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IMPLEMENTATION OF THE INTERNATIONAL HEALTH REGULATIONS

Introduction

1. This document reports on the application and implementation status of the International Health Regulations (IHR or “the Regulations”) and compliance therewith (1). The report covers the period from 16 July 2022 to 31 March 2023, updating the information presented at the 30th Pan American Sanitary Conference in 2022 (2). It includes issues related to the governance of the World Health Organization (WHO) in preparing for and responding to health emergencies, a topic addressed in various WHO documents (3–7) and in the Report on Strategic Issues between PAHO and WHO (Document CE172/INF/2) (8).
2. Pursuant to IHR provisions, the current report discusses acute public health events, States Parties’ core capacities, administrative requirements, and governance. Finally, it highlights issues requiring concerted action by States Parties in the Region of the Americas and by the Pan American Sanitary Bureau (PASB) to enhance future application and implementation of the Regulations and compliance with them.

Background

3. The International Health Regulations were adopted by the 58th World Health Assembly in 2005 through Resolution WHA58.3 (9). They constitute the international legal framework that, inter alia, defines national core capacities, including at points of entry, for the management of acute public health events of potential or actual national and international concern, as well as related administrative procedures.

Situation Analysis

Acute Public Health Events

4. The Pan American Health Organization (PAHO) serves as the WHO IHR Contact Point for the Region of the Americas and facilitates the management of public health events with the National IHR Focal Points (NFPs) through established communication channels. In 2021, the WHO Secretariat launched a secure online platform for this purpose. Between 1 January 2023 and 31 March 2023, 32 of the 35 States Parties in the Americas (91%) confirmed or updated the contact information for their NFPs, along with the updated list of
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national users of the secure WHO Event Information Site (EIS) for NFPs. As of 31 March 2023, 188 users from all 35 States Parties had the credentials to access the WHO EIS portal. In late 2022, routine tests of connectivity between the WHO IHR Contact Point and the NFPs in the Region were successful for 29 of the 35 States Parties (83%) by both telephone and email.

5. The analysis presented below, concerning acute public health events of potential or actual national and international concern, exclusively focuses on events not related to the COVID 19 pandemic (therefore, excluding multisystem inflammatory syndrome in children and adolescents, the emergence of SARS-CoV-2 Variants of Concern or Variants of Interest, and adverse events following immunization with vaccines against COVID-19). From 16 July 2022 to 31 March 2023, 122 acute public health events of potential international concern were identified and assessed in the Region, representing 35% of the 350 events considered globally over the same period. The number of events identified and assessed for each of the States Parties in the Americas is presented in the Annex. For 83 of the 122 events (68%), national authorities (including through the NFPs for 48 events) were the initial source of information. Verification was requested from States Parties for 32 events for which information was identified through media sources, and it was obtained for 26 of them.

6. Of the 122 events assessed, 76 events (62%), affecting 23 States Parties and six territories in the Region, were of substantiated international public health concern, representing 26% of 288 such events determined globally. Of these 76 substantiated events, 61 events (80%) were attributed to infectious hazards. The etiologies most frequently recorded for these 61 events were mpox (11 events), malaria (4), cholera (4), influenza due to identified avian or animal influenza virus (4), dengue (3), and measles (3). The remaining 15 events of substantiated international public health concern were associated with product-related hazards (13 events), a stolen radionuclear source (1), and noncommunicable diseases (1). Over the period considered, of the 50 new events that were published globally on the WHO EIS portal, 10 (20%) concerned States Parties in the Americas. In addition, between 16 July 2022 and 31 March 2023, a total of 39 Epidemiological Alerts and Updates, six Regional Risk Assessments, and three Informative/Technical Notes were disseminated through the PAHO website. Information regarding acute public health events identified and assessed in the Region and recorded in the Event Management System (EMS) is updated weekly on the PAHO website.¹

7. Additionally, from 16 July 2022 to 31 March 2023, approximately 1.66 million articles were screened using the Epidemic Intelligence from Open Sources (EIOS) system.² A total of 2,635 signals were detected by PASB, and actions were taken as appropriate to monitor, discard, or verify the signals. PASB has provided training for five Member States (Cuba,

¹ Information is available at: <https://shiny.pahobra.org/ems/>.

² The EIOS system is a fit-for-purpose, constantly evolving web-based system designed to augment and accelerate global public health intelligence activities. It is built on a longstanding collaboration between WHO and the Joint Research Centre of the European Commission. Information available at: <https://www.who.int/initiatives/eios>.

Ecuador, Guyana, Paraguay, and Peru) in using the EIOS to strengthen capacity building for event-based surveillance and early detection of acute public health events.

8. As of 31 January 2023, the WHO Director-General determined that the COVID-19 pandemic, the risk of international spread of poliovirus, and the multi-country outbreak of mpox continued to constitute public health emergencies of international concern (PHEIC).^{3, 4, 5} Additionally on January 2023, the multi-region cholera event was designated by WHO as a global grade 3 emergency, the highest grade.⁶ Additional information about acute public health events of significance or with implications for the Region is published and updated on the PAHO website.⁷

Core Capacities of States Parties

9. A comprehensive report on the status of the 15 core capacities and 35 indicators in the Region of the Americas for 2021 was presented to the 30th Pan American Sanitary Conference (2). In October 2022, the WHO Secretariat informed States Parties of the IHR that the e-SPAR platform was available for their State Party Self-Assessment Annual Reporting (SPAR) submission for 2022.⁸ PASB held a training session on the e-SPAR process for States Parties through the NFPs in January 2023. The deadline for States Parties to submit their IHR Annual Reports to the 76th World Health Assembly was extended to 31 March 2023. As of 28 February 2023, 33 (94%) of the State Parties had complied with that obligation and two (6%) had yet to initiate the process. Therefore, it is not possible to present a preliminary analysis of the status of the core capacities in the Region, and the information in Document CSP30/INF/4 remains the most up-to-date for now (2). Updated information will be presented to the 60th Directing Council of PAHO in September 2023.

10. A regional informal IHR meeting was held in Chile on 6–8 December 2022. It focused on the SPAR compliance process and on two of the IHR core capacities: coordination, national focal point functions, and advocacy (C2) and points of entry and border health (C11) (10). Constraints to filling out the SPAR were discussed, and staff turnover in the ministries of health was highlighted as a major challenge to this process.

³ Information about the IHR Emergency Committee for the COVID-19 pandemic is available on the WHO website at: [https://www.who.int/news/item/30-01-2023-statement-on-the-fourteenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/30-01-2023-statement-on-the-fourteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic).

⁴ Information about the IHR Emergency Committee concerning ongoing events and context involving the transmission and international spread of poliovirus is available on the WHO website at: <https://www.who.int/news/item/02-02-2023-statement-of-the-thirty-fourth-polio-ihf-emergency-committee>.

⁵ Information about the IHR Emergency Committee regarding the multi-country mpox outbreak is available on the WHO website at: [https://www.who.int/news/item/01-11-2022-third-meeting-of-the-international-health-regulations-\(2005\)-\(ihf\)-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox](https://www.who.int/news/item/01-11-2022-third-meeting-of-the-international-health-regulations-(2005)-(ihf)-emergency-committee-regarding-the-multi-country-outbreak-of-monkeypox).

⁶ Information about the global cholera situation is available on the WHO website at: <https://www.who.int/emergencies/disease-outbreak-news/item/2023-DON437>.

⁷ PAHO Epidemiological Alerts and Updates are available at: <https://www.paho.org/en/epidemiological-alerts-and-updates>.

⁸ The Electronic State Party Self-Assessment Annual Reporting Tool (e-SPAR) is a web-based platform available at: <https://extranet.who.int/e-spar>.

Small Island Developing States requested that the SPAR tool be adapted to be consistent with their context. Meeting participants found the guidance provided by PASB to be useful both for filling out the SPAR tool and for the Voluntary External Evaluations. They requested that PASB provide similar guidance for the other 13 capacities with the participation of experts and Member States in the Region.

11. As presented in the Annex, Guatemala and Guyana requested a Voluntary External Evaluation in the context of the IHR Monitoring and Evaluation Framework, and both countries started their self-assessment using the SPAR tool. In the Region, technical support was provided to countries to conduct intra-action reviews on COVID-19 response in Antigua and Barbuda, Argentina, Bolivia, Colombia, Costa Rica, Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Paraguay, St. Kitts and Nevis, Suriname, and Trinidad and Tobago. Simulation exercises to test different contingency plans and operational protocols were conducted in Chile and Costa Rica.

Administrative Requirements and Governance

12. As of 24 February 2023, 534 ports in 28 States Parties in the Region, including one landlocked State Party (Paraguay), were authorized to issue the Ship Sanitation Certificate. A total of 12 ports were authorized in seven overseas territories of France (2 ports), the Netherlands (3), and the United Kingdom (7). The WHO Secretariat established an online portal to allow States Parties to update the list of their authorized ports.⁹

13. As of 24 February 2023, the IHR Roster of Experts included 456 professionals, 103 (23%) of whom are from the Region. They include experts designated by 11 of the 35 States Parties in the Region: Argentina, Barbados, Brazil, Canada, Cuba, Jamaica, Mexico, Nicaragua, Paraguay, Peru, and the United States of America.

14. The global survey¹⁰ for updating the WHO Travel and Health web page¹¹ included, inter alia, requirements for proof of vaccination against yellow fever as a condition for granting entry and/or exit to international travelers.^{12, 13} The latest data remains the same as what was reported in 2022 (2).

⁹ The list of ports authorized to issue the Ship Sanitation Certificate is available on the WHO website at: <https://extranet.who.int/ihr/poedata/public/en>.

¹⁰ Countries that responded to the International Travel and Health 2022 Survey are the Bahamas, Belize, Brazil, Chile, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Suriname, and Uruguay.

¹¹ The WHO Travel and Health web page is available at: https://www.who.int/health-topics/travel-and-health#tab=tab_1.

¹² The list of countries with risk of yellow fever transmission and countries requiring yellow fever vaccination (updated to May 2021) is available at: [https://www.who.int/publications/m/item/countries-with-risk-of-yellow-fever-transmission-and-countries-requiring-yellow-fever-vaccination-\(may-2021\)](https://www.who.int/publications/m/item/countries-with-risk-of-yellow-fever-transmission-and-countries-requiring-yellow-fever-vaccination-(may-2021)).

¹³ Country vaccination requirements and WHO recommendations for international travelers and malaria prophylaxis per country (updated to May 2021) is available at: <https://www.who.int/publications/m/item/vaccination-requirements-and-recommendations-for-international-travellers-and-malaria-situation-per-country-2021-edition>.

15. In the context of the COVID-19 pandemic, it is worth noting that, pursuant to Articles 35 and 36 and Annexes 6 and 7 of the Regulations, no health documents other than the International Certificate of Vaccination or Prophylaxis (ICVP), with proof of vaccination against yellow fever, can be required by States Parties as conditions for granting travelers exit and/or entry. During the COVID 19 pandemic, States Parties in the Americas adopted different measures regarding international travel, including requirements for granting exit and/or entry, to mitigate the risk of exportation, importation, and onward local transmission of the SARS-CoV-2 virus. In some cases these were consistent with IHR provisions, beyond Article 43, and with the risk-based approach promoted by the WHO Secretariat (11, 12). According to a WHO interim position paper, Considerations Regarding Proof of COVID-19 Vaccination for International Travelers (13), and the current Temporary Recommendations,¹⁴ States Parties shall not require proof of vaccination against COVID-19 as sole condition of entry. As of 24 February 2023, 13 of the 35 State Parties in the Region¹⁵ request a vaccination certificate to enter the country, and the United States of America established the vaccination certificate as the only condition to permit international travel. Additionally, special requirements for granting entry to travelers arriving from China, Hong Kong, and Macao were considered by Canada, Chile, Costa Rica, Guyana, and the United States of America. Most of the travel measures have been lifted by 21 of the 35 States Parties in the Region.

Action Needed to Improve the Situation

16. The IHR (2005) are a legally binding instrument for health emergencies, and their future governance and implementation are related to ongoing processes led by Member States through the Working Group on Amendments to the IHR (WGIHR) and the Intergovernmental Negotiating Body (INB).¹⁶ The INB was established to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response, referred to as the WHO CA+, as explained in Document SPBA17/INF/2 (8).

17. The Review Committee regarding amendments to the International Health Regulations (2005) was convened by the Director-General in compliance with Decision WHA75(9), adopted by the 75th World Health Assembly in 2022, and Decision EB150(3), adopted by the 150th session of the Executive Board in 2022 (14, 15), and in accordance with Article 50 of the IHR. The Review Committee submitted its report in mid-January 2023, pursuant to Article 55 of the Regulations, and the Director-General transmitted the report to the WGIHR.

¹⁴ The current Temporary Recommendations, issued by the Director-General of WHO in response to the COVID-19 PHEIC, are available on the WHO website at:

[https://www.who.int/news/item/30-01-2023-statement-on-the-fourteenth-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/30-01-2023-statement-on-the-fourteenth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic).

¹⁵ Bolivia, Brazil, Chile, Colombia, Dominica, Haiti, Honduras, Nicaragua, Paraguay, Peru, Suriname, Uruguay, and Venezuela.

¹⁶ The INB web page is available at: <https://apps.who.int/gb/inb/>.

18. The report examined 307 proposed amendments to the IHR submitted by State Parties,¹⁷ including Brazil, the United States of America, and Uruguay (the latter on behalf of the Member States of the Southern Common Market).

19. As of 6 March 2023, the WGIHR has held two meetings, and four more are planned before final proposed amendments are presented for consideration by the 77th World Health Assembly in 2024. Since November 2022, the WGIHR and INB bureaus have held various joint meetings and participated in a joint briefing session with the Review Committee.

20. Member States and both bureaus are set to discuss the synergies and complementarity of the WHO CA+ with the IHR, and with other relevant mechanisms and instruments, to ensure alignment and consistency and to avoid inappropriate duplication and overlap. As the WGIHR will present its final report and recommendations to the World Health Assembly in 2024, it is essential that Member States continue to engage actively in the deliberations.

21. In December 2022 and April 2023, two informative sessions for State Parties were organized by PASB about the process for the amendments of the IHR. For the INB process, the following were held: *a)* a regional consultation in September 2022, *b)* a regional information session in February 2023, and *c)* a face-to-face regional meeting in March 2023. PASB will continue to support Member States in strengthening core capacities and facilitating discussions among them.

Action by the Executive Committee

22. The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

Annex

References

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¹⁷ States Parties that submitted amendments to the IHR include Armenia, Bangladesh, Brazil, Czech Republic (on behalf of the Member States of the European Union), Eswatini (on behalf of the Member States of the WHO African Region), India, Indonesia, Japan, Malaysia, Namibia, New Zealand, Republic of Korea, Russian Federation (on behalf of the Member States of the Eurasian Economic Union), Switzerland, United States of America, and Uruguay (on behalf of the Member States of the Southern Common Market). Information is available at: https://apps.who.int/gb/wgihhr/pdf_files/wgihhr2/A_WGIHR2_5-en.pdf.

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Annex

Summary Table 1. Public Health Events of Potential International Concern and Voluntary External Evaluations in the Context of the IHR Monitoring and Evaluation Framework

State Party	Number of acute public health events of potential international concern assessed, 16 July 2022 – 31 March 2023 (number of events for which verification was requested/obtained) ^{1, 2}	Voluntary External Evaluation/ Joint External Evaluation (year conducted)
Antigua and Barbuda	0 (N/A)	-
Argentina	9 (1 request/1 response)	Yes (2019)
Bahamas	3 (N/A)	-
Barbados	0 (N/A)	-
Belize	0 (N/A)	Yes (2016)
Bolivia (Plurinational State of)	5 (3 requests/2 responses)	-
Brazil	7 (3 requests/3 responses)	-
Canada	4 (N/A)	Yes (2018)
Chile	3 (N/A)	-
Colombia	10 (4 requests/4 responses)	-
Costa Rica	2 (N/A)	-
Cuba	3 (1 request/1 response)	-
Dominica	0 (N/A)	-
Dominican Republic	2 (2 requests/2 responses)	Yes (2019)
Ecuador	7 (N/A)	-
El Salvador	2 (1 request/1 response)	-

¹ Events related to the COVID-19 pandemic, including multisystem inflammatory syndrome in children and adolescents, the emergence of SARS-CoV-2 Variants of Concern or Variants of Interest, and adverse events following immunization with vaccines against COVID-19, are not reflected in the Annex.

² Verification requests for territories (n=3) were not included.

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State Party	Number of acute public health events of potential international concern assessed, 16 July 2022 – 31 March 2023 (number of events for which verification was requested/obtained)^{1, 2}	Voluntary External Evaluation/ Joint External Evaluation (year conducted)
Grenada	1 (N/A)	Yes (2018)
Guatemala	3 (N/A)	Ongoing (started October 2022)
Guyana	1 (N/A)	Ongoing (requested at the end of 2022 and started in 2023)
Haiti	1 (1 request/1 response)	Yes (2016, 2019)
Honduras	2 (1 request/1 response)	-
Jamaica	1 (N/A)	-
Mexico	11 (5 requests/5 responses)	-
Nicaragua	2 (2 requests/1 response)	-
Panama	2 (N/A)	-
Paraguay	5 (1 request/1 response)	-
Peru	7 (1 request/1 response)	Yes (2015)
Saint Kitts and Nevis	0 (N/A)	-
Saint Lucia	0 (N/A)	-
Saint Vincent and the Grenadines	0 (N/A)	-
Suriname	0 (N/A)	-
Trinidad and Tobago	0 (N/A)	-
United States of America	14 (1 request/1 response)	Yes (2016)
Uruguay	4 (N/A)	-
Venezuela (Bolivarian Republic of)	4 (4 requests/1 response)	-

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