

## IHR (2005) Overview and Legal Status



Regional Seminar on Aviation Medicine

Lima, Peru, 01-03 April 2009

*Daniel Menucci, IHR Coordination Programme, Lyon*



### Objectives of this session

To provide a general overview of the revision and implementation process of the International Health Regulations (2005)

To present IHR legal requirements and structure of the document

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## A Changing World

- **Population growth**
- **Population ageing**
- **Population movements**
- **Urbanization**
- **Biotechnologies**
- **Food processing**
- **Globalized trade**
- **Access to remote biotopes**
- **Industrial pollution**
- **Climate change**
- ...



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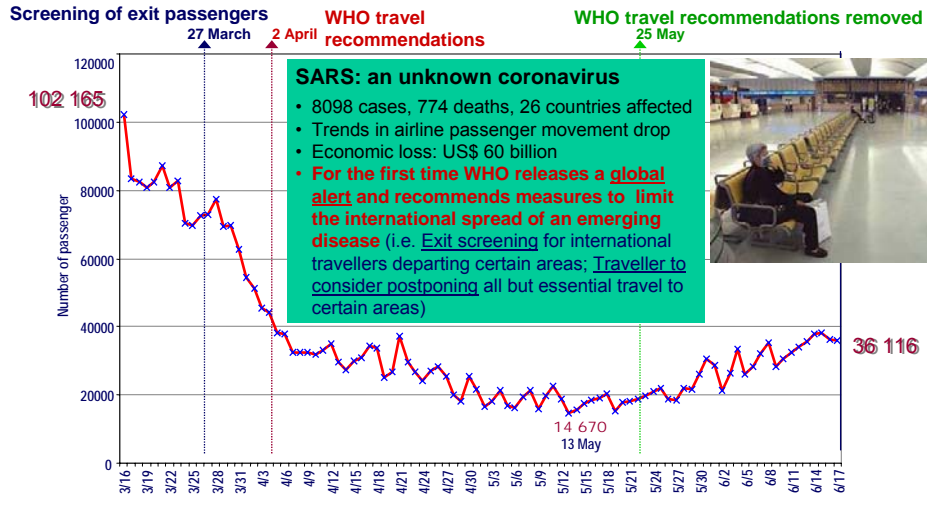
## International public health security, 1980-2008



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# Severe acute respiratory syndrome (SARS), 2003



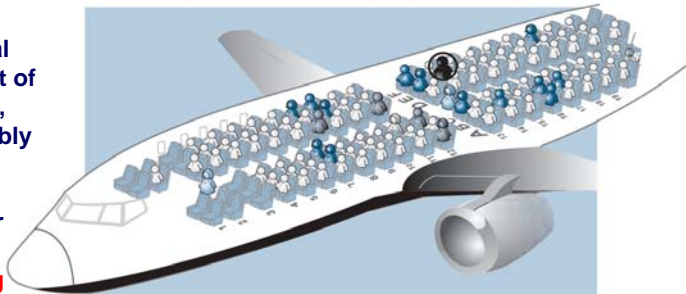
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## A Changing World

- **Rapid international air transport of passengers, some possibly incubating infectious diseases, or already transmitting infectious agents.**

Probable SARS transmission on flight CA112 in March 2003



A total of 22 passengers and the index case met WHO definition of a probable case of SARS.

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## 1997 – 2009, H5N1 Avian Influenza and Pandemic Threat

« In today's economy, what would be the impact of closing movie theaters, shopping malls, and sporting events? What if restaurants were closed or limited to take-out? If a large number of long-distance truck drivers were unavailable to drive for two weeks, for example, there might be difficulties in distributing items such as perishable food or components for just-in-time manufacturing. Equity and bond investments would suffer right at the moment when they would be called upon to pay claims. »

*Howell Pugh. Pandemic, The Cost of Avian Influenza. Contingencies, American Academy of Actuaries, September/October 2005*

WHO coordinates the first major international effort for (influenza) pandemic preparedness



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## May 1995, WHA Resolution on the Revision of the IHR

Overall drive and rationale

- **Economic impact**
- **Global concern** (international spread)
- **World unprepared: IHR(1969) obsolete**
  - limited list of diseases (cholera, plague, yellow fever – revised 1983)
  - focus on borders only (ports, airports)
  - pre-set rather than tailored measures
  - do not address international coordination

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## IHR (2005): Three Paradigm Shifts

- From **control of borders** to [also] **containment at source**
- From **diseases list** to **all public health risks**
- From **preset measures** to **adapted responses**



Entered into force on 15 June 2007

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## International Health Regulations 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" (*Article 2*)

**1969, 2005: IHR purpose remains the same**

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## What do the IHR call for?



Strengthened national capacity for surveillance and control, including in travel and transport

Prevention, alert and response to international public health emergencies

Global partnership and international collaboration (e.g. IAEA, FAO, OIE, IMO, ICAO, IATA, ACI, MERCOSUR, EU)

Rights, obligations, procedures and progress monitoring

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## Why should countries implement the IHR?

To detect and contain public health threats faster, to contribute to international public health security, and to enjoy the benefits of being a respected partner.

Countries will receive:

WHO assistance in building core capacities

WHO's guidance during outbreak investigation, risk assessment, and response

WHO's advice and logistical support

information gathered by WHO about public health risks worldwide

assistance to mobilize funding support



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## Multisectoral approach

Each State Party shall designate or establish the national authorities responsible for implementation (Articles 4 and 19)

Surveillance and reporting (all hazard)

Points of entry (airports, ports, ground crossings)

Public health services (clinics, hospitals, laboratories)

Government departments (health, agriculture, transport, environment, consumer safety, emergency preparedness, military, administration)

Possibly others depending on national context

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## International Health Regulations

**PART I** DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES

**PART II** INFORMATION AND PUBLIC HEALTH RESPONSE

**PART III** RECOMMENDATIONS

**PART IV** POINTS OF ENTRY

**PART V** PUBLIC HEALTH MEASURES

Chapter I General provisions

Chapter II Special provisions for conveyances and conveyance operators

Chapter III Special provisions for travellers

Chapter IV Special provisions for goods, containers and container loading areas

**PART VI** HEALTH DOCUMENTS

**PART VII** CHARGES

**PART VIII** GENERAL PROVISION

**PART IX** THE ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE

Chapter I The IHR Roster of Experts

Chapter II The Emergency Committee

Chapter III The Review Committee

**PART X** FINAL PROVISIONS

10 Parts

66 Articles

9 Annexes

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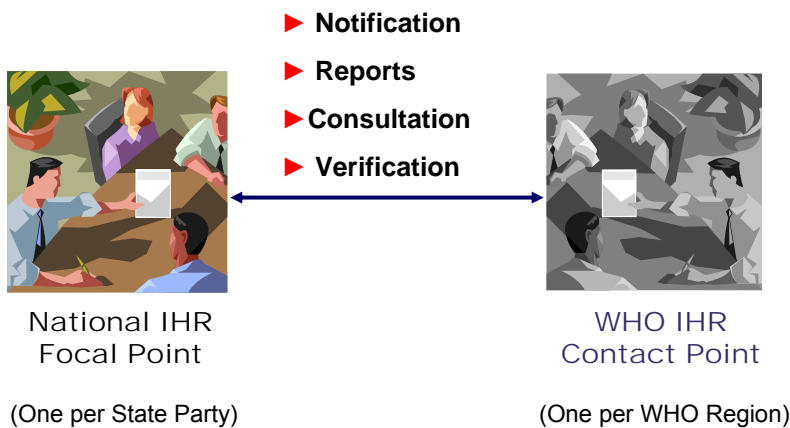


## PART I – DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES

**PART I** DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES  
 PART II INFORMATION AND PUBLIC HEALTH RESPONSE  
 PART III **National IHR Focal Point in each State Party**  
 PART IV **WHO IHR Contact Points in each of six WHO Regional Offices**  
 PART V **(Article 4)**  
 Chapter IV Special provisions for goods, containers and container loading areas  
 PART VI HEALTH DOCUMENTS  
 PART VII CHARGES  
 PART VIII GENERAL PROVISION  
 PART IX THE ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE  
 Chapter I The IHR Roster of Experts  
 Chapter II The Emergency Committee  
 Chapter III The Review Committee  
 PART X FINAL PROVISIONS

### Responsible authorities (Article 4)

“National IHR Focal Point” means the national centre, designated by each State Party, which shall be **accessible at all times** for communications with WHO IHR Contact Points under these Regulations;



# WHO IHR Contact Points

WHO shall designate IHR Contact Points, which shall be accessible at all times for communications with National IHR Focal Points (Article 4)

## Regional WHO IHR Contact Points

Region	E-mail	Telephone	Fax
AMRO/PAHO	ihr@paho.org	+1202 3688929	+ 1202 974 3432
AFRO	ihr@afro.who.int	+ 2426726524	+4724139530
EURO	ihr@euro.who.int	+45 51 31 89 09	+4539171801
EMRO	ihr@emro.who.int	+2010 0069722	+2022765456
SEARO	ihr@searo.who.int	+919871329862	+911123705663
WPRO	ihr@wpro.who.int	+639285031007	+6325266730

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## PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

PART I	DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES
<b>PART II</b>	<b>INFORMATION AND PUBLIC HEALTH RESPONSE</b>
PART III	RECOMMENDATIONS
PART IV	POINTS OF ENTRY
PART V	PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN (PHEIC)
	Chapter I The IHR Roster of Experts
	Chapter II The Emergency Committee
	Chapter III The Review Committee
PART VI	HEALTH DOCUMENTS
PART VII	CHARGES
PART VIII	GENERAL PROVISION
PART IX	THE ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE
	Chapter I The IHR Roster of Experts
	Chapter II The Emergency Committee
	Chapter III The Review Committee
PART X	FINAL PROVISIONS

Key domain where the IHR establish a number of **obligations** and **procedures** relative to disease surveillance, information exchange and collective actions in a case of a public health emergency of international concern (PHEIC)

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## PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

Article 5	Surveillance	“WHO may take into account reports from <b>sources other than notifications or consultations ...</b> ”
Article 6	Notification	
Article 7	Information-sharing	“WHO shall consult with and attempt to <b>obtain verification</b> from the State Party in whose territory the event is allegedly occurring...”
Article 8	Consultation	
Article 9	Other reports	
Article 10	Verification	... WHO shall make the information received available to the States Parties and only where it is duly justified may WHO <b>maintain the confidentiality of the source.</b>
Article 11	Provision of information	
Article 12	Determination of a public health emergency of international concern	
Article 13	Public health response	
Article 14	Cooperation of WHO with intergovernmental organizations and international bodies	

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## PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

Article 5	Surveillance	“WHO shall request ... verification ... of reports ...”
Article 6	Notification	<b>initial reply within 24h</b>
Article 7	Information-sharing	WHO shall offer to collaborate ... <b><u>If the State Party does not accept the offer of collaboration ... WHO may share</u></b> with other States Parties the information available...
Article 8	Consultation	
Article 9	Other reports	
Article 10	Verification	
Article 11	Provision of information by WHO	
Article 12	Determination of a public health emergency of international concern	
Article 13	Public health response	
Article 14	Cooperation of WHO with intergovernmental organizations and international bodies	

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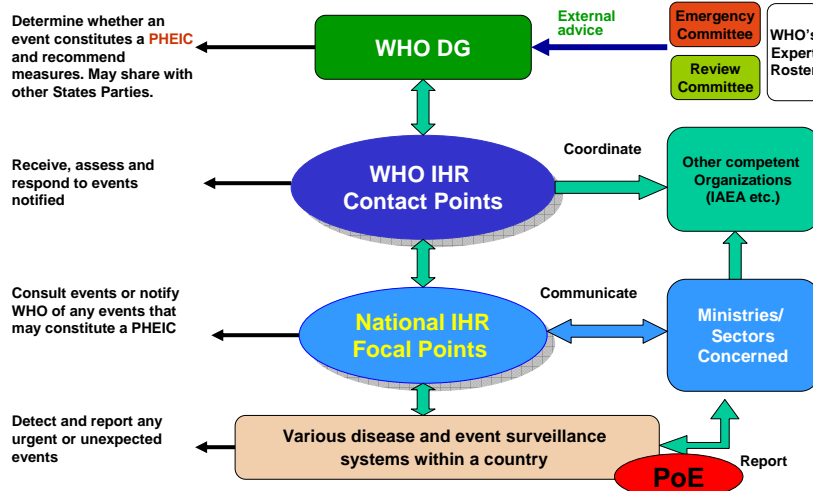
## PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

Article 5	Surv	<b>Public Health Events of International Concern-PHEIC</b>
Article 6	Notif	WHO Director General shall:
Article 7	Infor.	
Article 8	Cons	Consult the State Party involved, and if consensus
Article 9	Othe	Seek the view of <b>the Emergency Committee</b> for appropriate
Article 10	Verif	emergency recommendations
Article 11	Prov.	<b><u>If no consensus within 48h</u></b> , DG convenes meeting of the
Article 12	Dete	Emergency Committee (procedure in Article 49). <b>"The Director</b>
Article 13	Publ	<b>General shall make the final determination on these matters"</b> -
Article 14	Cooper	Cooperation of WHO with intergovernmental organizations and international bodies

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## Event-related communication and determination



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## PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

Article 5 Surveillance

Article 6 Notificati

Article 7 Informat

Article 8 Consulta

Article 9 Other rep

Article 10 Verificati

Article 11 Provision

Article 12 Determin

Article 13 Public he

Article 14 Cooperation of WHO with intergovernmental organizations and international bodies

WHO shall not make information generally available to other States Parties unless

the event is determined to be a PHEIC

evidence of international spread

control measures unlikely to succeed

the State Party lacks operational capacity

need for immediate application of international control

measures

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## PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

Article 5 Surveillance

Article 6 Notification

Article 7 Information-sharing during unexpected or unusual public health events

Article 8 Consultation

Article 9 Other reports

Article 10 Verif

Article 11 Prov

Article 12 Determination of a public health emergency of international concern

Article 13 Public health response

Article 14 Cooperation of WHO with intergovernmental organizations and international bodies

WHO may offer assistance, including the offer to mobilize international assistance...

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## PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

Article 5 Surveillance

Article 6 Notification

Article 7 Information-sharing during unexpected or unusual public health events

Article 8 Consultation

Article 9 Other reports

Article 10 Verification WHO shall coordinate these activities with other  
intergovernmental organizations ...

Article 11 Provisions

Article 12 Determination (e.g. AIEA, FAO, OIE, UE, etc)

Article 13 Public health response

Article 14 Cooperation of WHO with intergovernmental organizations and international bodies

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## PART III – RECOMMENDATIONS

PART I DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES

PART II INFORMATION AND PUBLIC HEALTH RESPONSE

**PART III RECOMMENDATIONS**

PART IV POINTS OF ENTRY

PART V PUBLIC HEALTH  
Chapter Temporary recommendations (Article 15)

Chapter Standing recommendations (Article 16)

Chapter Criteria and possible recommendations with respect to persons  
and baggage, cargo, etc. (Article 17 and 18)

PART VI HEALTH CARE

PART VII CHARGES

PART VIII GENERAL PROVISION

PART IX THE ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE

Chapter I The IHR Roster of Experts

Chapter II The Emergency Committee

Chapter III The Review Committee

PART X FINAL PROVISIONS

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## PART IV – POINTS OF ENTRY (airports, ports and ground crossings)

- PART I DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES
- PART II INFORMATION AND PUBLIC HEALTH RESPONSE
- PART III RECOMMENDATIONS
- PART IV POINTS OF ENTRY**
- PART V PUBLIC HEALTH MEASURES
  - Chapter I General provisions

Designation of points of entry to maintain the core capacities in Annex 1B (Article 19)  
Authorization of ports to issue Ship Sanitation Certificates (SSC) (Article 20)

- Chapter IV Special provisions for goods, containers and container loading areas
- PART VI HEALTH DOCUMENTS
- PART VII CHARGES
- PART VIII GENERAL PROVISION
- PART IX THE ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE
  - Chapter I The IHR Roster of Experts
  - Chapter II The Emergency Committee
  - Chapter III The Review Committee
- PART X FINAL PROVISIONS

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## PART V – PUBLIC HEALTH MEASURES

- PART I DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES
- PART II INFORMATION AND PUBLIC HEALTH RESPONSE
- PART III RECOMMENDATIONS
- PART IV POINTS OF ENTRY
- PART V PUBLIC HEALTH MEASURES**
  - Chapter I General provisions**
  - Chapter II Special provisions for conveyances and conveyance operators**
  - Chapter III Special provisions for travellers**
  - Chapter IV Special provisions for goods, containers and container loading areas**

- PART VI HEALTH DOCUMENTS
- PART VII CHARGES
- PART VIII GENERAL PROVISION
- PART IX THE ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE
  - Chapter I The IHR Roster of Experts
  - Chapter II The Emergency Committee
  - Chapter III The Review Committee
- PART X FINAL PROVISIONS

“...States Parties shall treat travellers with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures...” (Article 32)

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## PART VI & PART VII – HEALTH DOCUMENTS & CHARGES

PART I	DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES	
PART II	INFORMATION AND PUBLIC HEALTH RESPONSE	
PART III	RECOMMENDATIONS	
PART IV	POINTS OF ENTRY	
PART V	PUBLIC HEALTH MEASURES	
	Chapter I General provisions	Certificates of vaccination or other prophylaxis (Article 36, Annex 6)
	Chapter II Special provisions for	
	Chapter III Special provisions for	Maritime Declaration of Health (Article 37, Annex 8)
	Chapter IV Special provisions for	
<b>PART VI</b>	<b>HEALTH DOCUMENTS</b>	
<b>PART VII</b>	<b>CHARGES</b>	
PART VIII	GENERAL PROVISION	Health Part of the Aircraft General Declaration (Article 38, Annex 9)
PART IX	THE ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE	Ship Sanitation Certificates (Article 39, Annex 3)
	Chapter I The IHR Roster of Experts	
	Chapter II The Emergency Committee	Charges for measures with respect to travellers and baggage, cargo, etc. (Article 40 and 41)
	Chapter III The Review Committee	
PART X	FINAL PROVISIONS	

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## PART VIII – GENERAL PROVISION

PART I	DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES	
PART II	INFORMATION AND PUBLIC HEALTH RESPONSE	
PART III	RECOMMENDATIONS	
PART IV	POINTS OF ENTRY	
PART V	PUBLIC HEALTH MEASURES	
	Chapter I General provisions	
	Chapter II Special provisions for conveyances and conveyance operators	
	Chapter III Special provisions for travellers	
	Chapter IV Special provisions for goods, containers and container loading areas	
PART VI	HEALTH DOCUMENTS	
PART VII	CHARGES	
<b>PART VIII</b>	<b>GENERAL PROVISION</b>	
PART IX	THE ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE	Collaboration with WHO and other States Parties (Article 44)
	Chapter I The IHR Roster of Experts	
	Chapter II The Emergency Committee	Treatment of personal data (Article 45)
	Chapter III The Review Committee	
PART X	FINAL PROVISIONS	

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## Part IX & Part X – Procedures and committees for the functioning of the IHR

PART I DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES  
 PART II INFORMATION AND PUBLIC HEALTH RESPONSE  
 PART III RECOMMENDATIONS  
 PART IV POINTS OF ENTRY  
 PART V PUBLIC HEALTH MEASURES  
     Chapter I General provisions  
     Chapter II Special provisions for conveyances and conveyance operators  
     Chapter III Special provisions for travellers  
     Chapter IV Special provisions for ports and airports  
 PART VI HEALTH CARE FACILITIES  
 PART VII CHARACTERISTICS OF PORTS AND AIRPORTS  
 PART VIII GENERAL PROVISIONS  
**PART IX THE ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE**  
     **Chapter I The IHR Roster of Experts**  
     **Chapter II The Emergency Committee**  
     **Chapter III The Review Committee**  
 PART X FINAL PROVISIONS

Interested States Parties shall notify the Director-General of the experts they propose for membership in the IHR Roster of Experts (Article 47)

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### Seven strategic actions to guide IHR(2005) implementation

Strategic action	Goal	
<b>GLOBAL PARTNERSHIP</b>		
<b>1</b>	<b>Foster global partnerships</b>	WHO, all countries and all relevant sectors (e.g. health, agriculture, travel, trade, education, defence) are aware of the new rules and collaborate to provide the best available technical support and, where needed, mobilize the necessary resources for effective implementation of IHR (2005).
<b>Awareness</b>		
<b>STRENGTHEN NATIONAL CAPACITY</b>		
<b>2</b>	<b>Strengthen national disease surveillance, prevention, control and response systems</b>	Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread.
<b>3</b>	<b>Strengthen public health security in travel and transport</b>	The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.
<b>Four Technical areas</b>		
<b>PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES</b>		
<b>4</b>	<b>Strengthen WHO global alert and response systems</b>	Timely and effective coordinated response to international public health risks and public health emergencies of international concern.
<b>5</b>	<b>Strengthen the management of specific risks</b>	Systematic international and national management of the risks known to threaten international health security, such as influenza, meningitis, yellow fever, SARS, poliomyelitis, food contamination, chemical and radioactive substances.
<b>LEGAL ISSUES AND MONITORING</b>		
<b>6</b>	<b>Sustain rights, obligations and procedures</b>	New legal mechanisms as set out in the Regulations are fully developed and upheld; all professionals involved in implementing IHR (2005) have a clear understanding of, and sustain, the new rights, obligations and procedures laid out in the Regulations.
<b>7</b>	<b>Conduct studies and monitor progress</b>	Indicators are identified and collected regularly to monitor and evaluate IHR (2005) implementation at national and international levels. WHO Secretariat reports on progress to the World Health Assembly. Specific studies are proposed to facilitate and improve implementation of the Regulations.
<b>A legal and monitoring framework</b>		

\* Strategic actions 2-5 are key because they call for significantly strengthened national and global efforts.


World Health Report 2007

STRENGTHEN NATIONAL CAPACITY		
2	<b>Strengthen national disease surveillance, prevention, control and response systems</b>	Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread.
3	<b>Strengthen public health security in travel and transport</b>	The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.


**IHR Annex 1A**

**National disease alert and response system**

- Health system
- Epidemiology
- Laboratory
- Preparedness
- Case management
- Infection control
- Social mobilisation
- Communication
- ...



STRENGTHEN NATIONAL CAPACITY		
2	<b>Strengthen national disease surveillance, prevention, control and response systems</b>	Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread.
3	<b>Strengthen public health security in travel and transport</b>	The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.



- Ports
- Airports
- Ground crossings

**IHR Annex 1B,**  
(also 3, 4, 5, 8, and 9)

**Intersectoral collaboration**

- Aviation sector (ICAO, ACI, IATA)
- Shipping (IMO, ISF, CLIA)
- Railways (UIC)

**3 Strengthen public health security in travel and transport**

The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.

**CORE CAPACITIES**

**Annex 1B**

- **At all times**
  - Access to medical service
  - Transport of ill travellers
  - Inspection of conveyances
  - Ensure safe environment at PoE facilities
  - Control of vectors / reservoirs
- **For responding to events**
  - **Public health emergency contingency plan**
  - Arrangement for assessment, medical care and isolation for travellers or animals
  - Space for interview / quarantine travellers
  - Apply entry-exit control or other specific control measures



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**STRENGTHEN NATIONAL CAPACITY**

**2 Strengthen national disease surveillance, prevention, control and response systems**

Each country assesses its national resources in disease surveillance and response and develops national action plans to implement and meet IHR (2005) requirements, thus permitting rapid detection and response to the risk of international disease spread.

**3 Strengthen public health security in travel and transport**

The risk of international spread of disease is minimized through effective permanent public health measures and response capacity at designated airports, ports and ground crossings in all countries.

Core capacity requirements for surveillance and response and activities concerning designated ports, airports and ground crossings (Annex 1):

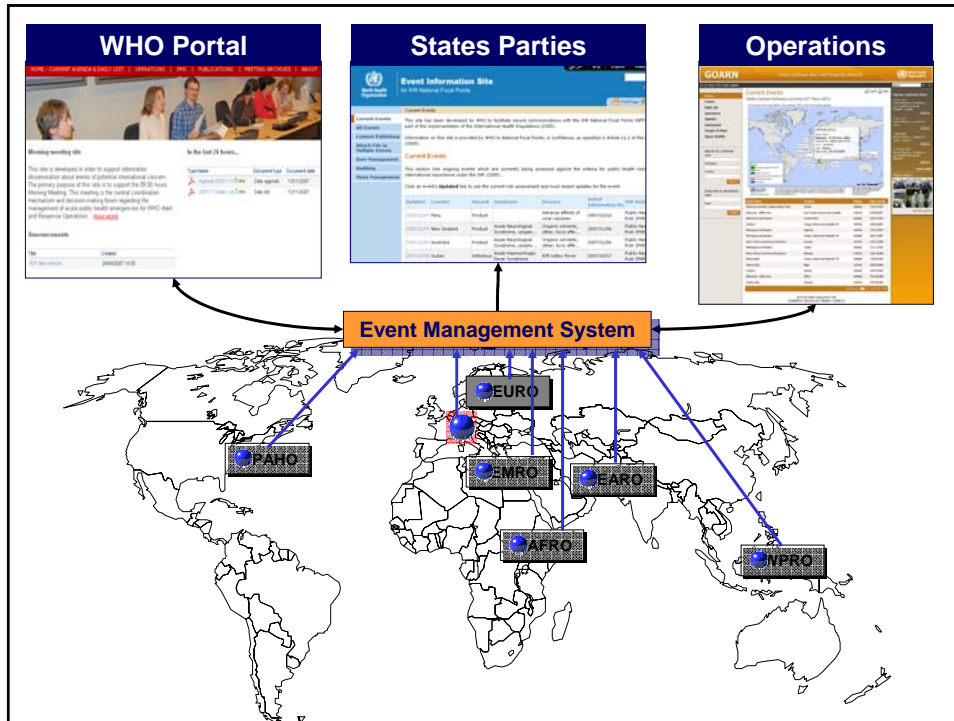
**• Timeline**

2 years + 3 + (2) + (up to 2)



**"As soon as possible but no later than five years from entry into force ..."**





## GOARN WHO Support System, Geneva

### Operational Support Team

- GOARN management
- Field epidemiology unit

### Logistics unit

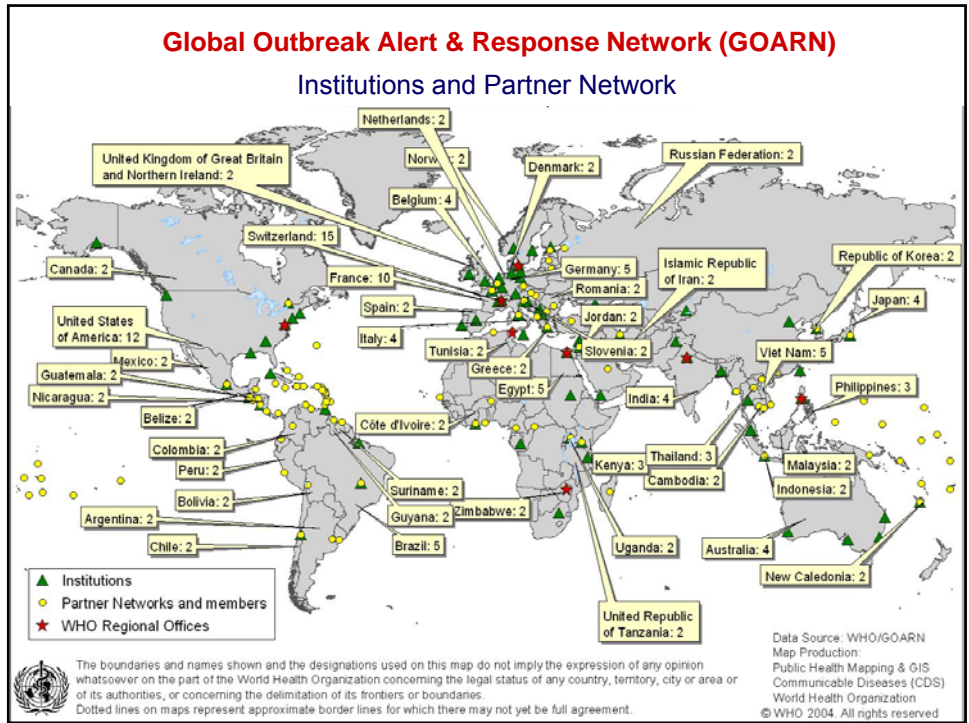
- Field logistics
- Stockpiles
- Logistics mobility unit (Dubai)

### Electronic tools

- Event Management System (EMS)
- Field Information Management System (FIMS)
- Early Warning Alert and Response System (EWARN)

### Strategic Health Operations Centre (SHOC)





PREVENT AND RESPOND TO INTERNATIONAL PUBLIC HEALTH EMERGENCIES	
<b>4</b>	<b>Strengthen WHO global alert and response systems</b> Timely and effective coordinated response to international public health risks and public health emergencies of international concern.
<b>5</b>	<b>Strengthen the management of specific risks</b> Systematic international and national management of the risks known to threaten international health security, such as influenza, meningitis, yellow fever, SARS, poliomyelitis, food contamination, chemical and radioactive substances.

↓

- Influenza
- Polio
- SARS
- Smallpox
- Cholera
- Meningitis
- Yellow fever
- Food safety
- Chemical safety
- Radionuclear safety
- ...

- Tuberculosis
- Malaria
- HIV/AIDS
- EPI

**Driving forces at country level ... but vertical and not integrated**

**5**

**Strengthen the management of specific risks**

Systematic international and national management of the risks known to threaten international health security, such as influenza, meningitis, yellow fever, SARS, poliomyelitis, food contamination, chemical and radioactive substances.

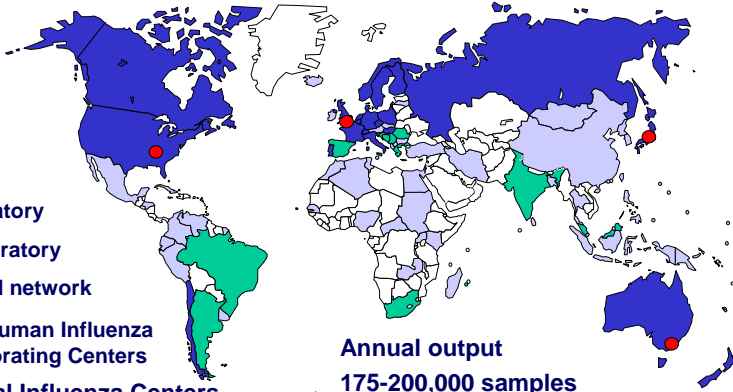
e.g. Global Influenza Surveillance Network

- 1 laboratory
- >1 laboratory
- national network
- WHO Human Influenza Collaborating Centers

115 National Influenza Centers (NIC) in 84 countries

**Seasonal Vaccine Composition**

**Annual output**  
 175-200,000 samples  
 15-40,000 isolates  
 2-6000 viruses characterized



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**FACTS AND FIGURES**

• Update on IHR implementation in countries

(Figures as at 25 March 2009)

Designated National IHR Focal Points (n° of)	193	99.4 %
National IHR Focal Points that access the IHR Event Information Management Site (n° of)	161	83 %
States Parties providing to WHO the list of ports authorized to issue Ship Sanitation Certificates (n° of)	69 (1 643 ports)	33%
Certificates delivered upon completion of IHR on line briefing (internal WHO only – n° of)	422 (in 132 WHO country offices)	86%
States Parties nominated roster of national experts (n° of)	56/194	29%

**World Health Organization**

**Epidemic and Pandemic Alert and Response (EPR)**

**International Health Regulations (2005)**

The successful implementation of the International Health Regulations (2005) or IHR (2005), with the technical support of WHO, by all the countries who committed themselves to meet the new requirements of the Regulations will contribute significantly to enhancing national, regional and international public health security.

The entry into force of the IHR (2005) on 15 June 2007 is a public health landmark for the World Health Organization (WHO) and its Member States. The global community has managed its collective defences against spread internationally and have well as unnecessary negative international health security.

**ABOUT THE IHR (2005)**

Online Q&A  
What are the International Health Regulations?  
[Full text](#)

Are you prepared?  
The IHR (2005) enter into force on 15 June 2007  
[More information](#)

**ALSO ON THIS SITE**

- WHO alert and response operation
- Core capacity requirements for
- Containment of specific disease
- Monitoring and evaluation of IHR
- Travel and transport under the IHR

**Download the IHR (2005)**

- Arabic [pdf 469kb]
- Chinese [pdf 872kb]
- English [pdf 270kb]
- French [pdf 289kb]
- Russian [pdf 610kb]
- Spanish [pdf 232kb]

**IHR-RELATED SITES AT WHO REGIONAL OFFICES**

- Africa
- Americas
- Eastern Mediterranean
- Europe

**Outbreak News**

**IHR e-Library**

**WHO quarterly bulletin on IHR implementation**

**IHR references and archives**

**etc.**

**Thank you**

**Baggage Claim Terminal**

[www.who.int/ihr](http://www.who.int/ihr)

**IHR Coordination Programme**

**World Health Organization**