Updates from WHO & International Cooperation

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# IHR Amendments, Pandemic Agreement and Implications for Air Transport

International Health Regulations (IHR) (2005)

A legally binding agreement among 196 States Parties, **under Article 21(a) of WHO Constitution** to address "sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease."
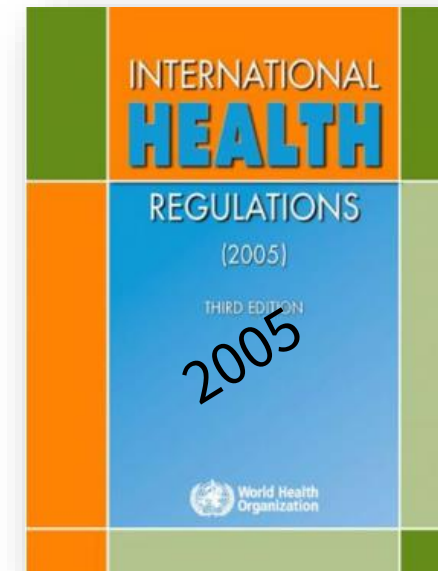

1951

Revision →

1969

Revision →

2005
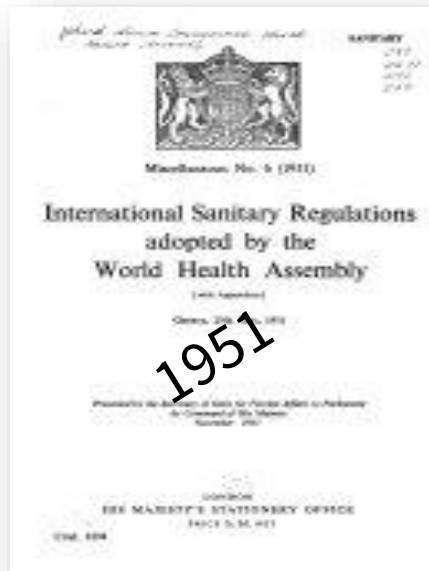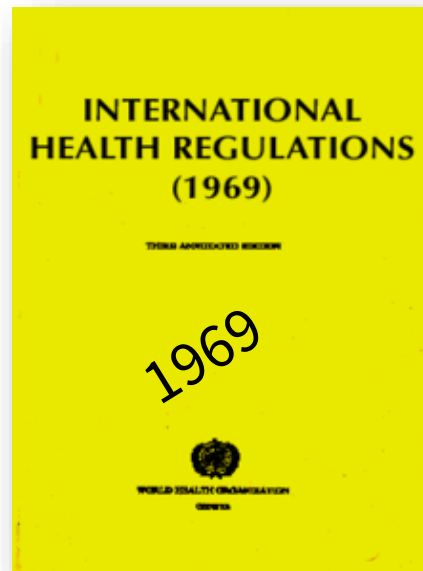
Amended: 1973, 1981

Amended: 2014, 2022, **2024**

Summary of International Health Regulations 2024 amendments

Amended articles/annexes	Key new elements
28 of 66 existing articles, with 3 new definitions under Art. 1	Establishment of a **National IHR Authority** (Art. 1 and 4)
6 of 9 existing annexes	Determination and definition of "**pandemic emergency**" (Art. 1 and 12, etc.)
2 new articles	Commitment to **solidarity and equity** • Strengthening access to relevant health products (Art. 13 and 44) • Establishment of Coordinating Financial Mechanism (Art. 44 bis)
	Use of **non-digital and digital health documents** (Art. 35 and Annex 6)
	Establishment of a **States Parties Committee for the Implementation of IHR** (Art. 54 bis)

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Relevant amendments to air transport

Articles 19 *(Points of entry – general obligations)*, **20** *(Airports and ports)* **and 21** *(Ground crossings)*

Alignment of terminology "core capacities"

Article 24 *(Conveyance operator)*

Ensure that measures taken by conveyances are in line with those recommended by WHO and States Parties, on board, during embarkation and disembarkation

Article 27 *(Affected conveyances)*

Addition of quarantine (alongside isolation) as potential additional health measures applied to conveyances to prevent the spread of disease

Article 35 *(Health documents – general rule)*

Health documents in digital or non-digital format. Development of ad-hoc WHO guidance on health documents digitally and non-digitally issued

Relevant amendments to air transport

Article 43 *(Additional health measures)*

Role of the DG to facilitate consultation among States Parties regarding the scientific information and public health rationale of additional health measures

Annex 1 *(Core capacities)*

Addition of arrangements by PoEs with local laboratories for the analysis of samples (annex 1B)

➤ **No changes made to the Health Part of the Aircraft General Declaration (annex 9, IHR (2005))**

ANNEX 9

THIS DOCUMENT IS PART OF THE AIRCRAFT GENERAL DECLARATION, PROMULGATED BY THE INTERNATIONAL CIVIL AVIATION ORGANIZATION

HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION[1]

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever - temperature 38°C/100 °F or greater - associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop ....

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting
....
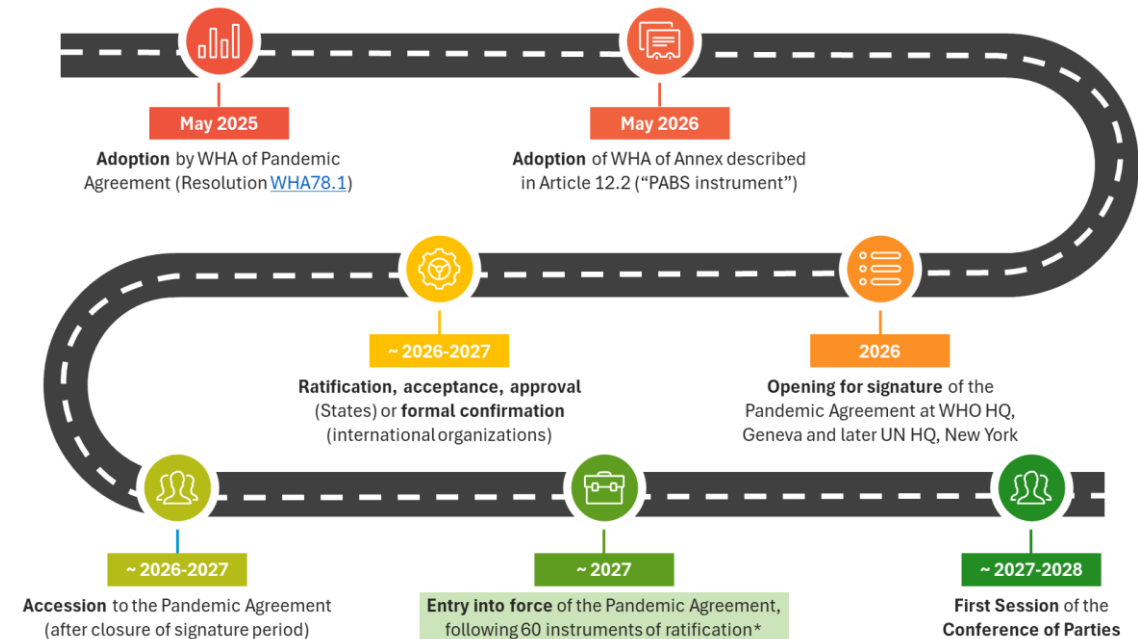...

Signature, if required, with time and date _____

Crew member concerned

Adoption of the WHO Pandemic Agreement at WHA78

- The need for a global agreement on how to prepare for and respond to pandemic threats exposed by COVID-19.

- Led by Member States through the Intergovernmental Negotiating Body (INB)

- Adopted by WHA78, 20 May 2025

- Agreement boosts global collaboration to ensure stronger, more equitable response to future pandemics.
  - Sets out principles and approaches for better international coordination, e.g. in surveillance, One Health, workforce, R&D, tech transfer, sustainable financing.

- Annex on Pathogen Access and Benefit-Sharing System (PABS) still to be negotiated through the open-ended Intergovernmental Working Group (IGWG).

- Open for signature and ratification after completion and adoption of PABS Annex.

May 2025
Adoption by WHA of Pandemic Agreement (Resolution WHA78.1)

May 2026
Adoption of WHA of Annex described in Article 12.2 ("PABS instrument")

~ 2026-2027
Ratification, acceptance, approval (States) or formal confirmation (international organizations)

2026
Opening for signature of the Pandemic Agreement at WHO HQ, Geneva and later UN HQ, New York

~ 2026-2027
Accession to the Pandemic Agreement (after closure of signature period)

~ 2027
Entry into force of the Pandemic Agreement, following 60 instruments of ratification*

~ 2027-2028
First Session of the Conference of Parties

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Relevant Articles to air transport

Article 7 (Health and care workforce)
– Highlights the importance of protecting transport workers, including those in aviation; ensures that policies are in place to safeguard their health and facilitate their movement, which is essential for maintaining air transport operations during pandemics

Article 13 (Supply chain and logistics)
– Enables timely distribution of pandemic-related health products to remote and vulnerable regions via air transport, ensuring equitable access.
– Requires robust public health response capacities at international airports to maintain effective operations Ensures readiness for safe landing, disembarkation, quarantine, and logistics for humanitarian or medical teams at airports
– Maintains functional airport cargo hubs and customs systems to prioritize clearance of critical health products during emergencies.

WHO-ICAO collaboration and Regional Priorities

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WHO-ICAO Memorandum of Understanding

- Provides a **framework of cooperation and understanding** to facilitate collaboration in:
  - Provision of **evidence-informed and risk-based advice** related to civil aviation and public health during preparedness and response to health emergencies
  - Joint **advocacy and risk communication** on risk-based approaches to international travel in the context of health emergencies
  - Share **information and tools** to facilitate **technical cooperation and risk assessment** efforts
- Joint **workplan** to facilitate and monitor MoU implementation

APHSAF Collaboration Areas and Potential Actions in the Aviation Sector

Build multisectoral PoE coordination platforms

- Facilitate collaboration among health, transport, customs, immigration sectors at airports to enable a cohesive whole-of-government and whole-of-society response

Standardize public health and social measures SOPs for aviation

- Develop and regularly update risk-based protocols for travel restrictions, screening, quarantine, and other border health measures, with clearly defined roles for all agencies

Strengthen surge capacity arrangements

- Conduct regular exercises to ensure designated PoEs can rapidly and effectively scale operations during public health emergencies

Prioritize PoE emergency preparedness plans

- Prioritize the development and integration of contingency plans, promote joint simulations, and establish robust information-sharing systems

Streamline customs and immigration procedures

- Implement expedited processes to facilitate the movement of essential goods, medical countermeasures, and response personnel through international entry points


LEAD AND COORDINATE
PLAN AND PREPARE
ASSESS AND RESPOND
READINESS AND RESILIENCE
SUPPORT AND ENABLE
MONITOR, EVALUATE AND IMPROVE

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2024 SPAR Scores for Points of Entry in the Asia-Pacific Region

Scores across the three PoE-related indicators fluctuate

- Core capacity requirements at all times for PoEs - Most countries have moderate to strong scores (≥60%)
- Public health response at points of entry - Slightly more variable, particularly among smaller nations
- Risk-based approach to international travel-related measures - lowest scoring indicator

The AP region's diversity—economic, geographic, and systemic—drives the capacity disparities

- Developed countries consistently demonstrate high PoE capacities
- Pacific Island Countries (PICs) face significant gaps due to limited resources, infrastructure, and geographic isolation
- Middle- and low-income countries show potential for improvement with targeted investment and support
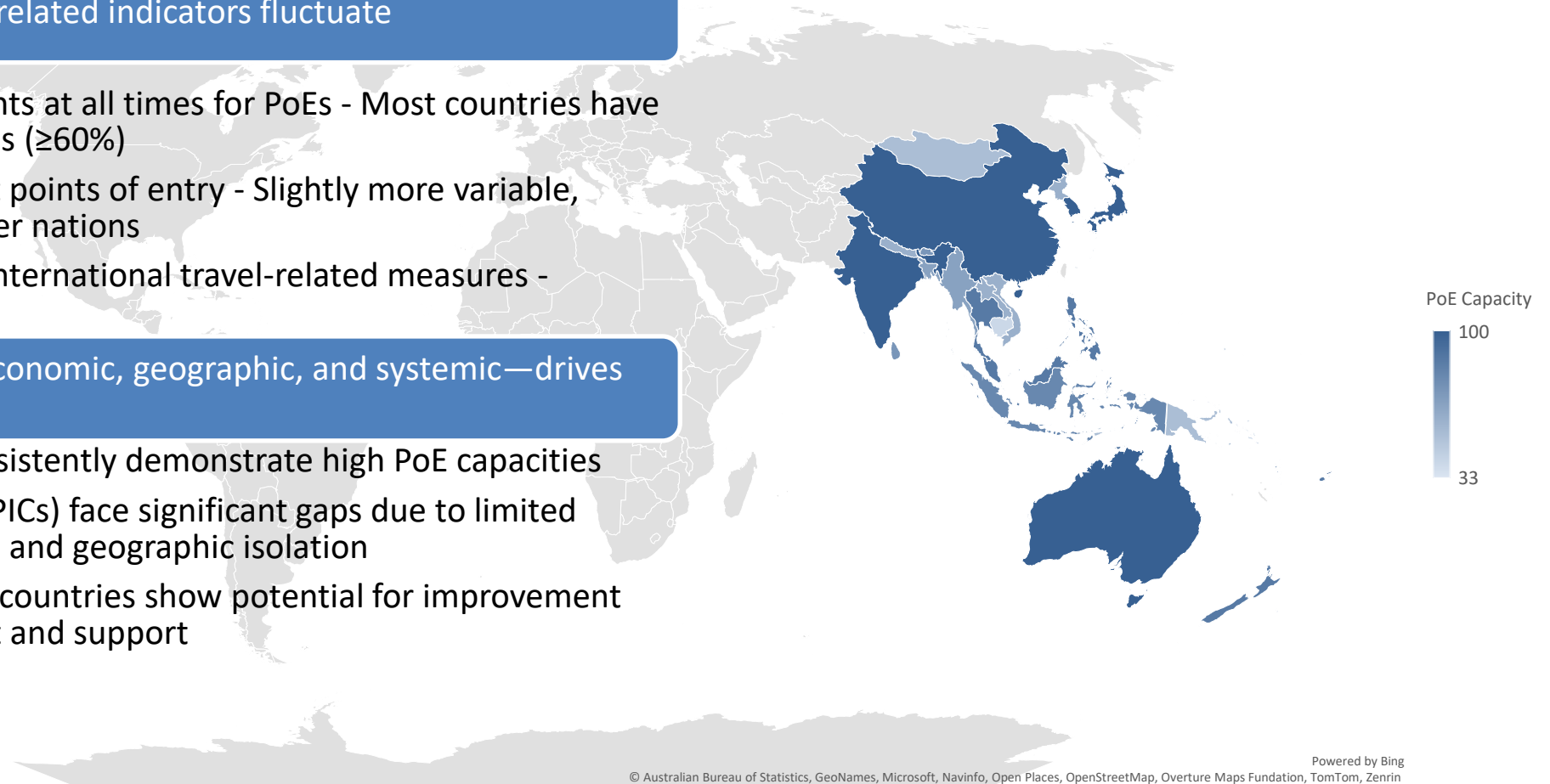
PoE Capacity
100
33

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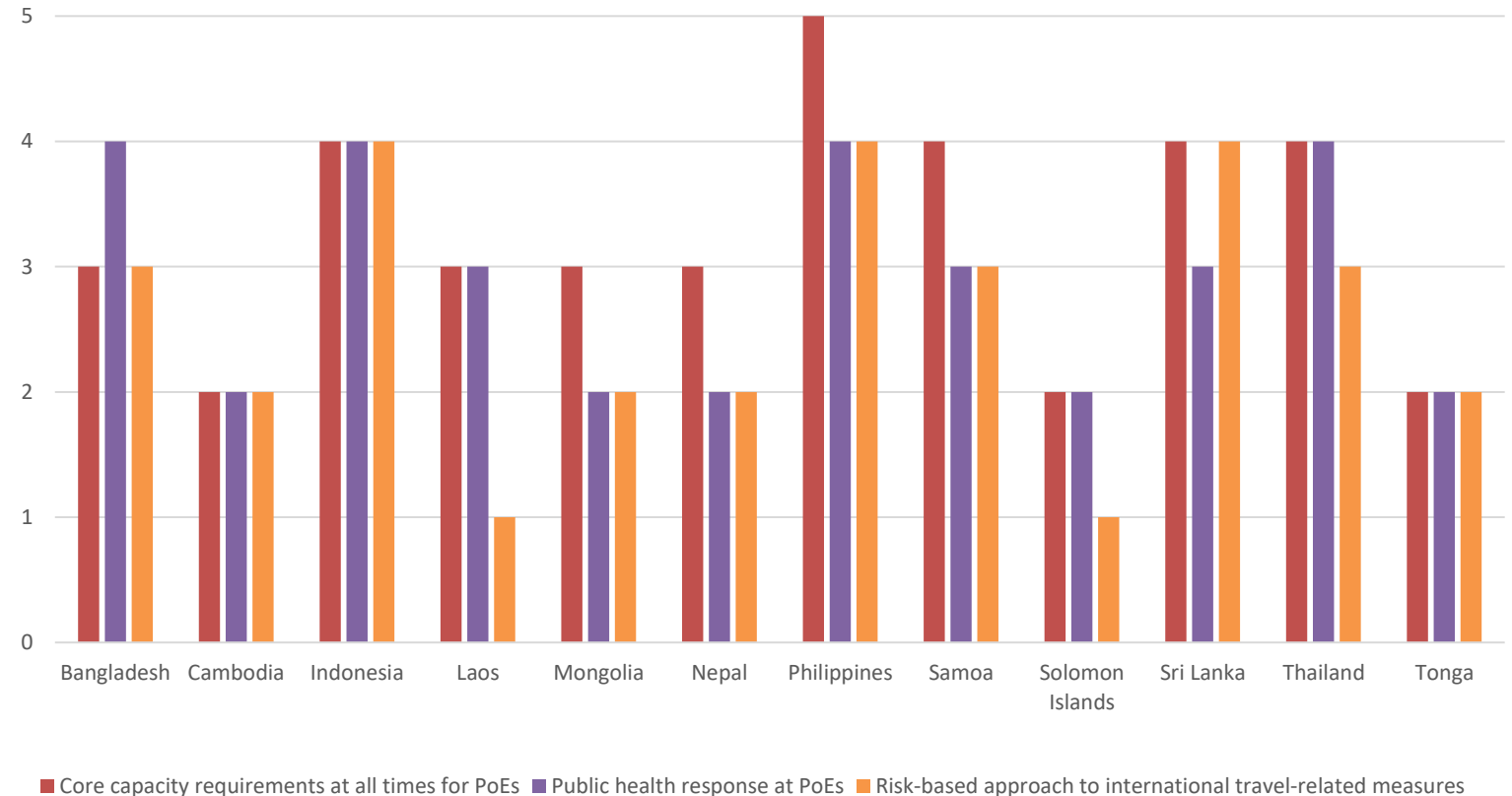
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JEE Scores & Recommendations for Points of Entry in the Asia-Pacific Region

Build on existing plans and procedures

Update risk assessment and management protocols

Develop contingency plans to maintain essential travel during emergencies

- Humanitarian corridors
- Movement of essential personnel
- Repatriation operations
- Cargo transport for critical supplies

Legend: Core capacity requirements at all times for PoEs | Public health response at PoEs | Risk-based approach to international travel-related measures

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Way Forward

Joint risk assessments to identify vulnerabilities and inform preparedness and response measures

Development and implementation of flexible, scenario-based public health contingency plans and SOPs

Targeted training and capacity-building, including:

- Training on IHR (2005)-aligned public health capacity assessments at airports
- Training on management of public health events in air transport
- Training on development of contingency plans for airport public health emergencies

Design and conduct of simulation exercises (SimEx) to test the functionality and coordination of contingency plans in all-hazard approach

Support for national and regional public health risk and capacity assessments

Promotion of cross-border and regional collaboration
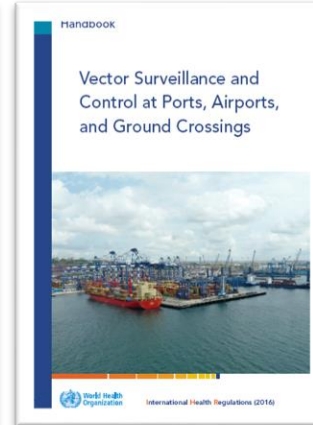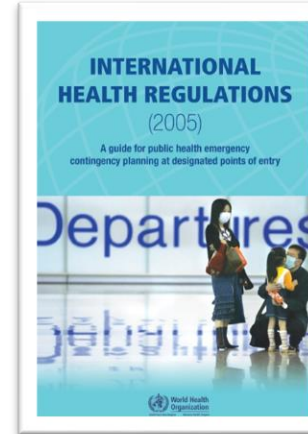
THANK YOU

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