The International Health Regulations (2005)

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The first effective public health intervention became IHR revised in 1969.

“Black death” and other plagues spread across the world.

Smallpox, 1950s

Smallpox, cholera, plague, typhus, yellow fever in International Sanitary Regulations, 1951

Became IHR revised in 1969.
Emergence of new diseases and failure to address known ones

- HIV/AIDS, 1980s
- Plague, Surat, 1994
- Ebola, Kikwit, 1995

Emergence of the AIDS pandemic
Major travel disruption. WHO’s DG on site
1st global response coordinated by WHO
WHA considers IHR obsolete, requests IHR revision
International Health Regulations

Adoption under pressure: SARS wake-up call, influenza pandemic threat

SARS, First 21st century’s global epidemic. Major economic cost

May 2015, WHA adopts IHR (2005)

H5N1, Influenza pandemic threat

Entry into force of IHR(2005)

15 June 2007

European Health Forum, Gastein
30 September – 2 October 2015
International Health Regulations (2005)
WHO European region

- **55 States Parties** (includes Holy See and Lichtenstein)
- Entered into force on **15 June 2007**
- Legally binding
- No reservation

**States Parties having Joined after 15 June 2007:**
- Montenegro, 05 Feb. 2008
International Health Regulations

(unchanged) Double Purpose

“to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade” (Article 2)
International Health Regulations

2005 Revolution (!)

Paradigms shift

• Keep control of borders but add containment at source
• From diseases list to all public health threats
• From preset measures to adapted responses

WHO’s mandate

• DG is the executive authority
International Health Regulations

Unprecedented Ebola epidemic, Health enters the Security Council!
68th World Health Assembly, May 2015 (Ebola)

**A68/2**
Report of the Executive Board on its 135th and 136th sessions, and on its special session on Ebola

“numerous comments linked the Ebola virus disease outbreak with the need to enhance implementation of the Regulations“

**A68/24**
2014 Ebola virus disease outbreak: current context and challenges; stopping the epidemic; and preparedness in non-affected countries and regions

**A68/25**
Ebola Interim Assessment Panel

“serious concerns about the reliability of the self assessment [on their IHR implementation]”

**A68/26 and A68/56 (PBAC Report)**
2014 Ebola virus disease outbreak and follow-up to the special session of the Executive Board on Ebola: options for a contingency fund to support WHO’s emergency response capacity

**A68/51 Rev.1**
2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola
68th World Health Assembly, May 2015 (IHR)

A68/21 Add.3
Poliomyelitis. Temporary recommendations regarding the international spread of wild poliovirus: considerations concerning their continuation in light of Article 15.3 of the International Health Regulations (2005)

A68/22
Implementation of the International Health Regulations (2005)
Responding to public health emergencies

A68/22 Add.1
Implementation of the International Health Regulations (2005)

WHA68.5
The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation

• Urges Member States to support IHR implementation
• Request WHO to present an update to WHA69 on progress in taking forward the recommendations of the Review Committee on 2nd extension.

Includes (questionable)
State Parties self-reporting of IHR capacity
International Health Regulations

Why NOT fully implemented?

• Insufficient awareness
• Lack of integration within Health System
• Insufficient Intersectoral collaboration
• Self-assessment of IHR core capacity
• Limited international collaboration (Art. 44)
• National legislation
• Overseas territories
• Non-controlled government areas
International Health Regulations
Integration within Health System

- Requires political will
- Use synergies
- Not a separate track but,
- Dedicated resources (security has a cost, security has a different paradigm)
- Builds a resilient health system

- Prevention
- Infection control
- Preparedness
- Surveillance
- Laboratory
- Investigation
- Response
- Communication
- Logistics
- Recovery
International Health Regulations

Intersectoral collaboration

- National Security
  - Deliberate release
  - Civil defense
  - ...

- Environment
  - Climate change
  - Chemical incidents
  - ...

- Animal Health
  - Farming
  - Domestic
  - Wild life

- Transport Sector
  - Travel / Tourism
  - Trade

- One Health initiative

High potential but a sensitive area

Clear scope of the IHR

All-hazards approach

European Health Forum, Gastein
30 September – 2 October 2015
International Health Regulations

Health Security requires a “Global Network of Networks”

► Inter-Governmental Initiatives
  EC Decision on serious cross-border threats to health
  Global Health Security Agenda (GHSA)

► Other Intergovernmental technical organizations
  FAO, OIE, ICAO, IMO, UNWTO, IAEA, WFP, UNEP, UNICEF …

► Development agencies / Regional intergovernmental organizations
  World Bank, USAID, EC, DFID, AFD …

► International Networks / National agencies / NGOs/
  WHO CCs, GOARN, IANPHI, RIIP, MSF, TEPHINET, ICMM, CDC, ECDC…

► Industry associations  e.g. ACI, IATA, ISF Professional societies  e.g. …
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The quiet but functioning global network of NFPs

Key operational partners: EC, ECDC, OIE, FAO…

European Health Forum, Gastein
30 September – 2 October 2015
International Health Regulations

Concept Note

- Self Assessment
- After Action Review
- Independent Evaluation
- Exercises

Options under review for monitoring State Parties’ implementation of the IHR

European Health Forum, Gastein
30 September – 2 October 2015
International Health Regulations

WHO reforming its work in outbreaks and “emergencies with health and humanitarian consequences”

“As Director-General of WHO, I am committed to building an Organization with the culture, systems, and resources to lead the response to outbreaks and other health emergencies. The Organization you want. The Organization the world needs.”

– Dr Margaret Chan
THANK YOU