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**REGIONAL CONSULTATION ON THE REVISED
INTERNATIONAL HEALTH REGULATIONS**

Information Document

Executive Summary

1. The International Health Regulations (IHRs) are mechanisms for sharing epidemiological information on cross-border spread of diseases and other events of international public health importance. The World Health Assembly (WHA) initially adopted these regulations in 1951 as the International Sanitary Regulations. The current IHRs were adopted by the WHA in 1969, and the latest version was finalized in 1981. Since the adoption of IHRs, the public health situation has significantly changed: Smallpox has been eradicated; poliomyelitis is targeted for eradication; dracunculiasis, measles and leprosy have been selected for elimination. Other deadly diseases, such as viral haemorrhagic fevers, acquired immunodeficiency syndrome (AIDS) and severe acute respiratory syndrome (SARS), have emerged. The threat of accidental or intentional release of deadly biological, chemical or nuclear agents is a reality that needs to be addressed.

2. Therefore, the WHA, through Resolution WHA56.28, decided to revise the current IHRs and urged the Director-General to ensure participation of all Member States. The WHO Regional Office for Africa, with support from WHO headquarters, held consultative meetings and received valuable input from country delegates to improve the IHRs working paper. The outcomes of the consultation were as follows:

- (a) The country delegates supported the revision of the IHRs.
- (b) It was recommended that definition of terms used in the document should be completed.
- (c) National sovereignty and responsibility of ministries of health for declaration of public health events should be respected, and communication between WHO and Member States should be through official channels.
- (d) Collaboration of concerned sectors in the implementation of revised IHRs should be ensured, and implementation should be done in the framework of integrated disease surveillance and response.

3. Proposals will be presented to the intergovernmental working group meeting in November 2004, and the revised IHRs will be submitted to the Fifty-eighth World Health Assembly in May 2005.

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Background

1. The International Sanitary Regulations were adopted by the World Health Assembly in 1951 as a legal instrument for preventing international spread of diseases and minimizing consequences in terms of morbidity, mortality, trade and economic loss. The current International Health Regulations (IHRs) adopted by the World Health Assembly in 1969 are a revised and consolidated version of the International Sanitary Regulations. The IHRs were revised in 1973 and again in 1981.

2. The IHRs are mechanisms for sharing epidemiological information on cross-border spread of diseases and other events of international public health concern. Their purpose is to ensure maximum security against the international spread of disease and minimum interference with world trade and travel. The current IHRs focus on three diseases: cholera, plague and yellow fever.

Justification for revision

3. Since the adoption of IHRs, the situation has significantly changed. Smallpox has been successfully eradicated; poliomyelitis is targeted for eradication; and diseases such as leprosy, measles and dracunculiasis have been selected for elimination. At the same time, other deadly diseases, such as viral haemorrhagic fevers (Ebola, Lassa, etc.), acquired immunodeficiency syndrome (AIDS) and severe acute respiratory syndrome (SARS), have emerged. The threat of accidental or intentional release of deadly biological, chemical or radioactive nuclear agents is a reality that needs to be addressed.

4. In view of the above, the World Health Assembly, through Resolution WHA56.28, decided to revise the current International Health Regulations and urged the WHO Director-General to ensure participation of all Member States in the revision process. The adoption of the revised International Health Regulations will take place during the Fifty-eighth World Health Assembly in May 2005.

Progress made in the revision process

5. After extensive consultation with Member States and experts, the WHO Secretariat prepared a working document containing the proposed changes to the IHRs. The document was made available to Member States in order to facilitate their participation in the revision process. The document is composed of core text and annexes; it also contains guidelines which address specific health events. The core text is composed of 55 articles structured in nine parts: Part I: definitions, purpose and communication; Part II: surveillance, notification, information, verification and response; Part III: recommendations; Part IV: points of entry; Part V: public health measures; Part VI: health documents; Part VII: charges; Part VIII: general provisions; and Part IX: final provisions.

6. The annexes specify the core capacity requirements for surveillance and response, and for entry points; public health emergencies of international concern to be notified to WHO;

requirements for conveyance and conveyance operators, ship sanitation certificates; measures for vector-borne diseases; vaccination requirements and certificates; maritime and aircraft declarations of health; and provision of IHRs Review Committee.

The position of the African Region

7. The WHO Regional Office for Africa, in line with Resolution WHA56.28 and with support from WHO headquarters, organized a briefing meeting for high level officials of ministries of health from all Member States in Johannesburg, 5–6 April 2004, and a regional consultation on IHRs in Harare, 1–3 June 2004.

8. The country delegates attending both meetings expressed their support for the revision of IHRs and examined the IHRs working paper. They formulated suggestions for the finalization of the working paper and emphasized the need for complete definitions of terms used in the document. They also insisted on respecting national sovereignty and the responsibility of ministries of health for declaration of public health events. They indicated that communication between WHO and Member States should go through official channels. Other technical considerations related to ensuring the collaboration of concerned sectors in the implementation of the revised IHRs, retaining both a disease list and the concept of *public health event of international concern* in the document, developing IHRs for land transportation and, for the African Region, implementing the revised IHRs in the framework of integrated disease surveillance.

9. The delegates expressed their willingness to participate in the meeting of the intergovernmental working group to be held in November 2004. A detailed report with the suggestions and recommendations of the African Region was submitted to WHO headquarters.

The way forward

10. The next step is for WHO to take various actions. The WHO Secretariat will compile the regional comments on the working paper submitted to the intergovernmental working group (July–October 2004). The intergovernmental working group will meet in November 2004 to revise the working paper and prepare a draft for submission to the Executive Board. The revised IHRs will be submitted to the Fifty-eighth World Health Assembly in May 2005.