

Background Information Sheet

International Health Regulations

In 2005, the state parties to the World Health Assembly adopted a sweeping revision to the International Health Regulations (IHR), making them a much more powerful tool for checking the cross-border spread of health threats. Those new IHR created a new international mechanism for issuing official warnings about disease outbreaks.

Scope

Whereas the earlier versions of the International Health Regulations (IHR) only applied to a few diseases, as of 2005, the IHR apply to any "public health emergency of international concern." These include:

- A disease or occurrence that creates a potential for disease, which:
 - 1. constitutes a public health risk to other States through the spread of disease, and
 - 2. requires a coordinated international response.

In other words, the obligations in the IHR are not only for actual outbreaks of diseases such as yellow fever and SARS, but also potentially biological, chemical or radiological accidents or other vectors that could lead to disease, as well as animal diseases that might be transmitted to humans (i.e. zoonotic diseases).



Key Provisions

Notification

The International Health Regulations (IHR) obliges states to assess events to determine if they constitute a public health emergency of international concern, and gives guidelines on doing so. If a state decides that such a threat exists, it has to notify WHO within 24 hours and continue to give reports. A National IHR Focal Point must be established or designated which is available at all times to effect this communication with a WHO Focal Point. Additionally, the WHO may consider reports from sources other than states.

A system is also established whereby the WHO, under certain circumstances, may share information with potentially affected states regarding a public health emergency of international concern, even without the permission of the source state.

· Capacity-building

States must take measures to develop their surveillance and response capacities for health emergencies, in particular at certain entry points which must be designated. The minimum capacities to be developed are set out in detail.

Health measures

The IHR specify which health measures may be taken against travelers. goods, and baggage requesting conveyances (e.g. information, vaccinations, health examinations, etc.) and under which In particular. circumstances. Regulations define when a traveler, vehicle, etc. may be considered affected by a disease, and what steps may then be taken. The charges which may be imposed for these measures are also regulated.

States are also required to designate authorities responsible for a specified list of tasks related to health measures (e.g. ensuring that facilities used by travelers at points of entry are kept free of sources of infection).

Certification

The IHR regulates the types of health documents which may be required in respect of travelers, ships or aircraft entering a territory, as well as setting out some of their legal consequences. Model documents are also provided.

Confidentiality of data

The Regulations contain provisions regulating the privacy of individually identifiable data when information is exchanged amongst states or to the WHO in terms of the Regulations.

Respect for human rights

The IHR stipulates that its provisions must be applied with full respect for human rights. This is of particular importance in safeguarding the rights of persons undergoing health measures such as medical examinations or quarantine, as well as protecting individual privacy.

National implementation of the International Health Regulations (IHR)

When?

- No later than five years after entry into force (i.e. by mid-2012). states must take measures to develop. strengthen and maintain their public health protection capacities consistent with the requirements of the IHR. As of June 2009, states must assess their existing structures, and then develop plans of action to ensure that minimum capacities are present and functioning.
- After 2012, states may obtain a two-year extension in cases of justified need. In exceptional circumstances, they may receive an additional extension not exceeding two years.

By whom?

 Each state - at all levels and including all its sectors, ministries, officials and personnel - holds the responsibility for implementing the IHR at national level.

The Role of the Red Cross Red Crescent

Although National Red Cross Red Crescent Societies are not specifically mentioned in the International Health Regulations (IHR), the Federation is named as one of the international organizations with whom WHO must co-operate and co-ordinate in implementing the IHR.

How can the Red Cross Red Crescent assist?

National Societies, in their capacity as auxiliary to governments on humanitarian issues, can draw their governments' attention to legislative and other measures needed to implement the IHR. In this way, changes can be made at national level to improve pandemic preparedness and response and further protect international public health.

- The IFRC's IDRL Programme is currently collaborating with the WHO and the National Societies of Cambodia, Laos and Vietnam to assist the governments of those countries to implement the IHR.
- The Red Cross Red Crescent can help accelerate response to possible international health emergencies by notifying the WHO of events of concern.



Links

The IHR

- Text of the IHR
- List of States Parties

WHO

- IHR Secretariat
- Lyon Office for National Epidemic Preparedness and Response
- IHR E-Library
- WHO guide to implementation of the IHR in national legislation

WHO Regional Offices' IHR pages

- PAHO
- South East Asia
- Europe
- Western Pacific

Internal links:

- Health and social services page
- Programmes on <u>Avian influenza</u>
 <u>HIV and AIDS</u> | <u>Malaria</u> |
 <u>Measles</u> | <u>Polio</u> | <u>Tuberculosis</u>

For more information:

See the IDRL website and online legal database at www.ifrc.org/idrl or contact us at:

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