

Update from the World Health Organization

WHO Pandemic Agreement, IHR amendments, and WHO-ICAO collaboration

Dr Olla Shideed, Unit Head, Health Emergencies Governance and IHR, WHO Health Emergencies Programme, WHO/HQ
Ms Sara Barragán Montes, Technical Lead, Border Health and Points of Entry, WHO Health Emergencies Programme, WHO/HQ

WHO Pandemic Agreement – adopted at WHA78



WHO Pandemic Agreement – objective

“The WHO Pandemic Agreement, guided by equity and the principles

- sovereign right of states
- full respect for the dignity, human right and fundamental freedoms
- full respect for international humanitarian law
- equity as goal, principle and outcome
- solidarity with all people and countries
- best available science and evidence,

is to prevent, prepare for and respond to pandemics.”

WHO Pandemic Agreement – articles

Chapter II. The world together equitably: Achieving equity in, for and through pandemic prevention, preparedness and response

Article 4. Pandemic prevention and surveillance

Article 5. One Health approach to PPPR

Article 6. Preparedness, readiness and health system resilience

Article 7. Health and care workforce

Article 8. Regulatory strengthening

Article 9. Research and development

Article 10. Sustainable and geographically diversified local production

Article 11. Transfer of technology and cooperation on related know-how for the production of pandemic-related health products

Article 12. Pathogen Access and Benefit-Sharing System

Article 13. Supply chain and logistics

Article 14. Procurement and distribution

Article 15. Whole-of-government and whole-of-society approaches

Article 16. Communication and public awareness

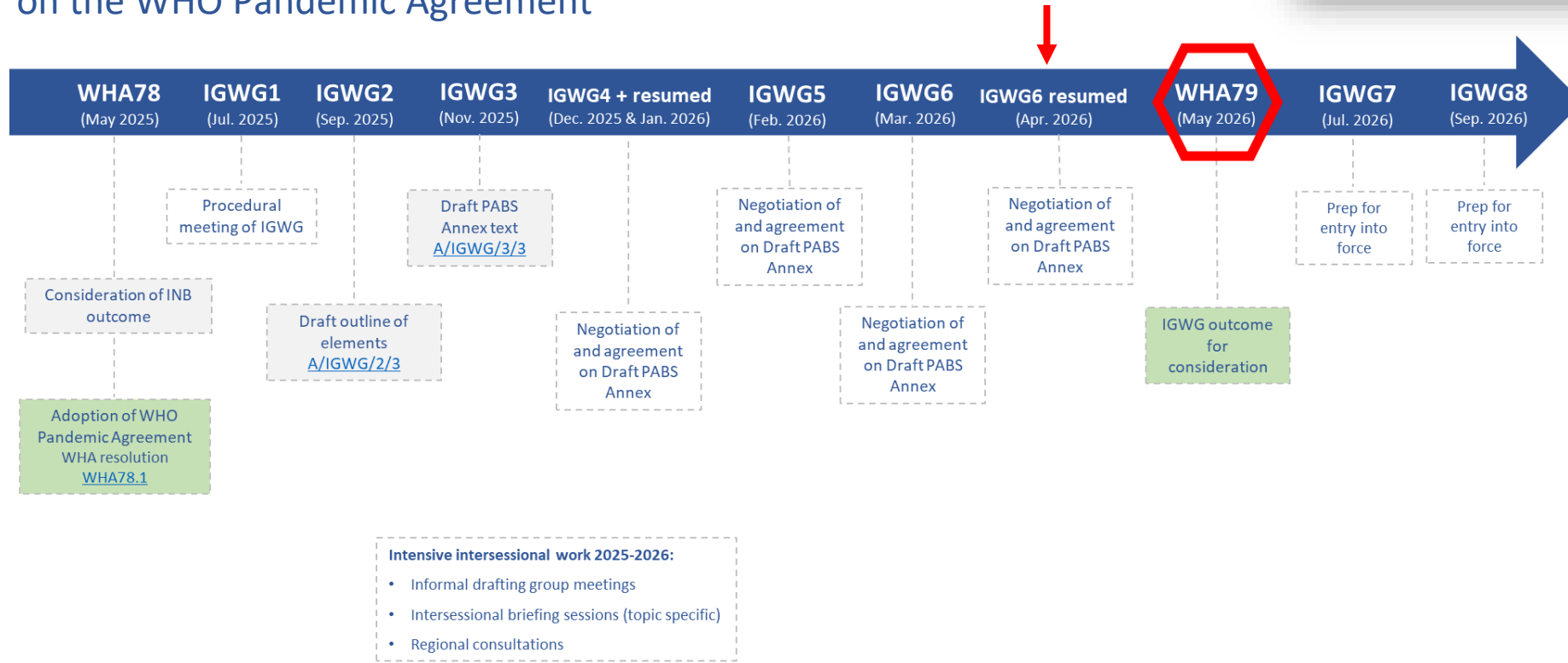
Article 17. International cooperation and implementation support

Article 18. Sustainable financing

WHO Pandemic Agreement – moving forward



WHA78.1: Established the Intergovernmental Working Group on the WHO Pandemic Agreement



Regular consultation with, and participation of, Member States and relevant stakeholders (per modalities of engagement [A/IGWG/2/4](#)), as well as WHO internal coordination within HQ and with Regional Offices

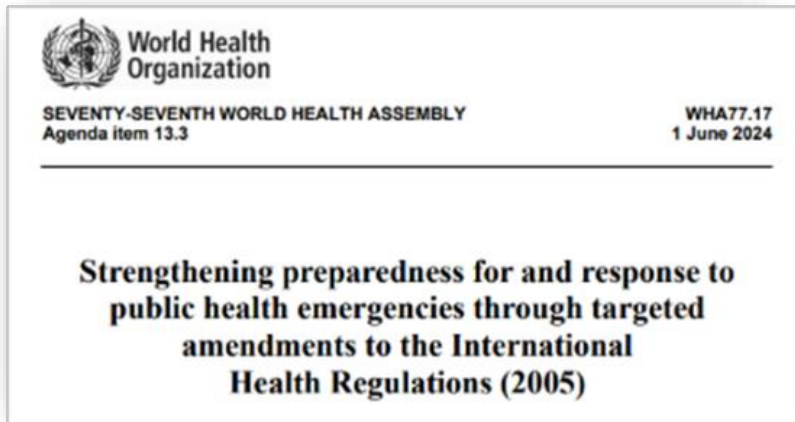
International Health Regulations – 2024 amendments

Adopted at WHA77, June 2024
Entered into force, September 2025



<u>IHR, as amended in 2014, 2022, 2024</u>	<u>IHR, as amended in 2014, 2022</u>	<u>IHR, as amended in 2014</u>
In force for 184 of 197 States Parties	In force for 9 of 197 States Parties	In force for 4 of 197 States Parties
Including Palestine that became a State Party to IHR in December 2025	Argentina, Austria, Brazil, Canada, Czech Republic, Israel, Italy, Philippines, United States	Iran, the Netherlands, New Zealand, Slovakia

International Health Regulations – key new elements



- Establishment of a National IHR Authority (Art. 1 and 4)
- Determination and definition of “pandemic emergency” (Art. 1 and 12, etc.)
- 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 digital health documents (Art. 35 and Annex 6)
- Establishment of a States Parties Committee for the Implementation of IHR (Art. 54bis)

Key IHR amendments for the civil aviation sector

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 a potential additional health measure 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

B. CORE CAPACITIES REQUIREMENTS FOR DESIGNATED AIRPORTS, PORTS AND GROUND CROSSINGS	
1. At all times, 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;	
45	
<hr/> <i>International Health Regulations (2005)</i> <i>Annex 1</i>	
(b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;	
(c) to provide trained personnel for the inspection of conveyances;	
(d) 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	
(e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.	
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:	
(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;	
(c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons;	
(d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry;	
(e) to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels, including, when appropriate, at locations specially designated and equipped for this purpose;	
(f) to apply entry or exit controls for arriving and departing travellers; and	
(g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.	

Amended Annex 1B of the IHR – Core capacities requirements for designated airports, ports and ground crossings

Available [here](#)

Key IHR amendments for the civil aviation sector

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))**

International Health Regulations (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 DECLARATION¹

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


Annex 9 of the IHR – Health Part of the Aircraft General Declaration

Available [here](#)

WHO Border Health – Partner coordination

- WHO-ICAO Memorandum of Understanding
- 2024-26 WHO-IATA collaboration plan
- Coordination with IMO on facilitation matters for maritime travel and trade
- Coordination with IOM on public health and land borders
- Joint Action Group to review the impact of the COVID-19 pandemic on the world's transport workers and the global supply chains (JAG-TSC)
- UN interagency task force on the impact of COVID-19 on seafarers

JAG-TSC/2023



Joint Action Group to review the impact of the COVID-19 pandemic on the world's transport workers and the global supply chain (JAG-TSC)

Introduction

The transport sector plays a vital, and often insufficiently recognized, role in ensuring the movement of people and goods during public health emergencies of international concern (PHEIC), including through the efficient operation of both domestic and global supply chains.

The COVID-19 pandemic has presented these sectors, in particular their mobile workers – seafarers, truckers, railway workers, air crew – with considerable and, at times, unbearable challenges, threatening the sectors' sustainability, as well as the lives and livelihoods of its workers.

Governments were compelled to implement public health and social measures, including international travel-related measures, often in a precautionary manner and in the context of scientific uncertainty, to control and reduce the spread of COVID-19 and ensure the sustained performance of health systems' functions. Some of the most stringent measures implemented by national authorities led to the override of international obligations by States to protect the rights of transport workers, including those concerning their fundamental principles and rights at work and, in particular for seafarers, the Maritime Labour Convention, 2006, as amended (MLC, 2006).

United Nations (UN) bodies and agencies have issued a large range of recommendations, including key legal, policy and technical guidance, as well as joint statements and declarations (listed in the Annex) to address the challenges posed by the pandemic to the transport industry, and have highlighted that additional, country-level concrete means of action are needed to tackle them.

The Joint Action Group to review the impact of the COVID-19 pandemic on the world's transport workers and the global supply chain (JAG-TSC) was established at a meeting of the Director-Generals of the International Labour Organization (ILO) and the World Health Organization (WHO) with the heads of international transport organizations and federations on 6 December 2021. The JAG-TSC discussed serious and urgent challenges faced by transport workers resulting from the COVID-19 pandemic, with a view to minimize adverse impacts on transport workers.

Available [here](#)

ICAO and WHO heighten their public health emergency partnership



Montréal, 13 December 2022 – A new agreement between ICAO and the World Health Organization (WHO) will support the use of evidence-informed and risk-based approaches to international travel, both in the context of the COVID-19 pandemic and other potential public health emergencies.

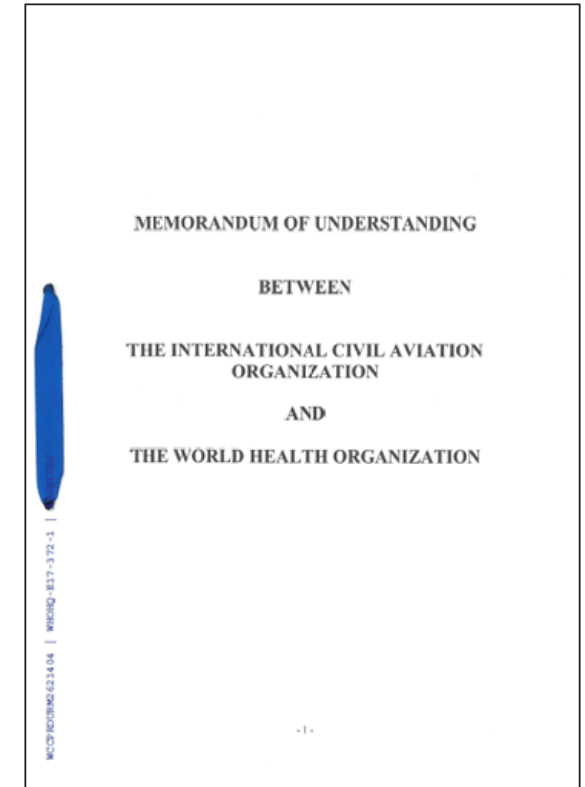
Signed by ICAO Secretary General Juan Carlos Salazar and WHO Director General Dr Tedros Adhanom Ghebreyesus, the agreement calls for the two United Nations bodies to further maintain and strengthen their cooperation on the provision of advice and assistance to Member States and industry stakeholders on policy and technical matters, in accordance with their respective mandates.

"The WHO has been collaborating with ICAO on public health matters in civil aviation for decades, including in the context of its *Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation* (CAPSCA) implementation support programme established in 2009. This collaboration has intensified since the onset of the COVID-19 pandemic within the framework of the UN-wide response," remarked Secretary General Salazar. "It builds on our successful cooperation within the context of the ICAO Council Aviation Recovery Task Force (CART), which has delivered a harmonized and optimized approach for the safe and resilient restart and recovery of the global flight network."

"The COVID-19 pandemic has been a severe, unprecedented challenge for the aviation industry and the transportation sector as a whole, and shown why strong collaboration between the health and transportation sectors is so important," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "The transportation

WHO – ICAO collaboration

- **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.



WHO – ICAO collaboration

- Implementation of the MoU at global and regional levels is facilitated and monitored through **joint work plans**
- **First work plan developed for 2025** – key activities:
 - Joint advocacy and awareness-raising on IHR/ICAO requirements and related guidance at ICAO/CAPSCA regional meetings and webinars
 - Strengthening of national coordination mechanisms (e.g. National Aviation Facilitation Committees)
 - Joint alignment of technical tools and piloting (e.g. assessment tool for core capacity requirements at designated airports)
 - Joint risk assessment for acute public health emergencies
 - Joint resource mobilization efforts public health capacity strengthening in civil aviation
 - Ad-hoc engagement in technical topics (e.g. contact tracing in air transport; digital health documentation)
- Second work plan currently under development (2026-27)



© WHO / Junior Diatezua

Thank you

whoborderhealth@who.int