

Item 15.1: Implementation of International Health Regulations (2005)

WHA66, May 2013

WHO Watch Report

Background

Document [A66/16](#) (as amended in [A66/16 Add.1](#)) provides an update on progress made in taking forward the recommendations of the *Review Committee on the Functioning of the International Health Regulations (2005)* (see [A64/10](#)) in relation to Pandemic (H1N1) 2009, as requested in resolution [WHA64.1](#). This report also takes into account information provided by States Parties on the implementation of the Regulations and describes the Secretariat's related support activities, in line with the annual reporting mechanism established under resolution [WHA61.2\(p3\)](#). In addition, it contains sections on the proposed monitoring of national core capacities and the development of criteria for future extensions (of time for fulfilment of the obligations under the IHRs), as requested in resolution [WHA65.23\(p39\)](#).

The International Health Regulations (IHRs) date back to the Sanitary Conferences of the 19th century dealing with disease notification, vaccination for travel, quarantine etc. They were under review in the 1990s but this review was greatly accelerated by the SARS epidemic (severe acute respiratory syndrome) in 2003. The new version of the IHRs from 2005 included explicit obligations on member states. However, some member states had not put in place all of the resources and systems required for the full implementation of the IHRs by the deadline of end 2012 and required extensions of time to fulfil their obligations. Some of these states may apply for a further extension beyond 2014. This paper sets out the current status with respect to member state implementation of the 13 elements being monitored. It also sets forth possible criteria for further extensions of time for implementation in 2014.

Following the H1N1 pandemic in 2009 there was some controversy over the application of the IHRs and the Review Committee was set up to report to the Assembly about the application of the IHRs in this context. This paper reports on progress in the implementation of the 15 recommendations of this committee also.

Summary of debate in Committee A (23 and 24 May 2013)

The discussion of this item commenced with a briefing from Saudi Arabia on the novel coronavirus outbreak, focusing in particular on the outbreak in April-May 2013 in Al Hasa region, eastern province of Saudi Arabia. This outbreak was identified in a private facility where there were a high number of cases of pneumonia resulting in increased deaths.

It was also reported that the development of diagnostics has been hampered by the fact that the virus was patented by scientists.

See [WHO>GAR>Coronavirus](#) for more details.

Discussion recommenced on 24 May

Some delegates spoke about their own institutional arrangements for surveillance, laboratory diagnosis etc and in some cases acknowledged that they were behind in complying

with the requirements of the IHRs. Many mentioned the need for technical and financial support. Others spoke about the resource mobilisation to support LICs to comply with the IHR requirements. There was general support for the proposed criteria for giving countries extensions with respect to complying. Other spoke about international communicable disease control more generally

In concluding the debate the ADG emphasised the importance of close attention to H7N9 and the novel coronavirus. It was noted that a number of countries were requiring extension but that the sense of urgency to implement build core capacities is strong. The definition of core capacities will go back to regional committees following this Assembly. There have already been a number of meetings, two in Africa to bring MS from the region and donors and technical support from the WHO. WHO can provide coordination but many of the lagging MSs really require funding. We are working very hard to keep this process going.

The Assembly noted the report.

PHM Comment

The IHRs are an important institution for global public health protection. They impose binding obligations on states in order to ensure the protection of people in different countries. It is proper that states should be obligated to implement these regulations. The Secretariat is doing a good job in strengthening the systems of surveillance and monitoring upon which these regulations depend.

WHO appears to have responded promptly and sensibly to the outbreaks of H7N9 and the novel coronavirus.

It is regrettable that the investigation of the novel coronavirus outbreak has been obstructed by the patenting of the virus.

The IHRs reflect WHO at its best. However, there is a stark contrast between the use of a binding instrument to contain the risks of pandemic communicable disease and the opposition to any such obligations in relation to the international marketing of breast milk substitutes and cheap junk food. In fact, investment protection provisions in new trade agreements are deliberately designed to protect transnational corporations from any such regulatory obligations.