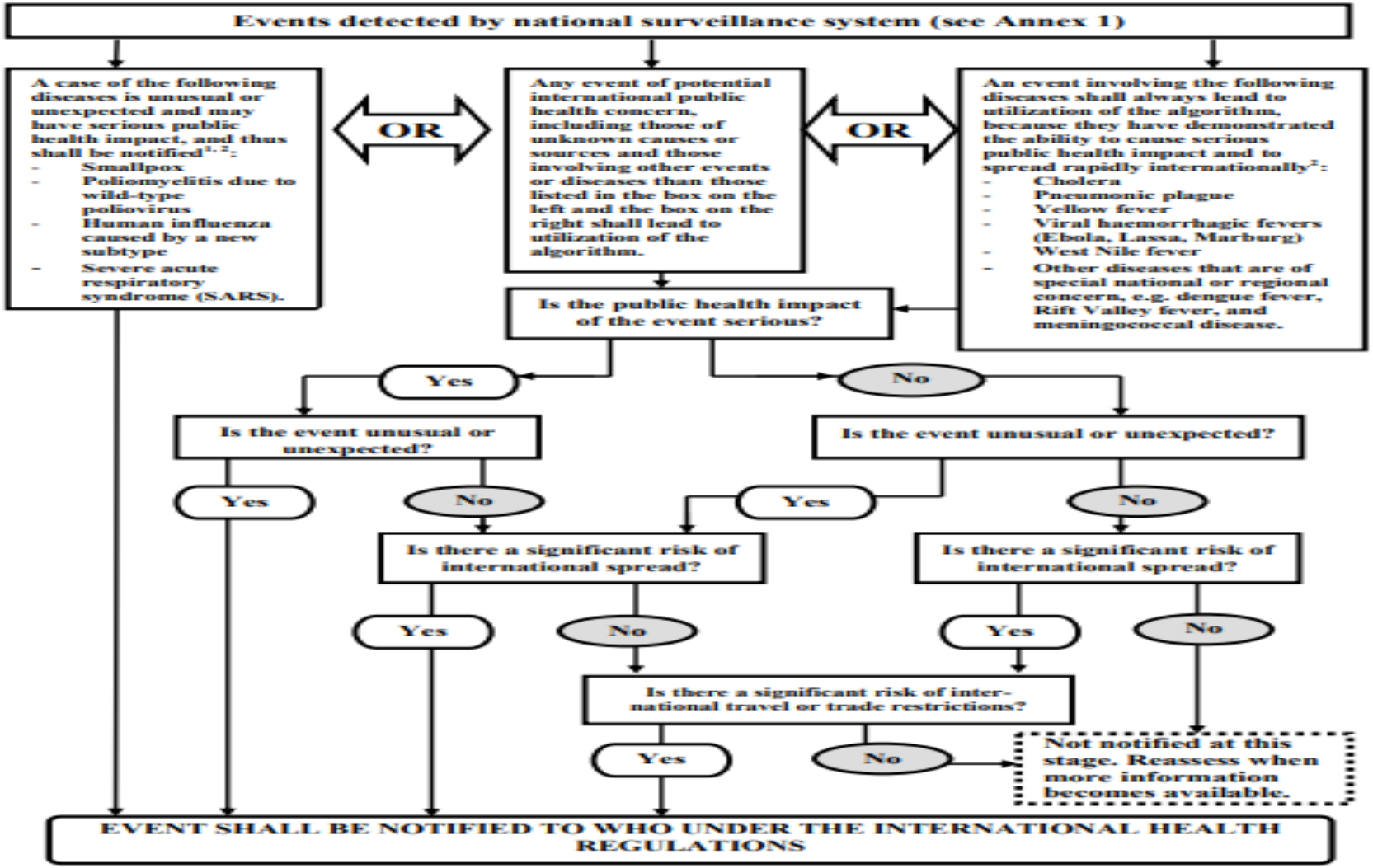
ANNEX 2

DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN



[1] As per WHO case definitions.
[2] The disease list shall be used only for the purposes of these Regulations.

A pandemic- is an epidemic occurring worldwide or over a vast area, crossing international borders and usually affecting many people.
A pandemic is an epidemic that has spread over several countries or continents, usually affecting a large number of people.

Public Health Emergency of International Concern (PHEIC): an extraordinary public health event that constitutes a public health risk to other States through the international spread of disease and potentially requires a coordinated international response.

Pandemic emergency- A PHEIC caused by a communicable disease that **spreads widely, exceeds health system capacity, disrupts society/economy and needs rapid coordinated action** (higher than a PHEIC on the emergency spectrum for example COVID-19)

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Designation of POEs

- **3 types of POE**: airport, port, ground crossing
- Airports and ports (article 20): "States Parties **shall** designate the airports and ports that shall develop the capacities provided in Annex 1"
- Ground crossings (article 21): "Where justified for public health reasons, a State Party **may** designate ground crossings that shall develop the capacities provided in Annex 1"
- **Criteria for designation**:

What criteria do you think are relevant to decide upon what POEs should be designated in your country?

1. Population density in and around the POE
2. Epidemiological situation in around the POE
3. Volume and frequency of international traffic
4. Multimodal transportation
5. Public health risks in the place of origin and transit of international traffic
6. Existing capacities and facilities to manage public health risks at the POE
7. Joint designation of POE with neighboring country

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IHR Provisions: Public Health Events at PoE

Content	IHR article
Surveillance, verification, notification, response	Art. 5, 6, 8, 9, 10, 13 & Annex 1A, 2
PoE core capacity requirements communication and coordination, capacities at all times, capacity for responding to PHEIC	Art. 19, 20 & 21 & Annex 1B
Role of Competent authorities Conveyance operators	Annex 4 Art. 18, 22, 24
Public health measures Health measures on arrival and departure Ships and Aircraft in transit Affected conveyances Ships and aircraft at points of entry	Art. 23, 25, 27, 28, 30, 31, 42, 43 & Annex 4
Health Documents Maritime Declaration of Health, Ship Sanitation Certificates Health Part of the Aircraft General Declaration	Art. 37, 39 & Annex 3, 8
Specific Measures for Vector-borne Diseases	Annex 5, 6

IHR (2005) core capacities requirements at designated POEs

Coordination, communication of event information and adoption of measures	
Core capacity requirements at ALL TIMES	**Core capacity requirements for responding to events that may constitute a PHEIC**

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IHR (2005) core capacities requirements at designated POEs

- **Coordination, communication of event information and adoption of measures**

International **communication link** with competent authorities at **other POEs**

National **communication link** between **competent authorities at POE** and **health authorities at local, intermediate and national levels**

Direct **operational link** with other **senior health officials**

Communication link with **conveyance operators**

Communication link with **travellers** for health related information

Communication link with **service providers**

Assessment of all reports of urgent events within 24h

Communication mechanism for the **dissemination** of information and **recommendations** received from **WHO**

Procedures and legal and administrative provisions to conduct **inspections** and receive reports of **cases** of illness and or other evidence of **public health risk** on board arriving **conveyances**

E.g. Communication between POE and health authorities across levels

Assessed capacity: ” National communication link between competent authorities at POE and health authorities at local, intermediate and national levels”

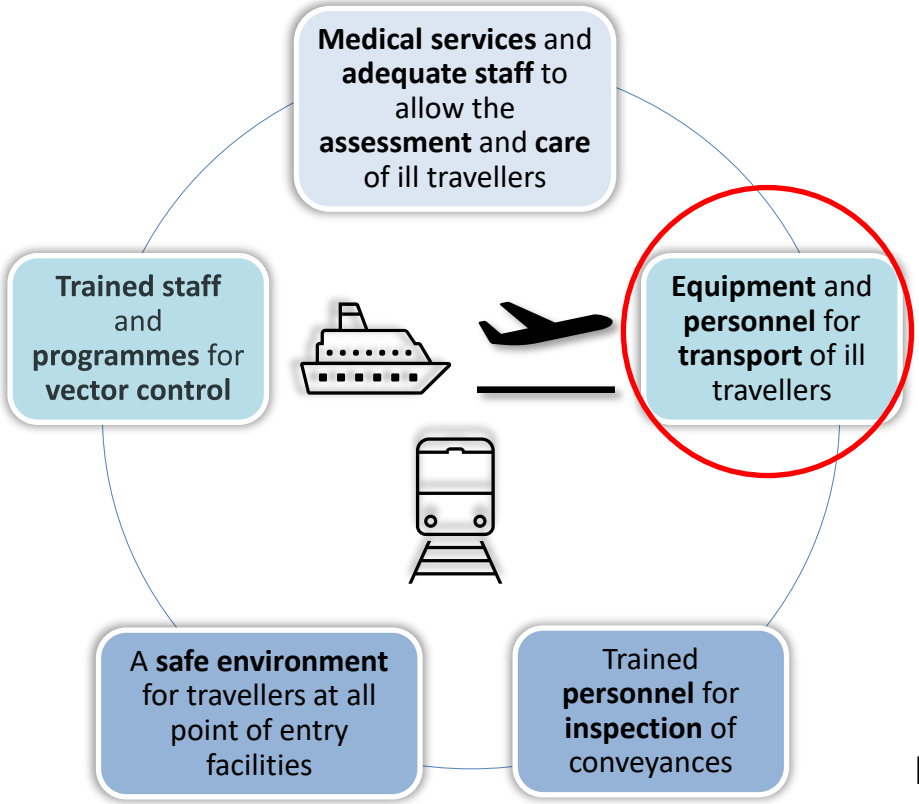
Ministry of Public Health and WHO staff at Sa Keow Border Checkpoint.
Photo credit: WHO / P. Phutpheng

Assessment considerations:

1. Communication between **competent authorities at POE**; **local, intermediate and national levels** (including the **IHR NFP**); and other relevant government ministries, agencies, government authorities and other partners involved in POE activities.
2. **Contact details** are **shared**, regularly **updated**, **documented**.
3. **Communication procedures** are **documented** via **MOU/protocols** and **tested**.
4. POE communication with IHR NFP in order to **inform WHO within 24 hours** of relevant reports of **human cases**; **vectors** carrying infection/contamination’ **contaminated goods** that may cause international spread; **additional health measures**.

IHR (2005) core capacities requirements at designated POEs

- **At all times**, States Parties shall meet the following core capacity requirements at the designated POEs



Reference: Articles 19, 20 and 21, and Annex 1B (

E.g. Equipment and personnel for transport of ill passengers

Assessed capacity: ”To provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility”

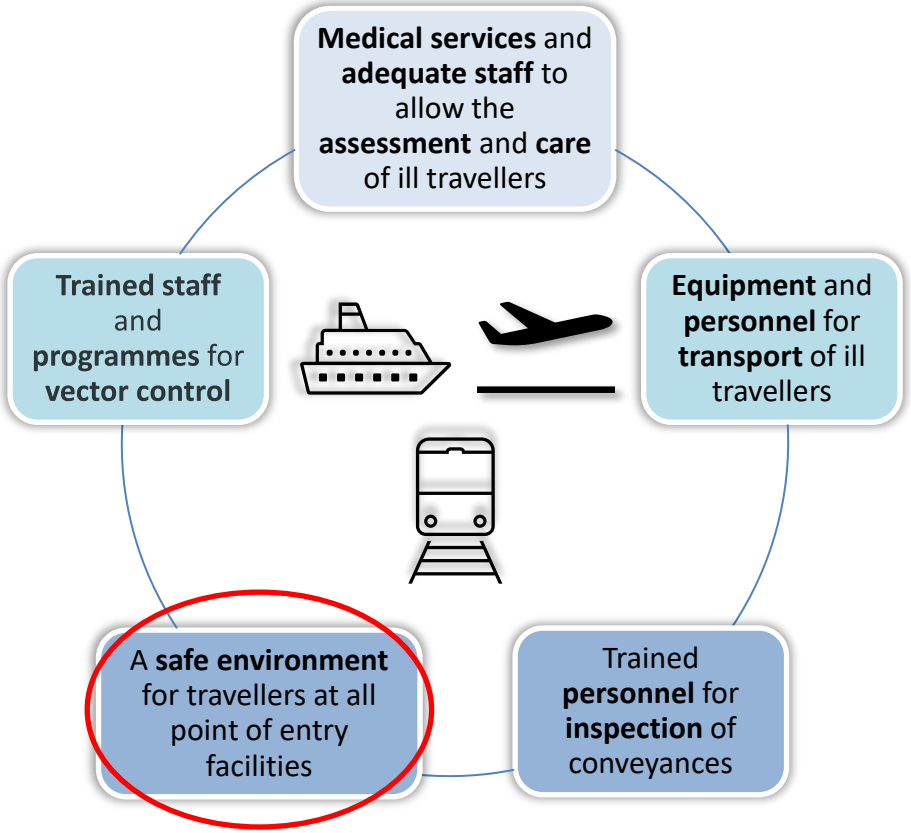
Saudi Arabia, 2015. Photo credit: WHO / Fadela Chaib

Assessment considerations:

1. **Equipment** for transport of ill travellers to appropriate medical facility
2. Access to **personal protective equipment** (PPE) for transport staff
3. Appropriate number of **trained personnel** is available to adequately transport of ill travelers
4. **Documented training** in **standard operating procedures** (SOPs) for transport of ill travelers

IHR (2005) core capacities requirements at designated POEs

- **At all times**, States Parties shall meet the following core capacity requirements at the designated POEs



Reference: Articles 19, 20 and 21, and Annex 1B (

E.g. Safe environment for travellers at POE

Assessed capacity: "To ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate and adequate numbers of trained staff"

Assessment Considerations:

1. A documented, tested and updated **water safety programme**, conducted or under supervision of competent authority, maintenance of records and testing results are documented and available, including: treatment, safe sources and water quality monitoring.

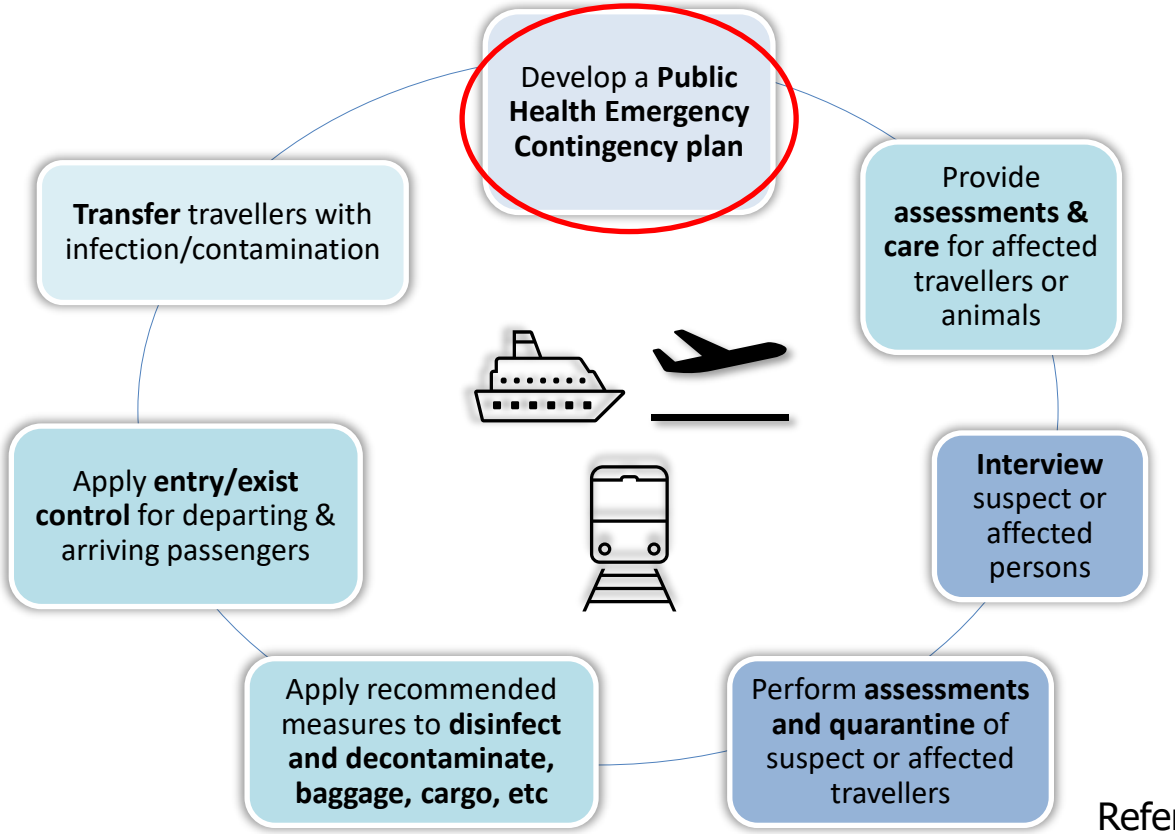
2. **Eating establishment/food suppliers/production stores** approved or considered satisfactory by the relevant health administration and/or under competent authority supervision, including **flight catering facilities**

3. **Public washroom** premises consistent with volume and frequency of travelers, in good operational conditions and are regularly and hygienically cleaned

4. Where all present and potential **public health risks from solid and liquid waste** are detected, assessed and recommended control measures are implemented.

IHR (2005) core capacities requirements at designated POEs

- **In response to a PHEIC**, States Parties shall meet the following core capacity requirements at the designated POEs



Reference: Articles 19, 20 and 21, and Annex 1B (

E.g. Develop a public health emergency contingency plan

Assessed capacity: "To provide appropriate public health emergency response by establishing and maintaining a Public Health Emergency Contingency Plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services."

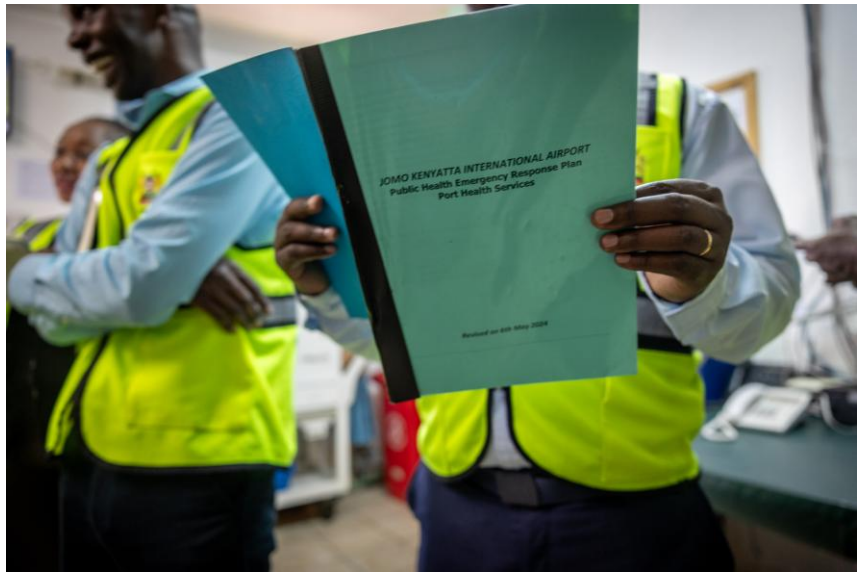


Photo credit: WHO / Genna Print

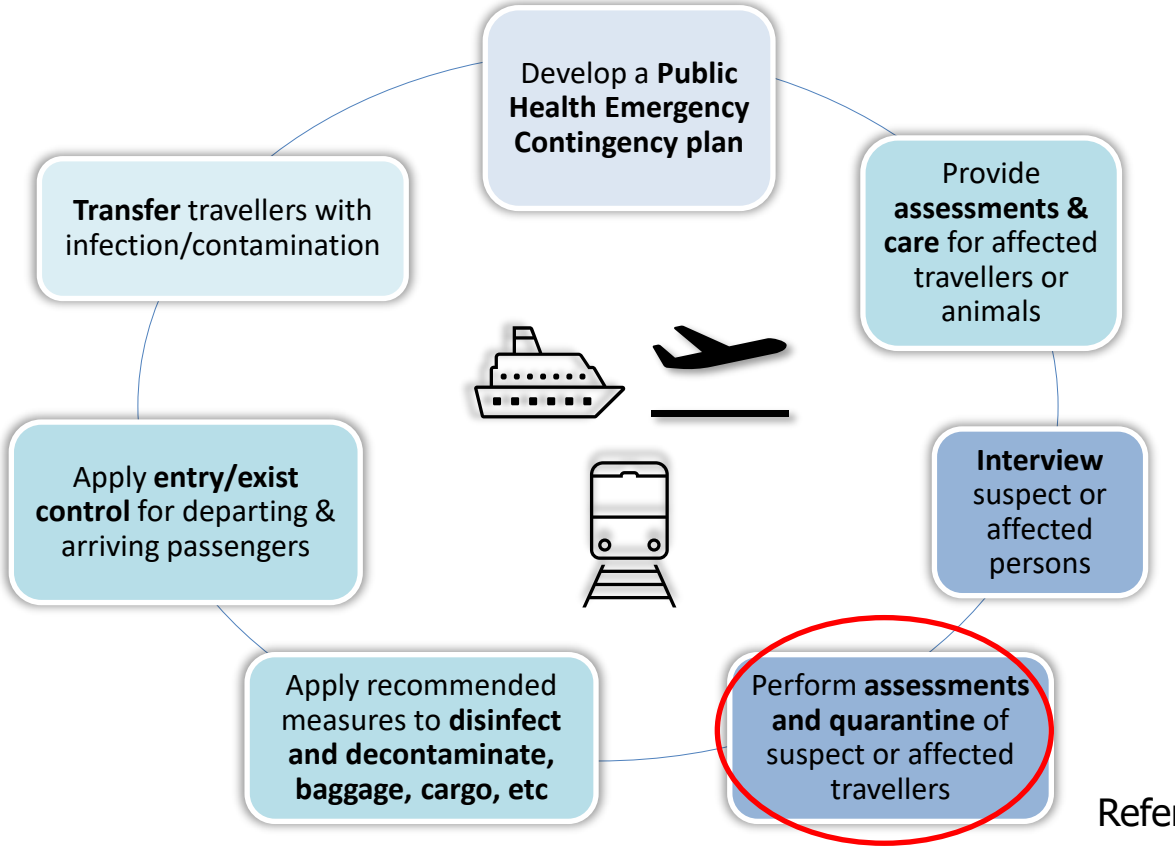
Assessment Considerations:

1. Is there an **agreed**, **updated**, **documented** public health emergency contingency plan, **integrated** with **other public health response plans** (national/intermediate/local levels) and **other emergency operational plans at the POE**?

2. **Is there periodic training** and/or **drill exercises** to familiarize contact points of **key sectors/services** at the POE with the public health contingency plan and respective roles and functions within it?

IHR (2005) core capacities requirements at designated POEs

- **In response to a PHEIC**, States Parties shall meet the following core capacity requirements at the designated POEs



Reference: Articles 19, 20 and 21, and Annex 1B (

Key lessons learnt during COVID-19

- **Need for better harmonization** in the **policy and technical recommendations on international travel** being issued across sectors.

- **Need to collect scientific evidence** on the **effectiveness** of travel-related measures and need to **balance health gains and socioeconomic impact**.

- **Inconsistencies in the definition of 'essential workforce'** leading to the disruption of essential services (e.g. repatriations, transport of humanitarian/emergency workforce and essential supplies) and negatively impacting on workers' conditions.

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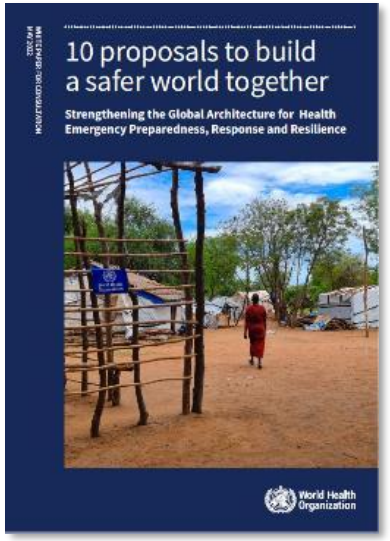
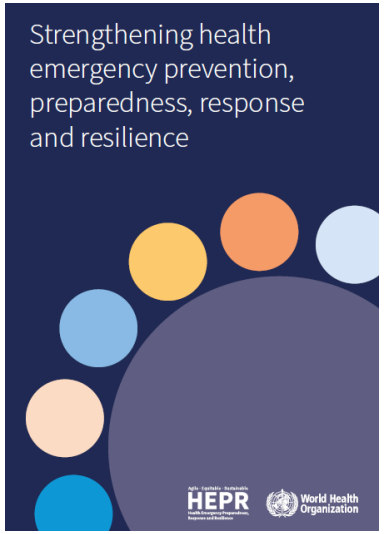
Updates on HEPR





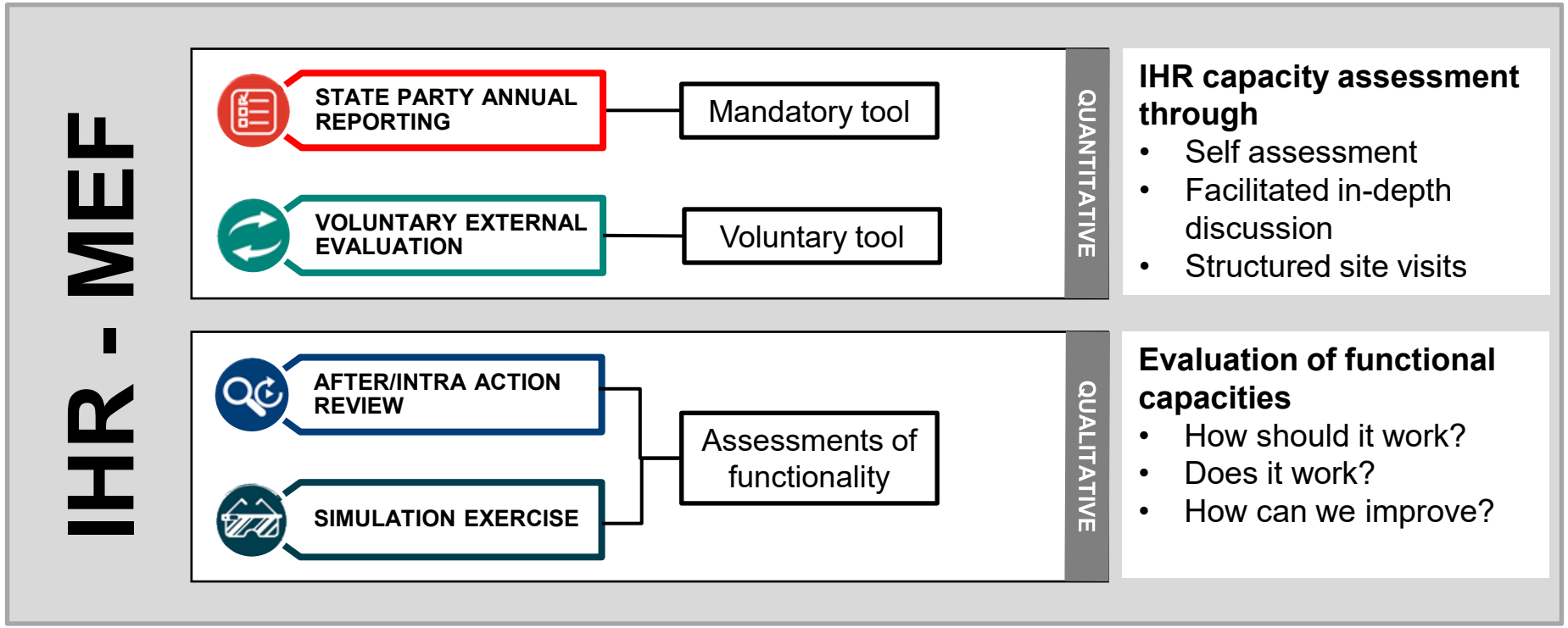
- Based on independent reviews, synthesising **+300 recommendations**; developed in consultation with Member States and partners; and presented to the World Health Assembly in May 2022 and 2023

- Two processes at the heart of strengthening HEPR: **Intergovernmental Negotiating Body (INB)** to to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response; and **targeted amendments to the International Health Regulations (IHR) (2005)** – submission to WHA77 in May 2024 MS agreement Sept 2025

Link to further information on the INB and IHR amendment processes

IHR (2005) monitoring and evaluation framework applied to POEs

IHR MEF - Components



SPAR indicator 1: Core capacity requirements at all times for POEs

	Indicators	
Level	**C11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)**	
Level 1	Strategic risk assessment for individual PoE as an integral part of a national risk assessment has not been completed	☐
Level 2	Some designated PoE are implementing routine core capacities based on a completed associated strategic risk assessment	☐
Level 3	Some designated PoE are implementing routine core capacities AND These are integrated into the national surveillance system for biological hazards/all hazards (e.g., event-based and early warning surveillance)	☐
Level 4	All designated PoE are implementing routine core capacities with an all-hazard and multisectoral approach integrated into the national surveillance system	☐
Level 5	Routine core capacities implemented at all designated PoE are exercised (as appropriate), reviewed, evaluated, updated and actions are taken to improve capacity on a regular basis	☐

Please add below comments describing the rationale for the checked level for this indicator and specify the activities that are related to capacity-building for this indicator. Choose all applicable check boxes according to the status of implementation and the area related to your comments

Status of implementation:

☐ planned ☐ achieved ☐ strength/best practice
☐ ongoing ☐ challenges/gaps ☐ other

Area Involved:

☐ financing ☐ policy ☐ leadership & governance ☐ risk communication
☐ guidelines & SOPs ☐ infrastructure & logistics ☐ assessments ☐ legislation
☐ coordination & collaboration mechanisms ☐ workforce ☐ health information systems ☐ others

- **POE risk assessment**
- **POE routine core capacities (IHR (2005) Annex 1, B)**
  - Access to medical services, staff, equipment, premises, for care of ill travellers
  - Access to equipment and personnel for transport of ill travellers
  - Trained personnel for inspection of conveyances.
  - Safe environment for travellers (i.e. water supplies, waste disposal, catering), maintained through inspection programmes
  - Vector control
- **POE integration into national surveillance system for biological/all-hazards**
- **Review, evaluation and updating of capacities**

World Health Organization

HEALTH EMERGENCIES programme

SPAR indicator 2: Public health response at POEs

- **POE public health emergency contingency plan**:
  - For events caused by biological hazards and all hazards
  - Integrated into national emergency response plans
  - Exercised, reviewed, evaluated and updated
  - The plan should include the capacities outlined in IHR (2005) Annex 1, B; e.g.:
    - Coordinator and contact points of relevant POE public health and other agencies
    - Arrangements with local medical and veterinary facilities for isolation/care of ill travellers and animals
    - Space to interview/quarantine suspect travellers
    - Equipment and traineed personnel with PPE for transfer of suspect travellers
    - Capacities to disinsect, derat, disinfect, decontaminate cargo
    - Capacities for entry/exit control for travellers

	Indicators	
Level	**C11.2. Public health response at points of entry**	
Level 1	PoE designated based on a strategic risk assessment are in the process of developing a PoE public health emergency contingency plan[89]	☐
Level 2	Some designated PoE have developed a PoE public health emergency contingency plan for events caused by biological hazards	☐
Level 3	All designated PoE have developed PoE public health emergency contingency plans for events caused by biological hazards and integrated into national emergency response plans[90]	☐
Level 4	All designated PoE have developed PoE public health emergency contingency plans for events caused by all hazards[91] and integrated into national emergency response plans	☐
Level 5	All PoE public health emergency contingency plans for events caused by all hazards all designated PoE are exercised (as appropriate), reviewed, evaluated and updated on a regular basis	☐

Please add below comments describing the rationale for the checked level for this indicator and specify the activities that are related to capacity-building for this indicator. Choose all applicable check boxes according to the status of implementation and the area related to your comments

Status of implementation:

☐ planned ☐ achieved ☐ strength/best practice
☐ ongoing ☐ challenges/gaps ☐ other

Area Involved:

☐ financing ☐ policy ☐ leadership & governance ☐ risk communication
☐ guidelines & SOPs ☐ infrastructure & logistics ☐ assessments ☐ legislation
☐ coordination & collaboration mechanisms ☐ workforce ☐ health information systems ☐ others

SPAR indicator 3 – added as a lessons learnt from the COVID-19 pandemic

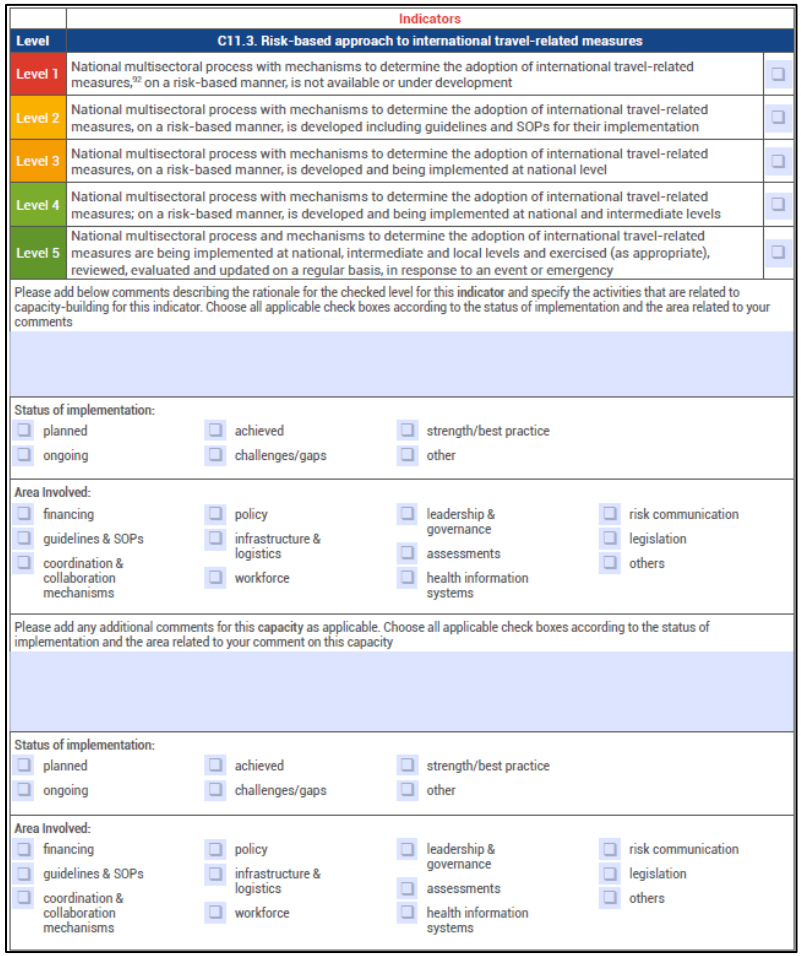
Key lessons learnt and persistent challenges during the COVID-19 pandemic

- Necessity to constantly and regularly **gather and update the evidence base** both on (public health) effectiveness and overall (socioeconomic) impact of travel measures.

- Need for **multisectoral collaboration** in the decision-making process over travel measures ensuring that:
  - MOH is at the table to guide public health evidence-based policy making.
  - All other relevant sectors are involved to bring the operational perspective.

- Application of a **risk-based approach** to travel measures:
  - Impact of countries' varying **risk tolerance**.
  - Differential use of the **precautionary principle**.

SPAR indicator 3: Risk-based approach to international travel-related measures



Level	Indicators C11.3. Risk-based approach to international travel-related measures	
Level 1	National multisectoral process with mechanisms to determine the adoption of international travel-related measures,[92] on a risk-based manner, is not available or under development	☐
Level 2	National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed including guidelines and SOPs for their implementation	☐
Level 3	National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed and being implemented at national level	☐
Level 4	National multisectoral process with mechanisms to determine the adoption of international travel-related measures; on a risk-based manner, is developed and being implemented at national and intermediate levels	☐
Level 5	National multisectoral process and mechanisms to determine the adoption of international travel-related measures are being implemented at national, intermediate and local levels and exercised (as appropriate), reviewed, evaluated and updated on a regular basis, in response to an event or emergency	☐

Please add below comments describing the rationale for the checked level for this **indicator** and specify the activities that are related to capacity-building for this indicator. Choose all applicable check boxes according to the status of implementation and the area related to your comments

Status of implementation:
☐ planned ☐ achieved ☐ strength/best practice
☐ ongoing ☐ challenges/gaps ☐ other

Area Involved:
☐ financing ☐ policy ☐ leadership & governance ☐ risk communication
☐ guidelines & SOPs ☐ infrastructure & logistics ☐ assessments ☐ legislation
☐ coordination & collaboration mechanisms ☐ workforce ☐ health information systems ☐ others

Please add any additional comments for this **capacity** as applicable. Choose all applicable check boxes according to the status of implementation and the area related to your comment on this capacity

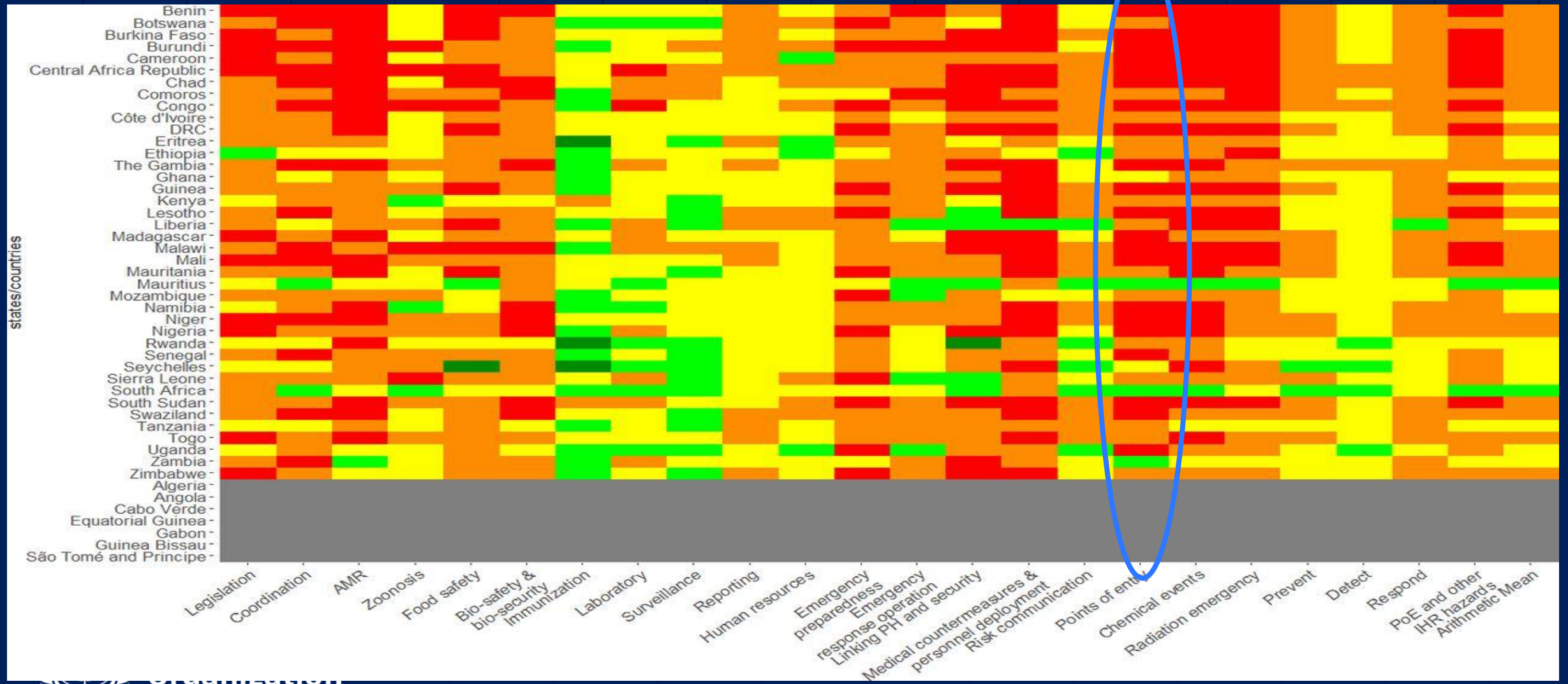
Status of implementation:
☐ planned ☐ achieved ☐ strength/best practice
☐ ongoing ☐ challenges/gaps ☐ other

Area Involved:
☐ financing ☐ policy ☐ leadership & governance ☐ risk communication
☐ guidelines & SOPs ☐ infrastructure & logistics ☐ assessments ☐ legislation
☐ coordination & collaboration mechanisms ☐ workforce ☐ health information systems ☐ others

- New indicator agreed in 2021 by a **Technical Working Group** established to **review the IHR Monitoring and Evaluation Framework (MEF) applying lessons learnt from the COVID-19 pandemic**

- **National process to determine the adoption of international travel-related measures** that is:
  - Multisectoral
  - Takes into account a risk-based approach to the implication of such measures
  - Includes guidelines and SOPs for implementation
  - Is developed and implemented at national, intermediate and local levels
  - Is exercised, reviewed, evaluated and updated regularly

AFRO JEE IHR Capacities overall (1st Round)



Working Group on Amendments to the International Health Regulations (2005)

World Health Organization

Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

- **Overview of Article:** Lists WHO recommendations in case of public health risks both related to persons and baggage..
- **Rationale & impact:**
  - Travel & trade disruption during COVID-19 pandemic
  - To protect critical humanitarian & health services, safeguard global supply chain, minimize socio-economic & public health disruption and ensure proportionality & balance

Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

3. Recommendations issued by WHO to State Parties shall, as appropriate, take into account the need to:

(a) facilitate international travel, particularly of health and care workers and persons in life-threatening or humanitarian situations. This provision is without prejudice to Article 23 of these Regulations; and

(b) maintain international supply chains, including for relevant health products and food supplies.

Article 19 general provisions

- **Overview of Article:** SPS' general obligations at PoE and refers specifically to requirements to develop the capacities set forth in Annex 1, to identify the competent authorities, and to provide WHO upon request with relevant data concerning sources of infection or contamination at PoE, which could result in international spread of disease
- The expression of "core capacities" instead of "capacities" - for clarity and consistency throughout the text
- "Core capacities" are pivotal for a SP to contribute to the fulfilment of the scope and purpose of the Regulations

Article 19 General obligations

Each State Party shall, in addition to the other obligations provided for under these Regulations:

(a) ensure that the **core** capacities set forth in **Part B of** Annex 1 for designated points of entry are developed within the time frame provided in paragraph 1 of Article 5 and paragraph 1 of Article 13;

Article 20 Airports & ports & GCs (Art 21)

- **Overview of Article:** SPs obligation to designate airports, ports and when justified designate GC& develop core capacities, share list of authorized ports to issue SSC
- **Summary of amendments:** The addition of core capacities and specification of part B of Annex 1.
- **Rational & Impact:** Enhanced PoE core capacities to prevent international spread of disease

Article 20 Airports and ports

1. States Parties shall designate the airports and ports that shall develop the **core** capacities provided in **Part B of** Annex 1.

Article 21 Ground crossings

1. Where justified for public health reasons, a State Party may designate ground crossings that shall develop the **core** capacities provided in **Part B of** Annex 1, taking into consideration:

(b) joint designation of adjacent ground crossings for the **core** capacities in **Part B of** Annex 1 in accordance with paragraph 1 of this Article.

Article 24 Conveyance operators

- **Overview of Article: SPs obligations to ensure that conveyance operators comply with health measures recommended by WHO and adopted by SP to inform their travelers about these measures, and keep conveyances free of sources of infection.**

Rationale & impact:

- to encompass the phases of a voyage that are largely under the operational responsibility of conveyance operators
- The explicit mention of embarkation and disembarkation aligns with WHO's emphasis on a "whole-of-journey" approach to public health measures, ensuring consistency with broader global health recommendations.
- Conveyance operators gain clear legal backing to implement and enforce preventive measures across all phases of a journey & aligning SPs national regulations with international standards & consistent practices

Chapter II – Special provisions for conveyances and conveyance operators

Article 24 Conveyance operators

1. States Parties shall take all practicable measures consistent with these Regulations to ensure that conveyance operators:

(a) comply with the health measures recommended by WHO and adopted by the State Party**, including for application on board as well as during embarkation and disembarkation**;

(b) inform travellers of the health measures recommended by WHO and adopted by the State Party**, including** for application on board **as well as during embarkation and disembarkation**; and

Article 27 Affected conveyances

Overview of Article: Provides actions that the competent authorities may take on board affected conveyances.

Rationale & Impact:

- Addition of "..and quarantine" in addition to isolation – health measures as listed in Art 18.
- The possibility of quarantine ensures authorities can respond quickly to potential threats while still operating within the IHR framework
- Quarantining a conveyance (ship, aircraft, etc.) is an established public health measure that helps prevent the onward spread of infectious diseases when there is a suspicion or evidence of infection on board.

Article 27 Affected conveyances

1. If clinical signs or symptoms and information based on fact or evidence of a public health risk, including sources of infection and contamination, are found on board a conveyance, the competent authority shall consider the conveyance as affected and may:

(a) disinfect, decontaminate, disinsect or derat the conveyance, as appropriate, or cause these measures to be carried out under its supervision; and

(b) decide in each case the technique employed to secure an adequate level of control of the public health risk as provided in these Regulations. Where there are methods or materials advised by WHO for these procedures, these should be employed, unless the competent authority determines that other methods are as safe and reliable.

The competent authority may implement additional health measures, including isolation **and quarantine** of the conveyances, as necessary, to prevent the spread of disease. Such additional measures should be reported to the National IHR Focal Point.

Article 35 General rule

Overview of Article:

No health documents, other than those provided for under the Regulations or in recommendations issued by WHO, shall be required in international traffic.

2. Health documents under these Regulations may be issued in non-digital format or digital format, subject to the obligations of any State Party regarding the format of such documents deriving from other international agreements.

3. Regardless of the format in which health documents under these Regulations have been issued, said health documents shall conform to the Annexes, referred to in Articles 36 to 39, as applicable, and their authenticity shall be ascertainable.

4. WHO, in consultation with States Parties, shall develop and update, as necessary, technical guidance, including specifications or standards related to the issuance and ascertainment of authenticity of health documents, both in digital format and non-digital format. Such specifications or standards shall be in accordance with Article 45 regarding treatment of personal data.

Rationale & Impact:

- New paras (2-4) added due to challenges observed during COVID-19
  - Format of health documents
  - Features of health documents (annexes 3, 6, 8, 9)
  - Conform with Article 45
- Overall, the amended Article 35 is intended to constitute the "cornerstone" of provisions related to digital "health documents".
  - Technical guidance under process to clarify the use of digital health travel documents vis-à-vis paper ones

Article 37 Ship Declaration of Health

- **Overview of Article:** **Completion and delivery of ship declaration of health when required (annex 3 footnote & 8)**
- **Rationale & Impact:**
  - **"*Maritime Declaration of Health*" to "*Ship Declaration of Health*" to further emphasize that such health document specifically applies to the vessel itself, rather than all maritime or port-related contexts.**
    - **Maritime: Broad, covering anything related to sea or navigation**
    - **"Ship" means a seagoing or inland navigation vessel on an international voyage (Art 1)**
  - **Standardize terminology across different legal instruments, simplifying compliance and enforcement & clarity for implementation**

*Article 37 ~~Maritime~~**Ship** Declaration of Health*

1. The master of a ship, before arrival at its first port of call in the territory of a State Party, shall ascertain the state of health on board, and, except when that State Party does not require it, the master shall, on arrival, or in advance of the vessel's arrival if the vessel is so equipped and the State Party requires such advance delivery, complete and deliver to the competent authority for that port a ~~Maritime~~**Ship** Declaration of Health**,** which shall be countersigned by the ship's surgeon, if one is carried.

2. The master of a ship, or the ship's surgeon if one is carried, shall supply any information required by the competent authority as to health conditions on board during an international voyage.

3. A ~~Maritime~~**Ship** Declaration of Health shall conform to the model provided in Annex 8.

4. A State Party may decide:

(a) to dispense with the submission of the ~~Maritime~~**Ship** Declaration of Health by all arriving ships; or

(b) to require the submission of the ~~Maritime~~**Ship** Declaration of Health under a recommendation concerning ships arriving from affected areas or to require it from ships which might otherwise carry infection or contamination.

ANNEX 8

MODEL OF ~~MARITIME~~SHIP DECLARATION OF HEALTH

ATTACHMENT TO MODEL OF ~~MARITIME~~SHIP DECLARATION OF HEALTH

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case[1]	Drugs, medicines or other treatment given to patient	Comments

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Article 43 Additional Health Measures

7. Without prejudice to its rights under Article 56, any State Party impacted by a measure taken pursuant to paragraph 1 or 2 of this Article may request the State Party implementing such a measure to consult with it**, either directly, or through the Director-General, who may also facilitate consultations between the States Parties concerned**. The purpose of such consultations is to clarify the scientific information and public health rationale underlying the measure and to find a mutually acceptable solution. **Unless otherwise agreed with the State Parties involved in the consultation, information shared during the consultation must be kept confidential.**

Overview of Article:

Grants SPs the authority to adopt health measures that go beyond WHO recommendations or that are otherwise prohibited by other provisions

Rationale & Impact

- WHO to facilitate consultation between MSs on additional measures & confidentiality of the rationale
- To balance the exercise between states' sovereignty & DG's proactive role in settling the controversies and negative impact of additional measures

ANNEX 1 CORE CAPACITIES

- **Overview:** referred to in Articles 5, 13 and 19, specifies the core capacity requirements that States Parties are obliged to develop.
- **Rationale & Impact**
  - Title "core capacities" to accurately reflect and encompass the content and structure of annex
  - For clear structure and content editing, Annex is properly divided in 2 parts (Annex 1A, Annex 1b) (articles 1-new 4) covers both parts
  - Para 1 plural form of capacities instead of capacity for clarity & consistency
  - Para 1(a) addition of prevention & preparedness to enhance alignment with SPAR & importance of anticipatory, pro-active actions
  - Para 2 reference added to Article 19
  - New para 4 reference to Article 44 collaboration between SPs to develop these capacities to further underscore the SPs shared responsibility

ANNEX 1

~~A. CORE CAPACITY REQUIREMENTS FOR SURVEILLANCE AND RESPONSE~~

CORE CAPACITIES

1. States Parties shall utilize existing national structures and resources to meet their core ~~capacity~~**capacities** requirements under these Regulations, including with regard to:

(a) their **prevention,** surveillance, reporting, notification, verification, **preparedness,** response and collaboration activities; and

(b) their activities concerning designated airports, ports and ground crossings.

2. Each State Party shall assess, within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core capacities are present and functioning throughout their territories as set out in paragraph 1 of Article 5 ~~and,~~ paragraph 1 of Article 13 **and subparagraph (a) of Article 19**.

3. States Parties and WHO shall support assessments, planning and implementation processes under this Annex.

4. Pursuant to Article 44, States Parties shall undertake to collaborate with each other, to the extent possible, in developing, strengthening and maintaining core capacities.

Annex 1A: CORE CAPACITIES REQUIREMENTS FOR PREVENTION, SURVEILLANCE, PREPAREDNESS AND RESPONSE (1/3)

- **Overview of Annex 1A:** Defines core capacities requirements at all levels
- Local level capacities
- **Rationale and Impact:**
  - Expand the scope of capacities beyond national level to contain the event at its source
  - Addition of prevention & preparedness to be consistent overall and with IHR M&E, Art 2 (purpose & scope)
  - Underscores SP responsibilities and obligations - shall maintain, develop & strengthen
  - Health service critical component of the response
  - Stakeholders & community contextualized to jurisdiction of each SP

A. CORE CAPACITIES REQUIREMENTS FOR PREVENTION, SURVEILLANCE, PREPAREDNESS AND RESPONSE

1. At the local community level and/or primary public health response level **(hereinafter the "Local level"), each State Party shall develop, strengthen and maintain the core capacities:**

~~The capacities:~~

(a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party;~~ and~~

(b) to report all available essential information immediately to the appropriate level of health-care response. At the community level, reporting shall be to local community health care institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed;~~ and~~

(c) to **prepare for the implementation of, and** implement **immediately,** preliminary control measures~~ immediately.~~**;**

~~5.~~ **(d) to prepare for the provision of, and facilitate access to health services necessary for responding to public health risks and events; and**

(e) to engage relevant stakeholders, including communities, in preparing for and responding to public health risks and events.

Annex 1A ...(Intermediate level) (2/3)

- **Rationale & Impact:**
  - **Definition of intermediate level depending on country context**
  - **Outlining further the capacities to be established at intermediate level**
  - **Minimum benchmark of capacities to address the gaps to be prepared for the next pandemic**

2. At the intermediate public health response levels ~~The~~**(hereinafter the "Intermediate level"), where applicable,[1] each State Party shall develop, strengthen and maintain the core** capacities:

(a) to confirm the status of reported events and to support or implement additional control measures;~~ and~~

(b) to assess reported events immediately and, if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread~~.~~**; and**

~~6.~~ **(c) to coordinate with and support the Local level in preventing, preparing for and responding to public health risks and events, including in relation to:**

(i) surveillance;

(ii) on-site investigations;

(iii) laboratory diagnostics, including referral of samples;

(iv) implementation of control measures;

(v) access to health services and health products needed for the response;

(vi) risk communication, including addressing misinformation and disinformation; and

(vii) logistical assistance (e.g. equipment, medical and other relevant supplies and transport);

Annex 1A ...(National level) (3/3)

Rationale & Impact

- Adding more clarity & consistency across the provisions
- Important role of surveillance, case management, IPC, RCCE, addressing misinformation, disinformation
- Explicit role of national level in ensuring coordination across different levels and to encompass the all-of-government and all-societal dimension of coordination

3. At the national level

Assessment and notification. ~~The~~**Each State Party shall develop, strengthen and maintain the core capacities**:

(a) to assess all reports of urgent events within 48 hours; and

Public health ***prevention, preparedness and*** *response*. ~~The~~**Each State Party shall develop, strengthen and maintain the core** capacities **for**:

(a) ~~to determine~~ rapidly ~~the~~**determining** control measures required to prevent domestic and international spread;

(b) ~~to provide support through~~**surveillance;**

(c) deploying specialized staff~~;~~**;**

(d) laboratory analysis of samples (domestically or through collaborating centres) ~~and~~**;**

(e) logistical assistance (e.g. equipment, **medical and other relevant** supplies and transport);

~~(e) to provide~~**(f) providing** on-site assistance as required to supplement local investigations;

~~(d) to provide~~**(g) developing and/or disseminating guidance for clinical case management and infection prevention and control;**

(h) access to health services and health products needed for the response;

(i) risk communication, including addressing misinformation and disinformation;

(j) providing a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures;

~~(c) to provide~~**(k) providing** direct liaison with other relevant government ministries;

~~(f) to provide~~**(l) providing**, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO regarding events in the State Party's own territory and in the territories of other States Parties;

~~(g) to establish, operate~~**(m) establishing, operating** and maintain**ing** a national public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern; ~~and~~

(n) coordinating activities nationally and supporting Local and Intermediate levels, where applicable, in preventing, preparing for and responding to public health risks and events; and

~~(h) to provide~~**(o) providing** the foregoing on a 24-hour basis.

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Core Capacity Requirements for Designated PoE Annex 1B - For all Times

Assessment and medical care, staff & equipment

A

Trained personnel for inspection of conveyances

B

Equipment & personnel for transport

C

Ensure safe environment: water, food, waste, wash rooms & other potential risk areas - inspection programmes

D

Trained staff and programme for vector control

E

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Core Capacity Requirements for Designated PoE Annex 1B - Responding to a (Potential) PHEIC

A	B	C	D	E	F	G
Public Health Emergency Contingency plan: coordinator, contact points for relevant PoE, PH & other agencies	Provide assessments & care for affected travellers, animals: arrangements with medical, veterinary facilities for isolation, treatment & other services	Provide spaces, separate from other travellers to interview suspect or affected persons	Provide for assessment, quarantine of suspect or affected travellers	To apply recommended measures, disinsect, disinfect, decontaminate, baggage, cargo, containers, conveyances, goods, postal parcels etc.	To apply entry/exit control for departing & arriving passengers	Provide access to required equipment, personnel with protection gear for transfer of travellers with infection/ contamination

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Annex 1B CORE CAPACITY CAPACITIES REQUIREMENTS FOR DESIGNATED AIRPORTS, PORTS AND GROUND CROSSINGS

Rationale & Impact:

- **Underscore SPs responsibilities & obligations**
- **The amendments are intended for consistency purpose (part A of Annex 1)**
- **Arrangements with local facilities for laboratories**

1. At all times~~The~~, **each State Party shall develop, strengthen and maintain the core** capacities:

(a) to provide access to (i) an appropriate medical service, including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;

2. For responding to events that may constitute a public health emergency of international concern, **each State Party shall develop, strengthen and maintain the core capacities:**

~~The capacities:~~

(a) to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services;

(b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities **and laboratories,** for their isolation~~,~~ **and** treatment**, the analysis of their samples** and other support services that may be required;

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Annex 4 technical requirements pertaining to conveyances and conveyance operators

- Overview: Provides the technical requirements for conveyance and conveyance operators, as referred to in Article 24.
- "prepare for" reflects the amendment to Article 2 and is intended to emphasise the critical role of anticipatory actions to make more effective and efficient control and response efforts vis-à-vis public health risks (Article 24)
- Whole travel journey
- Ship declaration of health

ANNEX 4

TECHNICAL REQUIREMENTS PERTAINING TO CONVEYANCES AND CONVEYANCE OPERATORS

Section A Conveyance operators

1. Conveyance operators shall **prepare for, as appropriate, and** facilitate:

   (a) inspections of the cargo, containers and conveyance;

   (b) medical examinations of persons on board;

   (c) application of other health measures under these Regulations**, including on board as well as during embarkation and disembarkation**; and

   (d) provision of relevant public health information requested by the State Party.

2. Conveyance operators shall provide to the competent authority a valid Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate or a ~~Maritime~~**Ship** Declaration of Health, or the Health Part of an Aircraft General Declaration, as required under these Regulations.

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ANNEX 6 VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES

- Annex 6 is established through Article 36 Certificates of vaccination or other prophylaxis, under Part VI.
- Clarification on differences for the completion of non-digital and digital certificates
- Signatures of non-digital certificates, including by parent(s) or guardian

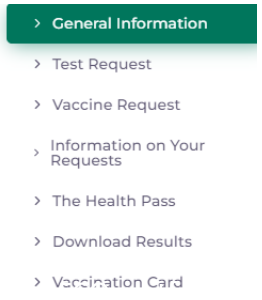

Fig5.Digital Vaccination Certificate

ANNEX 6

VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES

4. Certificates **under this Annex issued in non-digital format** must be signed ~~in the hand of~~**by** the clinician, who shall be a medical practitioner or other authorized health worker~~,~~ supervising the administration of the vaccine or prophylaxis. ~~The~~**Such** certificate**s** must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature. **Regardless of the format in which they have been issued, certificates must bear the name of the clinician supervising the administration of the vaccine or prophylaxis, or of the relevant authority responsible for issuing the certificate or overseeing the administering centre.**

8. ~~A~~**For certificates under this Annex issued in non-digital format, a** parent or guardian shall sign the certificate when the child is unable to write. ~~The signature of an illiterate~~**A person who is unable to sign** shall ~~be~~ indicate~~d~~ in the usual manner by the person's mark and the indication by another that this is the mark of the person concerned**, which shall be considered their signature. With respect to persons with a guardian, the guardian shall sign the certificate on their behalf**.

10. An equivalent document issued by the Armed Forces to an active member of those Forces shall be accepted in lieu of an international certificate in the form shown in this Annex if:

(a) it embodies medical information substantially the same as that required by such **a** form; and

(b) it contains a statement in English or in French and where appropriate in another language in addition to English or French recording the nature and date of the vaccination or prophylaxis and ~~to the effect~~**indicating** that it is issued in accordance with this paragraph.

Annex 6 Model International Certificate of Vaccination

- **Non-digital format**
  - Name & signature of guardian
  - Signature of supervising clinician
- **Digital and/or non-digital**
  - Name of supervising clinician, or relevant authority responsible for issuing this certificate, or for overseeing the administering centre

MODEL INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name] ....., date of birth ....., sex .....,

nationality ....., national identification document, if applicable .....

whose signature follows[1] ....., **or, if applicable:**

name of the parent or guardian .....

signature of the parent or guardian[1] .....

has on the date indicated been vaccinated or received prophylaxis against:

(name of disease or condition) .....

in accordance with the International Health Regulations.

Vaccine or prophylaxis	Date	Name of supervising clinician, or relevant authority responsible for issuing this certificate, or for overseeing the administering centre	Signature ~~and professional status~~ of supervising clinician[1]	Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from ..... until	Official stamp of administering centre[1]
1.						
2.						

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate **in non-digital format** must be signed ~~in the hand of~~**by** the clinician, who shall be a medical practitioner or other authorized health worker~~,~~ supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature. **Regardless of the format in which this certificate has been issued, it must bear the name of the clinician supervising the administration of the vaccine or prophylaxis, or of the relevant authority responsible for issuing the certificate or overseeing the administering centre.**

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

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[1] **Only applies to certificates issued in non-digital format.**

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ANNEX 7 REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS FOR SPECIFIC DISEASES1

- **Annex 7 proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party**
- **Vaccination against yellow fever – validity window**

Vaccination against yellow fever.

2. Recommendations and requirements for vaccination against yellow fever:

(a) For the purpose of this Annex:

(i) the incubation period of yellow fever is six days;

(ii) yellow fever vaccines approved by WHO provide protection against infection starting 10 days following the administration of the vaccine;

(iii) this protection continues for the life of the person vaccinated; and

(iv) the validity of a certificate of vaccination against yellow fever shall extend for the life of the person vaccinated, beginning 10 days after the date of vaccination.

[1] ~~The~~ **Amended by the** Sixty-seventh World Health Assembly~~, through resolution WHA67.13 (2014), adopted amendments~~ **as** to ~~Annex 7, paras. 2 (a)~~ **subparagraphs** (iii) and (iv)~~. These amendments~~ **of Section 2(a) in resolution WHA67.13, 24 May 2014. This amendment** entered into force for all **IHR (2005)** States Parties ~~to the International Health Regulations (2005)~~ as of 11 July 2016.

HEALTH EMERGENCIES programme

05) State Party Self Assesment Annual Report
l Profile 2024
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Useful contacts and further information

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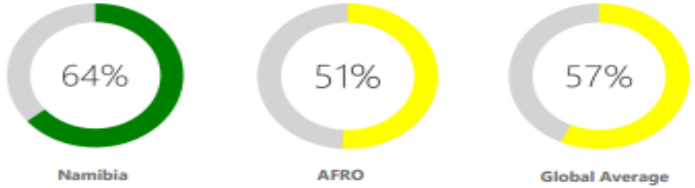
In accordance with Article 54 of The International Health Regulations (2005) and WHA resolution 61.2, all IHR States Parties and WHO are required to report to the WHA on a yearly basis on their implementation of the Regulations. This country profile provides an overview of the progress achieved as reported by this State Party in achieving selected elements of the core public health capacities required in the context of the International Health Regulations (2005), especially under Annex 1 of these Regulations.

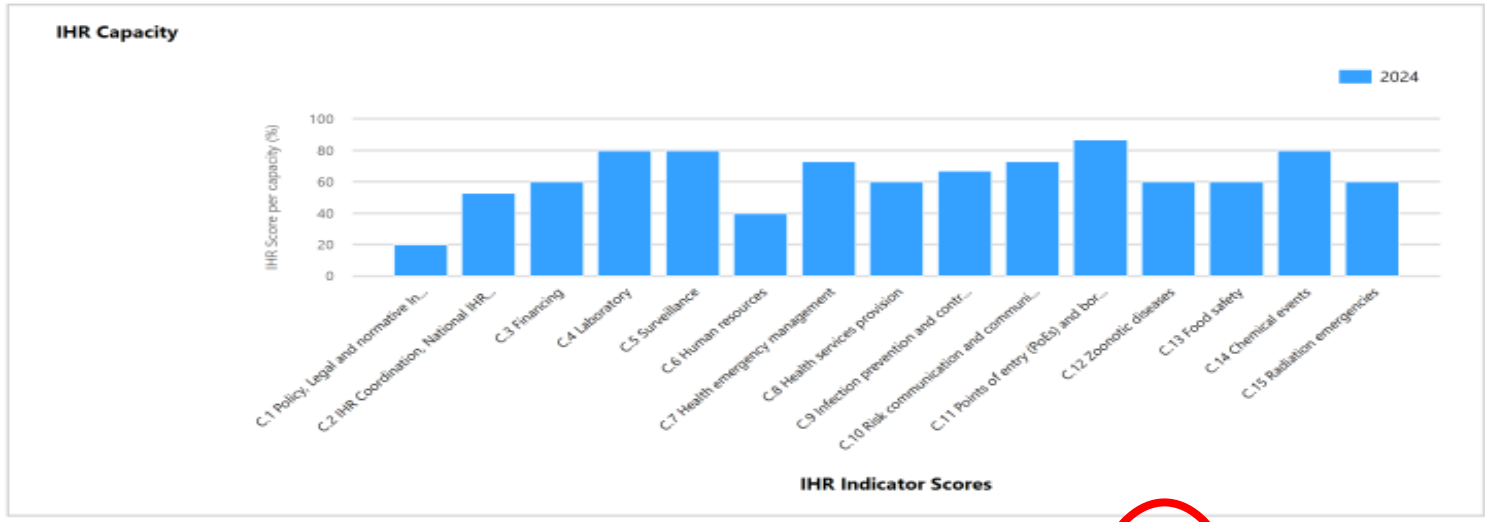
All Capacities Average

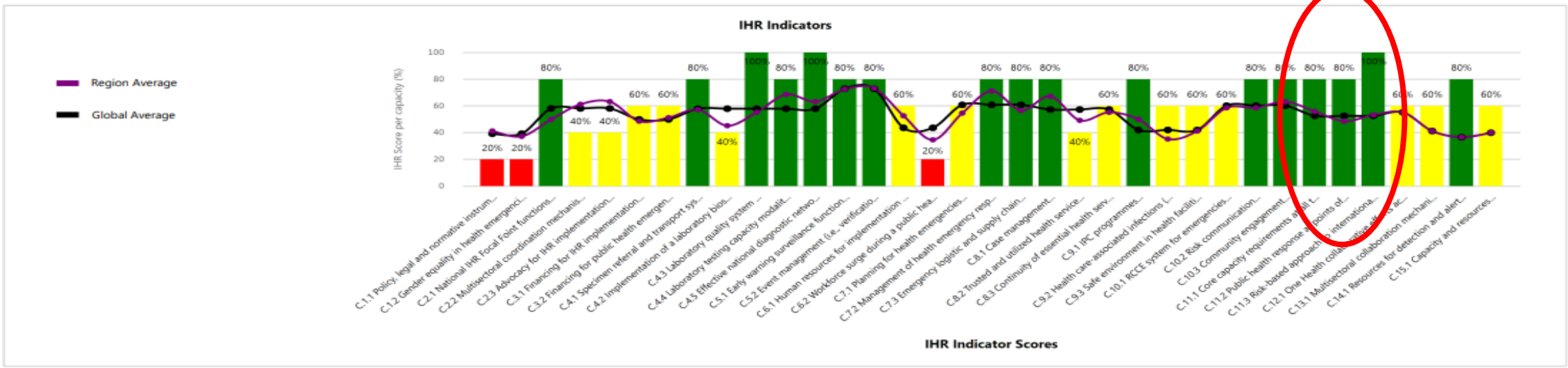


Designated Points of Entry

1	Ports	**2**	Airports	**0**	Ground Crossings

Authorized ports to issue ship sanitation certificates: **Yes**





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- Designation of points of entry under the International Health Regulations (2005): https://www.who.int/publications/i/item/10665376842
- Assessment tool for cross-capacity requirements at designated airports, ports and ground crossings (also available in French): https://www.who.int/publications/i/item/WHO-HSE-IHR-LYO-2009.9
- Handbook for public health capacity-building at ground crossings and cross-border collaboration: https://www.who.int/publications/i/item/9789240000292
- Handbook for the Management of Public Health Events in Air Transport: https://www.who.int/publications/i/item/9789241510165
- Handbook for inspection of ships and issuance of ship sanitation certificates: https://www.who.int/publications/i/item/9789241548199
- Handbook for management of public health events on board ships: https://www.who.int/publications/i/item/9789241549462
- Online course on ship sanitation inspection and issuance of ship sanitation certificates (also available in French and Portuguese): https://extranet.who.int/hslp/training/course/index.php?categoryid=24

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- Considerations for border health and points of entry for filovirus disease outbreaks: https://www.who.int/publications/m/item/considerations-for-border-health-and-points-of-entry-for-filovirus-disease-outbreaks
- Syndromic entry and exit screening for epidemic-prone diseases of travellers at ground crossings: https://www.who.int/publications/i/item/9789240090309
- Ebola event management at points of entry: https://iris.who.int/bitstream/handle/10665/131827/WHO_EVD_Guidance_PoE_14.1_eng.pdf?sequence=1
- Entry screening for Ebola disease at airports, ports and land crossings: technical note for preparedness planning: https://www.who.int/publications/i/item/WHO-EVD-Guidance-PoE-14.3#:~:text=Overview.%20WHO%20does%20not%20recommend%20entry%20screening%20for
- Exit screening for Ebola virus disease: exit screening at airports, ports and land crossings: https://iris.who.int/bitstream/handle/10665/139691/WHO_EVD_Guidance_PoE_14.2_eng.pdf?sequence=1

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- Finalizing translation/design of Portuguese/French version and integration of current MoUs (including mpox, VHF, MoUs)
- Orientation of country stakeholders virtually
- Harmonized curricula development for region/contingent, ongoing discussions with other partners
- Roll of new initiatives for border health strengthening: PRoBE Project, (others include community strengthening projects

Thank you. Merci.
Obrigado. Assante