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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 1 July 2021 to 16 April 2022, updating the information presented at the 59th Directing Council in September 2021 (2). It includes issues related to the strengthening of the World Health Organization’s (WHO) preparedness for and response to health emergencies, a topic addressed in Documents CD59/INF/4 (3) and CE170/INF/3 (4). Additionally, the present report needs to be considered in the context of the ongoing COVID-19 pandemic.¹ Hence, it is closely related to the Update on COVID-19 in the Region of the Americas (Document CE170/INF/2) (5).

2. Pursuant to IHR provisions, the current report focuses on 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 (6). 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.

¹ Information about the ongoing COVID-19 pandemic is available on the WHO website at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>, and on the PAHO website at: <https://www.paho.org/en/topics/coronavirus-infections/coronavirus-disease-covid-19-pandemic>.

Situation Analysis

Acute Public Health Events

4. The Pan American Health Organization (PAHO) serves as the World Health Organization 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 2022 and 19 March 2022, 26 of the 35 States Parties in the Americas (74%) confirmed or updated the contact information for their NFPs, along with the updated list of national users of the secure WHO Event Information Site for National IHR Focal Points (EIS). As of 19 March 2022, 172 users from all 35 States Parties had the credentials to access the WHO EIS portal. In 2021, routine tests of connectivity between the WHO IHR Contact Point and the NFPs in the Region were successful on at least one occasion for 28 of the 35 States Parties (80%) 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 those events not related to the COVID-19 pandemic, which includes 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 1 July 2021 to 19 March 2022, 43 acute public health events of potential international concern were identified and assessed in the Region, representing 21% of the 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 26 of the 43 events (60%), national authorities (including through the NFPs on 18 occasions) were the initial source of information. Verification was requested for the 14 events identified through media sources, and it was obtained for all of them.

6. Of the 43 events assessed, 25 events (58%), affecting 12 States Parties and three territories in the Region, were of substantiated international public health concern, representing 15% of such events determined globally. Of these 25 events, 16 events (64%) were attributed to infectious hazards. The etiologies most frequently recorded for these 16 events were malaria (3 events) and influenza viruses (2 events). The remaining 9 events of substantiated international public health concern were associated with the human-animal interface (5 events), disasters (2 events), product-related hazards (1 event), and chemical-related hazards (1 event). Over the period considered, of the 41 new events unrelated to the COVID-19 pandemic that were published globally on the WHO EIS portal, 5 (12%) concerned States Parties in the Americas.

7. Besides the COVID-19 pandemic-related public health emergency of international concern (PHEIC),² on 11 March 2022, following the thirty-first meeting of the Poliovirus IHR Emergency Committee, the Director-General of WHO determined that the spread of wild

² Information about the IHR Emergency Committee for the COVID-19 pandemic can be accessed on the WHO website at: <https://www.who.int/groups/covid-19-ih-er-emergency-committee>.

poliovirus and circulating vaccine-derived poliovirus continues to constitute a PHEIC.³ Additional information about acute public health events of significance or with implications for the Region of the Americas is published and updated on the PAHO website.⁴

Core Capacities of States Parties

8. The COVID-19 pandemic reignited the debate surrounding the objectives of each of the four components and related tools of the IHR Monitoring and Evaluation Framework (IHR MEF) (7). As reported in Document CD59/INF/5 (2), a consultative meeting on Joint External Evaluations (JEE) and State Party Annual Reporting (SPAR) was convened by the WHO Secretariat in March 2021. Following the meeting, a Technical Working Group for Review of the IHR MEF was established with a focus on the JEE and SPAR tools.

9. As a result of the Working Group's review, in December 2021, the WHO Secretariat shared with States Parties a revised tool⁵ to facilitate the submission of their IHR Annual Reports to the World Health Assembly, as mandated by Article 54 of the Regulations, Resolution WHA61.2 (8), and Decision WHA71(15) (9). Like its predecessors, the revised tool focuses exclusively on the core capacities of States Parties. In December 2021 the revised tool was made available in English as both a fillable Adobe Acrobat file and an online form for submission through the WHO e-SPAR portal.⁶ Translations of the tool into French and Spanish were made available for online submission through the e-SPAR portal on 24 February 2022. Preliminary versions of those translations were made available to States Parties in fillable Adobe Acrobat format on 17 March 2022, and revised versions were made available on 1 April 2022.

10. The deadline for submission of the IHR Annual Report by States Parties to the 75th World Health Assembly is 30 April 2022. As of 16 April 2022, 30 (86%) of the 35 States Parties in the Region of the Americas have complied with that obligation. As five States Parties have yet to report, it is not possible to present a preliminary analysis of the status of core capacities in the Region, and the information in Document CD59/INF/5 (2) remains the most up-to-date for now. Historical data and trends concerning the status of core capacities are publicly available on the WHO Global Health Observatory web page for the period from 2011 to 2018⁷ and on the WHO e-SPAR portal from 2019 to 2021.⁸

³ 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/groups/poliovirus-ihf-emergency-committee>.

⁴ PAHO Epidemiological Alerts and Updates are available at: <https://www.paho.org/en/epidemiological-alerts-and-updates>.

⁵ The Electronic State Parties Self-Assessment Annual Reporting Tool (e-SPAR) is a web-based platform available at: <https://extranet.who.int/e-spar>.

⁶ See footnote 5.

⁷ The WHO Global Health Observatory web page is available on the WHO website at: <http://apps.who.int/gho/data/node.main.IHR00ALLN?lang=en>.

⁸ See footnote 5.

11. As presented in the Annex, no Voluntary External Evaluations in the context of the IHR MEF were conducted during the period covered by this report (7). COVID-19 pandemic-related action reviews were conducted in Argentina, Belize, Bolivia, Brazil, Chile, Ecuador, Panama, and Uruguay, and possibly others. It is worth noting that, pursuant to Resolution WHA74.7 (10), the WHO Secretariat is expected to present a detailed concept note to the 75th World Health Assembly on the voluntary pilot phase of the Universal Health and Preparedness Review mechanism and how it would relate to the existing IHR MEF.

12. The period covered by this report coincides with the rapid evolution of the COVID-19 pandemic. During this time, to support national authorities in their response efforts, PASB conducted regional, subregional, multi-country, and country missions, training, and workshops on a virtual basis. They addressed the following pillars of the WHO COVID-19 Strategic Preparedness and Response Plan of 2021 (11): risk communication, community engagement, and infodemic management; surveillance, epidemiological investigation, contact tracing, and adjustment of public health and social measures; points of entry, international travel and transport, and mass gatherings; laboratories and diagnostics; infection prevention and control, and protection of the health workforce; case management, clinical operations, and therapeutics; maintaining essential health services and systems; and vaccination.⁹

Administrative Requirements and Governance

13. As of 16 April 2022, 502 ports in 28 States Parties in the Region of the Americas, including one landlocked State Party (Paraguay), were authorized to issue the Ship Sanitation Certificate.¹⁰ Ten additional ports were authorized in seven overseas territories of France (2), the Netherlands (2), and the United Kingdom (6). The WHO Secretariat established an online portal to allow States Parties to update the list of their authorized ports, and States Parties were informed accordingly on 18 March 2022.

14. As of 16 April 2022, the IHR Roster of Experts included 420 professionals, 95 (23%) of whom are from the Region of the Americas. 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.

15. In 2021, 28 (80%) of the 35 States Parties in the Region responded to the global survey¹¹ for updating the WHO Travel and Health web page.¹² The 2021 survey concerned, inter alia, requirements for proof of vaccination against yellow fever as a condition for

⁹ Document CE170/INF/2, Update on COVID-19 in the Region of the Americas (5), presents an exhaustive description of capacity-building activities supported by PASB in the context of the pandemic and financial support provided by partners.

¹⁰ The list of ports authorized to issue the Ship Sanitation Certificate is available on the WHO website at: https://www.who.int/ihr/ports_airports/portslanding/en/.

¹¹ The global survey for 2022 is underway at the time of this writing.

¹² The WHO Travel and Health web page is available at: https://www.who.int/health-topics/travel-and-health#tab=tab_1

granting entry and/or exit to international travelers.^{13, 14} 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 have adopted different international travel-related measures, 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 (12, 13). As per the WHO interim position paper, Considerations Regarding Proof of COVID-19 Vaccination for International Travellers (14), and the Temporary Recommendations current at the time of this writing,¹⁵ States Parties shall not require proof of vaccination against COVID-19 as sole condition of entry. As of 16 April 2022, four States Parties in the Region —Costa Rica, El Salvador, Grenada, and Mexico— are not applying any COVID-19-related requirement for granting entry to their territory.

Action Needed to Improve the Situation

16. For global health governance, as anticipated in Documents CD58/INF/1 (15), CD59/INF/4 (3), and CD59/INF/5 (2), the future application and implementation of and compliance with the IHR is linked to the implementation of various documents. They include: a) Resolution WHA73.1 (16, 17); b) Resolution WHA73.8 (18); c) Resolution WHA74.7 (10), which establishes the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR);¹⁶ and d) Decision WHA74(16) (19), which requests the Director-General of WHO to convene a special session of the World Health Assembly in November 2021 and also extends the mandate of the WGPR. Implementation will also be linked implicitly to the evolving COVID-19 pandemic.

¹³ 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)).

¹⁴ Country Vaccination Requirements and WHO Recommendations for International Travellers 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 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/13-04-2022-statement-on-the-eleventh-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-coronavirus-disease-\(covid-19\)-pandemic](https://www.who.int/news/item/13-04-2022-statement-on-the-eleventh-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic).

¹⁶ The web page of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies is available at: <https://apps.who.int/gb/wgpr/>.

17. Pursuant to Resolution WHA74.7 (10) and Decision WHA74(16) (19), the WGPR submitted its report (20) to the Special Session of the World Health Assembly in November 2021. Adopted by consensus by the WGPR, the report was welcomed by the Assembly. The WGPR also presented its interim report, including the Programme of Work until the 75th World Health Assembly, to the 150th Session of the WHO Executive Board (21). The WGPR Bureau is currently drafting the WGPR final report to be presented to the 75th World Health Assembly in May 2022. It will take into account the exchanges among Member States during the formal and informal WGPR meetings, the information posted on the WHO Dashboard of COVID-19 Related Recommendations,¹⁷ as well as the results of an online survey for Member States and stakeholders,¹⁸ launched by the WGPR Bureau in December 2021, to prioritize recommendations to be addressed by the WGPR.

18. During its Special Session, the World Health Assembly adopted Decision SSA2(5) (22), establishing an Intergovernmental Negotiating Body¹⁹ to draft and negotiate a WHO convention, agreement, or other international instrument on pandemic prevention, preparedness, and response.

19. In relation to the two above-mentioned intergovernmental processes, which could shape the future fitness of the Regulations as a tool for global health emergencies governance, it must be recalled that, pursuant to Article 55 of the IHR, the United States of America proposed amendments to the Regulations. On 20 January 2022, through Circular Letter C.L.2.2022, the Director-General of WHO shared that proposal with all States Parties for further consideration by the 75th World Health Assembly.

20. Additionally, the overall future of the governance necessary to prepare for and respond to health emergencies is intertwined with the follow-up, by the 75th World Health Assembly, on Decision EB150(6) (23) regarding the prospective establishment of a Standing Committee on Pandemic and Emergency Preparedness and Response. It will also be influenced by the work of the Working Group on Sustainable Financing,²⁰ as well as by the deliberations of the 75th World Health Assembly related to the Concept Note on Strengthening the Global Architecture for Health Emergency Preparedness, Response and Resilience (24).

21. This ongoing work to reshape the global health architecture is led primarily by Member States and has, by definition, global breadth and implications. In the Region of the Americas, it may lead to useful actions ensuing from the 75th World Health Assembly and making the cooperation that PASB can deliver to PAHO Member States more effective.

¹⁷ The WHO Dashboard of COVID-19 Related Recommendations is available at: <https://app.powerbi.com/view?r=eyJrjoiODgyYjRmZjQ0N2UyNi00NGE4LTg1YzMtYzE2OGFhZjBiYzFjIiwidCI6ImY2MTBjMGI3LWJkMjQ0NGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9&pageName=ReportSection729b5bf5a0b579e86134>.

¹⁸ The results of the WGPR survey are available at: <https://app.powerbi.com/view?r=eyJrjoiYzA5NWMyYjQ0NDlmNi00MGlwLWJhNWmtYTY0ZjQzMzd mNmZjIiwidCI6ImY2MTBjMGI3LWJkMjQ0NGIzOS04MTBiLTNkYzI4MGFmYjU5MCIslmMiOjh9>.

¹⁹ The web page of the Intergovernmental Negotiating Body is available at: <https://apps.who.int/gb/inb/>.

²⁰ The web page of the Working Group on Sustainable Financing is available at: <https://apps.who.int/gb/wgsf/>.

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

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Annex

**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,¹ 1 July 2021-19 March 2022 (number of events for which verification was requested/obtained)	Voluntary External Evaluation (year conducted)
Antigua and Barbuda	0 (N/A)	-
Argentina	0 (N/A)	Yes (2019)
Bahamas	0 (N/A)	-
Barbados	0 (N/A)	-
Belize	0 (N/A)	Yes (2016)
Bolivia (Plurinational State of)	1 (N/A)	-
Brazil	5 (2/2)	-
Canada	1 (N/A)	Yes (2018)
Chile	2 (1/1)	-
Colombia	8 (3/3)	-
Costa Rica	0 (N/A)	-
Cuba	1 (N/A)	-
Dominica	0 (N/A)	-
Dominican Republic	0 (N/A)	Yes (2019)
Ecuador	3 (N/A)	-
El Salvador	0 (N/A)	-

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.

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State Party	Number of acute public health events of potential international concern assessed, ¹ 1 July 2021-19 March 2022 (number of events for which verification was requested/obtained)	Voluntary External Evaluation (year conducted)
Grenada	0 (N/A)	Yes (2018)
Guatemala	0 (N/A)	-
Guyana	0 (N/A)	-
Haiti	1 (N/A)	Yes (2016,2019)
Honduras	0 (N/A)	-
Jamaica	0 (N/A)	-
Mexico	6 (N/A)	-
Nicaragua	0 (N/A)	-
Panama	0 (N/A)	-
Paraguay	1 (1/1)	-
Peru	2 (N/A)	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	6 (2/2)	Yes (2016)
Uruguay	0 (N/A)	-
Venezuela (Bolivarian Republic of)	6 (5/5)	-
