Advancing International Health Regulations (2005) & International Cooperation

CAPSCA-AP/18

Bangkok, Thailand, 20-21 August 2026

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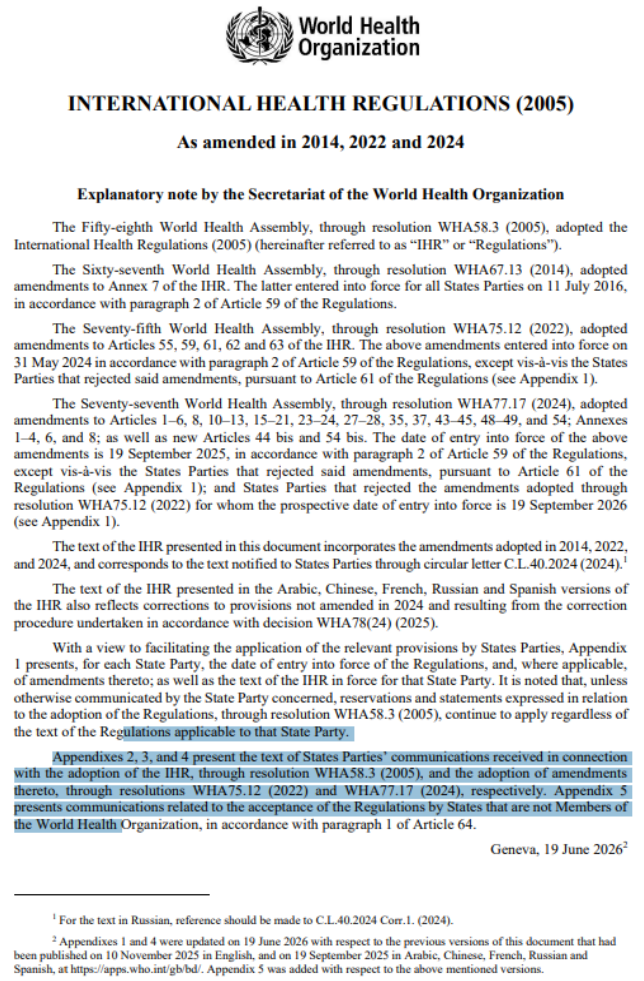
International Health Regulations (IHR) (2005) as amended in 2024

The IHR (2005) is an internationally agreed instrument for global public health security. It represents the joint global commitment for shared responsibilities against cross-border spread of infectious and other hazard related events.

It is legally binding on signatory countries (called 'States Parties') –currently 197, including all 194 WHO Member States.

It calls for:

- National core capacity requirements for surveillance and response
- Development of core capacities at designated PoEs, identify competent authorities, share relevant public-health risk information, and ensure appropriat designation and certification of airports and ports (**Article 19-20**).
- Entered into force on 19 September 2025* for 185* States Parties



World Health Organization

INTERNATIONAL HEALTH REGULATIONS (2005)

As amended in 2014, 2022 and 2024

Explanatory note by the Secretariat of the World Health Organization

The Fifty-eighth World Health Assembly, through resolution WHA58.3 (2005), adopted the International Health Regulations (2005) (hereinafter referred to as "IHR" or "Regulations").

The Sixty-seventh World Health Assembly, through resolution WHA67.13 (2014), adopted amendments to Annex 7 of the IHR. The latter entered into force for all States Parties on 11 July 2016, in accordance with paragraph 2 of Article 59 of the Regulations.

The Seventy-fifth World Health Assembly, through resolution WHA75.12 (2022), adopted amendments to Articles 55, 59, 61, 62 and 63 of the IHR. The above amendments entered into force on 31 May 2024 in accordance with paragraph 2 of Article 59 of the Regulations, except vis-à-vis the States Parties that rejected said amendments, pursuant to Article 61 of the Regulations (see Appendix 1).

The Seventy-seventh World Health Assembly, through resolution WHA77.17 (2024), adopted amendments to Articles 1–6, 8, 10–13, 15–21, 23–24, 27–28, 35, 37, 43–45, 48–49, and 54; Annexes 1–4, 6, and 8; as well as new Articles 44 bis and 54 bis. The date of entry into force of the above amendments is 19 September 2025, in accordance with paragraph 2 of Article 59 of the Regulations, except vis-à-vis the States Parties that rejected said amendments, pursuant to Article 61 of the Regulations (see Appendix 1); and States Parties that rejected the amendments adopted through resolution WHA75.12 (2022) for whom the prospective date of entry into force is 19 September 2026 (see Appendix 1).

The text of the IHR presented in this document incorporates the amendments adopted in 2014, 2022, and 2024, and corresponds to the text notified to States Parties through circular letter C.L.40.2024 (2024).[1]

The text of the IHR presented in the Arabic, Chinese, French, Russian and Spanish versions of the IHR also reflects corrections to provisions not amended in 2024 and resulting from the correction procedure undertaken in accordance with decision WHA78(24) (2025).

With a view to facilitating the application of the relevant provisions by States Parties, Appendix 1 presents, for each State Party, the date of entry into force of the Regulations, and, where applicable, of amendments thereto; as well as the text of the IHR in force for that State Party. It is noted that, unless otherwise communicated by the State Party concerned, reservations and statements expressed in relation to the adoption of the Regulations, through resolution WHA58.3 (2005), continue to apply regardless of the text of the Regulations applicable to that State Party.

Appendixes 2, 3, and 4 present the text of States Parties' communications received in connection with the adoption of the IHR, through resolution WHA58.3 (2005), and the adoption of amendments thereto, through resolutions WHA75.12 (2022) and WHA77.17 (2024), respectively. Appendix 5 presents communications related to the acceptance of the Regulations by States that are not Members of the World Health Organization, in accordance with paragraph 1 of Article 64.

Geneva, 19 June 2026[2]

[1] For the text in Russian, reference should be made to C.L.40.2024 Corr.1. (2024).

[2] Appendixes 1 and 4 were updated on 19 June 2026 with respect to the previous versions of this document that had been published on 10 November 2025 in English, and on 19 September 2025 in Arabic, Chinese, French, Russian and Spanish, at https://apps.who.int/gb/bd/. Appendix 5 was added with respect to the above mentioned versions.

Relevant IHR articles on air transport

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

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)

WHO Pandemic Agreement & IGWG

- Pandemic Agreement: adopted by WHA78, 20 May 2025
- Legally binding 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)- Article 12 still to be negotiated through the open-ended Intergovernmental Working Group (IGWG). IGWG 8 in Sep
- Negotiation on Implementation of the PABS System, Access to PABS Materials and Sequence Information, Benefit Sharing and Contracts modalities
- Open for signature and ratification after completion and adoption of PABS Annex.

World Health Organization

Seventy-eighth World Health Assembly

Agenda item 16.2 WHA78.1

20 May 2025

WHO Pandemic Agreement

The Seventy-eighth World Health Assembly,

Recalling decisions SSA2(5) (2021) and WHA77(20) (2024), which, acknowledging the need to address gaps in preventing, preparing for and responding to health emergencies, inter alia, established the Intergovernmental Negotiating Body to draft and negotiate a WHO convention, agreement or other international instrument on pandemic prevention, preparedness and response (the Intergovernmental Negotiating Body), with a view to adoption under Article 19, or under other provisions of the WHO Constitution;

Expressing appreciation for the work of the Intergovernmental Negotiating Body, including its outcome as contained in document A78/10, and acknowledging with appreciation the leadership of its Bureau;

Reaffirming the need for a legally binding international instrument on pandemic prevention, preparedness and response, in line with decisions SSA2(5) and WHA77(20);

Emphasizing the role of the International Health Regulations (2005), adopted through resolution WHA58.3 (2005), and subsequently amended through resolutions WHA67.13 (2014), WHA75.12 (2022), and WHA77.17 (2024), in pandemic prevention, preparedness and response, and the need for coherence and complementarity in the implementation of the International Health Regulations (2005) and the WHO Pandemic Agreement;

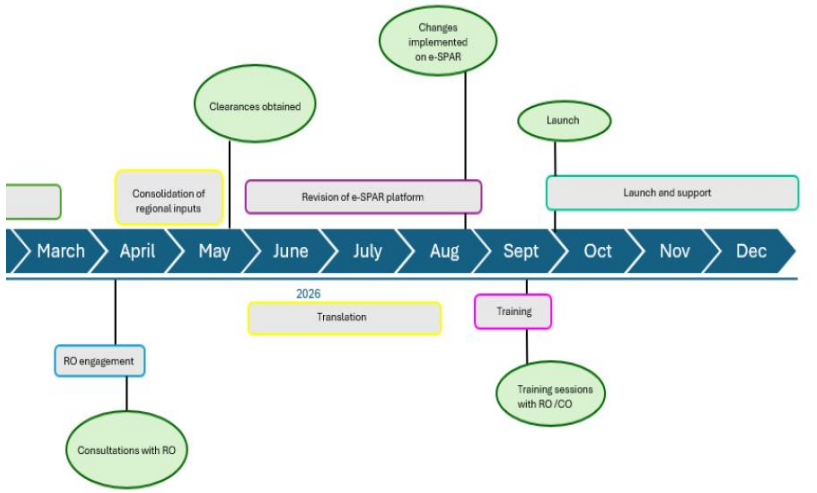
States Parties Committee for the Implementation of the IHR (2005)

Resolution WHA77.17 inter alia:

- Adopts, in accordance with Article 54 of the International Health Regulations (2005), the amendments to the International Health Regulations (2005)
- "the Committee shall have the **aim of promoting and supporting learning, exchange of best practices, and cooperation among States Parties** for the effective implementation of these Regulations"
- 1st meeting: 31 August – 2 September 2026
  - Adoption of the proposed terms of reference of the States Parties Committee for the Implementation of the International Health Regulations (2005)
  - Adoption of the proposed terms of reference of the Subcommittee of the States Parties Committee for the Implementation of the International Health Regulations (2005)
  - Adoption of the proposed terms of reference for the Coordinating Financial Mechanism, including modalities for its operationalization and governance ------- to serve the implementation of the WHO Pandemic Agreement, in a manner determined by the Conference of Parties (COP) (Art 18)

State Parties Annual Reporting Tool (SPAR) Revision

- Amendments entered into force -- substantive legal and operational changes---- a revision of SPAR -- to ensure continued alignment with IHR (2005) & its amendments
- HQ level consultations November 2025 to March 2026; region-wise webinar in May 2026, SP consultation until end of June - meaningful indicators aligned with the amended IHR (2005)
- Aim: SPAR as a strategic instrument to support effective implementation of the revised IHR in a more robust, equitable and accountable manner
- Structural overhaul: Border Health
  - Designated Points of Entry
  - Comprehensive border health section to include all IHR provisions related to international traffic, points of entry, and travel health
  - International travel Health Questionnaire of States Parties incorporated
- Final version will be on the eSPAR platform - planned for launch in October 2026



World Health Organization

HEALTH EMERGENCIES programme

International Certificate of Vaccination or Prophylaxis (ICVP)

Part VI - Health documents

Amended *Article 35 - General rule*

New 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.

The draft technical guidance developed by the WHO Secretariat includes criteria for ascertaining both the **validity** and **authenticity** of digital and non-digital ICVP

- An **ICVP** is **valid if** it **conforms** to **Model ICVP** and **format(s) applicable to** the **issuing State Party**, is **duly completed**, and **remains in effect**
- An ICVP is **authentic** when it is **genuinely issued, not counterfeit or forged, and free from alteration or falsification**

Health documents, as per IHR

Part VI - Health documents (Articles 35-39, Annexes 3 and 6 through 9) sets forth the ***General rule*** and stipulates the **only health documents** that States Parties may require for **incoming and/or outgoing international traffic**

Traveller-related health document

Certificate of vaccination or other prophylaxis, in accordance with:

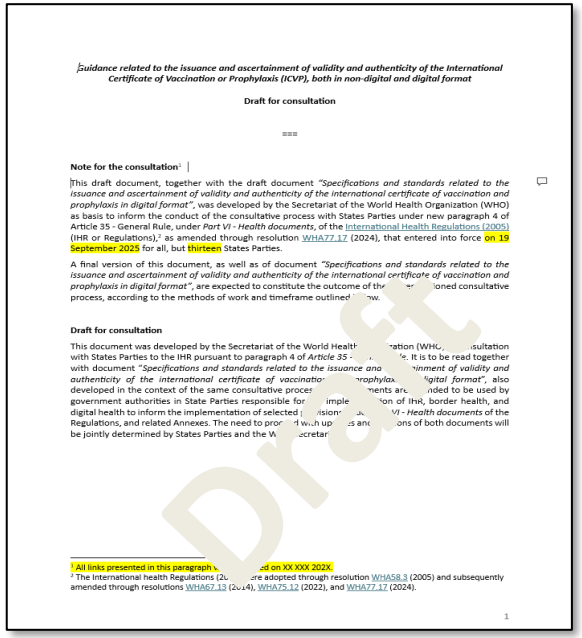
- *Article 36 - Certificates of vaccination or other prophylaxis*
- Amended *Annex 6 - Vaccination, prophylaxis and related certificates* (containing the amended *Model International Certificate of Vaccination of Prophylaxis* [ICVP])
- *Annex 7 - Requirements concerning vaccination or prophylaxis for specific diseases*. States Parties may only require proof of vaccination for yellow fever (Article 36 and Annex 7) and/or, as of 5 August 2026, poliomyelitis, for granting exit from and/or entry into their territory.

Conveyance-related health documents

- Ship Declaration of Health
- Ship Sanitation Certificates
- Health Part of the Aircraft General Declaration

Draft documentation being prepared by the WHO Secretariat to facilitate consultative process

Draft Technical Guidance (Policy)



Guidance related to the issuance and ascertainment of validity and authenticity of the International Certificate of Vaccination or Prophylaxis (ICVP), both in non-digital and digital format

Draft for consultation

Note for the consultation[1]

This draft document, together with the draft document *"Specifications and standards related to the issuance and ascertainment of validity and authenticity of the international certificate of vaccination and prophylaxis in digital format"*, was developed by the Secretariat of the World Health Organization (WHO) as basis to inform the conduct of the consultative process with States Parties under new paragraph 4 of Article 35 - General Rule, under *Part VI - Health documents*, of the International Health Regulations (2005) (IHR or Regulations),[2] as amended through resolution WHA77.17 (2024), that entered into force on 19 September 2025 for all, but thirteen States Parties.

A final version of this document, as well as of document *"Specifications and standards related to the issuance and ascertainment of validity and authenticity of the international certificate of vaccination and prophylaxis in digital format"*, are expected to constitute the outcome of the [illegible] consultative process, according to the methods of work and timeframe outlined [illegible].

Draft for consultation

This document was developed by the Secretariat of the World Health [illegible]ation (WHO), [illegible]sultation with States Parties to the IHR pursuant to paragraph 4 of *Article 35* - [illegible]e. It is to be read together with document *"Specifications and standards related to the issuance and [illegible]inment of validity and authenticity of the international certificate of vaccinati[illegible]prophylax[illegible]igital format"*, also developed in the context of the same consultative proces[illegible]ments ar[illegible]nded to be used by government authorities in State Parties responsible for [illegible]imple[illegible]on of IHR, border health, and digital health to inform the implementation of selected [illegible]visions [illegible]VI - *Health documents* of the Regulations, and related Annexes. The need to prop[illegible]d with up[illegible]s and [illegible]ons of both documents will be jointly determined by States Parties and the W[illegible]ecretar[illegible]

[1] All links presented in this paragraph [illegible]ed on XX XXX 202X.

[2] The International Health Regulations (20[illegible] [illegible]re adopted through resolution WHA58.3 (2005) and subsequently amended through resolutions WHA67.13 (2014), WHA75.12 (2022), and WHA77.17 (2024).

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Draft

Draft

Guidance related to the issuance and ascertainment of validity and authenticity of the ICVP, both in non-digital and digital format

Draft Technical Specifications and Standards (IT)

Draft

Specifications and standards related to the issuance and ascertainment of validity and authenticity of the ICVP in digital format

Supporting Tools

ICVP Implementation Guide

Global Digital Health Certification Network

World Health Organization

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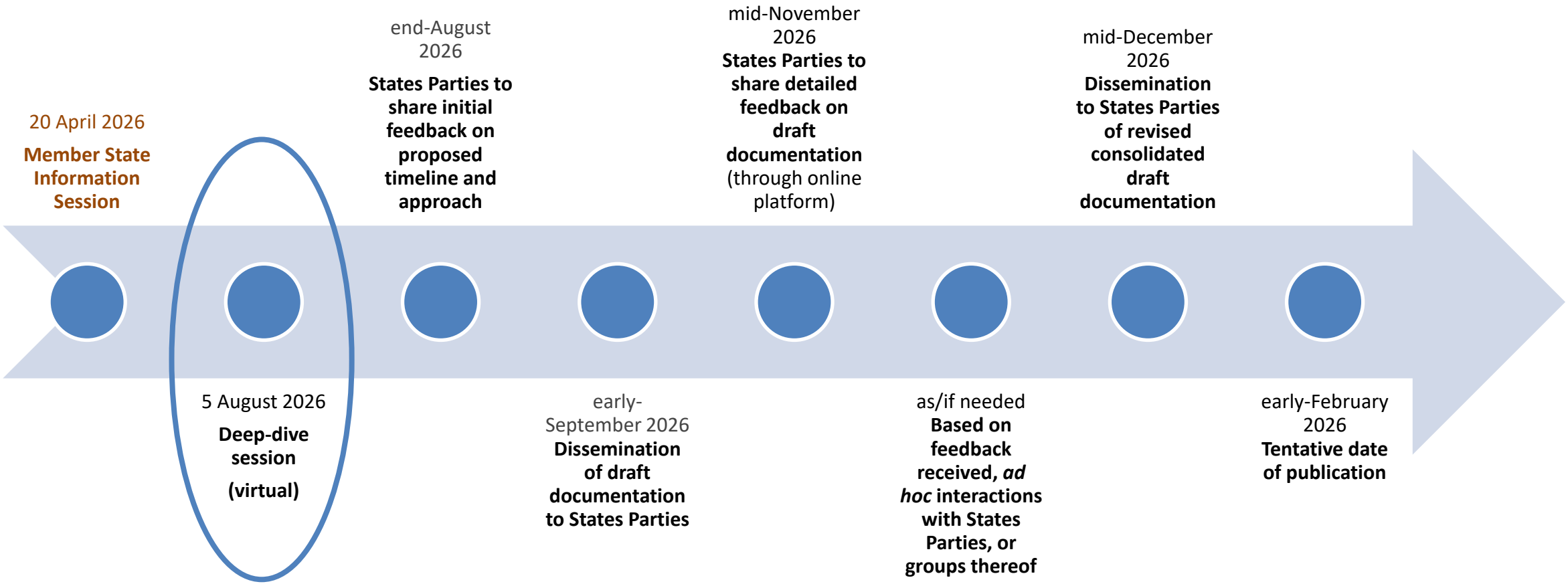
Proposed timeline and approach for the consultative process between WHO and States Parties (Article 35.4)



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HEALTH EMERGENCIES programme

ICAO_WHO 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
  - Alignment of the WHO assessment tool for core capacity requirements at airports &ICAO/CAPSCA checklist
  - Promote intersectoral collaboration and ownership of assessment results between public health and transportation authorities
  - Possibility to explore joint fundraising

ICAO

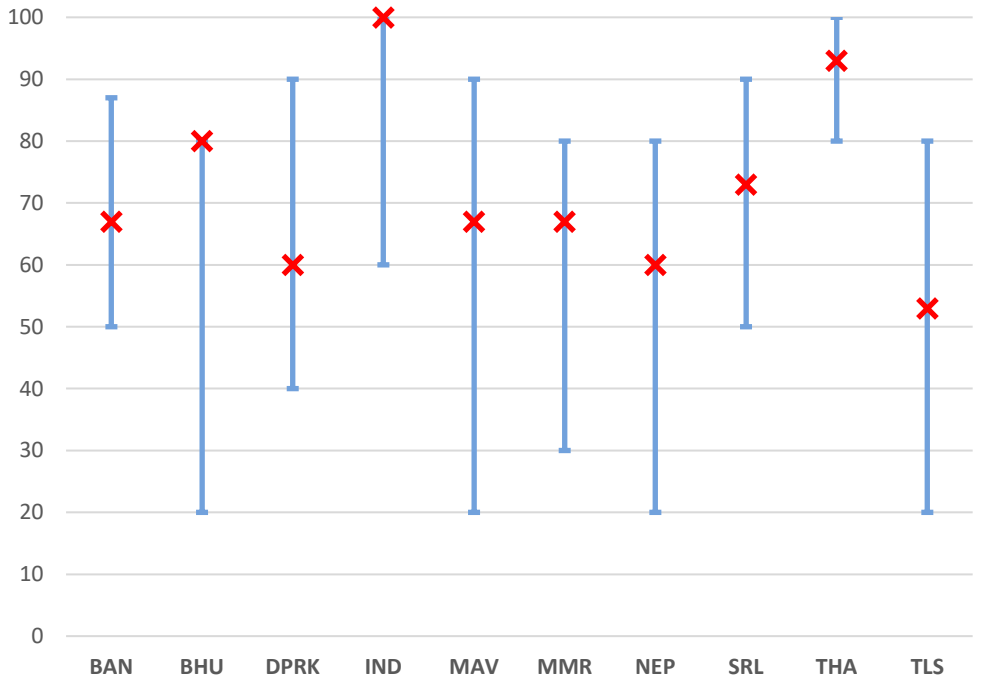
World Health Organization

1.4. Technical assistance, operational and capacity-building support to countries
Joint roster of experts on public health in civil aviation
Planning of global and regional CAPSCA meetings targeting national public health and civil aviation stakeholders
Design and conduct SimEx to test the functionality of airport public health contingency plans and SOPs to respond to public health events
Support assessments of public health risks and/or capacities at airports/in aviation in line with IHR (2005) requirements, such as WHO POE/airport assessments including during JEEs, assessment of ICAO SARPs implementation, CAPSCA Assistance Visits and specialized aviation industry assessment programmes approved by ICAO
Support the development and revision of public health contingency plans and SOPs for public health event management at airport/in aviation, including aerodrome emergency plans
Training on the assessment of public health capacities at airports in line with IHR (2005) requirements
Training on the management of public health events in air transport
Training on the development of public health emergency contingency plans at airports/in aviation

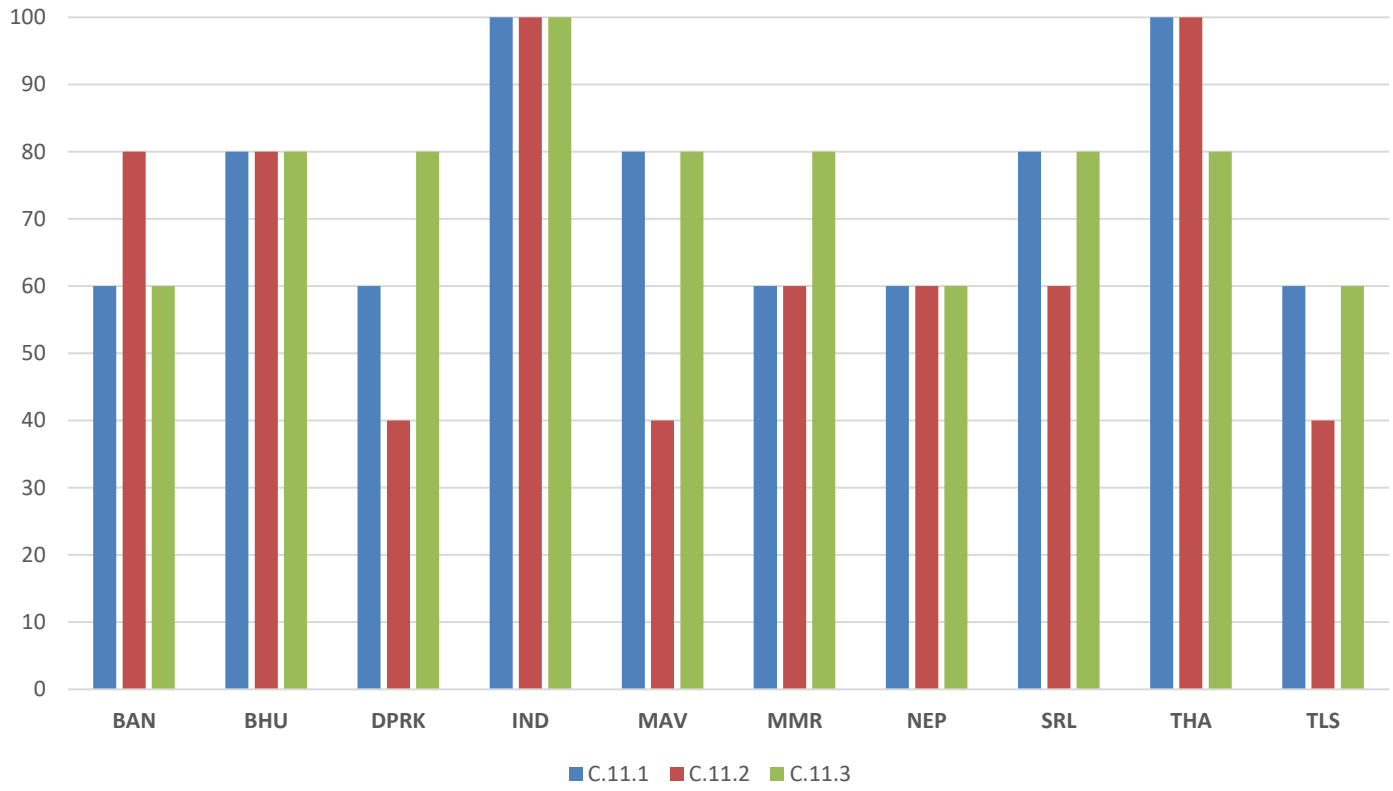
Regional Progress in Asia Pacific

2025 SPAR score for PoE indicators, SEAR

Average PoE capacity Scores vs other IHR capacities



Indicator-wise PoE Scores



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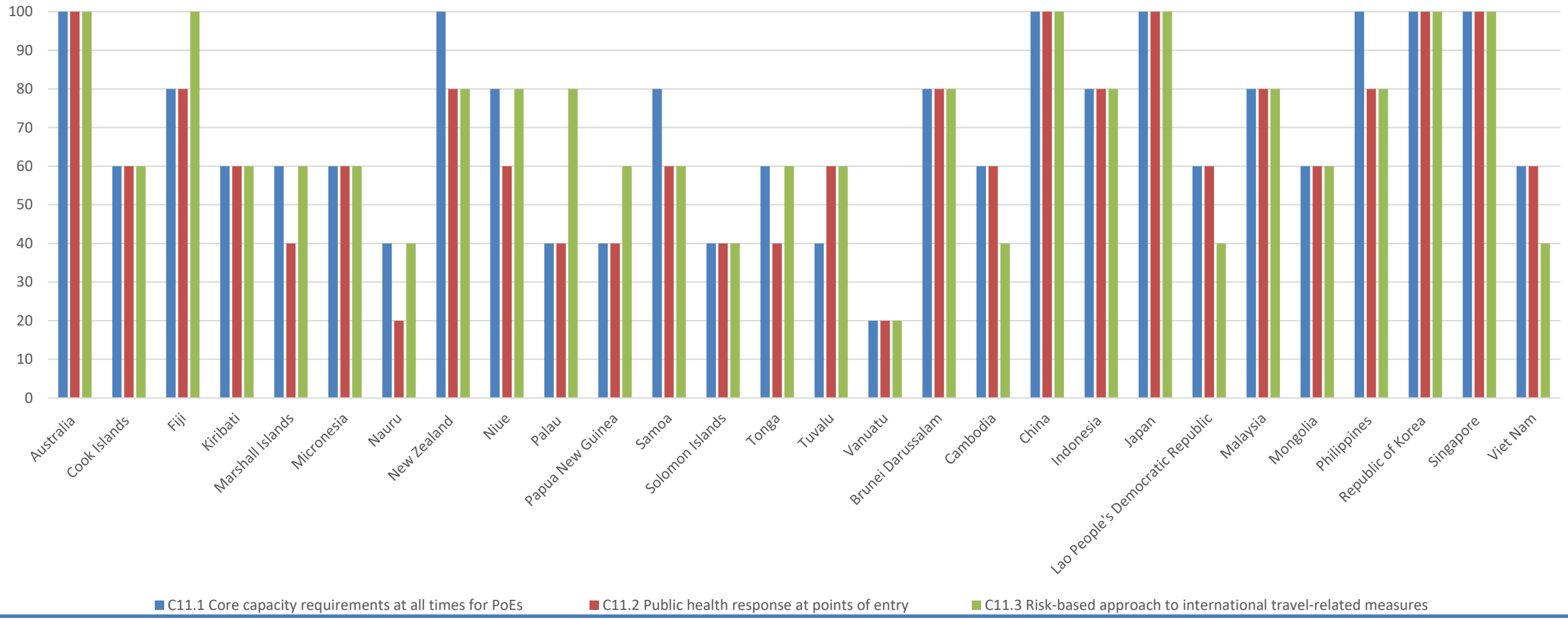
HEALTH EMERGENCIES programme

JEE scores for Points of Entry (2022-2026), SEAR

Country	Year	PoE.1 Core capacity requirements	PoE.2 Public health response	PoE.3 Risk-based approach to travel measures
Thailand	2022	4	4	3
Nepal	2022	3	2	2
Sri Lanka	2023	4	3	4
Bangladesh	2024	3	4	3
Maldives	2024	3	2	2
Timor-Leste	2024	3	2	2
Bhutan	2025	2	3	3

2025 SPAR score for PoE indicators, WPR



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HEALTH EMERGENCIES programme

JEE scores for Points of Entry (2023-2026), WPR

Country	Year	PoE.1 Core capacity requirements	PoE.2 Public health response	PoE.3 Risk-based approach to travel measures
Indonesia	2023	4	4	4
Samoa	2023	4	3	3
Mongolia	2023	3	2	2
Cambodia	2024	2	2	2
Solomon Islands	2024	2	2	1
Tonga	2024	2	2	2
Philippines	2024	5	4	4
Lao PDR	2025	3	3	1
Cook Islands	2025	3	3	3
Vanuatu	2025	1	1	1
Viet Nam	2025	2	2	2
Republic of Korea	2025	5	5	5

PoE recommendations from 19 JEEs (2022-2026), Asia Pacific (SEAR+WPR)

	JEE Recommendation	Recommended to # countries
1	**Strengthen PoE emergency contingency planning /and reuglar testing with SimEx**	16
2	**Update legal frameworks for PoE (e.g., roles, quarantine financing, cross-sector info sharing)**	7
3	**Upgrade PoE infrastructure and operational facilities (quarantine, waste, vector)**	15
4	Improve surveillance and data systems (integrate PoE with national surveillance + digital tools)	13
5	Adopt an all-hazards approach (infectious, chemical, radiological, zoonotic)	9
6	Develop risk-based international travel-related measures & modernize the role of PoE	8
7	Ensure sustainable financing and surge capacity	6
8	**Enhance multisectoral coordination/workforce capacity through joint planning, training, & simulation**	13
9	Institutionalize continuous training, evaluation, and knowledge sharing	13
10	Strengthen traveller-facing health information & RCCE	2
11	Foster regional and international collaboration (information exchange + joint response +SimEx)	6

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

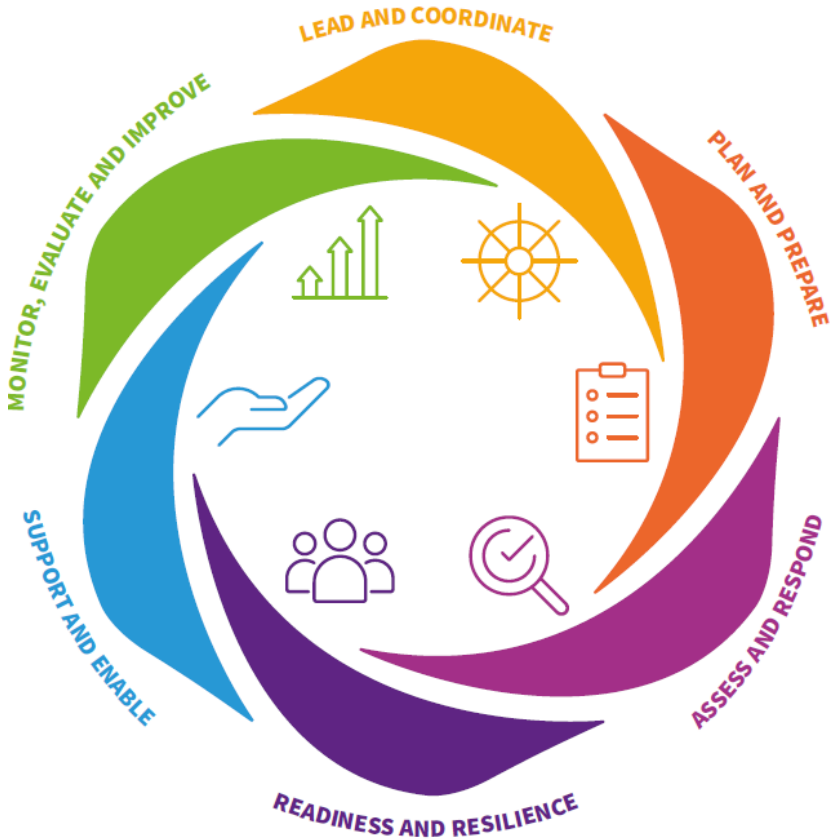
- Conduct regular exercises to ensure designated PoEs can rapidly and effectively scale operations during public health emergencies

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



Way Forward: Advancing Public Health Capacity in Aviation

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Thank you!

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