

**CHAPTER 63:01**  
**PUBLIC HEALTH**  
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Act 44, 1971,  
S.I. 1, 1981,  
Act 18, 2006,  
S.I. 45, 2007.

**An Act to make the notification of certain diseases compulsory and to control such diseases; to make provision regarding diseases subject to the International Health Regulations; to prevent the spread of smallpox; to prevent the introduction of diseases into Botswana; to control advertisements and publications concerning venereal disease; to regulate sanitation and housing; to provide for the protection of foodstuffs and of water supplies; to regulate the use of cemeteries; and generally to make provision for public health.**

*[Date of Commencement: 30th January, 1981]*

**PART I**  
***Preliminary (ss 1-4)***

**1. Short title**

This Act may be cited as the Public Health Act.

**2. Interpretation**

In this Act, unless the context otherwise requires-

**"adult"** means a person of 16 years of age or over;

**"approved"** means approved by the Minister;

**"building"** includes any structure whatsoever for whatever purpose used;

**"burial"** means the burial in earth, interment or any other form of sepulture or the

cremation or any other approved mode of disposal of a dead body;

**"child"** means a person who is under or appears to be under 16 years of age;

**"cleansing"** means the removal from surfaces, by scrubbing and washing, as with hot water, soap or suitable detergent, of infectious agents and of organic matter on which and in which infectious agents may find favourable conditions for prolonging the life and virulence of such infectious agents, or of killing infectious agents outside the body by chemical or physical means directly applied;

**"communicable disease"** means any disease which can be communicated directly or indirectly by any person suffering therefrom to any other person;

**"dwelling"** means any house, room, shed, hut, cave, tent, vehicle, boat or any other structure or place whatsoever, any portion whereof is used by any human being for sleeping or in which any human being dwells;

**"food"** means any animal product, fish, fruit, vegetables, condiments, confectionery, beverages and any other substance whatsoever (other than drugs or water) in any form, state or stage of preparation which is intended or ordinarily used for human consumption;

**"health officer"** includes any medical practitioner registered under the Botswana Health Professions Act, any health inspector, and any public health nurse employed by or so designated by the Minister;

**"infected"** means suffering from, or in the incubation stage of, or contaminated with the infection of any communicable disease;

**"isolated"** means the segregation, and the separation from, and interdiction of communication with others, other than by means approved in writing by the health officer, of persons who are suspected of being infected, and **"isolation"** has a corresponding meaning;

**"medical surveillance"** means the keeping of a person under medical supervision: persons under such surveillance may be required to remain within a specified area or to attend for medical examination at specified places and times;

**"Ministry"** means the Ministry for the time being responsible for the administration of this Act;

**"occupier"** includes any person in actual occupation of land or premises without regard to the title under which he occupies, and in the case of premises subdivided and let to lodgers or various tenants the person receiving the rent payable by lodgers or tenants, whether on his own account or as an agent for any person entitled thereto or interested therein, and in the case of a school, the principal or other person in charge of the school;

**"parent"** includes the father and mother of a child, whether adopted or whether legitimate or not, and any legal guardian;

**"premises"** includes any building or tent together with the land on which the same is situated and adjoining land used in connection therewith, and includes any vehicle, conveyance or boat;

**"public building"** means a building used or constructed or adapted to be used either ordinarily or occasionally as a place of public worship or as a hospital, college, school, hotel, boarding-house, lodging-house, theatre, public hall or as a place of assembly for persons admitted by ticket or otherwise, or used or adapted to be used for any other public purpose;

**"regulation"** means any regulation made under this Act;

**"school"** means any public or private establishment for nursery, primary or secondary or higher education and includes a hostel or boarding-house kept for housing the pupils at any such establishment;

**"veterinary officer"** means any veterinary surgeon registered under the Veterinary Surgeons Act, or livestock officer employed by the Government of Botswana.

### **3. Functions of the Ministry**

The functions of the Ministry under this Act shall be-

- (a) to promote the personal health and environmental health within Botswana;

- (b) to prevent and guard against the introduction of disease from outside;
- (c) to prevent or control communicable disease;
- (d) to advise and assist local authorities in regard to matters affecting public health;
- (e) to promote or carry out researches and investigations in connection with the prevention and treatment of human diseases;
- (f) to prepare and publish reports and statistics or other information relative to the public health;
- (g) to provide for the appointment of advisers, advisory bodies or councils to assist the Minister in all matters concerning public health; and
- (h) generally to administer this Act.

#### **4. Appointment of health officers and others**

Subject to the provisions of the law governing the public service, the Minister may appoint as many health officers or other officers as may from time to time be necessary to carry out the purposes of this Act.

### **PART II**

#### ***Notifiable Diseases (ss 5-16)***

#### **5. Notification of diseases**

(1) The provisions of this Act, unless otherwise expressed, shall, so far as they concern notifiable diseases apply to the following diseases, namely, smallpox (including variola minor or alastrim), cholera, plague, yellow fever, diphtheria, typhoid (enteric) fever (including paratyphoid A, B), whooping-cough, tuberculosis and poliomyelitis.

(2) The Minister may by order published in the *Gazette*-

- (a) declare that any disease other than those specified in subsection (1) shall be a notifiable disease under this Act;
- (b) declare that only such provisions of this Act as are mentioned in such order shall apply to any notifiable diseases; and
- (c) restrict the provisions of this Act regarding the notification of any disease, to any district or area and for such period specified in such order, or until the order has been withdrawn.

(3) Notice of any notifiable diseases shall be furnished by the health officer concerned as soon as practicable to the Minister, in the prescribed form.

#### **6. Inspection of infected premises, etc.**

A health officer or other duly authorized officer may at any reasonable time enter and inspect any premises in which he has reason to believe that any person suffering or who has recently suffered from any communicable disease is or has recently been present, or any inmate of which has recently been exposed to the infection of any communicable disease, and may medically examine or cause to be medically examined any person in such premises for the purpose of ascertaining whether such person is suffering or has recently suffered from any such disease.

#### **7. Power to order cleansing of building**

(1) Where any health officer is of opinion that the cleansing of any building or part thereof, and of any articles therein likely to retain infection would tend to prevent or check communicable disease, he may give notice in writing to the owner or occupier of such building or part thereof specifying the steps to be taken to cleanse such building or part thereof and articles within such time as may be specified in the notice.

(2) If a person to whom such notice is given fails to comply therewith he shall be guilty of an offence.

(3) Where the owner or occupier of any such building or part thereof is, from poverty or otherwise, unable to comply with the provisions of this section a health officer or other duly authorized officer may, with or without his consent, enter and cleanse such building or part thereof and articles therein.

## **8. Destruction of bedding, clothing, etc.**

A health officer may direct the destruction of any bedding, clothing or other articles which have been exposed to infection from any communicable disease, or which in the opinion of a health officer are infected and any such direction shall be sufficient authority for any person authorized to destroy the same, and the Ministry may award compensation for any bedding, clothing or other articles destroyed in pursuance of this section.

## **9. Provision of cleansing centres**

The Ministry may provide a proper place for the cleansing of bedding, clothing or other articles which have become infected, and may cause any such articles brought for cleansing to be cleansed free of charge.

## **10. Isolation of persons who have been exposed to infection**

(1) Where, in the opinion of a health officer, any person certified to be suffering from a communicable disease is not accommodated or is not being treated or nursed in such manner as to adequately guard against the spread of the disease, such person may, on the order of a registered medical practitioner, be detained in or removed to a hospital or any temporary place which, in the opinion of the registered medical practitioner, is suitable for the reception of such person and there detained until the health officer or any medical practitioner duly authorized thereto by the Minister is satisfied that he is free from infection or can be discharged without danger to the public health.

(2) Any person detained in accordance with an order of a health officer who escapes or attempts to escape shall be guilty of an offence.

## **11. Penalty for exposure of infected persons and things**

(1) Any person who-

- (a) while suffering from any communicable disease wilfully exposes himself without proper precautions against spreading the said disease in any street, public place, shop or public conveyance;
- (b) being in charge of any person so suffering so exposes or conveys such sufferer; or
- (c) gives, lends, sells, transmits or exposes, without previous cleansing, any bedding, clothing, rags or other articles which have been exposed to infection from any such disease,

shall be guilty of an offence:

Provided that proceedings under this section shall not be taken against persons conveying with proper precautions any bedding, clothing, rags or other articles for the purpose of having the same cleansed.

(2) For the purposes of this section, "public conveyance" includes any railway coach, omnibus, motor car or any vehicle whatsoever or any aircraft, if the conveyance plies for hire or is used by members of the public.

## **12. Cleansing of conveyances**

Every owner or driver of a conveyance shall immediately provide for the cleansing of such conveyance on the instruction in writing of a health officer.

## **13. Penalty for letting infected premises**

Any person who knowingly lets for hire any dwelling or premises or part thereof in which any person has been suffering from a communicable disease without having the same, and all articles therein likely to retain infection, efficiently cleansed to the satisfaction of a health officer as testified by certificate signed by him shall be guilty of an offence.

## **14. Death in premises due to communicable disease**

In every case of a death from a communicable disease it shall be the duty of the occupier of the premises in which the death has occurred immediately to arrange for a health officer to be notified thereof, and to make the best arrangements practicable, pending the removal of the body and the carrying out of thorough cleansing, for preventing the spread of such disease.

## **15. Disposal of body of person dying from communicable disease**

(1) When-

- (a) the body of a person who has died of a communicable disease is retained in a room in which any person lives, sleeps, works, or in which food is kept or prepared or eaten;
- (b) any dead body is retained in any dwelling or place under circumstances which in the opinion of a health officer are likely to endanger health; or
- (c) any dead body is found and is unclaimed or where no competent person undertakes to bury it,

any magistrate or member of the Botswana Police Force of or above the rank of sergeant, may on a certificate signed by a health officer, direct that the body be removed to a mortuary for post-mortem examination, or if the body is that of a person certified to have died of a communicable disease, may order that the body be buried immediately without removal to a mortuary.

(2) Any person who hinders or obstructs the execution of any order or direction given under this section shall be guilty of an offence.

## **16. Regulations regarding communicable diseases**

Regulations may provide for the application to all communicable diseases or to such communicable diseases as may be specified therein regarding the following matters-

- (a) the imposition and enforcement of isolation or of medical observation and surveillance in respect of persons suffering from communicable disease who are not removed to a hospital or place of isolation, the premises in which such persons are accommodated, those in charge of or in attendance on such persons and other persons living in or visiting such premises or who otherwise may have been exposed to the infection of any such disease;
- (b) the duties, in respect of the prevention of communicable disease and in respect of persons suffering or suspected to be suffering therefrom, of occupiers of land on which persons reside and of employers of labour, and of chiefs, chief's representatives, headmen and others;
- (c) the measures to be taken for preventing the spread of or eradicating smallpox, typhoid fever, cholera, yellow fever, plague, poliomyelitis, tuberculosis or any other communicable disease requiring to be dealt with in a special manner;
- (d) the conveyance of persons suffering from or the bodies of persons who have died of a communicable disease;
- (e) the prevention of the spread from any animal, or the carcass or produce of any animal to man, of anthrax, glanders, measles, tape worm, plague, rabies, tuberculosis or any other disease communicable by any animal, or the carcass or product of any animal, to man;
- (f) the prevention of the spread of disease by flies and other insects and the destruction of and the removal or improvement of conditions permitting or favouring the prevalence or multiplication of such flies or insects;
- (g) the destruction of rodents and other vermin, the removal or improvement of conditions permitting or favouring the harbourage or multiplication thereof;
- (h) the prevention of any disease in man caused by any animal or vegetable parasite;
- (i) the prevention of the spread of any communicable disease by the carrying on of any business, trade or occupation;
- (j) the prevention of the spread of any communicable disease by persons who, though not at the time suffering from such disease are carriers of and likely to disseminate the infection thereof, and the keeping under medical surveillance and the restriction of the movement of such persons;
- (k) the regulation and restriction of any trade or occupation entailing special danger to the health of those engaged therein, whether from communicable disease or otherwise,



- (l) and the institution of measures for preventing or limiting such danger; cleansing centres and the cleansing of dirty or verminous persons, the cleansing or fumigation of premises, clothing or other articles which have been exposed to or are believed to have been contaminated with the infection of any communicable disease; or which are dirty or verminous, and prohibiting the carrying out of any fumigation which involves the use of poisonous gas except under licence;
  - (m) rag flock manufacture and the trade in rags, in bones and in second-hand clothing, bedding or any similar article, and requiring the cleansing of any such article before its importation, removal, sale or exposure for sale or use in any manufacturing process; and
  - (n) the disposal of any refuse, waste matters, or other matter or thing which has been contaminated with or exposed to the infection of any communicable disease,
- and generally for the better carrying out of the provisions and attaining the objects and purposes of this Part.

### **PART III**

#### ***Special Provisions regarding Diseases subject to the International Health Regulations (ss 17-23)***

#### **17. Diseases subject to International Health Regulations**

(1) The International Health Regulations set out in the Fourth Schedule hereto, shall apply within Botswana.

(2) The provisions of this Act, unless otherwise expressed, in so far as they concern diseases subject to the International Health Regulations shall be deemed to apply to smallpox (including alastrim or *variola minor*), plague (all forms), cholera (including cholera due to the El Tor *vibrio*) and yellow fever.

(3) When any amendment has been made to the International Health Regulations, as soon as may be after the Government becomes a party to such amendment, the Minister shall by order in the *Gazette* publish such amendments and upon publication the International Health Regulations shall, in their application to Botswana, be so amended.

(4) Regulations may be made-

- (a) to make such provision as appears necessary or expedient for the carrying out of and giving effect to the International Health Regulations; and
- (b) subject to the provisions of the International Health Regulations, impose fees and provide for the recovery of any expenditure incurred in giving effect to the International Health Regulations.

(5) Any regulations made under this section may prescribe penalties for any contravention thereof, but no such penalty shall exceed P200 or imprisonment for a term exceeding six months, or to both.

#### **18. Regulations in respect of certain diseases**

Whenever Botswana or part thereof appears to be threatened by any of the diseases mentioned in section 17, regulations may be made providing for any of the following matters, namely-

- (a) for the speedy interment or cremation of the dead;
- (b) for house to house visitation;
- (c) for the provision of medical aid and accommodation, the promotion of ventilation and cleansing generally and guarding against the spread of disease;
- (d) for preventing any person from leaving any infected area without undergoing all or any of the following, namely, medical examination and treatment, cleansing, inoculation, vaccination or revaccination or passing a specified period in an observation camp or centre;
- (e) for the establishment of hospitals and observation camps or centres, and for accommodating therein persons suffering from or who have been in contact with



- (f) persons suffering from communicable disease;
- (f) for the destruction or cleansing of buildings, furniture, goods or other articles, which have been used by persons suffering from communicable disease, or which are likely to spread the infection;
- (g) for the removal of persons who are suffering from a communicable disease and persons who have been in contact with such persons;
- (h) for the removal of corpses;
- (i) for the destruction of rats, and the better prevention of the danger of spreading infection by rats;
- (j) for the regulation of hospitals used for the reception of persons suffering from a communicable disease and of observation camps and centres;
- (k) for the removal and cleansing of articles which have been exposed to infection;
- (l) for prohibiting any person living in any building or using any building for any purpose whatsoever if in the opinion of a health officer any such use is likely to cause the spread of any communicable disease, and any regulation made under this section may give a health officer power to prescribe the conditions on which such a building may be used; and
- (m) for any other purpose whether of the same kind or nature as the foregoing or not, having for its object the prevention or control of communicable diseases,

and may by order declare all or any of the regulations so made to be in force within the whole or any part of Botswana.

#### **19. Execution of regulations**

A health officer or other authorized officer in any area within which or part of which regulations made are declared to be in force shall do and provide all such acts, matters and things as may be necessary for mitigating any such disease, or aiding in the execution of such regulations or for executing the same, as the case may require, and a health officer may, from time to time, cause to be instituted any prosecution or legal proceedings for or in respect of the wilful contravention of any such regulations.

#### **20. Power of entry**

A health officer and other duly authorized officers shall have power of entry on any premises for the purpose of executing or superintending the execution of any regulations made under this Act.

#### **21. Notification of sickness or mortality in animals**

(1) Every person who becomes aware of any unusual sickness or mortality among rats, mice, cats, dogs or other animals susceptible to plague, rabies or other diseases subject to the International Health Regulations, not due to poison or other obvious cause, shall immediately report the fact to the nearest Police Station or to a health or veterinary officer.

(2) Any person who fails so to report shall be guilty of an offence.

#### **22. Notification of diseases subject to the International Health Regulations**

Every police officer, health or veterinary officer shall immediately report to the Ministry headquarters in Gaborone, by radio, telegraph or other expeditious means, particulars of every notification received of a case of any disease subject to the International Health Regulations, or of any unusual sickness or mortality in animals made under the last preceding section.

#### **23. Requisition of buildings, equipment, etc.**

(1) Where an outbreak of any disease subject to the International Health Regulations exists or is threatened it shall be lawful for the Minister, in the interests of public health, to require any person owning or having charge of any land or any buildings or dwellings not occupied or, any person owning or having charge of transport, bedding, hospital equipment, drugs, food or other appliances, materials or articles urgently required in connection with the outbreak, to hand over the use of any such land or building or to supply or make available any such article, subject to the prompt payment of adequate compensation as hire or purchase

price.

(2) Any person who, without reasonable cause, fails or refuses to comply with any such requirement shall be guilty of an offence.

#### **PART IV**

#### ***Prevention of the Spread of Smallpox (ss 24-33)***

#### **24. Interpretation**

For the purposes of this Part-

"public vaccinator" includes a public vaccinator appointed by the Minister and any person appointed by the Minister to assist or act for a public vaccinator, and any health officer.

#### **25. Vaccination of persons entering Botswana**

Every person entering Botswana for whatever purpose shall be in possession of a valid International Certificate of vaccination against smallpox.

#### **26. Emergency vaccination**

(1) In the event of the occurrence or threatened outbreak of smallpox in any area-

- (a) a public vaccinator may require any person who has or is suspected to have been in any way recently exposed to smallpox infection to be vaccinated or revaccinated forthwith and may require the parent or guardian of any child who has or is suspected to have been so exposed to have such child vaccinated or revaccinated forthwith and any person failing to comply with such requirement shall be guilty of an offence;
- (b) a health officer may, or a health officer or public vaccinator, when instructed by the Minister to do so, shall require all persons within a defined area to attend at specified centres to undergo examination, vaccination, or revaccination as circumstances may require; notices in this regard shall be published in the press, or posted up in public places, or otherwise as may be deemed sufficient by the health officer; and non-attendance shall be deemed to be an offence; and
- (c) any public vaccinator or medical practitioner duly authorized by the Minister may require any person in such area to furnish satisfactory proof that he has been successfully vaccinated within three years immediately preceding the date of such requirement.

(2) Any person who fails to furnish such proof in regard to himself or any child of which he is the parent or guardian, and refuses to allow himself or such child to be vaccinated, shall be guilty of an offence.

#### **27. Persons unfit for vaccination**

If a public vaccinator or medical practitioner is of opinion that any adult or child is not in a fit state to be vaccinated he shall issue to the adult or to the parent or guardian of the child a certificate under his hand in the form set out in the First Schedule, or to the like effect, that the adult or child is in an unfit state for vaccination and such certificate shall remain in force for three months but shall be renewable for successive periods of three months until the public vaccinator or medical practitioner deems the adult or child to be fit for vaccination when the adult or child shall with all reasonable despatch be vaccinated.

#### **28. Certificate of insusceptibility to be given**

(1) If a public vaccinator or medical practitioner finds that any adult or child whom he has three times unsuccessfully vaccinated is insusceptible of successful vaccination or that the adult or child coming to him for vaccination has already been successfully inoculated or had smallpox, he shall deliver to the adult or to the parent or guardian of the child a certificate under his hand in the form set out in the Second Schedule.

(2) A certificate of insusceptibility to vaccination shall be given by a public vaccinator or medical practitioner only after three unsuccessful attempts at vaccination at intervals of not less than one month have been made by him.

#### **29. Certificate of successful vaccination**

A public vaccinator or medical practitioner who vaccinated any adult or child, and is

satisfied that the vaccination has been successful, shall deliver to such adult or to the parent or guardian of such child a certificate in the form set out in the Third Schedule certifying that the said adult or child has been successfully vaccinated.

**30. No unauthorized fee to be charged**

No fee other than a fee authorized by the Minister shall be charged by any public vaccinator or medical practitioner for any certificate granted under this Act, or for any vaccination done by him in pursuance of this Act.

**31. Description of person to be entered on certificate**

A public vaccinator or medical practitioner giving any certificate under this Act shall enter thereon a description of the person in respect of whom the certificate is granted sufficient for the purpose of identification.

**32. Inoculation from arm to arm, etc. forbidden**

Any person who inoculates himself or any other person with material taken from a person suffering from smallpox or from a vaccine vesicle on another person or by any method not prescribed in regulations shall be guilty of an offence.

**33. Prescription of matters relating to vaccination**

Regulations may be made-

- (a) prescribing forms of certificates, notices, returns and books of record to be used in connection with public vaccination, and defining the information to be furnished therein, and requiring the furnishing and prescribing the manner of use thereof by Registrars of Births, public vaccinators, medical practitioners, parents or guardians of children, employers of labour and others;
- (b) conferring powers and imposing duties, in connection with the carrying out or enforcement of vaccination, on judicial officers, members of the Botswana Police Force, Government officers, persons in charge of schools, employers, Chiefs and others;
- (c) prescribing the conditions under which vaccine lymph may be supplied free of charge to medical practitioners and others;
- (d) providing for the vaccination or revaccination of persons and assigning, where deemed desirable, the responsibility for the carrying out of such vaccination or revaccination to specified bodies or employers of labour; and
- (e) as to the application and enforcement of the provisions of this Part to persons entering Botswana and for requiring, where deemed necessary, the vaccination or revaccination of any person before so entering.

**PART V**

***Prevention of Introduction of Diseases (ss 34-41)***

**34. Introduction of diseases**

(1) The Minister may by order published in the *Gazette* prohibit, restrict or regulate the immigration or importation into Botswana of any person, animal, article or thing likely in his opinion to introduce any communicable disease, or impose restrictions or conditions as regards the examination, detention, cleansing or otherwise of any such person, animal, article or thing.

(2) Any person who contravenes or fails to comply with any such order shall be guilty of an offence and liable to a fine not exceeding P200 or to imprisonment for a term not exceeding six months, or to both.

**35. Removal of infected persons**

(1) Where any person arriving in Botswana by aircraft, by train or other conveyance, or on foot is found to be suffering from any communicable disease, and in the opinion of a health officer cannot be accommodated or cannot be nursed and treated so as to guard against the spread of the disease or to promote recovery, a health officer may order the removal of such person to a hospital or place of isolation for such period as may be necessary in the interests of the patient or to prevent spread of infection.

(2) All expenses necessarily incurred in dealing with a patient under this section shall be a charge against the said patient and may be recovered from him in the manner prescribed by law.

### **36. Surveillance or isolation**

(1) Where any person arriving by aircraft, by train or other conveyance or on foot within Botswana is believed to have been recently exposed to infection, or may be in the incubation stage of any communicable disease, a health officer may require such person to be removed to some hospital or place of isolation until considered free from infection, or alternatively may allow such person to proceed to his place of destination and there report himself to a health officer for medical surveillance by such health officer until considered free from infection.

(2) A health officer shall in each case notify the medical officer of the district where such person's destination is, of the fact that such person is believed to have been recently exposed to infection and has been allowed to proceed to his destination.

### **37. Powers**

(1) Any health officer may at any time board any aircraft, train or other conveyance arriving within Botswana and may inspect any portion thereof or anything therein and may medically examine or cause to be medically examined any person travelling by such train or other conveyance and require such person to answer any question for the purpose of ascertaining if such person is infected by or has recently been exposed to the infection of any communicable disease.

(2) Any person who refuses to allow such officer to board any aircraft, train or other conveyance or to make any inspection or medical examination as aforesaid or otherwise obstructs or hinders any such officer in the execution of his duty, or who fails or refuses to give any information which he may lawfully be required to give, or who gives false or misleading information to any such officer, knowing it to be false or misleading, shall be guilty of an offence.

### **38. Health officers to inspect railway trains, etc.**

The Minister may, when he considers it necessary for the prevention of the spread of any communicable disease, designate any health officer to inspect aircraft, trains or other conveyance and any article or thing therein, and to examine any persons travelling by aircraft, train or other conveyance, or on foot and whether entering, leaving or travelling within Botswana.

### **39. Powers to enforce precautions**

(1) When it is considered necessary for the purpose of preventing the introduction of communicable disease into Botswana, the Minister may by order published in the *Gazette*-

- (a) regulate, restrict or prohibit the entry into Botswana at its borders or any specified part thereof of any person;
- (b) regulate, restrict or prohibit the introduction into Botswana at its borders or any specified part thereof of any animal, article or thing;
- (c) impose requirements or conditions as regards the medical examination, detention, quarantine, cleansing, vaccination, isolation or medical surveillance or otherwise of persons entering Botswana, or the examination, detention or cleansing or otherwise of any article or thing introduced into Botswana at its borders or any part thereof; and
- (d) apply, with or without notification, any provisions of this Part to persons, animals, articles or things entering or introduced into, departing or removed from Botswana by means of aircraft, train or other conveyance.

(2) Any person who contravenes or fails to comply with any such order shall be guilty of an offence.

### **40. Agreements with other governments**

The Minister may enter into agreements with any foreign country, providing for the reciprocal notification of outbreaks of any disease subject to International Health Regulations or other disease or any other matter affecting the public health relations of Botswana with other

countries.

#### **41. Government not liable**

Wherever under this Part powers are exercised by the Minister or other officer in accordance therewith and with the regulations and by reason of the exercise of such powers-

- (a) any person, conveyance, article or thing is delayed or removed or detained;
- (b) any article or thing is damaged or destroyed; or
- (c) any person is deprived of the use of any article or thing,

the Government shall not be liable to pay compensation, provided due care and reasonable precautions have been taken to avoid unnecessary delay or damage or destruction.

### **PART VI**

#### ***Venereal Diseases (s 42)***

#### **42. Publication of advertisements**

(1) No person shall publish any advertisement or statement intended to promote the sale of any medicine, appliance or article for the alleviation or cure of any venereal disease or disease affecting the genital organs or functions or of sexual impotence, or of any complaint or infirmity arising from or relating to sexual intercourse.

(2) Any person who publishes any such advertisement or statement by printing it in any newspaper or exhibiting it to public view in any place or delivering or offering or exhibiting it to any person in any street or public place or in any public conveyance or who sells, offers or shows it or sends it by post to any person, shall be guilty of an offence.

(3) For the purposes of this section "advertisement" or "statement" includes any paper, document or book containing any such advertisement or statement.

(4) This section shall not apply to any publication by the Government or other public body in the discharge of its lawful duties or by any society or person acting with the authority of the Minister, or to any books, documents or papers published in good faith for the advancement of medical science.

(5) No prosecution under this section shall be instituted except on information laid by the Director of Public Prosecutions.

### **PART VII**

#### ***Sanitation and Housing (ss 43-54)***

#### **43. Nuisances prohibited**

No person shall cause or allow a nuisance to continue on any land or premises owned or occupied by him or of which he is in charge which is likely to be injurious or dangerous to health.

#### **44. Duties of health officers regarding nuisances**

(1) It shall be the duty of every health officer to take all lawful, necessary and reasonably practicable measures for maintaining his area at all times in a clean and sanitary condition, or requiring to be remedied, any nuisance or condition liable to be injurious or dangerous to health and to take proceedings at law against any person causing or responsible for the occurrence or continuance of any such nuisance or condition.

(2) If it appears to a health officer that a nuisance exists on any premises occupied as offices of the public service of Botswana he shall report the circumstances to the head of the appropriate Government department and the latter shall forthwith cause such steps to be taken as may be necessary to abate the nuisance and to prevent a recurrence thereof.

#### **45. Unsuitable dwellings**

It shall be the duty of every health officer to take all lawful, necessary and reasonably practicable measures for preventing or causing to be prevented or remedied all conditions likely to be injurious or dangerous to health arising from the erection or occupation of unhealthy dwellings or premises, the erection of dwellings or premises on unhealthy sites or on sites of insufficient extent, from overcrowding, or from the construction, condition or manner of use of any factory or trade premises, and to take proceedings under the law or regulation in force against any person causing or responsible for the continuance of any such condition.



#### **46. What constitutes a nuisance**

(1) The following shall be deemed to be nuisances liable to be dealt with in the manner provided in this Part-

- (a) any railway carriage or other conveyance in such a state or condition as to be injurious or dangerous to health;
- (b) any dwelling or premises or part thereof which is or are of such construction or in such a state or so situated or so dirty or so verminous as to be in the opinion of the health officer injurious or dangerous to health, or which is or are likely to promote the spread of any disease;
- (c) any street, road or part thereof, any stream, pool, ditch, gutter, watercourse, sink, water-tank, cistern, water closet, privy, urinal, cesspool, soak-away pit, septic tank, cesspit, soilpipe, wastepipe, drain, sewer, garbage receptacle, dustbin, dung-pit, refuse-pit, slop-tank, ash-pit or manure heap so foul or in such state or so situated or constructed as in the opinion of a health officer to be offensive or to be injurious or dangerous to health;
- (d) any well or other source of water supply or any cistern or other receptacle for water, whether public or private, the water from which is used or is likely to be used by man for drinking or domestic purposes or in connection with any dairy or milkshop, or in connection with the manufacture or preparation of any article of food intended for human consumption, which is in the opinion of a health officer polluted or otherwise liable to render any such water injurious or dangerous to health;
- (e) any noxious matter or waste water flowing or discharged from any premises wherever situated into any public street, or into the gutter or side channel of any street or into any watercourse, irrigation channel or bed thereof not approved for the reception of such discharge;
- (f) any stable, cowshed or other building or structure used for keeping of animals or birds which is so constructed, situated, used or kept as to be offensive or which is injurious or dangerous to health;
- (g) any animal so kept as to be a nuisance, or injurious to health;
- (h) any accumulation or deposit of refuse, offal, manure or any other matter whatsoever which is offensive or which is injurious or dangerous to health;
- (i) any accumulation of stones, timber or other building material if such is in the opinion of a health officer likely to harbour rats or other vermin;
- (j) any premises in such a state or condition and any building so constructed as to be likely to harbour rats or other rodents;
- (k) any dwelling or premises which is so overcrowded as to be injurious or dangerous to the health of the inmates or is dilapidated or defective in lighting or ventilation or is not provided with or is so situated that it cannot be provided with sanitary accommodation to the satisfaction of a health officer;
- (l) any public or other building which is so situated, constructed, used or kept as to be unsafe, or injurious or dangerous to health;
- (m) any occupied dwelling for which such a proper, sufficient and wholesome water supply is not available within a reasonable distance as under the circumstances it is possible to obtain;
- (n) any factory or trade premises not kept in a clean state and free from offensive smell arising from any drain, privy, water closet, earth closet, or urinal or not ventilated so as to destroy or render harmless and inoffensive as far as practicable any gases, vapours, dust or other impurities generated or so overcrowded or so badly lighted or ventilated as to be injurious or dangerous to the health of those employed therein;
- (o) any factory or trade premises causing or giving rise to smells or effluents which are offensive or which are injurious or dangerous to health;



- (p) any area of land kept or permitted to remain in such a state as to be offensive, or liable to cause any communicable or preventable disease or injury or danger to health;
- (q) any chimney sending forth smoke in such quantity or in such a manner as to be offensive or injurious or dangerous to health; and
- (r) any act, omission or thing which is or may be offensive, dangerous to life or injurious to health.

(2) The author of a nuisance means any person by whose act, default or sufferance nuisance is caused, exists or is continued, whether he is the owner or occupier or both owner and occupier or any other person.

#### **47. Notice to remove nuisance**

If a health officer is satisfied of the existence of a nuisance he shall serve a notice on the author of the nuisance, or if he cannot be found, then on the occupier or owner of the dwelling or premises on which the nuisance exists or continues, requiring him to remove it within the time specified in the notice, and to execute such work and do such things as may be necessary for that purpose and, if the health officer deems it necessary, specifying any work to be executed to prevent a recurrence of the said nuisance:

Provided that-

- (i) where the nuisance arises from any want or defect of a structure or character, or where the dwelling or premises are unoccupied the notice shall be served on the owner;
- (ii) where the author of the nuisance cannot be found and it is clear that the nuisance does not arise or continue by the act or default or sufferance of the occupier or owner of the dwelling or premises, the health officer shall have the same removed and may do what is necessary to prevent a recurrence thereof.

#### **48. Procedure where owner fails to comply with notice**

(1) If the person on whom a notice to remove a nuisance has been served fails to comply with any of the requirements thereof within the time specified, the health officer shall cause a complaint relating to such nuisance to be made before a magistrate and such magistrate shall thereupon issue a summons requiring the person on whom the notice was served to appear before his court.

(2) If the court is satisfied that the alleged nuisance exists, the court shall make an order on the author thereof, or the occupier or owner of the dwelling or premises, as the case may be, requiring him to comply with all or any of the requirements of the notice or otherwise to remove the nuisance within a time specified in the order and to do any works necessary for that purpose.

(3) The court may by such order impose a fine not exceeding P25 on the person on whom the order is made and may also give directions as to the payment of all costs incurred up to the time of the hearing or making of the order for the removal of the nuisance.

(4) If the nuisance although removed since the service of the notice in the opinion of the health officer is likely to recur on the same premises, the health officer shall cause a complaint relating to such nuisance to be made before a magistrate and the magistrate shall thereupon issue a summons requiring the person on whom the notice was served to appear before him.

(5) If the court is satisfied that the alleged nuisance although removed is likely to recur on the same premises, the court shall make an order on the author thereof or the occupier or owner of the dwelling or premises, as the case may be, requiring him to do any specified work necessary to prevent the recurrence of the nuisance and prohibiting its recurrence.

(6) In the event of the person on whom such order as is specified in subsections (4) and (5) not complying with the order within a reasonable time the health officer shall again cause a complaint to be made to a magistrate, who shall thereupon issue a summons requiring such person to appear before him and on proof that the order has not been complied with may impose a fine not exceeding P100 and may also give directions as to the payment of all costs up to the time of the hearing.

(7) Before making any order, the court may, if it thinks fit, adjourn the hearing or further hearing of the summons until an inspection, investigation or analysis in respect of the nuisance alleged has been made by some competent person.

(8) Where the nuisance proved to exist is such as to render a dwelling unfit, in the opinion of the court, for human habitation, the court may issue a closing order prohibiting the use thereof as a dwelling until in its opinion the dwelling is fit for that purpose; and may further order that no rent shall be due or payable by or on behalf of the occupier of that dwelling in respect of the period in which the closing order exists; and on the court being satisfied that it has been rendered fit for use as a dwelling the court may terminate the closing order and by a further order declare that dwelling habitable, and from the date thereof such dwelling may be let or inhabited:

Provided that, notwithstanding any such last-mentioned order further proceedings may be taken in accordance with this section in respect of the same building in the event of any nuisance occurring or of the dwelling being again found to be unfit for human habitation.

#### **49. Penalties in relation to nuisances**

(1) Any person who fails to obey an order to comply with the requirements of the health officer or otherwise to remove the nuisance, shall, unless he satisfies the court that he has used all diligence to carry out such order, be liable to a fine not exceeding P5 for every day during which the default continues; any person wilfully acting in contravention of a closing order issued under section 48 shall be liable to a fine of P5 for every day during which the contravention continues.

(2) A health officer may in such a case enter the premises to which any such order relates, and remove the nuisance and do whatever may be necessary in the execution of such order, and recover in any competent court the expenses incurred from the person on whom the order is made.

#### **50. Court may order examination**

Whenever it appears to the satisfaction of the court that the person by whose act or default the nuisance arises, or that the owner or occupier of the premises is not known or cannot be found, the court may order the health officer forthwith to execute the works thereby directed and the cost of executing the same shall be a charge on the property on which the said nuisance exists.

#### **51. Power of health officer to enter premises**

A health officer may enter any building or premises for the purpose of ascertaining as to the existence of any nuisance therein at all reasonable times and the health officer or any authorized officer may if necessary dig up the ground on such premises and cause the drains to be tested or such other work to be done as may be necessary for the effectual examination of the said premises:

Provided that if no nuisance is found to exist the Ministry shall restore the premises at its own expense.

#### **52. Demolition of dwellings**

(1) Where under section 46 a nuisance is proved to exist with respect to a dwelling and the court is satisfied that such dwelling is so dilapidated or so defectively constructed or so situated that repairs to or alterations of the same are not likely to remove the nuisance and make such dwelling fit for human habitation, the court may order the owner thereof to commence to demolish the dwelling and other structures on the premises on or before a specified day, being at least one month from the date of issuing the order, and to complete the demolition and to remove on or before a specified day, being at least one month from the date of demolition, the materials which comprised the same from the site.

(2) The court shall give notice to the occupier of a dwelling in respect of which such an order has been issued requiring him to move therefrom within a time to be specified in such notice, and if any person fails to comply with such notice or enters the dwelling or premises after

the date fixed except for the purpose of demolition he shall be guilty of an offence.

(3) If any person fails to comply with such an order for demolition he shall be guilty of an offence and liable to pay the daily fine provided in section 49 and the health officer may cause the dwelling and any other structures on the premises to be demolished and may recover from the owner the expense incurred in doing so after deducting the net proceeds of the sale of the material, which the health officer may sell by auction.

(4) No compensation shall be paid to the owner or occupier of any dwelling or other structure in respect of the demolition thereof, and from the date of the demolition order no rent shall be due or payable by or on behalf of the occupier in respect of such dwelling or structure.

### **53. Prohibitions**

(1) Within any area to which the Minister may, by order published in the *Gazette*, apply this section, it shall not be lawful thereafter for any person-

- (a) to erect any dwelling constructed on the back to back system;
- (b) to erect any room intended to be used as a sleeping or living or work room which is not sufficiently lighted by a window or windows of a total area of not less than one-tenth of the floor area, and sufficiently ventilated by two or more ventilation openings or by windows capable of being wholly or partly open, such windows or openings being so placed as to secure through or cross ventilation; or
- (c) to erect any dwelling on made ground containing street sweepings, refuse, rubbish or other matter liable to decomposition until the approval of the health officer has been obtained and until also such measures for safeguarding health have been taken as the health officer may require.

(2) Any person who contravenes any provision of this section shall be liable to a fine not exceeding P50 or to imprisonment for a term not exceeding three months, or to both, and to a further fine not exceeding P5 for every day during which such contravention continues after the date fixed in any written notice in respect thereof from the health officer.

### **54. Powers of health officers, etc.**

Regulations may confer powers and impose duties on such persons as may be specified in the regulations for the purpose of giving effect to the matters specified herein-

- (a) the inspection of land, dwellings, buildings, factories and trade premises, and for securing the keeping of the same clean and free from nuisance and so as not to endanger the health of the inmates or the public health;
- (b) the periodical cleansing and white-washing or other treatment of dwellings and the cleansing of land attached thereto and the removal of rubbish or refuse therefrom;
- (c) the drainage of land, streets or premises, the disposal of offensive liquids and the removal and disposal of rubbish, refuse, manure and waste matters;
- (d) the standards of purity of any liquid which, after treatment in any purification works, may be discharged therefrom as effluent;
- (e) the establishment and operation of factories or trade premises which are likely to cause offensive smells or effluents or to discharge liquid or other material liable to cause such smells or effluents, or to pollute streams, or are otherwise liable to be a nuisance or injurious or dangerous to health, and for prohibiting the establishment or carrying on of such factories or trade premises in unsuitable localities or so as to be a nuisance or injurious or dangerous to health;
- (f) the inspection of the district of any health officer by that health officer with a view to ascertaining whether the lands and buildings thereon are in a state to be injurious or dangerous to health and the preparation, keeping and publication of such records as may be required; and
- (g) sanitary and hygienic conditions on premises or sites used for the purpose of public conveniences, or for amusement, or for recreational activities, or temporarily for groups of persons, such as day schools, crèches, cinemas, churches, stadiums, open-air

stalls, camps and mining encampments.

#### **PART VIII**

##### ***Protection of Foodstuffs (ss 55-56)***

#### **55. Buildings used for storage of foodstuffs**

(1) All warehouses or buildings of whatever nature used for the storage of foodstuffs shall be constructed in such manner as shall render such warehouses or buildings rat-proof.

(2) Where any warehouse or building intended for the storage of foodstuffs has fallen into a state of disrepair, or does not afford sufficient protection against rat invasion by reason of the materials used in the construction of the same being defective, the health officer may by written notice require the owner to effect such repairs and alterations as the notice shall prescribe within a time to be specified in the said notice, and if such requirement is not complied with, the health officer may enter upon the premises and effect such repairs and alterations, and may recover all costs and expenses incurred from the owner.

(3) Where any foodstuffs within a warehouse or building are insufficiently protected the owner thereof shall observe all written instructions and directions of the health officer, within a time to be specified in the notice, for the better protection of the same:

Provided that in the case of any prosecution under this section the court may in its discretion acquit the accused if it is satisfied that all reasonable steps have been taken to exclude rats having regard to all the circumstances of the case.

#### **56. Buildings in which foodstuffs are stored or prepared for sale**

(1) No person shall reside or sleep in any kitchen or room in which foodstuffs are prepared or stored for sale.

(2) If it appears that any such kitchen or room is being so used contrary to this section, or that any part of the premises adjoining the room in which foodstuffs are stored or exposed for sale is being used as a sleeping apartment under such circumstances that the foodstuffs are likely to be contaminated or made unwholesome, the health officer may serve upon the offender or upon the owner of the house, or upon both, a notice calling for such measures to be taken as shall prevent the improper use of such kitchen and premises within a time to be specified in the notice, and if such notice is not complied with, the party upon whom it was served shall be guilty of an offence.

#### **PART IX**

##### ***Water and Food Supplies (ss 57-61)***

#### **57. Duty of health officers**

It shall be the duty of every health officer to take all lawful, necessary and reasonably practicable measures to ensure the purity of any supply of water which the public has a right to use and does use for drinking or domestic purposes, and to take all necessary measures against any person so polluting any such supply or polluting any streams so as to be a nuisance or danger to health.

#### **58. Sale of tainted food**

(1) No person shall sell or expose for sale or bring into Botswana or into any market or have in his possession without reasonable excuse any food for human consumption in a tainted, adulterated, diseased or unwholesome state, or which is unfit for human consumption, or any food for any animal which is in an unwholesome state or unfit for its use, and any health officer, veterinary officer or police officer of or above the rank of sergeant may seize any such food, and any magistrate or a health officer or approved veterinary officer may order it to be destroyed, or to be so disposed of as to prevent it from being used as food for humans or animals, as the case may be.

(2) No person shall collect, prepare, manufacture, keep, transmit or expose for sale any foodstuffs without taking adequate measures to guard against or prevent any infection or contamination thereof.

#### **59. Seizure**

(1) Any health officer or other person duly authorized by him in writing may, at any reasonable time, enter any shop or premises used for the sale or preparation for sale, or for the storage of food, to inspect and examine any food found therein which he has reason to believe is intended for human consumption, and should such food appear to such officer to be unfit for such use, he may seize the same, and any magistrate may order it to be disposed of as in the foregoing section.

(2) The onus of proof that such food was not exposed for sale or intended for human consumption shall be on the person charged.

#### **60. Penalty**

Any person in whose possession is found any food liable to seizure under sections 58 and 59 shall in addition be liable to a penalty not exceeding P200 or to imprisonment for a term not exceeding six months, or to both.

#### **61. Provisions relating to dairy products, etc.**

Regulations may be made as regards any of the following matters-

- (a) the inspection of dairies, markets, stock-sheds or yards, milkshops, milk vessels and slaughter-houses, and of factories, stores, shops and other places where any article of food is manufactured, prepared, kept or sold;
- (b) the taking and examination of samples of milk, dairy produce, meat or other articles of food and the removal or detention, pending examination or enquiry, of animals or articles which are suspected of being diseased, unsound, unwholesome or unfit for human consumption, and the seizure and destruction or treatment or disposal so as not to endanger health, of any such article which is found to be unwholesome, and of diseased animals sold or contaminated, and of diseased animals sold or intended or offered or exposed for sale for human consumption and such regulations may empower a health officer, or (in the case of meat) a veterinary officer, to detain, seize or destroy any diseased, unsound or unwholesome article of food, but shall not confer on any other person any power beyond that of detention of such article for the purpose of examination;
- (c) fixing the standard of milk contents and cleanliness of milk and prescribing the warning to be given to any cow-keeper, dairyman or purveyor of milk that any milk sold or kept or transmitted or exposed for sale by him has been found to be below any such standard, and the issue of orders prohibiting the sale or keeping or exposure for sale of milk from any particular animal or animals or requiring the closing of any dairy, stock-shed or yard or milk shop, the milk from which is found after analysis and official warning to be below any such standard;
- (d) the conveyance and distribution of milk and the labelling or marking of receptacles used for the conveyance of milk;
- (e) the veterinary inspection of dairy stock, the sampling and bacteriological examination of milk and dairy produce and the prevention of the sale, or the keeping, transmission or exposure for sale of milk from a diseased or infected animal;
- (f) the duties of cow-keepers, dairymen and purveyors of milk in connection with the occurrence of communicable disease amongst persons residing or employed in or about their premises and the furnishing by them of the names and addresses of their customers, and of cow-keepers, in connection with reporting the occurrence, in animals on the premises or any dairy cattle, of diseases which are communicable to man and of any diseases of the udder;
- (g) the inspection and examination of, and the regulation, inspection and supervision of the manufacture, preparation, storage, keeping and transmission of any article of food intended for sale or for export from Botswana and the prohibition of the manufacture, preparation, storage, keeping, transmission, sale or export from Botswana of any such article which is, or contains an ingredient which is diseased or unsound or unfit for



- (h) human consumption, or which has been exposed to any infection or contamination; the medical supervision and hygiene of food handlers, including the provision of requisite hand-washing and sanitary facilities for such food-handlers;
- (i) prohibiting the importation into Botswana of any article of food which is not clean, wholesome, sound and free from any disease or infection or contamination, and the seizure and disposal by destruction or otherwise of any such article so imported;
- (j) the preparation, manufacture or importation and the storage and sale of or trade in articles of food which are packed in airtight receptacles or are otherwise preserved, and the making of any such article or receptacle with the date of manufacture or preparation;
- (k) prohibiting the importation, sale, possession or use of vessels which are intended to contain milk or any liquid or semi-solid article of food and which are rusty or defectively soldered or are made of material containing in any part likely to come in contact with the contents, lead or other poisonous or injurious substance in such proportion as to be likely to cause injury or danger to health, and fixing the maximum proportions of such substances which may be used in such vessels;
- (l) requiring the marking or stamping in any manner prescribed by such regulations of any article of food for the purposes of showing clearly the nature, quality, weight, contents, place of manufacture or origin of any such article, and any other particulars whether of the same kind or not prescribed in such regulations in regard to any such article;
- (m) requiring the medical examination of any person in any premises in which any milk or dairy produce or other article of food intended for sale is collected, kept, sold or exposed for sale, or of any person who has been engaged in the collection, preparation, keeping, conveyance or distribution of any such milk or produce or article;
- (n) prohibiting the employment by any cow-keeper, dairyman or purveyor of milk or other person in connection with the collection, preparation, storage, distribution or sale of milk, dairy produce or any article of food of any person who has been proved to be a carrier of the infection of typhoid or enteric fever or other communicable disease, while so infected;
- (o) requiring the closing of any stock-shed or yard, dairy or milk-shop, or the exclusion from any stock-shed or dairy premises of any animal the milk from which is believed to have conveyed or to be liable to convey any communicable disease;
- (p) prohibiting the sale or exposure for sale of milk by any cow-keeper, dairyman or purveyor of milk who has been three times convicted of offences under any laws or regulations regarding the milk trade; and
- (q) prescribing the places at which and the conditions under which animals are slaughtered for human consumption.

#### **PART X**

#### ***Prevention and Destruction of Mosquitoes (ss 62-69)***

#### **62. Breeding places of mosquitoes to be nuisances**

For the purposes of this Act-

- (a) all collections of water, sewage, rubbish, refuse, dung or other fluid or solid substances which permit or facilitate the breeding or multiplication of animal or vegetable parasites of men or domestic animals, or of insects or of other agents, which are known to carry such parasites or which may otherwise cause or facilitate the infection of men or domestic animals by such parasites;
- (b) any collection of water in any well, pool, gutter, channel, depression, excavation, barrel, tub, bucket or any other article, and found to contain any of the immature stages of the mosquito; and
- (c) any cesspit, latrine, urinal, dung-pit or ash-pit found to contain any of the immature stages of the mosquito,



shall be nuisances liable to be dealt with in the manner herein-before prescribed for the treatment of nuisances.

**63. Yards to be kept free from bottles, whole or broken, etc.**

(1) The occupier or owner of any premises shall keep such premises free from all bottles, whole or broken, whether fixed on walls or not, tins, boxes, calabashes, earthenware vessels, shells or any other articles which are kept so that they are likely to retain water.

(2) Any occupier or owner of any premises who fails to comply with subsection (1) shall be guilty of an offence and liable to a fine not exceeding P10.

**64. Premises not to be overgrown**

No person shall within a city or township permit any premises or lands owned or occupied by him or over which he has control to become overgrown with bush or long grass of such a nature as, in the opinion of the medical officer of health or health officer, to be likely to harbour mosquitoes.

**65. Wells, etc., to be covered**

(1) It shall not be lawful for any person to keep, or for the occupier or owner of any premises to allow to be kept thereon, any collection of water in any well, barrel, tub, bucket, tank or other vessel intended for the storage of water, unless such well, barrel, tub, bucket, tank or other vessel is fitted with a sufficient cover and is properly protected or screened to the satisfaction of the medical officer of health so as to prevent the ingress of mosquitoes into the same.

(2) Any person who contravenes subsection (1) shall be guilty of an offence and liable to a fine not exceeding P10, and after notice received from the medical officer of health, to a further fine not exceeding P2 for each day during which he makes default.

**66. Cesspits to be screened**

The occupier or owner of any premises upon or attached to which is any cesspit or french drain shall cause such cesspit or french drain to be properly protected, screened or constructed to the satisfaction of the medical officer of health so as to prevent the ingress of mosquitoes into the same, and in default he shall be guilty of an offence and liable to a fine not exceeding P10, and to a further fine not exceeding P2 for each day during which he continues to make such default after notice received from the local authority to comply with this section.

**67. Gutters may be required to be perforated**

It shall be lawful for the medical officer of health by written notice to require the occupier or owner of any premises upon or attached to which is any gutter, pipe, groove or waterway used or intended for carrying off water from any roof or other place to cause the same to be perforated by holes at least every two feet in such a manner as to prevent the collection or accumulation of water therein, and if any person duly served with such notice fails to comply with the provisions thereof within such times as may be specified therein he shall be guilty of an offence and liable to a fine not exceeding P10, and to a further fine not exceeding P2 for each day during which he continues to make such default.

**68. Larvae, etc., may be destroyed**

Where any of the immature stages of the mosquito are found on any premises in any collection of water in any cesspit, well, pool, channel, barrel, tub, bucket, tank or any other vessel, or in any bottle, whole or broken, whether fixed on a wall or not, tin, box, calabash, shell or any other article, it shall be lawful for the medical officer of health, health inspector or any person specially authorized in writing in that behalf by the Minister or the medical officer of health to take immediate steps to destroy such immature stages of the mosquito by the application of oil or larvicide or otherwise, and to take such action as is necessary to prevent the recurrence of the nuisance and to render any pools or collections of water unfit to become breeding places for mosquitoes.

**69. Mere presence of mosquito larvae an offence**

Notwithstanding any provision of this Act, the occupier or owner of any house or

premises, or the owner or person having the charge of any vessel, timber, cask or other article, in or about which there is any collection of water found by the medical officer of health, health inspector or any other person appointed in writing by the Minister or the medical officer of health as an inspector for the purpose to contain any of the immature stages of the mosquito shall be guilty of an offence and liable in respect of each and every such collection of water to a fine not exceeding P10, or in default to imprisonment for a term not exceeding seven days.

## **PART XI**

### ***Cemeteries (ss 70-77)***

#### **70. Sites**

(1) It shall be lawful for the Minister by order published in the *Gazette* to select and declare cemeteries for certain areas and to notify in the *Gazette* proper places to be the sites of and to be used as cemeteries; and except as provided in subsections (2) and (3), it shall be obligatory where such cemeteries exist to bury the dead in such cemeteries.

(2) It shall not be lawful for any person to remove any corpse from Botswana or to cremate any corpse within Botswana without express permission in writing and subject to such conditions as the Minister may by regulation prescribe.

(3) Where any person dies within any area in respect of which a cemetery has been declared under subsection (1) such person may be buried in a cemetery which has been declared for some other area.

#### **71. Authorized cemeteries**

All cemeteries existing immediately before the commencement of this Act and such other cemeteries as may be authorized by the Minister, by order published in the *Gazette*, shall be deemed authorized cemeteries.

#### **72. Permit to exhume**

(1) Subject to section 73, it shall not be lawful to exhume any body or the remains of any body which may have been interred in any authorized cemetery or in any other cemetery, burial ground or other place without a permit granted in the manner hereinafter provided.

(2) Such permit shall be granted only to the legal personal representative or next-of-kin of the person buried, or to his or their duly authorized agent.

(3) Such permit may be granted by the Minister in respect of any body or the remains of any body interred in any cemetery or burial ground or any other place and the Minister may prescribe such precautions and conditions as he may deem fit, and any person who exhumes any body or the remains of any body contrary to this Act, or who neglects to observe the precautions and conditions prescribed in the permit shall be guilty of an offence:

Provided always that nothing contained herein shall be deemed to affect the right of a magistrate to order the exhumation of a body or the remains of any body for the purpose of holding an enquiry into the cause of death of any person.

#### **73. Essential exhumation**

(1) It shall be lawful for the Minister whenever he deems it expedient for the execution of any public work or any public, mining or industrial purpose, to remove any body or the remains of any body from any grave whether in an authorized cemetery or elsewhere, and by order under his hand to direct such removal to be made in such manner as he shall direct.

(2) No such order shall be made in respect of any grave situated in an authorized cemetery until six months' notice of the intention to make it has been given by notice published in the *Gazette*.

#### **74. Reinterment**

The Minister shall make proper and fitting arrangements for the reinterment in an authorized cemetery of any body or remains of any body removed under section 73 and for the removal and re-erection of any monument, all charges in connection therewith being defrayed out of the Consolidated Fund.

#### **75. Record of exhumations**

(1) The Minister shall keep a record of every permit granted and of every order made under sections 72 and 73.

(2) Such record shall contain particulars, so far as the same can be ascertained, of the race, nationality, name, sex and age of the persons buried, date of burial, and of the place of original burial and of reburial or removal.

(3) Such record shall be open during office hours to inspection by any person.

#### **76. Closing of cemeteries**

It shall be lawful for the Minister to notify in the *Gazette* that any cemetery or burial ground shall, from a time in such notification to be specified, be closed, and the same shall be closed accordingly, and any person who after the said specified time buries any body or the remains of any body in the said cemetery or burial ground, shall be guilty of an offence.

#### **77. Provisions relating to cemeteries**

Regulations may be made for the better carrying out of the purposes of this Part, and without derogating from the generality of the foregoing such regulations may stipulate the manner in, times at, and conditions under which the dead may be buried, cremated or exhumed and cemeteries and crematoria may be operated or used.

### **PART XII**

#### **General (ss 78-83)**

#### **78. Basements**

(1) It shall not be lawful to live in, occupy or use or to let or sublet, or to suffer or permit to be used any basement for human habitation.

(2) It shall not be lawful, without the written permission of a health officer, to use such basement as a shop, workshop or factory, or for the preparation or storage of food, and no basement shall be used unless it is well lit and well ventilated and is free from damp and is rendered rodent proof to the satisfaction of a health officer.

#### **79. Lodging houses**

Regulations may provide for the conduct and inspection of lodging-houses, boarding-houses or any dwelling or part thereof which is let or sub-let as lodgings.

#### **80. Nursing homes**

(1) No person shall open or keep open a nursing home, maternity home, convalescent home, private hospital, clinic or any institution where invalids or convalescents are treated or received upon payment of fees or charges unless such premises are registered and the keeper or manager thereof is licensed annually by the Minister.

(2) The Minister may authorize a health officer to visit any such premises as mentioned in this section to report to him upon any matter or thing connected with the premises or the use thereof.

(3) Any person who knowingly obstructs an authorized health officer in any such inspection shall be guilty of an offence.

#### **81. Ensuring health of inhabitants of an area**

Regulations may be made for ensuring that the health of the inhabitants of any area may be safeguarded in respect of-

- (a) the prevention of pools of standing water;
- (b) the drainage and control of such pools when they exist; and
- (c) the inspection, repair and cleansing of open channels, canals and drains.

#### **82. Supervision of vaccines, etc.**

The Minister may provide for the inspection, sampling and examination of vaccines, vaccine lymph, sera, toxins, anti-toxins, antigens, insulin, and any other therapeutic substance as defined by regulation imported into or manufactured in Botswana and intended or used for the prevention or treatment of human or animal diseases, and shall regulate their sale or supply, and may prohibit their sale or supply, and may prohibit the importation, manufacture, sale or use of any such substance which is considered to be unsafe or to be liable to be harmful or

dangerous to health.

### **83. Examination of females**

Notwithstanding any other provisions of this Act, whenever a power is conferred enabling a person to be compulsorily examined, if the person to be examined is a female over the age of 14 years, such female shall have the right to demand that the examination be conducted by a female health officer or, if no female health officer is available to conduct such examination, that the examination be made in the presence of the husband of the person to be examined or in the presence of another female.

## **PART XIII**

### ***Miscellaneous Provisions (ss 84-88)***

### **84. Service of notices**

Notices, orders and other documents required or authorized to be served under this Act may be served by delivering the same to or at the residence of the person to whom they are respectively addressed, or where addressed to the owner or occupier of premises by delivering the same, or a true copy thereof, to some responsible person on the premises, or can be served by fixing the same on some conspicuous part of the premises, and they may also be served by post by a prepaid letter and if served by post shall *prima facie* be deemed to have been served at the time when the letter containing the same would be delivered in the ordinary course of post, and in proving such service it shall be sufficient to prove that the notice, order or other document was properly addressed and put in the post.

### **85. Defect in form**

No defect in the form of any notice or order made under this Act shall invalidate or render unlawful the administrative action, or be a ground for exception to any legal proceedings which may be taken in the matter to which such notice or order relates, provided the requirements thereof are substantially and intelligibly set forth.

### **86. Powers of entry and inspection**

(1) Any health officer, veterinary officer, or any police officer of or above the rank of sergeant or any other person generally or specially authorized in writing by the Minister may, at any reasonable hour for the proper performance of his duty, enter any land or premises to make any inspection or to perform any work or to do anything which is required or authorized by this Act or any other law to be done, if such inspection, work or thing is necessary for or incidental to the performance of his duties or the exercise of his powers.

(2) Any person who fails to give or refuses access to any health officer, veterinary officer, sergeant, police officer or person authorized under subsection (1) if he requests entrance on any land or premises, or obstructs or hinders him in the execution of his duties under this Act, or who fails or refuses to give information that he may lawfully be required to give to such health officer, veterinary officer, sergeant, police officer or person, or who gives to such health officer, veterinary officer, sergeant, police officer or person, false or misleading information knowing it to be false or misleading, or who prevents the owner or any of his servants or workmen from entering any land or dwelling or premises for the purpose of complying with any requirement under this Act shall be guilty of an offence.

### **87. Penalties not expressly provided for**

Any person guilty of an offence against or contravention of, or default in complying with, any provision of this Act shall, if no penalty is expressly provided for such offence, contravention or default, be liable to a fine not exceeding P200 or to imprisonment for a term not exceeding six months, or to both and if the offence, contravention or default is of a continuing nature, to a further fine not exceeding P10 for each day during which he makes default:

Provided that where the offence is in respect of any building or premises for which a licence is required under any law for the time being in force the court before which any such conviction is obtained may, in addition to or in substitution for any of the penalties, revoke or suspend such licence.

**88. Power to make regulations**

(1) The Minister may, by statutory instrument, make regulations providing for any matter which under this Act is to be provided for by regulations or which otherwise relates to the administration of this Act.

(2) Without prejudice to the provisions of subsection (1), the Minister shall, prior to making any regulations relating to animals or poultry or diseases of animals and poultry, consult the Minister responsible for Agriculture.

**FIRST SCHEDULE**

(s. 27)

I, the undersigned, hereby certify that in my opinion .....  
is not now in a fit and proper state to be vaccinated, and I hereby recommend that the vaccination be postponed for the period of three months from this date.

Dated this ..... day of ..... 20 .....

.....  
(Signature of Medical Practitioner or Public Vaccinator)

**SECOND SCHEDULE**

(section 28)

I, the undersigned, hereby certify that I have three times unsuccessfully vaccinated ..... or that .....  
has already had smallpox, as the case may be, and I am of opinion that the said ..... is unsusceptible of successful vaccination.

Dated this ..... day of ..... 20 .....

.....  
(Signature of Medical Practitioner or Public Vaccinator)

**THIRD SCHEDULE**

**INTERNATIONAL CERTIFICATE OF VACCINATION OR REVACCINATION AGAINST SMALLPOX**

(section 29)

This is to certify that ..... date of birth ..... sex .....  
whose signature follows .....  
has on the date indicated been vaccinated against smallpox.

Date	Show by "x" whether:	Signature and professional status of vaccinator	Approved stamp	
1a	Primary vaccination performed ..... Read as successful. Unsuccessful .....		1a	1b
1b				
2	Revaccination ..... Revaccination .....		2	3
3				
4	Revaccination ..... Revaccination .....		4	5
5				
6	Revaccination ..... Revaccination .....		6	7

The validity of this certificate shall extend for a period of three years beginning eight days after the date of a successful primary vaccination or in the event of a revaccination, on the date of that revaccination. The approved stamp mentioned above must be in a form prescribed by the Health Administration of the territory in which the vaccination is performed.

**FOURTH SCHEDULE**  
**INTERNATIONAL HEALTH REGULATIONS (2005) PART I**  
**DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES**

**Article 1**

**Definitions**

1. For the purposes of the International Health Regulations (hereinafter the "IHR" or "Regulations"):
- "affected"** means persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health risk;
- "affected area"** means a geographical location specifically for which health measures have been recommended by WHO under these Regulations;
- "aircraft"** means an aircraft making an international voyage;
- "airport"** means any airport where international flights arrive or depart;
- "arrival"** of a conveyance means:
- (a) in the case of a seagoing vessel, arrival or anchoring in the defined area of a port;
  - (b) in the case of an aircraft, arrival at an airport;
  - (c) in the case of an inland navigation vessel on an international voyage, arrival at a point of entry;
  - (d) in the case of a train or road vehicle, arrival at a point of entry;
- "baggage"** means the personal effects of a traveller;
- "cargo"** means goods carried on a conveyance or in a container;
- "competent authority"** means an authority responsible for the implementation and application of health measures under these Regulations;
- "container"** means an article of transport equipment:
- (a) of a permanent character and accordingly strong enough to be suitable for repeated use;
  - (b) specially designed to facilitate the carriage of goods by one or more modes of transport, without intermediate reloading;
  - (c) fitted with devices permitting its ready handling, particularly its transfer from one mode of transport to another; and
  - (d) specially designed as to be easy to fill and empty;
- "container loading area"** means a place or facility set aside for containers used in international traffic;
- "contamination"** means the presence of an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;
- "conveyance"** means an aircraft, ship, train, road vehicle or other means of transport on an international voyage;
- "conveyance operator"** means a natural or legal person in charge of a conveyance or their agent;
- "crew"** means persons on board a conveyance who are not passengers;
- "decontamination"** means a procedure whereby health measures are taken to eliminate an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;
- "departure"** means, for persons, baggage, cargo, conveyances or goods, the act of leaving a territory;
- "deratting"** means the procedure whereby health measures are taken to control or kill rodent vectors of human disease present in baggage, cargo, containers, conveyances, facilities, goods and postal parcels at the point of entry;
- "Director-General"** means the Director-General of the World Health Organization;
- "disease"** means an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans;
- "disinfection"** means the procedure whereby health measures are taken to control or kill infectious



agents on a human or animal body surface or in or on baggage, cargo, containers, conveyances, goods and postal parcels by direct exposure to chemical or physical agents;

**"disinsection"** means the procedure whereby health measures are taken to control or kill the insect vectors of human diseases present in baggage, cargo, containers, conveyances, goods and postal parcels;

**"event"** means a manifestation of disease or an occurrence that creates a potential for disease;

**"free pratique"** means permission for a ship to enter a port, embark or disembark, discharge or load cargo or stores; permission for an aircraft, after landing, to embark or disembark, discharge or load cargo or stores; and permission for a ground transport vehicle, upon arrival, to embark or disembark, discharge or load cargo or stores;

**"goods"** mean tangible products, including animals and plants, transported on an international voyage, including for utilization on board a conveyance;

**"ground crossing"** means a point of land entry in a State Party, including one utilized by road vehicles and trains;

**"ground transport vehicle"** means a motorized conveyance for overland transport on an international voyage, including trains, coaches, lorries and automobiles;

**"health measure"** means procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures;

**"ill person"** means an individual suffering from or affected with a physical ailment that may pose a public health risk;

**"infection"** means the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk;

**"inspection"** means the examination, by the competent authority or under its supervision, of areas, baggage, containers, conveyances, facilities, goods or postal parcels, including relevant data and documentation, to determine if a public health risk exists;

**"international traffic"** means the movement of persons, baggage, cargo, containers, conveyances, goods or postal parcels across an international border, including international trade;

**"international voyage"** means:

(a) in the case of a conveyance, a voyage between points of entry in the territories of more than one State, or a voyage between points of entry in the territory or territories of the same State if the conveyance has contacts with the territory of any other State on its voyage but only as regards those contacts;

(b) in the case of a traveller, a voyage involving entry into the territory of a State other than the territory of the State in which that traveller commences the voyage;

**"intrusive"** means possibly provoking discomfort through close or intimate contact or questioning;

**"invasive"** means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electro cardiography shall be considered to be non-invasive;

**"isolation"** means separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination;

**"medical examination"** means the preliminary assessment of a person by an authorized health worker or by a person under the direct supervision of the competent authority, to determine the person's health status and potential public health risk to others, and may include the scrutiny of health documents, and a physical examination when justified by the circumstances of the individual case;

**"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;

**"Organization"** or **"WHO"** means the World Health Organization;

**"permanent residence"** has the meaning as determined in the national law of the State Party concerned;

**"personal data"** means any information relating to an identified or identifiable natural person;

**"point of entry"** means a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to

them on entry or exit;

**"port"** means a seaport or a port on an inland body of water where ships on an international voyage arrive or depart;

**"postal parcel"** means an addressed article or package carried internationally by postal or courier services;

**"public health emergency of international concern"** means an extraordinary event which is determined, as provided in these Regulations:

- (i) to constitute a public health risk to other States through the international spread of disease; and
- (ii) to potentially require a coordinated international response;

**"public health observation"** means the monitoring of the health status of a traveller over time for the purpose of determining the risk of disease transmission;

**"public health risk"** means a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger;

**"quarantine"** means the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination;

**"recommendation"** and **"recommended"** refer to temporary or standing recommendations issued under these Regulations;

**"reservoir"** means an animal, plant or substance in which an infectious agent normally lives and whose presence may constitute a public health risk;

**"road vehicle"** means a ground transport vehicle other than a train;

**"scientific evidence"** means information furnishing a level of proof based on the established and accepted methods of science;

**"scientific principles"** means the accepted fundamental laws and facts of nature known through the methods of science;

**"ship"** means a seagoing or inland navigation vessel on an international voyage;

**"standing recommendation"** means non-binding advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

**"surveillance"** means the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary;

**"suspect"** means those persons, baggage, cargo, containers, conveyances, goods or postal parcels considered by a State Party as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease;

**"temporary recommendation"** means non-binding advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic;

**"temporary residence"** has the meaning as determined in the national law of the State Party concerned;

**"traveller"** means a natural person undertaking an international voyage;

**"vector"** means an insect or other animal which normally transports an infectious agent that constitutes a public health risk;

**"verification"** means the provision of information by a State Party to WHO confirming the status of an event within the territory or territories of that State Party;

**"WHO IHR Contact Point"** means the unit within WHO which shall be accessible at all times for communications with the National IHR Focal Point.

2. Unless otherwise specified or determined by the context, reference to these Regulations includes the annexes thereto.

## **Article 2**

### ***Purpose and scope***

The purpose and scope of these Regulations are 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 3** ***Principles***

1. The implementation of these Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons.
2. The implementation of these Regulations shall be guided by the Charter of the United Nations and the Constitution of the World Health Organization.
3. The implementation of these Regulations shall be guided by the goal of their universal application for the protection of all people of the world from the international spread of disease.
4. States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so they should uphold the purpose of these Regulations.

### **Article 4** ***Responsible authorities***

1. Each State Party shall designate or establish a National IHR Focal Point and the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations.
2. National IHR Focal Points shall be accessible at all times for communications with the WHO IHR Contact Points provided for in paragraph 3 of this Article. The functions of National IHR Focal Points shall include:
  - (a) sending to WHO IHR Contact Points, on behalf of the State Party concerned, urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12; and
  - (b) disseminating information to, and consolidating input from, relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments.
3. WHO shall designate IHR Contact Points, which shall be accessible at all times for communications with National IHR Focal Points. WHO IHR Contact Points shall send urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12, to the National IHR Focal Point of the States Parties concerned. WHO IHR Contact Points may be designated by WHO at the headquarters or at the regional level of the Organization.
4. States Parties shall provide WHO with contact details of their National IHR Focal Point and WHO shall provide States Parties with contact details of WHO IHR Contact Points. These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of National IHR Focal Points it receives pursuant to this Article.

## **PART II** ***INFORMATION AND PUBLIC HEALTH RESPONSE***

### **Article 5** ***Surveillance***

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1.
2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances, and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Committee established under Article 50 (hereinafter the "Review Committee"). After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.
3. WHO shall assist States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article.
4. WHO shall collect information regarding events through its surveillance activities and assess their

potential to cause international disease spread and possible interference with international traffic. Information received by WHO under this paragraph shall be handled in accordance with Articles 11 and 45 where appropriate.

### **Article 6** **Notification**

1. Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2. Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. If the notification received by WHO involves the competency of the International Atomic Energy Agency (IAEA), WHO shall immediately notify the IAEA.

2. Following a notification, a State Party shall continue to communicate to WHO timely, accurate and sufficiently detailed public health information available to it on the notified event, where possible including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed; and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern.

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

If a State Party has evidence of an unexpected or unusual public health event within its territory, irrespective of origin or source, which may constitute a public health emergency of international concern, it shall provide to WHO all relevant public health information. In such a case, the provisions of Article 6 shall apply in full.

### **Article 8** **Consultation**

In the case of events occurring within its territory not requiring notification as provided in Article 6, in particular those events for which there is insufficient information available to complete the decision instrument, a State Party may nevertheless keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained by that State Party.

### **Article 9** **Other reports**

1. WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. Before taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end, WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source. This information will be used in accordance with the procedure set forth in Article 11.

2. States Parties shall, as far as practicable, inform WHO within 24 hours of receipt of evidence of a public health risk identified outside their territory that may cause international disease spread, as manifested by exported or imported:

- (a) human cases;
- (b) vectors which carry infection or contamination; or
- (c) goods that are contaminated.

### **Article 10** **Verification**

1. WHO shall request, in accordance with Article 9, verification from a State Party of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's territory. In such cases, WHO shall inform the State Party concerned regarding the reports it is seeking to verify.

2. Pursuant to the foregoing paragraph and to Article 9, each State Party, when requested by WHO,

shall verify and provide:

- (a) within 24 hours, an initial reply to, or acknowledgement of, the request from WHO;
- (b) within 24 hours, available public health information on the status of events referred to in WHO's request; and
- (c) information to WHO in the context of an assessment under Article 6, including relevant information as described in that Article.

3. When WHO receives information of an event that may constitute a public health emergency of international concern, it shall offer to collaborate with the State Party concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. Such activities may include collaboration with other standard-setting organizations and the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.

4. If the State Party does not accept the offer of collaboration, WHO may, when justified by the magnitude of the public health risk, share with other States Parties the information available to it, whilst encouraging the State Party to accept the offer of collaboration by WHO, taking into account the views of the State Party concerned.

### **Article 11**

#### ***Provision of information by WHO***

1. Subject to paragraph 2 of this Article, WHO shall send to all States Parties and, as appropriate, to relevant intergovernmental organizations, as soon as possible and by the most efficient means available, in confidence, such public health information which it has received under Articles 5 to 10 inclusive and which is necessary to enable States Parties to respond to a public health risk. WHO should communicate information to other States Parties that might help them in preventing the occurrence of similar incidents.

2. WHO shall use information received under Articles 6 and 8 and paragraph 2 of Article 9 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall not make this information generally available to other States Parties, until such time as:

- (a) the event is determined to constitute a public health emergency of international concern in accordance with Article 12; or
- (b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or
- (c) there is evidence that:
  - (i) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or
  - (ii) the State Party lacks sufficient operational capacity to carry out necessary measures to prevent further spread of disease; or
- (d) the nature and scope of the international movement of travellers, baggage, cargo, containers, conveyances, goods or postal parcels that may be affected by the infection or contamination requires the immediate application of international control measures.

3. WHO shall consult with the State Party in whose territory the event is occurring as to its intent to make information available under this Article.

4. When information received by WHO under paragraph 2 of this Article is made available to States Parties in accordance with these Regulations, WHO may also make it available to the public if other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.

### **Article 12**

#### ***Determination of a public health emergency of international concern***

1. The Director-General shall determine, on the basis of the information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.

2. If the Director-General considers, based on an assessment under these Regulations, that a public health emergency of international concern is occurring, the Director-General shall consult with the State Party in whose territory the event arises regarding this preliminary determination. If the Director-General



and the State Party are in agreement regarding this determination, the Director-General shall, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the "Emergency Committee") on appropriate temporary recommendations.

3. If, following the consultation in paragraph 2 above, the Director-General and the State Party in whose territory the event arises do not come to a consensus within 48 hours on whether the event constitutes a public health emergency of international concern, a determination shall be made in accordance with the procedure set forth in Article 49.

4. In determining whether an event constitutes a public health emergency of international concern, the Director-General shall consider:

- (a) information provided by the State Party;
- (b) the decision instrument contained in Annex 2;
- (c) the advice of the Emergency Committee;
- (d) scientific principles as well as the available scientific evidence and other relevant information; and
- (e) an assessment of the risk to human health, of the risk of international spread of disease and of the risk of interference with international traffic.

5. If the Director-General, following consultations with the State Party within whose territory the public health emergency of international concern has occurred, considers that a public health emergency of international concern has ended, the Director-General shall take a decision in accordance with the procedure set out in Article 49.

### **Article 13**

#### ***Public health response***

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in Annex 1. WHO shall publish, in consultation with Member States, guidelines to support States Parties in the development of public health response capacities.

2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Review Committee. After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.

3. At the request of a State Party, WHO shall collaborate in the response to public health risks and other events by providing technical guidance and assistance and by assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for onsite assistance, when necessary.

4. If WHO, in consultation with the States Parties concerned as provided in Article 12, determines that a public health emergency of international concern is occurring, it may offer, in addition to the support indicated in paragraph 3 of this Article, further assistance to the State Party, including an assessment of the severity of the international risk and the adequacy of control measures. Such collaboration may include the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.

5. When requested by WHO, States Parties should provide, to the extent possible, support to WHO-coordinated response activities.

6. When requested, WHO shall provide appropriate guidance and assistance to other States Parties affected or threatened by the public health emergency of international concern.

### **Article 14**

#### ***Cooperation of WHO with intergovernmental organizations and international bodies***

1. WHO shall cooperate and coordinate its activities, as appropriate, with other competent intergovernmental organizations or international bodies in the implementation of these Regulations, including through the conclusion of agreements and other similar arrangements.



2. In cases in which notification or verification of, or response to, an event is primarily within the competence of other intergovernmental organizations or international bodies, WHO shall coordinate its activities with such organizations or bodies in order to ensure the application of adequate measures for the protection of public health.

3. Notwithstanding the foregoing, nothing in these Regulations shall preclude or limit the provision by WHO of advice, support, or technical or other assistance for public health purposes.

### **PART III RECOMMENDATIONS**

#### **Article 15**

##### ***Temporary recommendations***

1. If it has been determined in accordance with Article 12 that a public health emergency of international concern is occurring, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be modified or extended as appropriate, including after it has been determined that a public health emergency of international concern has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.

2. Temporary recommendations may include health measures to be implemented by the State Party experiencing the public health emergency of international concern, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.

3. Temporary recommendations may be terminated in accordance with the procedure set out in Article 49 at any time and shall automatically expire three months after their issuance. They may be modified or extended for additional periods of up to three months. Temporary recommendations may not continue beyond the second World Health Assembly after the determination of the public health emergency of international concern to which they relate.

#### **Article 16**

##### ***Standing recommendations***

WHO may make standing recommendations of appropriate health measures in accordance with Article 53 for routine or periodic application. Such measures may be applied by States Parties regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels for specific, ongoing public health risks in order to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic. WHO may, in accordance with Article 53, modify or terminate such recommendations, as appropriate.

#### **Article 17**

##### ***Criteria for recommendations***

When issuing, modifying or terminating temporary or standing recommendations, the Director-General shall consider:

- (a) the views of the States Parties directly concerned;
- (b) the advice of the Emergency Committee or the Review Committee, as the case may be;
- (c) scientific principles as well as available scientific evidence and information;
- (d) health measures that, on the basis of a risk assessment appropriate to the circumstances, are not more restrictive of international traffic and trade and are not more intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection;
- (e) relevant international standards and instruments;
- (f) activities undertaken by other relevant intergovernmental organizations and international bodies; and
- (g) other appropriate and specific information relevant to the event.

With respect to temporary recommendations, the consideration by the Director-General of subparagraphs (e) and (f) of this Article may be subject to limitations imposed by urgent circumstances.

#### **Article 18**

##### ***Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels***

1. Recommendations issued by WHO to States Parties with respect to persons may include the following advice:

- no specific health measures are advised;

- review travel history in affected areas;
  - review proof of medical examination and any laboratory analysis;
  - require medical examinations;
  - review proof of vaccination or other prophylaxis;
  - require vaccination or other prophylaxis;
  - place suspect persons under public health observation;
  - implement quarantine or other health measures for suspect persons;
  - implement isolation and treatment where necessary of affected persons;
  - implement tracing of contacts of suspect or affected persons;
  - refuse entry of suspect and affected persons;
  - refuse entry of unaffected persons to affected areas; and
  - implement exit screening and/or restrictions on persons from affected areas.
2. Recommendations issued by WHO to States Parties with respect to baggage, cargo, containers, conveyances, goods and postal parcels may include the following advice:
- no specific health measures are advised;
  - review manifest and routing;
  - implement inspections;
  - review proof of measures taken on departure or in transit to eliminate infection or contamination;
  - implement treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs;
  - the use of specific health measures to ensure the safe handling and transport of human remains;
  - implement isolation or quarantine;
  - seizure and destruction of infected or contaminated or suspect baggage, cargo, containers, conveyances, goods or postal parcels under controlled conditions if no available treatment or process will otherwise be successful; and
  - refuse departure or entry.

## **PART IV POINTS OF ENTRY**

### **Article 19**

#### ***General obligations***

Each State Party shall, in addition to the other obligations provided for under these Regulations:

- (a) ensure that the capacities set forth in Annex 1 for designated points of entry are developed within the time frame provided in paragraph 1 of Article 5 and paragraph 1 of Article 13;
- (b) identify the competent authorities at each designated point of entry in its territory; and
- (c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.

### **Article 20**

#### ***Airports and ports***

1. States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1.
2. States Parties shall ensure that Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates are issued in accordance with the requirements in Article 39 and the model provided in Annex 3.
3. Each State Party shall send to WHO a list of ports authorized to offer:
  - (a) the issuance of Ship Sanitation Control Certificates and the provision of the services referred to in Annexes 1 and 3; or
  - (b) the issuance of Ship Sanitation Control Exemption Certificates only; and
  - (c) extension of the Ship Sanitation Control Exemption Certificate for a period of one month until the arrival of the ship in the port at which the Certificate may be received. Each State Party shall inform WHO of any changes which may occur to the status of the listed ports. WHO shall publish the information received under this paragraph.
4. WHO may, at the request of the State Party concerned, arrange to certify, after an appropriate investigation, that an airport or port in its territory meets the requirements referred to in paragraphs 1 and

3 of this Article. These certifications may be subject to periodic review by WHO, in consultation with the State Party.

5. WHO, in collaboration with competent intergovernmental organizations and international bodies, shall develop and publish the certification guidelines for airports and ports under this Article. WHO shall also publish a list of certified airports and ports.

## **Article 21**

### ***Ground crossings***

1. Where justified for public health reasons, a State Party may designate ground crossings that shall develop the capacities provided in Annex 1, taking into consideration:

- (a) the volume and frequency of the various types of international traffic, as compared to other points of entry, at a State Party's ground crossings which might be designated; and
- (b) the public health risks existing in areas in which the international traffic originates, or through which it passes, prior to arrival at a particular ground crossing.

2. States Parties sharing common borders should consider:

- (a) entering into bilateral or multilateral agreements or arrangements concerning prevention or control of international transmission of disease at ground crossings in accordance with Article 57; and
- (b) joint designation of adjacent ground crossings for the capacities in Annex 1 in accordance with paragraph 1 of this Article.

## **Article 22**

### ***Role of competent authorities***

1. The competent authorities shall:

- (a) be responsible for monitoring baggage, cargo, containers, conveyances, goods, postal parcels and human remains departing and arriving from affected areas, so that they are maintained in such a condition that they are free of sources of infection or contamination, including vectors and reservoirs;
- (b) ensure, as far as practicable, that facilities used by travellers at points of entry are maintained in a sanitary condition and are kept free of sources of infection or contamination, including vectors and reservoirs;
- (c) be responsible for the supervision of any deratting, disinfection, disinsection or decontamination of baggage, cargo, containers, conveyances, goods, postal parcels and human remains or sanitary measures for persons, as appropriate under these Regulations;
- (d) advise conveyance operators, as far in advance as possible, of their intent to apply control measures to a conveyance, and shall provide, where available, written information concerning the methods to be employed;
- (e) be responsible for the supervision of the removal and safe disposal of any contaminated water or food, human or animal dejecta, wastewater and any other contaminated matter from a conveyance;
- (f) take all practicable measures consistent with these Regulations to monitor and control the discharge by ships of sewage, refuse, ballast water and other potentially diseasecausing matter which might contaminate the waters of a port, river, canal, strait, lake or other international waterway;
- (g) be responsible for supervision of service providers for services concerning travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains at points of entry, including the conduct of inspections and medical examinations as necessary;
- (h) have effective contingency arrangements to deal with an unexpected public health event; and
- (i) communicate with the National IHR Focal Point on the relevant public health measures taken pursuant to these Regulations.

2. Health measures recommended by WHO for travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains arriving from an affected area may be reapplied on arrival, if there are verifiable indications and/or evidence that the measures applied on departure from the affected area were unsuccessful.

3. Disinsection, deratting, disinfection, decontamination and other sanitary procedures shall be carried out so as to avoid injury and as far as possible discomfort to persons, or damage to the environment in a way which impacts on public health, or damage to baggage, cargo, containers,

conveyances, goods and postal parcels.

**PART V**  
**PUBLIC HEALTH MEASURES**  
**CHAPTER I**

**General provisions**

**Article 23**

***Health measures on arrival and departure***

1. Subject to applicable international agreements and relevant articles of these Regulations, a State Party may require for public health purposes, on arrival or departure:

- (a) with regard to travellers:
  - (i) information concerning the traveller's destination so that the traveller may be contacted;
  - (ii) information concerning the traveller's itinerary to ascertain if there was any travel in or near an affected area or other possible contacts with infection or contamination prior to arrival, as well as review of the traveller's health documents if they are required under these Regulations; and/or
  - (iii) a non-invasive medical examination which is the least intrusive examination that would achieve the public health objective;
- (b) inspection of baggage, cargo, containers, conveyances, goods, postal parcels and human remains.

2. On the basis of evidence of a public health risk obtained through the measures provided in paragraph 1 of this Article, or through other means, States Parties may apply additional health measures, in accordance with these Regulations, in particular, with regard to a suspect or affected traveller, on a case-by-case basis, the least intrusive and invasive medical examination that would achieve the public health objective of preventing the international spread of disease.

3. No medical examination, vaccination, prophylaxis or health measure under these Regulations shall be carried out on travellers without their prior express informed consent or that of their parents or guardians, except as provided in paragraph 2 of Article 31, and in accordance with the law and international obligations of the State Party.

4. Travellers to be vaccinated or offered prophylaxis pursuant to these Regulations, or their parents or guardians, shall be informed of any risk associated with vaccination or with non-vaccination and with the use or non-use of prophylaxis in accordance with the law and international obligations of the State Party. States Parties shall inform medical practitioners of these requirements in accordance with the law of the State Party.

5. Any medical examination, medical procedure, vaccination or other prophylaxis which involves a risk of disease transmission shall only be performed on, or administered to, a traveller in accordance with established national or international safety guidelines and standards so as to minimize such a risk.

**CHAPTER II**

**Special provisions for conveyances and conveyance operators**

**Article 24**

***Conveyance operators***

1. States Parties shall take all practicable measures consistent with these Regulations to ensure that conveyance operators:

- (a) comply with the health measures recommended by WHO and adopted by the State Party;
- (b) inform travellers of the health measures recommended by WHO and adopted by the State Party for application on board; and
- (c) permanently keep conveyances for which they are responsible free of sources of infection or contamination, including vectors and reservoirs. The application of measures to control sources of infection or contamination may be required if evidence is found.

2. Specific provisions pertaining to conveyances and conveyance operators under this Article are provided in Annex 4. Specific measures applicable to conveyances and conveyance operators with regard to vector-borne diseases are provided in Annex 5.

**Article 25**

***Ships and aircraft in transit***

Subject to Articles 27 and 43 or unless authorized by applicable international agreements, no health measure shall be applied by a State Party to:

- (a) a ship not coming from an affected area which passes through a maritime canal or waterway in the territory of that State Party on its way to a port in the territory of another State. Any such ship shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies;
- (b) a ship which passes through waters within its jurisdiction without calling at a port or on the coast; and
- (c) an aircraft in transit at an airport within its jurisdiction, except that the aircraft may be restricted to a particular area of the airport with no embarking and disembarking or loading and discharging. However, any such aircraft shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies.

#### **Article 26**

#### ***Civilian lorries, trains and coaches in transit***

Subject to Articles 27 and 43 or unless authorized by applicable international agreements, no health measure shall be applied to a civilian lorry, train or coach not coming from an affected area which passes through a territory without embarking, disembarking, loading or discharging.

#### **Article 27**

#### ***Affected conveyances***

1. If clinical signs or symptoms and information based on fact or evidence of a public health risk, including sources of infection and contamination, are found on board a conveyance, the competent authority shall consider the conveyance as affected and may:

- (a) disinfect, decontaminate, disinsect or derat the conveyance, as appropriate, or cause these measures to be carried out under its supervision; and
- (b) decide in each case the technique employed to secure an adequate level of control of the public health risk as provided in these Regulations. Where there are methods or materials advised by WHO for these procedures, these should be employed, unless the competent authority determines that other methods are as safe and reliable.

The competent authority may implement additional health measures, including isolation of the conveyances, as necessary, to prevent the spread of disease. Such additional measures should be reported to the National IHR Focal Point.

2. If the competent authority for the point of entry is not able to carry out the control measures required under this Article, the affected conveyance may nevertheless be allowed to depart, subject to the following conditions:

- (a) the competent authority shall, at the time of departure, inform the competent authority for the next known point of entry of the type of information referred to under subparagraph (b); and
- (b) in the case of a ship, the evidence found and the control measures required shall be noted in the Ship Sanitation Control Certificate.

Any such conveyance shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies.

3. A conveyance that has been considered as affected shall cease to be regarded as such when the competent authority is satisfied that:

- (a) the measures provided in paragraph 1 of this Article have been effectively carried out; and
- (b) there are no conditions on board that could constitute a public health risk.

#### **Article 28**

#### ***Ships and aircraft at points of entry***

1. Subject to Article 43 or as provided in applicable international agreements, a ship or an aircraft shall not be prevented for public health reasons from calling at any point of entry. However, if the point of entry is not equipped for applying health measures under these Regulations, the ship or aircraft may be ordered to proceed at its own risk to the nearest suitable point of entry available to it, unless the ship or aircraft has an operational problem which would make this diversion unsafe.

2. Subject to Article 43 or as provided in applicable international agreements, ships or aircraft shall not be refused free pratique by States Parties for public health reasons; in particular they shall not be prevented from embarking or disembarking, discharging or loading cargo or stores, or taking on fuel, water, food and supplies. States Parties may subject the granting of *free pratique* to inspection and, if a source of infection or contamination is found on board, the carrying out of necessary disinfection, decontamination, disinsection or deratting, or other measures necessary to prevent the spread of the



infection or contamination.

3. Whenever practicable and subject to the previous paragraph, a State Party shall authorize the granting of *free pratique* by radio or other communication means to a ship or an aircraft when, on the basis of information received from it prior to its arrival, the State Party is of the opinion that the arrival of the ship or aircraft will not result in the introduction or spread of disease.

4. Officers in command of ships or pilots in command of aircraft, or their agents, shall make known to the port or airport control as early as possible before arrival at the port or airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board as soon as such illnesses or public health risks are made known to the officer or pilot. This information must be immediately relayed to the competent authority for the port or airport. In urgent circumstances, such information should be communicated directly by the officers or pilots to the relevant port or airport authority.

5. The following shall apply if a suspect or affected aircraft or ship, for reasons beyond the control of the pilot in command of the aircraft or the officer in command of the ship, lands elsewhere than at the airport at which the aircraft was due to land or berths elsewhere than at the port at which the ship was due to berth:

- (a) the pilot in command of the aircraft or the officer in command of the ship or other person in charge shall make every effort to communicate without delay with the nearest competent authority;
- (b) as soon as the competent authority has been informed of the landing it may apply health measures recommended by WHO or other health measures provided in these Regulations;
- (c) unless required for emergency purposes or for communication with the competent authority, no traveller on board the aircraft or ship shall leave its vicinity and no cargo shall be removed from that vicinity, unless authorized by the competent authority; and
- (d) when all health measures required by the competent authority have been completed, the aircraft or ship may, so far as such health measures are concerned, proceed either to the airport or port at which it was due to land or berth, or, if for technical reasons it cannot do so, to a conveniently situated airport or port.

6. Notwithstanding the provisions contained in this Article, the officer in command of a ship or pilot in command of an aircraft may take such emergency measures as may be necessary for the health and safety of travellers on board. He or she shall inform the competent authority as early as possible concerning any measures taken pursuant to this paragraph.

#### **Article 29**

#### ***Civilian lorries, trains and coaches at points of entry***

WHO, in consultation with States Parties, shall develop guiding principles for applying health measures to civilian lorries, trains and coaches at points of entry and passing through ground crossings.

### **CHAPTER III**

#### **Special provisions for travellers**

#### **Article 30**

#### ***Travellers under public health observation***

Subject to Article 43 or as authorized in applicable international agreements, a suspect traveller who on arrival is placed under public health observation may continue an international voyage, if the traveller does not pose an imminent public health risk and the State Party informs the competent authority of the point of entry at destination, if known, of the traveller's expected arrival. On arrival, the traveller shall report to that authority.

#### **Article 31**

#### ***Health measures relating to entry of travellers***

1. Invasive medical examination, vaccination or other prophylaxis shall not be required as a condition of entry of any traveller to the territory of a State Party, except that, subject to Articles 32, 42 and 45, these Regulations do not preclude States Parties from requiring medical examination, vaccination or other prophylaxis or proof of vaccination or other prophylaxis:

- (a) when necessary to determine whether a public health risk exists;
- (b) as a condition of entry for any travellers seeking temporary or permanent residence;
- (c) as a condition of entry for any travellers pursuant to Article 43 or Annexes 6 and 7; or
- (d) which may be carried out pursuant to Article 23.



2. If a traveller for whom a State Party may require a medical examination, vaccination or other prophylaxis under paragraph 1 of this Article fails to consent to any such measure, or refuses to provide the information or the documents referred to in paragraph 1 (a) of Article 23, the State Party concerned may, subject to Articles 32, 42 and 45, deny entry to that traveller. If there is evidence of an imminent public health risk, the State Party may, in accordance with its national law and to the extent necessary to control such a risk, compel the traveller to undergo or advise the traveller, pursuant to paragraph 3 of Article 23, to undergo:

- (a) the least invasive and intrusive medical examination that would achieve the public health objective;
- (b) vaccination or other prophylaxis; or
- (c) additional established health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation.

#### **Article 32**

##### ***Treatment of travellers***

In implementing health measures under these Regulations, 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, including by:

- (a) treating all travellers with courtesy and respect;
- (b) taking into consideration the gender, sociocultural, ethnic or religious concerns of travellers; and
- (c) providing or arranging for adequate food and water, appropriate accommodation and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible in a language that they can understand and other appropriate assistance for travellers who are quarantined, isolated or subject to medical examinations or other procedures for public health purposes.

#### **CHAPTER IV**

##### **Special provisions for goods, containers and container loading areas**

#### **Article 33**

##### ***Goods in transit***

Subject to Article 43 or unless authorized by applicable international agreements, goods, other than live animals, in transit without transshipment shall not be subject to health measures under these Regulations or detained for public health purposes.

#### **Article 34**

##### ***Container and container loading areas***

1. States Parties shall ensure, as far as practicable, that container shippers use international traffic containers that are kept free from sources of infection or contamination, including vectors and reservoirs, particularly during the course of packing.

2. States Parties shall ensure, as far as practicable, that container loading areas are kept free from sources of infection or contamination, including vectors and reservoirs.

3. Whenever, in the opinion of a State Party, the volume of international container traffic is sufficiently large, the competent authorities shall take all practicable measures consistent with these Regulations, including carrying out inspections, to assess the sanitary condition of container loading areas and containers in order to ensure that the obligations contained in these Regulations are implemented.

4. Facilities for the inspection and isolation of containers shall, as far as practicable, be available at container loading areas.

5. Container consignees and consignors shall make every effort to avoid cross-contamination when multiple-use loading of containers is employed.

#### **PART VI**

##### **HEALTH DOCUMENTS**

#### **Article 35**

##### ***General rule***

No health documents, other than those provided for under these Regulations or in recommendations issued by WHO, shall be required in international traffic, provided however that this Article shall not apply to travellers seeking temporary or permanent residence, nor shall it apply to document requirements concerning the public health status of goods or cargo in international trade pursuant to applicable international agreements. The competent authority may request travellers to complete contact information

forms and questionnaires on the health of travellers, provided that they meet the requirements set out in Article 23.

#### **Article 36**

##### ***Certificates of vaccination or other prophylaxis***

1. Vaccines and prophylaxis for travellers administered pursuant to these Regulations, or to recommendations and certificates relating thereto, shall conform to the provisions of Annex 6 and, when applicable, Annex 7 with regard to specific diseases.

2. A traveller in possession of a certificate of vaccination or other prophylaxis issued in conformity with Annex 6 and, when applicable, Annex 7, shall not be denied entry as a consequence of the disease to which the certificate refers, even if coming from an affected area, unless the competent authority has verifiable indications and/or evidence that the vaccination or other prophylaxis was not effective.

#### **Article 37**

##### ***Maritime Declaration of Health***

1. The master of a ship, before arrival at its first port of call in the territory of a State Party, shall ascertain the state of health on board, and, except when that State Party does not require it, the master shall, on arrival, or in advance of the vessel's arrival if the vessel is so equipped and the State Party requires such advance delivery, complete and deliver to the competent authority for that port a Maritime Declaration of Health which shall be countersigned by the ship's surgeon, if one is carried.

2. The master of a ship, or the ship's surgeon if one is carried, shall supply any information required by the competent authority as to health conditions on board during an international voyage.

3. A Maritime Declaration of Health shall conform to the model provided in Annex 8.

4. A State Party may decide:

- (a) to dispense with the submission of the Maritime Declaration of Health by all arriving ships; or
- (b) to require the submission of the Maritime Declaration of Health under a recommendation concerning ships arriving from affected areas or to require it from ships which might otherwise carry infection or contamination.

The State Party shall inform shipping operators or their agents of these requirements.

#### **Article 38**

##### ***Health Part of the Aircraft General Declaration***

1. The pilot in command of an aircraft or the pilot's agent, in flight or upon landing at the first airport in the territory of a State Party, shall, to the best of his or her ability, except when that State Party does not require it, complete and deliver to the competent authority for that airport the Health Part of the Aircraft General Declaration which shall conform to the model specified in Annex 9.

2. The pilot in command of an aircraft or the pilot's agent shall supply any information required by the State Party as to health conditions on board during an international voyage and any health measure applied to the aircraft.

3. A State Party may decide:

- (a) to dispense with the submission of the Health Part of the Aircraft General Declaration by all arriving aircraft; or
- (b) to require the submission of the Health Part of the Aircraft General Declaration under a recommendation concerning aircraft arriving from affected areas or to require it from aircraft which might otherwise carry infection or contamination.

The State Party shall inform aircraft operators or their agents of these requirements.

#### **Article 39**

##### ***Ship sanitation certificates***

1. Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates shall be valid for a maximum period of six months. This period may be extended by one month if the inspection or control measures required cannot be accomplished at the port.

2. If a valid Ship Sanitation Control Exemption Certificate or Ship Sanitation Control Certificate is not produced or evidence of a public health risk is found on board a ship, the State Party may proceed as provided in paragraph 1 of Article 27.

3. The certificates referred to in this Article shall conform to the model in Annex 3.

4. Whenever possible, control measures shall be carried out when the ship and holds are empty. In the case of a ship in ballast, they shall be carried out before loading.

5. When control measures are required and have been satisfactorily completed, the competent

authority shall issue a Ship Sanitation Control Certificate, noting the evidence found and the control measures taken.

6. The competent authority may issue a Ship Sanitation Control Exemption Certificate at any port specified under Article 20 if it is satisfied that the ship is free of infection and contamination, including vectors and reservoirs. Such a certificate shall normally be issued only if the inspection of the ship has been carried out when the ship and holds are empty or when they contain only ballast or other material, of such a nature or so disposed as to make a thorough inspection of the holds possible.

7. If the conditions under which control measures are carried out are such that, in the opinion of the competent authority for the port where the operation was performed, a satisfactory result cannot be obtained, the competent authority shall make a note to that effect on the Ship Sanitation Control Certificate.

## **PART VII CHARGES Article 40**

### ***Charges for health measures regarding travellers***

1. Except for travellers seeking temporary or permanent residence, and subject to paragraph 2 of this Article, no charge shall be made by a State Party pursuant to these Regulations for the following measures for the protection of public health:

- (a) any medical examination provided for in these Regulations, or any supplementary examination which may be required by that State Party to ascertain the health status of the traveller examined;
- (b) any vaccination or other prophylaxis provided to a traveller on arrival that is not a published requirement or is a requirement published less than 10 days prior to provision of the vaccination or other prophylaxis;
- (c) appropriate isolation or quarantine requirements of travellers;
- (d) any certificate issued to the traveller specifying the measures applied and the date of application; or
- (e) any health measures applied to baggage accompanying the traveller.

2. State Parties may charge for health measures other than those referred to in paragraph 1 of this Article, including those primarily for the benefit of the traveller.

3. Where charges are made for applying such health measures to travellers under these Regulations, there shall be in each State Party only one tariff for such charges and every charge shall:

- (a) conform to this tariff;
- (b) not exceed the actual cost of the service rendered; and
- (c) be levied without distinction as to the nationality, domicile or residence of the traveller concerned.

4. The tariff, and any amendment thereto, shall be published at least 10 days in advance of any levy thereunder.

5. Nothing in these Regulations shall preclude States Parties from seeking reimbursement for expenses incurred in providing the health measures in paragraph 1 of this Article:

- (a) from conveyance operators or owners with regard to their employees; or
- (b) from applicable insurance sources.

6. Under no circumstances shall travellers or conveyance operators be denied the ability to depart from the territory of a State Party pending payment of the charges referred to in paragraphs 1 or 2 of this Article.

## **Article 41**

### ***Charges for baggage, cargo, containers, conveyances, goods or postal parcels***

1. Where charges are made for applying health measures to baggage, cargo, containers, conveyances, goods or postal parcels under these Regulations, there shall be in each State Party only one tariff for such charges and every charge shall:

- (a) conform to this tariff;
- (b) not exceed the actual cost of the service rendered; and
- (c) be levied without distinction as to the nationality, flag, registry or ownership of the baggage, cargo, containers, conveyances, goods or postal parcels concerned. In particular, there shall be no distinction made between national and foreign baggage, cargo, containers, conveyances,

goods or postal parcels.

2. The tariff, and any amendment thereto, shall be published at least 10 days in advance of any levy thereunder.

## **PART VIII GENERAL PROVISIONS**

### **Article 42**

#### ***Implementation of health measures***

Health measures taken pursuant to these Regulations shall be initiated and completed without delay, and applied in a transparent and non-discriminatory manner.

### **Article 43**

#### ***Additional health measures***

1. These Regulations shall not preclude States Parties from implementing health measures, in accordance with their relevant national law and obligations under international law, in response to specific public health risks or public health emergencies of international concern, which:

- (a) achieve the same or greater level of health protection than WHO recommendations; or
- (b) are otherwise prohibited under Article 25, Article 26, paragraphs 1 and 2 of Article 28, Article 30, paragraph 1 (c) of Article 31 and Article 33,

provided such measures are otherwise consistent with these Regulations.

Such measures shall not be more restrictive of international traffic and not more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection.

2. In determining whether to implement the health measures referred to in paragraph 1 of this Article or additional health measures under paragraph 2 of Article 23, paragraph 1 of Article 27, paragraph 2 of Article 28 and paragraph 2 (c) of Article 31, States Parties shall base their determinations upon:

- (a) scientific principles;
- (b) available scientific evidence of a risk to human health, or where such evidence is insufficient, the available information including from WHO and other relevant intergovernmental organizations and international bodies; and
- (c) any available specific guidance or advice from WHO.

3. A State Party implementing additional health measures referred to in paragraph 1 of this Article which significantly interfere with international traffic shall provide to WHO the public health rationale and relevant scientific information for it. WHO shall share this information with other States Parties and shall share information regarding the health measures implemented. For the purpose of this Article, significant interference generally means refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours.

4. After assessing information provided pursuant to paragraph 3 and 5 of this Article and other relevant information, WHO may request that the State Party concerned reconsider the application of the measures.

5. A State Party implementing additional health measures referred to in paragraphs 1 and 2 of this Article that significantly interfere with international traffic shall inform WHO, within 48 hours of implementation, of such measures and their health rationale unless these are covered by a temporary or standing recommendation.

6. A State Party implementing a health measure pursuant to paragraph 1 or 2 of this Article shall within three months review such a measure taking into account the advice of WHO and the criteria in paragraph 2 of this Article.

7. Without prejudice to its rights under Article 56, any State Party impacted by a measure taken pursuant to paragraph 1 or 2 of this Article may request the State Party implementing such a measure to consult with it. The purpose of such consultations is to clarify the scientific information and public health rationale underlying the measure and to find a mutually acceptable solution.

8. The provisions of this Article may apply to implementation of measures concerning travellers taking part in mass congregations.

### **Article 44**

#### ***Collaboration and assistance***

1. States Parties shall undertake to collaborate with each other, to the extent possible, in:

- (a) the detection and assessment of, and response to, events as provided under these Regulations;

- (b) the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of the public health capacities required under these Regulations;
  - (c) the mobilization of financial resources to facilitate implementation of their obligations under these Regulations; and
  - (d) the formulation of proposed laws and other legal and administrative provisions for the implementation of these Regulations.
2. WHO shall collaborate with States Parties, upon request, to the extent possible, in:
- (a) the evaluation and assessment of their public health capacities in order to facilitate the effective implementation of these Regulations;
  - (b) the provision or facilitation of technical cooperation and logistical support to States Parties; and
  - (c) the mobilization of financial resources to support developing countries in building, strengthening and maintaining the capacities provided for in Annex 1.
3. Collaboration under this Article may be implemented through multiple channels, including bilaterally, through regional networks and the WHO regional offices, and through intergovernmental organizations and international bodies.

#### **Article 45**

##### ***Treatment of personal data***

1. Health information collected or received by a State Party pursuant to these Regulations from another State Party or from WHO which refers to an identified or identifiable person shall be kept confidential and processed anonymously as required by national law.
2. Notwithstanding paragraph 1, States Parties may disclose and process personal data where essential for the purposes of assessing and managing a public health risk, but State Parties, in accordance with national law, and WHO must ensure that the personal data are:
- (a) processed fairly and lawfully, and not further processed in a way incompatible with that purpose;
  - (b) adequate, relevant and not excessive in relation to that purpose;
  - (c) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that data which are inaccurate or incomplete are erased or rectified; and
  - (d) not kept longer than necessary.
3. Upon request, WHO shall as far as practicable provide an individual with his or her personal data referred to in this Article in an intelligible form, without undue delay or expense and, when necessary, allow for correction.

#### **Article 46**

##### ***Transport and handling of biological substances, reagents and materials for diagnostic purposes***

States Parties shall, subject to national law and taking into account relevant international guidelines, facilitate the transport, entry, exit, processing and disposal of biological substances and diagnostic specimens, reagents and other diagnostic materials for verification and public health response purposes under these Regulations.

#### **PART IX**

##### ***THE IHR ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEWCOMMITTEE***

##### **CHAPTER I**

##### **The IHR Roster of Experts**

#### **Article 47**

##### ***Composition***

The Director-General shall establish a roster composed of experts in all relevant fields of expertise (hereinafter the "IHR Expert Roster"). The Director-General shall appoint the members of the IHR Expert Roster in accordance with the WHO Regulations for Expert Advisory Panels and Committees (hereinafter the "WHO Advisory Panel Regulations"), unless otherwise provided in these Regulations. In addition, the Director-General shall appoint one member at the request of each State Party and, where appropriate, experts proposed by relevant intergovernmental and regional economic integration organizations. Interested States Parties shall notify the Director-General of the qualifications and fields of expertise of each of the experts they propose for membership. The Director-General shall periodically inform the States Parties, and relevant intergovernmental and regional economic integration organizations, of the



composition of the IHR Expert Roster.

**CHAPTER II**  
**The Emergency Committee**  
**Article 48**

***Terms of reference and composition***

1. The Director-General shall establish an Emergency Committee that at the request of the Director-General shall provide its views on:
  - (a) whether an event constitutes a public health emergency of international concern;
  - (b) the termination of a public health emergency of international concern; and
  - (c) the proposed issuance, modification, extension or termination of temporary recommendations.
2. The Emergency Committee shall be composed of experts selected by the Director-General from the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization. The Director-General shall determine the duration of membership with a view to ensuring its continuity in the consideration of a specific event and its consequences. The Director-General shall select the members of the Emergency Committee on the basis of the expertise and experience required for any particular session and with due regard to the principles of equitable geographical representation. At least one member of the Emergency Committee should be an expert nominated by a State Party within whose territory the event arises.
3. The Director-General may, on his or her own initiative or at the request of the Emergency Committee, appoint one or more technical experts to advise the Committee.

**Article 49**  
***Procedure***

1. The Director-General shall convene meetings of the Emergency Committee by selecting a number of experts from among those referred to in paragraph 2 of Article 48, according to the fields of expertise and experience most relevant to the specific event that is occurring. For the purpose of this Article, "meetings" of the Emergency Committee may include teleconferences, videoconferences or electronic communications.
2. The Director-General shall provide the Emergency Committee with the agenda and any relevant information concerning the event, including information provided by the States Parties, as well as any temporary recommendation that the Director-General proposes for issuance.
3. The Emergency Committee shall elect its Chairperson and prepare following each meeting a brief summary report of its proceedings and deliberations, including any advice on recommendations.
4. The Director-General shall invite the State Party in whose territory the event arises to present its views to the Emergency Committee. To that effect, the Director-General shall notify to it the dates and the agenda of the meeting of the Emergency Committee with as much advance notice as necessary.  
The State Party concerned, however, may not seek a postponement of the meeting of the Emergency Committee for the purpose of presenting its views thereto.
5. The views of the Emergency Committee shall be forwarded to the Director-General for consideration. The Director-General shall make the final determination on these matters.
6. The Director-General shall communicate to States Parties the determination and the termination of a public health emergency of international concern, any health measure taken by the State Party concerned, any temporary recommendation, and the modification, extension and termination of such recommendations, together with the views of the Emergency Committee. The Director-General shall inform conveyance operators through States Parties and the relevant international agencies of such temporary recommendations, including their modification, extension or termination. The Director-General shall subsequently make such information and recommendations available to the general public.
7. States Parties in whose territories the event has occurred may propose to the Director-General the termination of a public health emergency of international concern and/or the temporary recommendations, and may make a presentation to that effect to the Emergency Committee.

**CHAPTER III**  
**THE REVIEW COMMITTEE**  
**Article 50**

***Terms of reference and composition***

1. The Director-General shall establish a Review Committee, which shall carry out the following functions:



- (a) make technical recommendations to the Director-General regarding amendments to these Regulations;
  - (b) provide technical advice to the Director-General with respect to standing recommendations, and any modifications or termination thereof;
  - (c) provide technical advice to the Director-General on any matter referred to it by the Director-General regarding the functioning of these Regulations.
2. The Review Committee shall be considered an expert committee and shall be subject to the WHO Advisory Panel Regulations, unless otherwise provided in this Article.
3. The Members of the Review Committee shall be selected and appointed by the Director-General from among the persons serving on the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization.
4. The Director-General shall establish the number of members to be invited to a meeting of the Review Committee, determine its date and duration, and convene the Committee.
5. The Director-General shall appoint members to the Review Committee for the duration of the work of a session only.
6. The Director-General shall select the members of the Review Committee on the basis of the principles of equitable geographical representation, gender balance, a balance of experts from developed and developing countries, representation of a diversity of scientific opinion, approaches and practical experience in various parts of the world, and an appropriate interdisciplinary balance.

#### **Article 51** ***Conduct of business***

1. Decisions of the Review Committee shall be taken by a majority of the members present and voting.
2. The Director-General shall invite Member States, the United Nations and its specialized agencies and other relevant intergovernmental organizations or non-governmental organizations in official relations with WHO to designate representatives to attend the Committee sessions. Such representatives may submit memoranda and, with the consent of the Chairperson, make statements on the subjects under discussion. They shall not have the right to vote.

#### **Article 52** ***Reports***

1. For each session, the Review Committee shall draw up a report setting forth the Committee's views and advice. This report shall be approved by the Review Committee before the end of the session. Its views and advice shall not commit the Organization and shall be formulated as advice to the Director-General. The text of the report may not be modified without the Committee's consent.
2. If the Review Committee is not unanimous in its findings, any member shall be entitled to express his or her dissenting professional views in an individual or group report, which shall state the reasons why a divergent opinion is held and shall form part of the Committee's report.
3. The Review Committee's report shall be submitted to the Director-General, who shall communicate its views and advice to the Health Assembly or the Executive Board for their consideration and action.

#### **Article 53** ***Procedures for standing recommendations***

When the Director-General considers that a standing recommendation is necessary and appropriate for a specific public health risk, the Director-General shall seek the views of the Review Committee. In addition to the relevant paragraphs of Articles 50 to 52, the following provisions shall apply:

- (a) proposals for standing recommendations, their modification or termination may be submitted to the Review Committee by the Director-General or by States Parties through the Director-General;
- (b) any State Party may submit relevant information for consideration by the Review Committee;
- (c) the Director-General may request any State Party, intergovernmental organization or non-governmental organization in official relations with WHO to place at the disposal of the Review Committee information in its possession concerning the subject of the proposed standing recommendation as specified by the Review Committee;
- (d) the Director-General may, at the request of the Review Committee or on the Director-General's own initiative, appoint one or more technical experts to advise the Review Committee. They

- (e) shall not have the right to vote;
- (e) any report containing the views and advice of the Review Committee regarding standing recommendations shall be forwarded to the Director-General for consideration and decision. The Director-General shall communicate the Review Committee's views and advice to the Health Assembly;
- (f) the Director-General shall communicate to States Parties any standing recommendation, as well as the modifications or termination of such recommendations, together with the views of the Review Committee;
- (g) standing recommendations shall be submitted by the Director-General to the subsequent Health Assembly for its consideration.

## **PART X FINAL PROVISIONS**

### **Article 54**

#### ***Reporting and review***

1. States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly.
2. The Health Assembly shall periodically review the functioning of these Regulations. To that end it may request the advice of the Review Committee, through the Director-General. The first such review shall take place no later than five years after the entry into force of these Regulations.
3. WHO shall periodically conduct studies to review and evaluate the functioning of Annex 2. The first such review shall commence no later than one year after the entry into force of these Regulations. The results of such reviews shall be submitted to the Health Assembly for its consideration, as appropriate.

### **Article 55**

#### ***Amendments***

1. Amendments to these Regulations may be proposed by any State Party or by the Director-General. Such proposals for amendments shall be submitted to the Health Assembly for its consideration.
2. The text of any proposed amendment shall be communicated to all States Parties by the Director-General at least four months before the Health Assembly at which it is proposed for consideration.
3. Amendments to these Regulations adopted by the Health Assembly pursuant to this Article shall come into force for all States Parties on the same terms, and subject to the same rights and obligations, as provided for in Article 22 of the Constitution of WHO and Articles 59 to 64 of these Regulations.

### **Article 56**

#### ***Settlement of disputes***

1. In the event of a dispute between two or more States Parties concerning the interpretation or application of these Regulations, the States Parties concerned shall seek in the first instance to settle the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation or conciliation. Failure to reach agreement shall not absolve the parties to the dispute from the responsibility of continuing to seek to resolve it.
2. In the event that the dispute is not settled by the means described under paragraph 1 of this Article, the States Parties concerned may agree to refer the dispute to the Director-General, who shall make every effort to settle it.
3. A State Party may at any time declare in writing to the Director-General that it accepts arbitration as compulsory with regard to all disputes concerning the interpretation or application of these Regulations to which it is a party or with regard to a specific dispute in relation to any other State Party accepting the same obligation. The arbitration shall be conducted in accordance with the Permanent Court of Arbitration Optional Rules for Arbitrating Disputes between Two States applicable at the time a request for arbitration is made. The States Parties that have agreed to accept arbitration as compulsory shall accept the arbitral award as binding and final. The Director-General shall inform the Health Assembly regarding such action as appropriate.
4. Nothing in these Regulations shall impair the rights of States Parties under any international agreement to which they may be parties to resort to the dispute settlement mechanisms of other intergovernmental organizations or established under any international agreement.

5. In the event of a dispute between WHO and one or more States Parties concerning the interpretation or application of these Regulations, the matter shall be submitted to the Health Assembly.

#### **Article 57**

##### ***Relationship with other international agreements***

1. States Parties recognize that the IHR and other relevant international agreements should be interpreted so as to be compatible. The provisions of the IHR shall not affect the rights and obligations of any State Party deriving from other international agreements.

2. Subject to paragraph 1 of this Article, nothing in these Regulations shall prevent States Parties having certain interests in common owing to their health, geographical, social or economic conditions, from concluding special treaties or arrangements in order to facilitate the application of these Regulations, and in particular with regard to:

- (a) the direct and rapid exchange of public health information between neighbouring territories of different States;
- (b) the health measures to be applied to international coastal traffic and to international traffic in waters within their jurisdiction;
- (c) the health measures to be applied in contiguous territories of different States at their common frontier;
- (d) arrangements for carrying affected persons or affected human remains by means of transport specially adapted for the purpose; and
- (e) deratting, disinsection, disinfection, decontamination or other treatment designed to render goods free of disease-causing agents.

3. Without prejudice to their obligations under these Regulations, States Parties that are members of a regional economic integration organization shall apply in their mutual relations the common rules in force in that regional economic integration organization.

#### **Article 58**

##### ***International sanitary agreements and regulations***

1. These Regulations, subject to the provisions of Article 62 and the exceptions hereinafter provided, shall replace as between the States bound by these Regulations and as between these States and WHO, the provisions of the following international sanitary agreements and regulations:

- (a) International Sanitary Convention, signed in Paris, 21st June, 1926;
- (b) International Sanitary Convention for Aerial Navigation, signed at The Hague, 12th April, 1933;
- (c) International Agreement for dispensing with Bills of Health, signed in Paris, 22nd December, 1934;
- (d) International Agreement for dispensing with Consular Visas on Bills of Health, signed in Paris, 22nd December, 1934;
- (e) Convention modifying the International Sanitary Convention of 21st June, 1926, signed in Paris, 31st October, 1938;
- (f) International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21st June, 1926, opened for signature in Washington, 15th December, 1944;
- (g) International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention of 12th April, 1933, opened for signature in Washington, 15th December, 1944;
- (h) Protocol of 23 April, 1946 to prolong the International Sanitary Convention, 1944, signed in Washington;
- (i) Protocol of 23rd April, 1946 to prolong the International Sanitary Convention for Aerial Navigation, 1944, signed in Washington;
- (j) International Sanitary Regulations, 1951, and the Additional Regulations of 1955, 1956, 1960, 1963 and 1965; and
- (k) the International Health Regulations of 1969 and the amendments of 1973 and 1981.

2. The Pan American Sanitary Code, signed at Havana, 14th November, 1924, shall remain in force with the exception of Articles 2, 9, 10, 11, 16 to 53 inclusive, 61 and 62, to which the relevant part of paragraph 1 of this Article shall apply.

#### **Article 59**

##### ***Entry into force; period for rejection or reservations***

1. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or

reservation to, these Regulations or an amendment thereto, shall be 18 months from the date of the notification by the Director-General of the adoption of these Regulations or of an amendment to these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

2. These Regulations shall enter into force 24 months after the date of notification referred to in paragraph 1 of this Article, except for:

- (a) a State that has rejected these Regulations or an amendment thereto in accordance with Article 61;
- (b) a State that has made a reservation, for which these Regulations shall enter into force as provided in Article 62;
- (c) a State that becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of this Article, and which is not already a party to these Regulations, for which these Regulations shall enter into force as provided in Article 60; and
- (d) a State not a Member of WHO that accepts these Regulations, for which they shall enter into force in accordance with paragraph 1 of Article 64.

3. If a State is not able to adjust its domestic legislative and administrative arrangements fully with these Regulations within the period set out in paragraph 2 of this Article, that State shall submit within the period specified in paragraph 1 of this Article a declaration to the Director-General regarding the outstanding adjustments and achieve them no later than 12 months after the entry into force of these Regulations for that State Party.

#### **Article 60**

##### ***New Member States of WHO***

Any State which becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of Article 59, and which is not already a party to these Regulations, may communicate its rejection of, or any reservation to, these Regulations within a period of twelve months from the date of the notification to it by the Director-General after becoming a Member of WHO. Unless rejected, these Regulations shall enter into force with respect to that State, subject to the provisions of Articles 62 and 63, upon expiry of that period. In no case shall these Regulations enter into force in respect to that State earlier than 24 months after the date of notification referred to in paragraph 1 of Article 59.

#### **Article 61**

##### ***Rejection***

If a State notifies the Director-General of its rejection of these Regulations or of an amendment thereto within the period provided in paragraph 1 of Article 59, these Regulations or the amendment concerned shall not enter into force with respect to that State. Any international sanitary agreement or regulations listed in Article 58 to which such State is already a party shall remain in force as far as such State is concerned.

#### **Article 62**

##### ***Reservations***

1. States may make reservations to these Regulations in accordance with this Article. Such reservations shall not be incompatible with the object and purpose of these Regulations.

2. Reservations to these Regulations shall be notified to the Director-General in accordance with paragraph 1 of Article 59 and Article 60, paragraph 1 of Article 63 or paragraph 1 of Article 64, as the case may be. A State not a Member of WHO shall notify the Director-General of any reservation with its notification of acceptance of these Regulations. States formulating reservations should provide the Director-General with reasons for the reservations.

3. A rejection in part of these Regulations shall be considered as a reservation.

4. The Director-General shall, in accordance with paragraph 2 of Article 65, issue notification of each reservation received pursuant to paragraph 2 of this Article. The Director-General shall:

- (a) if the reservation was made before the entry into force of these Regulations, request those Member States that have not rejected these Regulations to notify him or her within six months of any objection to the reservation, or
- (b) if the reservation was made after the entry into force of these Regulations, request States Parties to notify him or her within six months of any objection to the reservation. States

objecting to a reservation should provide the Director-General with reasons for the objection.

5. After this period, the Director-General shall notify all States Parties of the objections he or she has received with regard to reservations. Unless by the end of six months from the date of the notification referred to in paragraph 4 of this Article a reservation has been objected to by one-third of the States referred to in paragraph 4 of this Article, it shall be deemed to be accepted and these Regulations shall enter into force for the reserving State, subject to the reservation.

6. If at least one-third of the States referred to in paragraph 4 of this Article object to the reservation by the end of six months from the date of the notification referred to in paragraph 4 of this Article, the Director-General shall notify the reserving State with a view to its considering withdrawing the reservation within three months from the date of the notification by the Director-General.

7. The reserving State shall continue to fulfil any obligations corresponding to the subject matter of the reservation, which the State has accepted under any of the international sanitary agreements or regulations listed in Article 58.

8. If the reserving State does not withdraw the reservation within three months from the date of the notification by the Director-General referred to in paragraph 6 of this Article, the Director-General shall seek the view of the Review Committee if the reserving State so requests. The Review Committee shall advise the Director-General as soon as possible and in accordance with Article 50 on the practical impact of the reservation on the operation of these Regulations.

9. The Director-General shall submit the reservation, and the views of the Review Committee if applicable, to the Health Assembly for its consideration. If the Health Assembly, by a majority vote, objects to the reservation on the ground that it is incompatible with the object and purpose of these Regulations, the reservation shall not be accepted and these Regulations shall enter into force for the reserving State only after it withdraws its reservation pursuant to Article 63. If the Health Assembly accepts the reservation, these Regulations shall enter into force for the reserving State, subject to its reservation.

### **Article 63**

#### ***Withdrawal of rejection and reservation***

1. A rejection made under Article 61 may at any time be withdrawn by a State by notifying the Director-General. In such cases, these Regulations shall enter into force with regard to that State upon receipt by the Director-General of the notification, except where the State makes a reservation when withdrawing its rejection, in which case these Regulations shall enter into force as provided in Article 62. In no case shall these Regulations enter into force in respect to that State earlier than 24 months after the date of notification referred to in paragraph 1 of Article 59.

2. The whole or part of any reservation may at any time be withdrawn by the State Party concerned by notifying the Director-General. In such cases, the withdrawal will be effective from the date of receipt by the Director-General of the notification.

### **Article 64**

#### ***States not Members of WHO***

1. Any State not a Member of WHO, which is a party to any international sanitary agreement or regulations listed in Article 58 or to which the Director-General has notified the adoption of these Regulations by the World Health Assembly, may become a party hereto by notifying its acceptance to the Director-General and, subject to the provisions of Article 62, such acceptance shall become effective upon the date of entry into force of these Regulations, or, if such acceptance is notified after that date, three months after the date of receipt by the Director-General of the notification of acceptance.

2. Any State not a Member of WHO which has become a party to these Regulations may at any time withdraw from participation in these Regulations, by means of a notification addressed to the Director-General which shall take effect six months after the Director-General has received it. The State which has withdrawn shall, as from that date, resume application of the provisions of any international sanitary agreement or regulations listed in Article 58 to which it was previously a party.

### **Article 65**

#### ***Notifications by the Director-General***

1. The Director-General shall notify all States Members and Associate Members of WHO, and also other parties to any international sanitary agreement or regulations listed in Article 58, of the adoption by the Health Assembly of these Regulations.

2. The Director-General shall also notify these States, as well as any other State which has become



a party to these Regulations or to any amendment to these Regulations, of any notification received by WHO under Articles 60 to 64 respectively, as well as of any decision taken by the Health Assembly under Article 62.

## **Article 66**

### ***Authentic texts***

1. The Arabic, Chinese, English, French, Russian and Spanish texts of these Regulations shall be equally authentic. The original texts of these Regulations shall be deposited with WHO.

2. The Director-General shall send, with the notification provided in paragraph 1 of Article 59, certified copies of these Regulations to all Members and Associate Members, and also to other parties to any of the international sanitary agreements or regulations listed in Article 58.

3. Upon the entry into force of these Regulations, the Director-General shall deliver certified copies thereof to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations.

## **ANNEX 1**

### **A. CORE CAPACITY REQUIREMENTS FOR SURVEILLANCE AND RESPONSE**

1. States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to:

- (a) their surveillance, reporting, notification, verification, response and collaboration activities; and
- (b) their activities concerning designated airports, ports and ground crossings.

2. Each State Party shall assess, within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core capacities are present and functioning throughout their territories as set out in paragraph 1 of Article 5 and paragraph 1 of Article 13.

3. States Parties and WHO shall support assessments, planning and implementation processes under this Annex.

4. At the local community level and/or primary public health response level-

The capacities:

- (a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and
- (b) to report all available essential information immediately to the appropriate level of health-care response. At the community level, reporting shall be to local community health-care institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; and
- (c) to implement preliminary control measures immediately.

5. At the intermediate public health response levels-

The capacities:

- (a) to confirm the status of reported events and to support or implement additional control measures; and
- (b) to assess reported events immediately and, if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.

6. At the national level.

*Assessment and notification.* The capacities:

- (a) to assess all reports of urgent events within 48 hours; and
- (b) to notify WHO immediately through the National IHR Focal Point when the assessment indicates the event is notifiable pursuant to paragraph 1 of Article 6 and Annex 2 and to inform WHO as required pursuant to Article 7 and paragraph 2 of Article 9.

*Public health response.* The capacities:

- (a) to determine rapidly the control measures required to prevent domestic and international spread;
- (b) to provide support through specialized staff, laboratory analysis of samples (domestically or through collaborating centres) and logistical assistance (e.g. equipment, supplies and

- transport);
- (c) to provide on-site assistance as required to supplement local investigations;
- (d) to provide a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures;
- (e) to provide direct liaison with other relevant government ministries;
- (f) to provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO regarding events in the State Party's own territory and in the territories of other States Parties;
- (g) to establish, operate and maintain a national public health emergency response plan, including the creation of multi-disciplinary/multi-sectoral teams to respond to events that may constitute a public health emergency of international concern; and
- (h) to provide the foregoing on a 24-hour basis.

## **B. CORE CAPACITY REQUIREMENTS FOR DESIGNATED AIRPORTS, PORTS AND GROUND CROSSINGS**

### 1. At all times

The 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;
- (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.

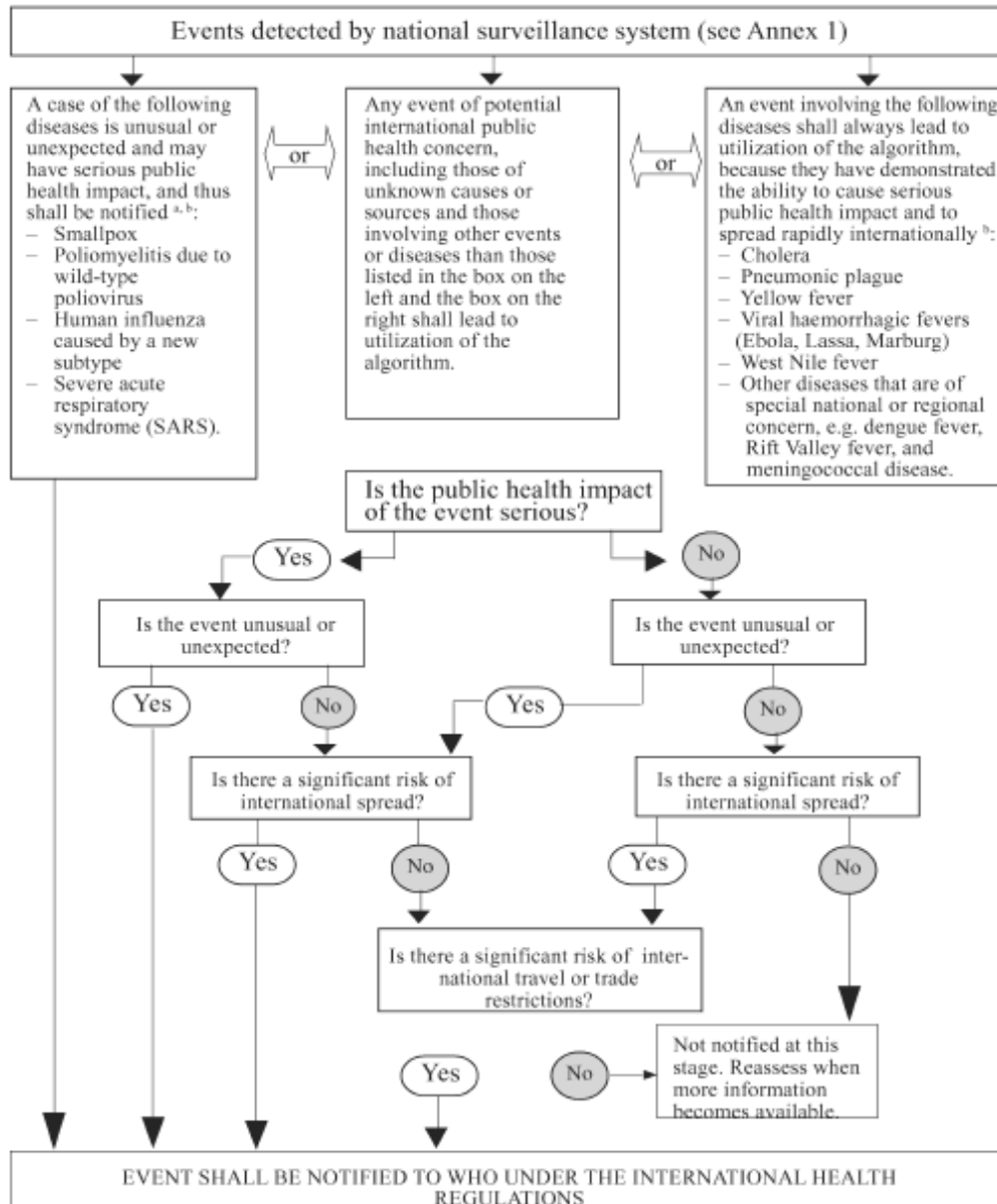
### 2. For responding to events that may constitute a public health emergency of international concern-

The 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 for their isolation, treatment 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.

## **ANNEX 2**

### **DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN**



<sup>a</sup> As WHO case definitions.

<sup>b</sup> The disease list shall be used only for the purposes of these Regulations

**EXAMPLES FOR THE APPLICATION OF THE DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN**

*The examples appearing in this Annex are not binding and are for indicative guidance purposes to assist in the interpretation of the decision instrument criteria.*

**DOES THE EVENT MEET AT LEAST TWO OF THE FOLLOWING CRITERIA?**

<b>Is the public health impact of the event serious?</b>	<b>I. Is the public health impact of the event serious?</b>
	<p><b>1. Is the number of cases and/or number of deaths for this type of event large for the given place, time or population?</b></p>
	<p><b>2. <i>Has the event the potential to have a high public health impact?</i></b></p> <p>THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT CONTRIBUTE TO HIGH PUBLIC HEALTH IMPACT:</p> <ul style="list-style-type: none"> <li>✓ Event caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier).</li> <li>✓ Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure).</li> <li>✓ Event represents a significant public health risk even if no or very few human cases have yet been identified.</li> <li>✓ Cases reported among health staff.</li> <li>✓ The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, undernourished, etc.).</li> <li>✓ Concomitant factors that may hinder or delay the public health response (natural catastrophes, armed conflicts, unfavourable weather conditions, multiple foci in the State Party).</li> <li>✓ Event in an area with high population density.</li> <li>✓ Spread of toxic, infectious or otherwise hazardous materials that may be occurring naturally or otherwise that has contaminated or has the potential to contaminate a population and/or a large geographical area.</li> </ul>
	<p><b>3. <i>Is external assistance needed to detect, investigate, respond and control the current event, or prevent new cases?</i></b></p> <p>THE FOLLOWING ARE EXAMPLES OF WHEN ASSISTANCE MAY BE REQUIRED:</p> <ul style="list-style-type: none"> <li>✓ Inadequate human, financial, material or technical resources – in particular: <ul style="list-style-type: none"> <li>– Insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources)</li> <li>– Insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment, or supportive equipment to cover estimated needs</li> <li>– Existing surveillance system is inadequate to detect new cases in a timely manner.</li> </ul> </li> </ul>
<p><b>IS THE PUBLIC HEALTH IMPACT OF THE EVENT SERIOUS?</b>  <b>Answer “yes” if you have answered “yes” to questions 1, 2 or 3 above.</b></p>	

<b>Is the event unusual or unexpected?</b>	<b>II. Is the event unusual or unexpected?</b>
	4. <i>Is the event unusual?</i>
	<p>THE FOLLOWING ARE EXAMPLES OF UNUSUAL EVENTS:</p> <ul style="list-style-type: none"> <li>✓ The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown.</li> <li>✓ Evolution of cases more severe than expected (including morbidity or case-fatality) or with unusual symptoms.</li> <li>✓ Occurrence of the event itself unusual for the area, season or population.</li> </ul>
	5. <i>Is the event unexpected from a public health perspective?</i>

<p>THE FOLLOWING ARE EXAMPLES OF UNEXPECTED EVENTS:</p> <ul style="list-style-type: none"> <li>✓ Event caused by a disease/agent that had already been eliminated or eradicated from the State Party or not previously reported.</li> </ul>
<b>IS THE EVENT UNUSUAL OR UNEXPECTED?</b>
Answer "yes" if you have answered "yes" to questions 4 or 5 above.

<b>Is there a significant risk of international spread?</b>	<b>III. Is there a significant risk of international spread?</b>
	6. <i>Is there evidence of an epidemiological link to similar events in other States?</i>
	7. <i>Is there any factor that should alert us to the potential for cross border movement of the agent, vehicle or host?</i>
	<p>THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT MAY PREDISPOSE TO INTERNATIONAL SPREAD:</p> <ul style="list-style-type: none"> <li>✓ Where there is evidence of local spread, an index case (or other linked cases) with a history within the previous month of: <ul style="list-style-type: none"> <li>– international travel (or time equivalent to the incubation period if the pathogen is known)</li> <li>– participation in an international gathering (pilgrimage, sports event, conference, etc.)</li> <li>– close contact with an international traveller or a highly mobile population.</li> </ul> </li> <li>✓ Event caused by an environmental contamination that has the potential to spread across international borders.</li> <li>✓ Event in an area of intense international traffic with limited capacity for sanitary control or environmental detection or decontamination.</li> </ul>

<b>IS THERE A SIGNIFICANT RISK OF INTERNATIONAL SPREAD?</b>
Answer "yes" if you have answered "yes" to questions 6 or 7 above.



<b>Risk of international restrictions ?</b>	<b>IV. Is there a significant risk of international travel or trade restrictions?</b>
	8. <i>Have similar events in the past resulted in international restriction on trade and/or travel?</i>
	9. <i>Is the source suspected or known to be a food product, water or any other goods that might be contaminated that has been exported/imported to/from other States?</i>
	10. <i>Has the event occurred in association with an international gathering or in an area of intense international tourism?</i>
	11. <i>Has the event caused requests for more information by foreign officials or international media?</i>
	<b>IS THERE A SIGNIFICANT RISK OF INTERNATIONAL TRADE OR TRAVEL RESTRICTIONS?</b>  Answer “yes” if you have answered “yes” to questions 8, 9, 10 or 11 above.

States Parties that answer “yes” to the question whether the event meets any two of the four criteria (I-IV) above, shall notify WHO under Article 6 of the International Health Regulations.

**ANNEX 3**  
**MODEL SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE**

Port of..... Date: .....

This Certificate records the inspection and 1) exemption from control or 2) control measures applied

Name of ship or inland navigation vessel ..... Registration/IMO No. ....

At the time of inspection the holds were unladen/laden with ..... tonnes of..... cargo.....

Name and address of inspecting officer .....

**Ship Sanitation Control Exemption Certificate**

Areas, systems, and services inspected	Evidence found <sup>1</sup>	Sample results <sup>2</sup>	Documents reviewed	Control measures applied	Re-inspection date	Comments regarding conditions found
Galley			Medical log			
Pantry			Ship's log			
Stores			Other			
Hold(s)/cargo						
Quarters:						
- crew						
- officers						
- passengers						
- deck						
Potable water						
Sewage						
Ballast tanks						
Solid and medical waste						
Standing water						
Engine room						
Medical facilities						
Other areas specified - see attached						
Note areas not applicable, by marking N/A.						

No evidence found. Ship/vessel is exempted from control measures.

Control measures indicated were applied on the date below.

Name and designation of issuing officer ..... Signature and seal ..... Date .....  
<sup>1</sup> (a) Evidence of infection or contamination, including: vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical and other risks to human health; signs of inadequate sanitary measures. (b) Information concerning any human cases (to be included in the Maritime Declaration of Health).

<sup>2</sup> Results from samples taken on board. Analysis to be provided to ship's master by most expedient means and, if re-inspection is required, to the next appropriate port of call coinciding with the re-inspection date specified in this certificate.  
 Sanitation Control Exemption Certificates and Sanitation Control Certificates are valid for a maximum of six months, but the validity period may be extended by one month if inspection cannot be carried out at the port and there is no evidence of infection or contamination.



- (b) medical examinations of persons on board;
- (c) application of other health measures under these Regulations; and
- (d) provision of relevant public health information requested by the State Party.

2. Conveyance operators shall provide to the competent authority a valid Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate or a Maritime Declaration of Health, or the Health Part of an Aircraft General Declaration, as required under these Regulations.

#### Section B Conveyances

1. Control measures applied to baggage, cargo, containers, conveyances and goods under these Regulations shall be carried out so as to avoid as far as possible injury or discomfort to persons or damage to the baggage, cargo, containers, conveyances and goods. Whenever possible and appropriate, control measures shall be applied when the conveyance and holds are empty.

2. States Parties shall indicate in writing the measures applied to cargo, containers or conveyances, the parts treated, the methods employed, and the reasons for their application. This information shall be provided in writing to the person in charge of an aircraft and, in case of a ship, on the Ship Sanitation Control Certificate. For other cargo, containers or conveyances, States Parties shall issue such information in writing to consignors, consignees, carriers, the person in charge of the conveyance or their respective agents.

### **ANNEX 5**

#### **SPECIFIC MEASURES FOR VECTOR-BORNE DISEASES**

1. WHO shall publish, on a regular basis, a list of areas where disinsection or other vector control measures are recommended for conveyances arriving from these areas. Determination of such areas shall be made pursuant to the procedures regarding temporary or standing recommendations, as appropriate.

2. Every conveyance leaving a point of entry situated in an area where vector control is recommended should be disinfected and kept free of vectors. When there are methods and materials advised by the Organization for these procedures, these should be employed. The presence of vectors on board conveyances and the control measures used to eradicate them shall be included:

- (a) in the case of aircraft, in the Health Part of the Aircraft General Declaration, unless this part of the Declaration is waived by the competent authority at the airport of arrival;
- (b) in the case of ships, on the Ship Sanitation Control Certificates; and
- (c) in the case of other conveyances, on a written proof of treatment issued to the consignor, consignee, carrier, the person in charge of the conveyance or their agent, respectively.

3. States Parties should accept disinsecting, deratting and other control measures for conveyances applied by other States if methods and materials advised by the Organization have been applied.

4. States Parties shall establish programmes to control vectors that may transport an infectious agent that constitutes a public health risk to a minimum distance of 400 metres from those areas of point of entry facilities that are used for operations involving travellers, conveyances, containers, cargo and postal parcels, with extension of the minimum distance if vectors with a greater range are present.

5. If a follow-up inspection is required to determine the success of the vector control measures applied, the competent authorities for the next known port or airport of call with a capacity to make such an inspection shall be informed of this requirement in advance by the competent authority advising such follow-up. In the case of ships, this shall be noted on the Ship Sanitation Control Certificate.

6. A conveyance may be regarded as suspect and should be inspected for vectors and reservoirs if:
- (a) it has a possible case of vector-borne disease on board;
  - (b) a possible case of vector-borne disease has occurred on board during an international voyage;
- or
- (c) it has left an affected area within a period of time where on-board vectors could still carry disease.

7. A State Party should not prohibit the landing of an aircraft or berthing of a ship in its territory if the control measures provided for in paragraph 3 of this Annex or otherwise recommended by the Organization are applied. However, aircraft or ships coming from an affected area may be required to land at airports or divert to another port specified by the State Party for that purpose.

8. A State Party may apply vector control measures to a conveyance arriving from an area affected by a vector-borne disease if the vectors for the foregoing disease are present in its territory.

### **ANNEX 6**

#### **VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES**

1. Vaccines or other prophylaxis specified in Annex 7 or recommended under these Regulations shall be of suitable quality; those vaccines and prophylaxis designated by WHO shall be subject to its approval. Upon request, the State Party shall provide to WHO appropriate evidence of the suitability of vaccines and prophylaxis administered within its territory under these Regulations.

2. Persons undergoing vaccination or other prophylaxis under these Regulations shall be provided with an international certificate of vaccination or prophylaxis (hereinafter the "certificate") in the form specified in this Annex. No departure shall be made from the model of the certificate specified in this Annex.

3. Certificates under this Annex are valid only if the vaccine or prophylaxis used has been approved by WHO.

4. Certificates must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

5. Certificates shall be fully completed in English or in French. They may also be completed in another language, in addition to either English or French.

6. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

7. Certificates are individual and shall in no circumstances be used collectively. Separate certificates shall be issued for children.

8. A parent or guardian shall sign the certificate when the child is unable to write. The signature of an illiterate shall be indicated in the usual manner by the person's mark and the indication by another that this is the mark of the person concerned.

9. If the supervising clinician is of the opinion that the vaccination or prophylaxis is contraindicated on medical grounds, the supervising clinician shall provide the person with reasons, written in English or French, and where appropriate in another language in addition to English or French, underlying that opinion, which the competent authorities on arrival should take into account. The supervising clinician and competent authorities shall inform such persons of any risk associated with non-vaccination and with the non-use of prophylaxis in accordance with paragraph 4 of Article 23.

10. An equivalent document issued by the Armed Forces to an active member of those Forces shall be accepted in lieu of an international certificate in the form shown in this Annex if:

- (a) it embodies medical information substantially the same as that required by such form; and
- (b) it contains a statement in English or in French and where appropriate in another language in addition to English or French recording the nature and date of the vaccination or prophylaxis and to the effect that it is issued in accordance with this paragraph.

**MODEL INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS**

This is to certify that [name]....., date of birth ..... , sex ..... , nationality ..... , national identification document, if applicable ..... whose signature follows ..... has on the date indicated been vaccinated or received prophylaxis against: (name of disease or condition) ..... in accordance with the International Health Regulations.

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician	Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from ..... until .....	Official stamp of administering centre
1.					
2.					

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate must be signed in the hand of the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or



prophylaxis. The certificate must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

## **ANNEX 7**

### REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS FOR SPECIFIC DISEASES

1. In addition to any recommendation concerning vaccination or prophylaxis, the following diseases are those specifically designated under these Regulations for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party:

Vaccination against yellow fever.

2. Recommendations and requirements for vaccination against yellow fever:

(a) For the purpose of this Annex:

- (i) the incubation period of yellow fever is six days;
- (ii) yellow fever vaccines approved by WHO provide protection against infection starting 10 days following the administration of the vaccine;
- (iii) this protection continues for 10 years; and
- (iv) the validity of a certificate of vaccination against yellow fever shall extend for a period of 10 years, beginning 10 days after the date of vaccination or, in the case of a revaccination within such period of 10 years, from the date of that revaccination.

(b) Vaccination against yellow fever may be required of any traveller leaving an area where the Organization has determined that a risk of yellow fever transmission is present.

(c) If a traveller is in possession of a certificate of vaccination against yellow fever which is not yet valid, the traveller may be permitted to depart, but the provisions of paragraph 2 (h) of this Annex may be applied on arrival.

(d) A traveller in possession of a valid certificate of vaccination against yellow fever shall not be treated as suspect, even if coming from an area where the Organization has determined that a risk of yellow fever transmission is present.

(e) In accordance with paragraph 1 of Annex 6 the yellow fever vaccine used must be approved by the Organization.

(f) States Parties shall designate specific yellow fever vaccination centres within their territories in order to ensure the quality and safety of the procedures and materials employed.

(g) Every person employed at a point of entry in an area where the Organization has determined that a risk of yellow fever transmission is present, and every member of the crew of a conveyance using any such point of entry, shall be in possession of a valid certificate of vaccination against yellow fever.

(h) A State Party, in whose territory vectors of yellow fever are present, may require a traveller from an area where the Organization has determined that a risk of yellow fever transmission is present, who is unable to produce a valid certificate of vaccination against yellow fever, to be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection, has elapsed, whichever occurs first.

(i) Travellers who possess an exemption from yellow fever vaccination, signed by an authorized medical officer or an authorized health worker, may nevertheless be allowed entry, subject to the provisions of the foregoing paragraph of this Annex and to being provided with information regarding protection from yellow fever vectors. Should the travellers not be quarantined, they may be required to report any feverish or other symptoms to the competent authority and be placed under surveillance.

## **ANNEX 8**

### MODEL OF MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving

from foreign ports.

Submitted at the port of ..... Date .....

Name of ship or inland navigation vessel.....

Registration/IMONo.....arriving from .....sailing to

(Nationality) (Flag of vessel)..... Master's name .....

Gross tonnage (ship).....

Tonnage (inland navigation vessel).....

Valid Sanitation Control Exemption/Control Certificate carried on board? yes ..... no .....

Issued at ..... date .....

Re-inspection required? yes ..... no .....

Has ship/vessel visited an affected area identified by the World Health Organization?

yes ..... no .....

Port and date of visit .....

List ports of call from commencement of voyage with dates of departure, or within past 30 days, whichever is shorter:

.....  
Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past 30 days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) Name ..... joined from: (1) ..... (2) ..... (3) .....

(2) Name ..... joined from: (1) ..... (2) ..... (3) .....

(3) Name ..... joined from: (1) ..... (2) ..... (3) .....

Number of crew members on board .....

Number of passengers on board .....

### Health questions

(1) Has any person died on board during the voyage otherwise than as a result of accident?

yes ..... no .....

If yes, state particulars in attached schedule. Total no. of deaths .....

(2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? yes..... no..... If yes, state particulars in attached schedule.

(3) Has the total number of ill passengers during the voyage been greater than normal/expected? yes ..... no ..... How many ill persons? .....

(4) Is there any ill person on board now? yes ..... no ..... If yes, state particulars in attached schedule.

(5) Was a medical practitioner consulted? yes ..... no ..... If yes, state particulars of medical treatment or advice provided in attached schedule.

(6) Are you aware of any condition on board which may lead to infection or spread of disease? yes ..... no ..... If yes, state particulars in attached schedule.

(7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? yes ..... no .....

If yes, specify type, place and date .....

(8) Have any stowaways been found on board? yes ..... no ..... If yes, where did they join the ship (if known)? .....

(9) Is there a sick animal or pet on board? yes ..... no .....

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

(a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.

(b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of

Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed .....

Master

Countersigned .....

Ship's Surgeon (if carried)

Date.....

**ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH**

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case <sup>i*</sup>	Drugs medicines or other treatment given to patient	Comm

**ANNEX 9**

**THIS DOCUMENT IS PART OF THE AIRCRAFT GENERAL DECLARATION, PROMULGATED BY THE INTERNATIONAL CIVIL AVIATION ORGANIZATION <sup>ii</sup> HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION**

*Declaration of Health*

Persons on board with illnesses other than airsickness or the effects of accidents (including persons with symptoms or signs of illness such as rash, fever, chills, diarrhoea) as well as those cases of illness disembarked during the flight .....

Any other condition on board which may lead to the spread of disease .....

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: .....

Crew member concerned

<sup>i</sup>State: (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

<sup>ii</sup>An informal working group met during the second session of the Intergovernmental Working Group and recommended changes to this document which WHO will transmit to the International Civil Aviation Organization for appropriate consideration.