

Advancing International Health Regulations (2005) & International Cooperation

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WHE/ WHO/ SEARO

Overview

- 1 Advancing International Health Regulations (2005)
- 2 WHO-ICAO Memorandum of Understanding



What are the International Health Regulations (2005)?



Legally binding agreement of 196 States Parties (194 WHO Member States plus Holy See and Lichtenstein) established under Article 21(a) of the WHO Constitution to address “sanitary and quarantine requirements and other procedures designed **to prevent the international spread of disease.**”

First adopted in 1951 as International Sanitary Regulations

- revised in 1969 (2nd edition), amended 1973 and 1981
- revised from 1995 to 2005, 3rd edition entered into force in June 2007
- amended in 2014 and 2022.

WHO coordinates and facilitates their implementation.

Purpose and Scope

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 and trade.***

Annex 1 - Core capacity requirements

SURVEILLANCE & RESPONSE

Local community response level Capacities

- to detect events for a particular time and place
- to report all available essential information immediately to the appropriate level

Intermediate public health response level Capacities

- to confirm the status of reported events and to support or implement additional control measures
- to assess reported events immediately and, to report all essential information to the national level If urgent

National level Capacities

- to assess all reports of urgent events within 48 hours
- to notify WHO immediately
- *Public health response capacities:* control measures, surge, investigations, etc.

➤ **Communication/collaboration structure PoE & NFP**

DESIGNATED AIRPORTS, PORTS AND GROUND CROSSINGS

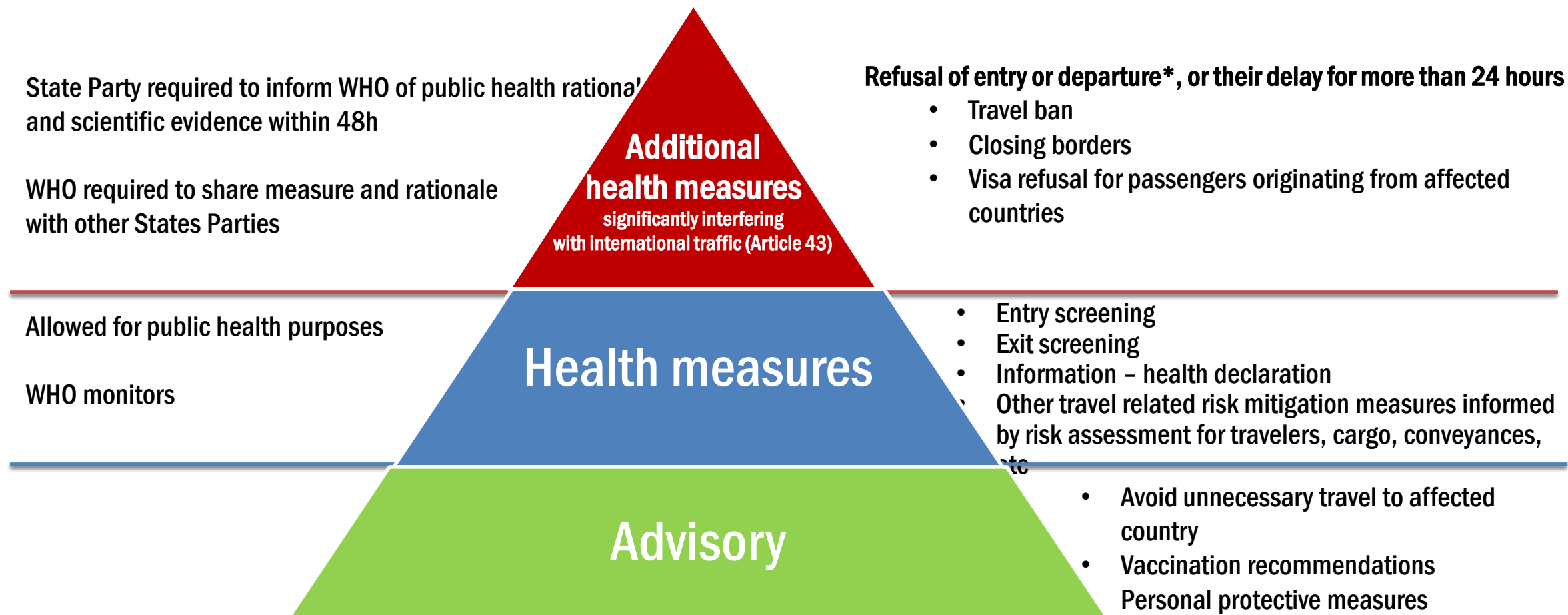
At all times Capacities

- Access to medical service
- Ill travellers transport
- Safe environment for travellers
- Control of vector & reservoir

Responding to events of PHEIC Capacities

- appropriate public health emergency response
- assessment of and care for affected travellers or animals
- appropriate space, to interview suspect or affected persons
- quarantine of suspect travellers, separate facilities
- measures to disinsect, derat, disinfect, decontaminate
- entry or exit controls
- specially designated equipment, and to trained personnel for the transfer of infected/ contaminated travellers

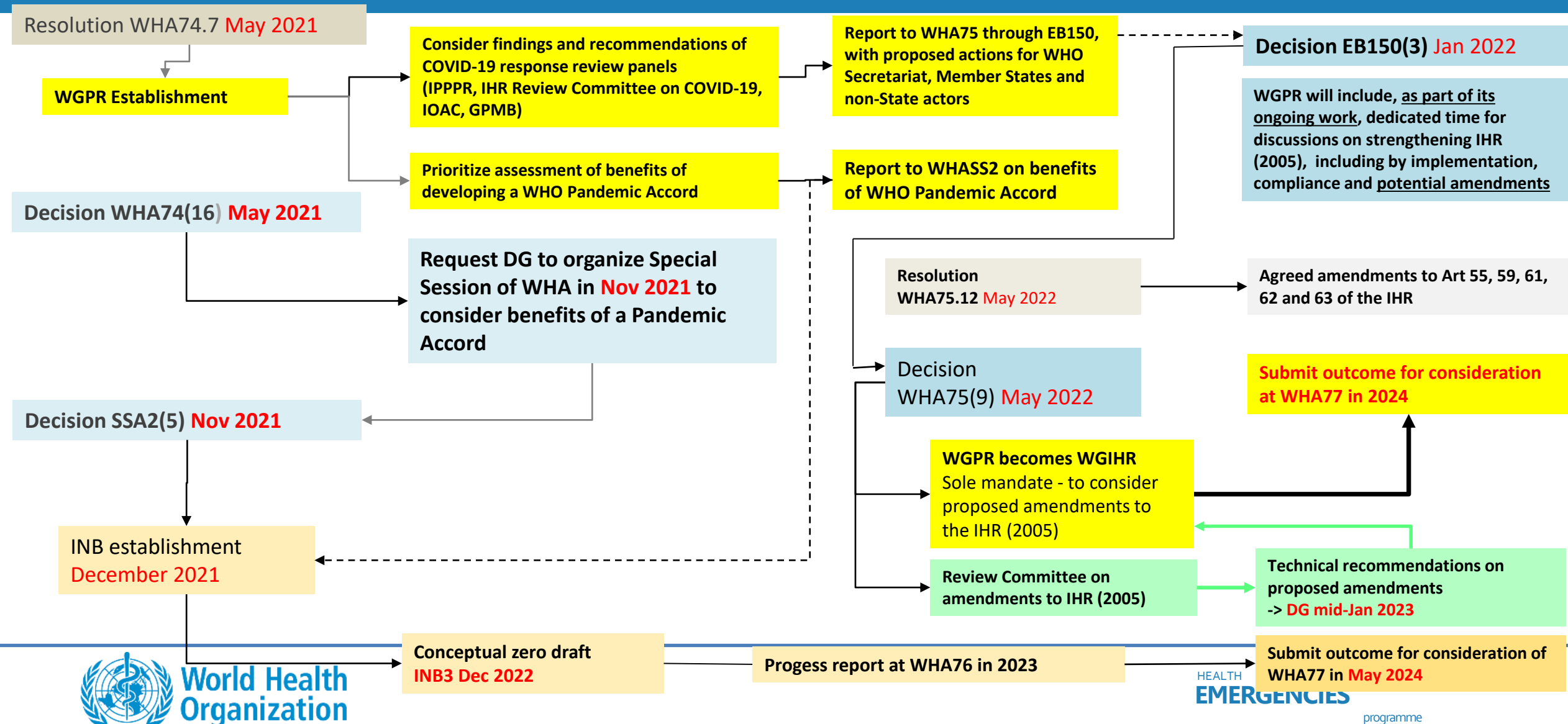
Travel and trade measures during outbreaks under the IHR (2005)



Did IHR(2005) meet expectations during the Pandemic?

- Provisions under IHR (2005) were not sufficient for COVID-19 Response
- Assessed capacities did not match quality of response / mitigation measures
- Findings & recommendations of following entities highlighted need to further strengthen IHR:
 - Independent Panel for Pandemic Preparedness and Response,
 - Review Committee on the functioning of the International Health Regulations (2005) during the COVID-19 Response
 - Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme
- Key issues, challenges, and strengths captured by country & regional IAR, summarized at the global level and lessons learned summarized at the regional level revealed the urgent need for **several amendments to the IHR** being undertaken by the member states through **the Working Group on IHR (WGIHR)**
- Issues related to restrictions in travel & trade, vaccine nationalism, and inequity in access & distribution called for the **pandemic treaty or similar instrument** being negotiated by the **Inter-governmental Negotiation Body (INB)**

Member States asks for amendments to the IHR (2005)



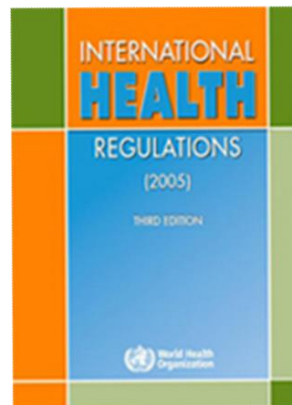
WGIHR - Working group facilitated by Bureau of 6 Member States from each WHO Region, supported by WHO Secretariat



<https://apps.who.int/gb/wgihr/>

Previous amendments to IHR (2005)

- **2014** – Annex 7 –> extend validity of yellow fever vaccination certificate for life of vaccinated person
- **2022** – Articles 55, 59, 61, 62, 63 –> reduce duration of entry into force of future amendments from 24 to 12 months; amendments enter into force in May 2024



**IHR
(2005)**

4th Edition

2024



Analytics of proposed amendments

EXISTING articles and annexes: + 300 amendments
proposed for 33 of the 66 articles and 6 of the 9 annexes

Article/ Annex	# proposed amendments
Article 01	5
Article 02	4
Article 03	5
Article 04	7
Article 05	18
Article 06	16
Article 07	1
Article 08	2
Article 09	2
Article 10	12
Article 11	18
Article 12	21
Article 13	18
Article 15	5
Article 16	1
Article 17	1
Article 18	7
Article 19	1
Article 23	4
Article 24	1

Article/ Annex	# proposed amendments
Article 27	1
Article 28	3
Article 31	1
Article 35	3
Article 36	1
Article 42	4
Article 43	14
Article 44	38
Article 45	4
Article 48	11
Article 49	11
Article 54	1
Article 56	3
Annex 01	45
Annex 02	1
Annex 03	1
Annex 04	1
Annex 06	13
Annex 08	2

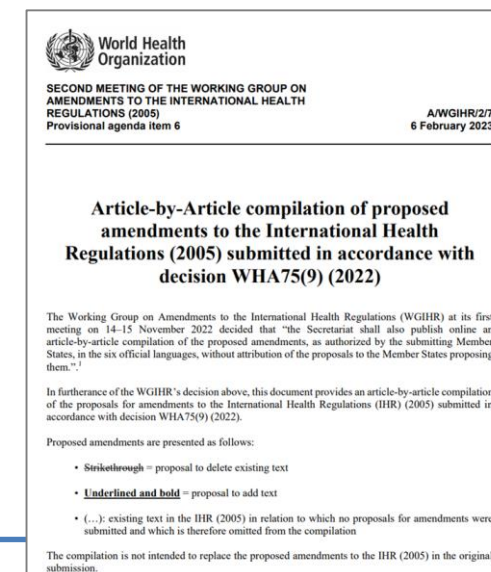
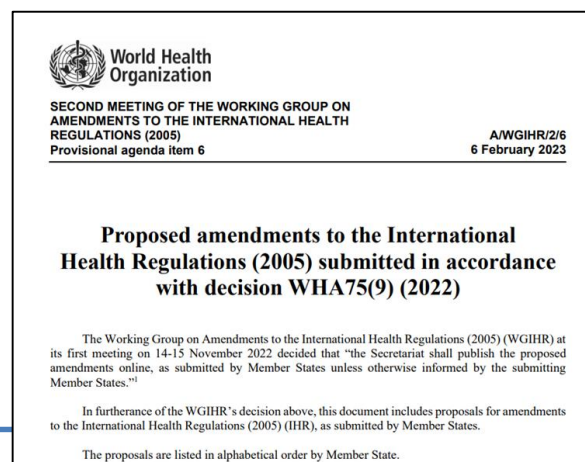
Proposals for NEW articles and annexes: 6 new articles and 2 new annexes

-----> Two NEW Article 13; One NEW Article 44; Three NEW Article 53

-----> NEW Annex 2 (to replace existing one); and NEW Annex 10

All proposed amendments and related documentation are available on the WHO website:

- [https://www.who.int/teams/ihr/working-group-on-amendments-to-the-international-health-regulations-\(2005\)](https://www.who.int/teams/ihr/working-group-on-amendments-to-the-international-health-regulations-(2005))
- <https://apps.who.int/gb/wgihhr/index.html>



WGIHR Bureau's proposal for potential groupings of proposed amendments



How are WHO's MS negotiating the pandemic accord?

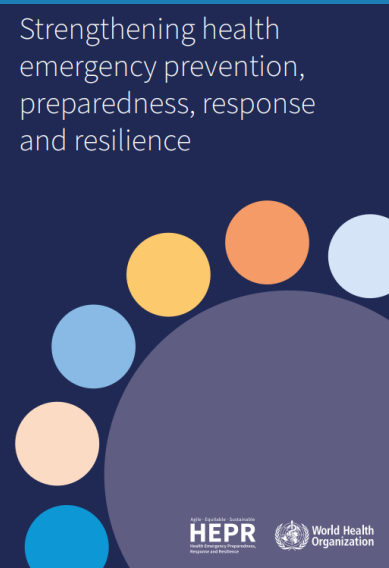
INB's work to date:

- **First meeting** (plus two resumed sessions) Feb-Jun 2022
 - Annotated outline of instrument
 - Working modalities
- **Second meeting:** Jul 2022
 - Working draft of instrument presented
- **Third meeting:** Dec 2022
 - Conceptual zero draft presented
 - Agreement to provide draft at fourth meeting
- **Fourth meeting:** Feb–Mar 2023
 - Zero draft presented
 - Commence discussions, review and negotiations
- **Fifth Meeting:** Apr 2023
 - Continue discussions, review, negotiations of Zero Draft
- **Sixth Meeting:** Jul 2023
 - drafting group consideration of the Bureau's text of the WHO CA+
- **Seventh Meeting:** Nov 2023
 - Negotiation text

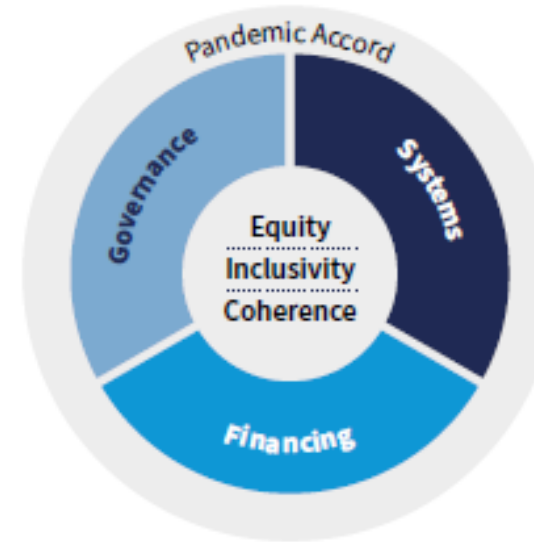


Director General's 10 proposals to build a safer world together

Strengthening the Global Architecture for Health Emergency Preparedness, Response & Resilience (HEPR)



More than 300
recommendations



Governance

- International legal instruments
- Sustained political leadership
- Driving accountability

Sustainable, coordinated & innovative financing for HEPR

- The Pandemic Fund
- Expanding surge financing to save lives during health emergencies

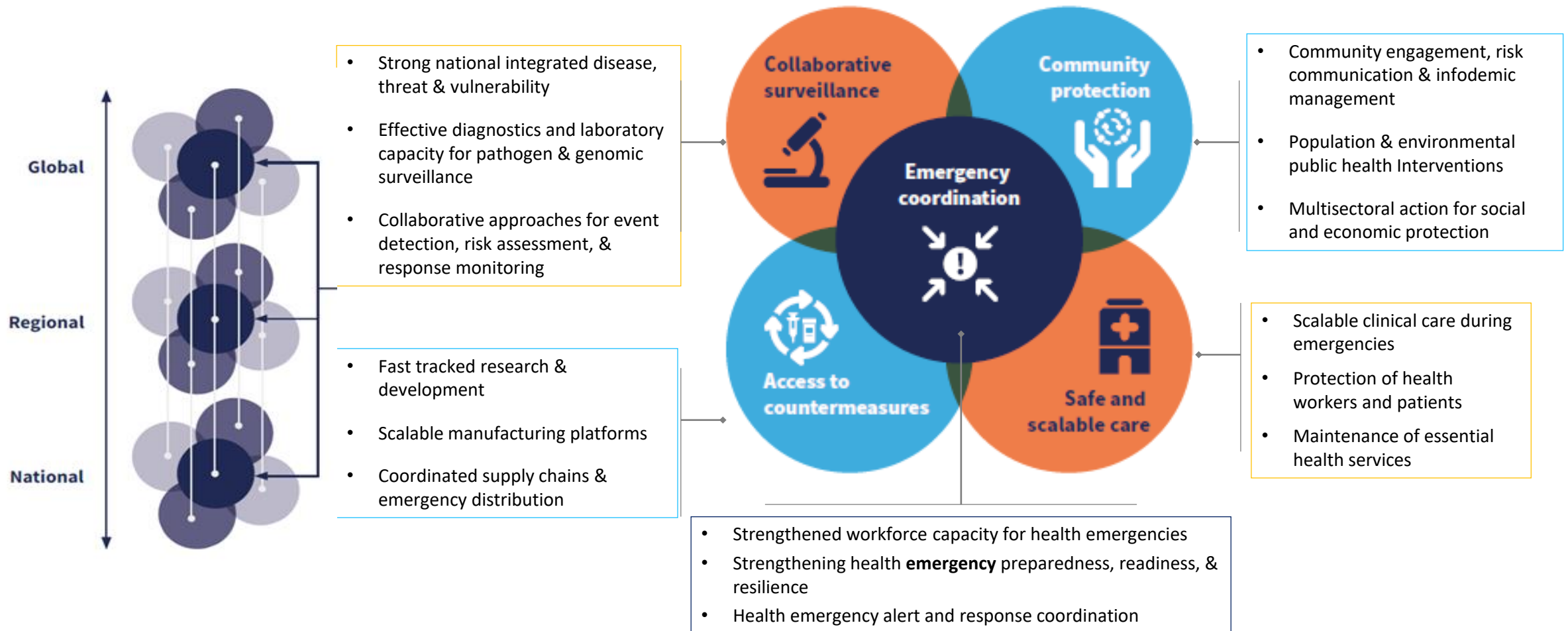
Strengthening HEPR systems

- 5 C's

Systems strengthen Capacity, Coordination and Collaboration



Ecosystem of partners & networks across the systems capacities and inter-connected capabilities





2

WHO-ICAO Memorandum of Understanding



HEALTH
EMERGENCIES

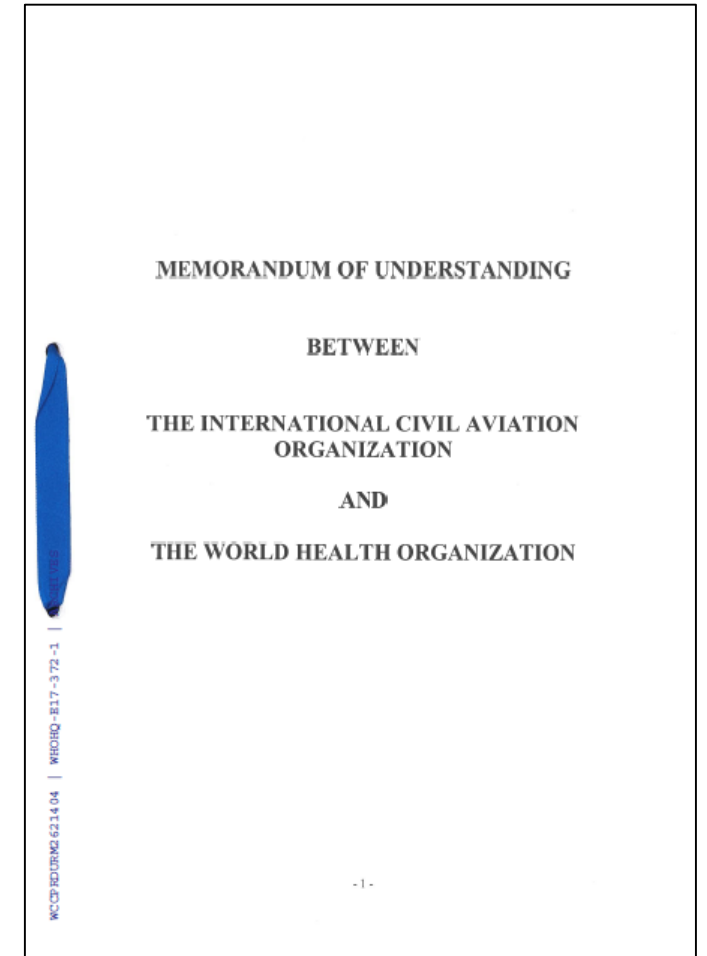
programme

Key challenges during the COVID-19 pandemic

- **Lack of harmonization in the policy and technical recommendations on international travel** being issued by various international organizations.
- **Lack of sufficient scientific evidence on the effectiveness of travel-related measures and need to balance health gains and socioeconomic impact.**
- **Lack of 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.

WHO-ICAO Memorandum of Understanding

- **Signed by the Director Generals** of the World Health Organization (WHO) and the International Civil Aviation Organization (ICAO) in **November 2022**.
- Provides a **framework of cooperation and understanding** to facilitate collaboration between the two organizations in the following areas:
 1. Provision of **evidence-informed and risk-based advice** on policy and technical matters related to civil aviation and public health during the preparedness and response to health emergencies.
 2. Joint **advocacy and risk communication** efforts on risk-based approaches to international travel in the context of health emergencies.
 3. Share **information and tools** to facilitate **technical cooperation and risk assessment** efforts in the areas of public health and civil aviation.
- A **joint workplan** is under development to facilitate and monitor the implementation of this MoU.



DRAFT - Joint WHO-ICAO workplan on public health emergency preparedness and response in the civil aviation sector

- To agree on the technical forms & modes of collaboration, facilitate implementation of the MoU
- Initial period of 2 year(s)
- Creating better systems through the expansion of partnerships and networks that promote a whole-of-government and whole-of-society approach to health emergency management
- Monitoring and evaluation framework (MEF)
- Expected outcome/s:
 - Countries are better prepared to prevent, detect and respond to public health threats.
 - Public health and aviation sector stakeholders are better prepared to collaborate and respond to public health events in a coherent and aligned manner.
 - Travellers, transport workers, and cross-border communities are better protected from exposure to and the impacts of public health events.

Way Forward

- AP Region continues increasingly frequent health security threats –consequences - becoming more complex.
- Continuous health security threats reiterate importance of our collective efforts & innovation to further strengthen resilient capacities
- Risk-based approaches for appropriate response, while reducing impact on systems/society
 - Joint Risk Assessment
 - Joint Simulation Exercises
 - Development of Contingency Plan & SOPs
 - Capacity Building

THANK YOU