

Implementation of the International Health Regulations (2005)

Report by the Director-General

1. This document is submitted in response to resolution WHA61.2 (2008), and to decision WHA71(15) (2018) on Implementation of the International Health Regulations (2005): five-year global strategic plan to improve public health preparedness and response, 2018–2023, in which the Health Assembly requests the Director-General “to submit every year a single report to the Health Assembly on progress made in implementation of the International Health Regulations (2005), containing information provided by States Parties and details of the Secretariat’s activities, pursuant to paragraph 1 of Article 54 of the International Health Regulations (2005)”.

NATIONAL IHR FOCAL POINTS

2. The Secretariat has maintained and continued to facilitate 24/7 communication between National IHR Focal Points and WHO’s IHR Contact Points. In 2022, 74% (146) of National IHR Focal Points confirmed or updated their contact information. By the end of 2022, there were 1005 country-designated users of the Event Information Site for National IHR Focal Points, of whom 151 were new users and 131 were confirmed or updated accounts.

3. WHO regional offices continued to support the training and experience exchange among the National IHR Focal Points within their respective regions. For example, the European Region held the annual Exercise JADE after a two-year break due to the COVID-19 pandemic. The objective of the Exercise was to review and test the two-way communication between the National IHR Focal Points and the WHO IHR Regional Contact Points. Forty-seven States Parties from the European Region participated in the Exercise. In the Western Pacific Region, a similar exercise entitled “Exercise Crystal” was organized from 13 to 14 December 2022 with the participation of 24 countries and areas in the Region. Exercise Crystal showed the need for regular in-country multisectoral meetings to understand the capacity of all sectors involved in response to health emergencies and for regular checking of the readiness of communications and information sharing between WHO and National IHR Focal Points. It further highlighted the importance of communication, collaboration and coordination with other agencies involved, and of the “one health” approach in relation to public health threats within a country as well as among countries.

EVENTS NOTIFICATION, RISK ASSESSMENT AND INFORMATION SHARING BY WHO

4. The Secretariat receives and seeks information about public health events of potential international concern through a variety of sources, including national government agencies, National IHR Focal Points, WHO offices, news media and other organizations or partners. The Secretariat routinely requests verification of information on events detected through informal sources from the

States Parties under Article 10 of the Regulations. Delays continued to be observed in 2022 in States Parties' notification of events to the Secretariat under Article 6, as well as their responses to the WHO's requests for verification under Article 10 of the Regulations.

5. In 2022, the Secretariat posted 73 event updates on the secure Event Information Site for National IHR Focal Points, relating to 46 country-specific public health events. Most event updates concerned influenza due to identified avian or animal influenza virus (18), cholera (11), poliovirus (10), dengue (7) and Lassa fever (4). In addition, 88 announcements were published on the Event Information Site for National IHR Focal Points, mainly relating to additional health measures in response to multi-country events, including COVID-19 (48), monkeypox/mpox (13), poliovirus (7), medical product alerts (6), severe acute hepatitis of unknown origin (5), and yellow fever (2). Additional reporting on COVID-19 was undertaken through regular epidemiological updates, with 50 such updates published in 2022, and on mpox, for which 12 situation reports were published in 2022. The Secretariat also published on its website 74 updates on new and ongoing public health events as disease outbreak news in 2022, related to 34 events in 38 countries.

IHR COMMITTEES

Emergency committees

6. The IHR Emergency Committee regarding ongoing events and context involving transmission and international spread of poliovirus¹ is entering its ninth year of existence following the initial determination by the Director-General that the event constituted a public health emergency of international concern in April 2014. In 2022, it continued to meet on a quarterly basis. Following its thirty-fourth meeting on 25 January 2023, on the advice of the Committee, the Director-General maintained the status of a public health emergency of international concern and issued revised temporary recommendations. The Committee recognizes the concerns regarding the lengthy duration of the poliovirus public health emergency of international concern and the importance of exploring alternative measures, including a possible convening of a Review Committee under the Regulations to advise on possible standing recommendations to support polio eradication.

7. The IHR Emergency Committee for COVID-19² met on four occasions in 2022. At its fourteenth and latest meeting on 27 January 2023, the Director-General followed the advice of the Committee and maintained the status of a public health emergency of international concern, issuing updated temporary recommendations under the Regulations. The Committee acknowledged that the COVID-19 pandemic may be approaching an inflexion point and recommended that WHO, in consultation with partners and stakeholders, should develop a proposal for alternative mechanisms to maintain the global and national focus on COVID-19 after the public health emergency of international concern is terminated, including, if needed, a possible Review Committee to advise on the issuance of standing recommendations under the Regulations.

8. An IHR Emergency Committee on the multi-country outbreak of mpox³ was convened by the Director-General on 23 June 2022. On that occasion, differing views were expressed, but the Committee concluded that the event did not yet constitute a public health emergency of international concern. The Director-General followed this advice and no public health emergency of international concern was

¹ See <https://www.who.int/groups/poliovirus-ih-er-emergency-committee> (accessed 30 January 2023).

² See <https://www.who.int/groups/covid-19-ih-er-emergency-committee> (accessed 30 January 2023).

³ See <https://www.who.int/groups/monkeypox-ih-er-emergency-committee> (accessed 30 January 2023).

determined. However, countries were encouraged to collaborate with each other and with WHO in providing the required assistance through bilateral, regional or multilateral channels, and to follow WHO in the spirit of Article 44 of the Regulations. At its second meeting on 21 July 2022, Committee Members expressed a range of views and were unable to reach consensus regarding advice to the WHO Director-General on whether the multi-country outbreak of mpox should be determined as constituting a public health emergency of international concern. After careful consideration of these views, the complexities and uncertainties associated with the event, as well as other factors in line with the Regulations, on 23 July 2022, the Director-General determined that the multi-country outbreak of mpox constituted a public health emergency of international concern and issued temporary recommendations accordingly. Following its third meeting on 20 October 2022, the Director-General followed the advice of the Committee and maintained the status of a public health emergency of international concern, extending the temporary recommendations. At its fourth meeting on 9 February 2023, the Director-General agreed with the advice by the Emergency Committee that the event continued to constitute a public health emergency of international concern, and issued revised temporary recommendations.

Review Committee regarding amendments to the International Health Regulations (2005)

9. Through decision WHA75(9) (2022) on strengthening WHO preparedness for and response to health emergencies,¹ the Health Assembly decided to establish the Working Group on Amendments to the International Health Regulations (2005) to work exclusively on consideration of proposed targeted amendments to the International Health Regulations (2005), consistent with decision EB150(3) (2022), for consideration by the Seventy-seventh World Health Assembly in 2024; and requested the Director-General to convene a Review Committee to make technical recommendations on proposed amendments to the International Health Regulations.² The Committee submitted its final report to the Director-General on 15 January 2023 who communicated it without delay to the Working Group on Amendments to the International Health Regulations (2005).³

10. It should be further noted that the Health Assembly in May 2022 adopted a set of amendments to Article 59 and consequent necessary updates to related articles (see resolution WHA75.12), which provides inter alia that the duration of entry into force of new amendments is reduced from 24 months to 12 months (following the entry into force of the amendments adopted by the Health Assembly in May 2022).

PUBLIC HEALTH CAPACITIES FOR IHR IMPLEMENTATION

11. In 2022, the Secretariat continued to provide the State Party Self-Assessment Annual Reporting tool in an electronic format that allows States Parties to report online, thereby facilitating the reporting by States Parties, as well as providing transparency, enabling real-time monitoring of reports submitted and offering opportunities for quality checks of data provided. Ninety-four percent of States Parties (184 out of 196) submitted their State Party Self-Assessment Annual Reporting data for 2021, the highest submission for such an annual reporting cycle, with 68% reflecting the participation of different

¹ See [https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75\(9\)-en.pdf](https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75(9)-en.pdf) (accessed 30 January 2023).

² Review Committee regarding amendments to the International Health Regulations (2005). Available at: [https://www.who.int/teams/ihr/ihr-review-committees/review-committee-regarding-amendments-to-the-international-health-regulations-\(2005\)](https://www.who.int/teams/ihr/ihr-review-committees/review-committee-regarding-amendments-to-the-international-health-regulations-(2005)) (accessed 1 February 2023).

³ See <https://apps.who.int/gb/wgih/>.

sectors in the reporting process. Up-to-date data for the 2022 cycle are available on WHO's electronic State Parties Self-Assessment Annual Reporting portal.¹

12. Regional offices continued to provide support to the States Parties to build their capacities to use the State Party Self-Assessment Annual Reporting tool, revised in 2022, and to improve the objectivity of the reports, including the importance of multisectoral engagement in the State Party Self-Assessment Annual Reporting. Additionally, countries received support for the use of voluntary approaches for assessing core capacities, including the Voluntary External Evaluation (for example, using the Joint External Evaluation tool), as well as conducting after-action reviews, intra-action reviews, and simulation exercises, in accordance with the WHO IHR Monitoring and Evaluation Framework.²

13. In the African Region, all countries have, since 2016, conducted a Joint External Evaluation. Four countries (Cameroon, Democratic Republic of the Congo, Namibia and South Sudan) conducted after-action reviews in relation to Ebola virus, meningitis, and hepatitis E, as well as for other events with public health implications, such as floods and the Africa Cup of Nations. Four countries (Cameroon, Côte d'Ivoire, the Democratic Republic of the Congo and the United Republic of Tanzania) conducted intra-action reviews for COVID-19 to assess ongoing response, identify gaps and improve emergency preparedness.

14. In the Region of the Americas, technical support was provided to the following States Parties to conduct intra-action reviews on the COVID-19 response in relation to a number of different pillars (for example, vaccination, surveillance, risk communication and laboratory system): Antigua and Barbuda, Argentina, Bolivia, Colombia, Costa Rica, the Dominican Republic, El Salvador, Guatemala, Haiti, Honduras, Nicaragua, Paraguay, Saint Kitts and Nevis, Suriname, and Trinidad and Tobago. Simulation exercises to test different contingency plans and operational protocols were conducted in Chile, Mexico and in the Central American countries.

15. In the Eastern Mediterranean Region,³ most States Parties have conducted tabletop and simulation exercises to test their operational readiness for rolling out COVID-19 vaccines. One such exercise was conducted in Qatar to test the country's preparedness for the Arab Cup, which took place in November and December 2021. In collaboration with the International Atomic Energy Agency, a simulation exercise was conducted in the United Arab Emirates to test preparedness to respond to nuclear emergencies.

16. The first Risk Communication and Community Engagement (RCCE) school was launched in the European Region. The initiative developed guidance and tools to support States Parties in building this important capacity, and organized 18 single or multi-country workshops and capability-building events to help countries effectively respond to the pandemic and meet their International Health Regulations obligations.

17. In the South-East Asia Region, the Regional Strategic Roadmap on Health Security and Health System Resilience for Emergencies 2023–2027 was developed based on experiences during the COVID-19 pandemic, and was endorsed by the Seventy-fifth session of the WHO Regional Committee

¹ See electronic State Parties Self-Assessment Annual Reporting Tool platform at: <https://extranet.who.int/e-spar/> (accessed 23 January 2023).

² IHR Monitoring and Evaluation Framework. Available at: <https://extranet.who.int/sph/ihr-monitoring-evaluation> (accessed 2 February 2023).

³ For a full report on activities related to the International Health Regulations (2005) in this Region, see EM/RC69/INF.DOC.7.

for South-East Asia to tangibly bolster health security capacity and build health systems that are resilient to emergencies through continued high-level political commitment, sustainable financing, effective intersectoral collaboration and robust multisectoral partnerships.

18. In the Western Pacific Region, technical support was provided to States Parties to conduct intra-action reviews on COVID-19 response, including in Samoa, Tonga and Vanuatu. Lessons identified from these reviews were used to adjust response plans as well as to update the pandemic preparedness plans for future health emergencies. Webinars have been organized to support States Parties in enhancing readiness at points of entry to facilitate the re-opening of borders. Technical sessions have also been organized for States Parties on preparation for and conducting of Voluntary Joint External Review in 2023, including in the use of the updated tools for this purpose.

19. The Universal Health and Preparedness Review is a voluntary Member State-led peer review mechanism, announced by the WHO Director-General in November 2020 as a pilot project, with the aim of establishing a regular intergovernmental dialogue between Member States on their respective national capacities for health emergency preparedness.¹ Although not an integral part of the International Health Regulations (2005), the tools contained in the IHR Monitoring and Evaluation Framework have been used by countries piloting this initiative. Four countries so far have piloted this initiative in four WHO regions: the Central African Republic, Iraq, Portugal and Thailand.

POINTS OF ENTRY

20. Provision of technical assistance and capacity-building support continued in 2022 to strengthen and maintain point-of-entry capacities for preparedness, readiness and response to health emergencies. Two bi-regional training-of-trainers programmes on ship inspection were jointly organized by the WHO regional offices for the Eastern Mediterranean and Europe together with WHO headquarters in July 2022 in Morocco and in October 2022 in Greece, with the aim of expanding a global roster of experts for this highly specialized technical area under the International Health Regulations (2005).

21. Other support activities for points of entry included: a regional training workshop to improve national capacities for exercise operations at points of entry, organized in the United Republic of Tanzania in May 2022 for East-African countries; a regional training workshop on the assessment of International Health Regulations (2005) capacities at points of entry, organized in June 2022 in Oman for fragile, conflict-affected and vulnerable states in the Eastern Mediterranean Region; an assessment of International Health Regulations (2005) capacities at points of entry in Kosovo² in September 2022; and national training on ship inspection and issuance of ship sanitation certificates in Thailand in May 2022. Furthermore, an IHR Regional Meeting organized by the Regional Office for the Americas in December 2022 in Chile brought together States Parties' authorities and strategic partners to discuss the self-assessment of capacities for the implementation of the International Health Regulations (2005) using the State Party Self-Assessment Annual Reporting tool, with a particular emphasis on the changes made to the indicator related to border health and points of entry, building on the lessons learned during the COVID-19 pandemic.

¹ See Document A75/21, Strengthening WHO preparedness for and response to health emergencies – Universal Health and Preparedness Review: concept note (accessed 19 February 2023).

² All references to Kosovo in this document should be understood to be in the context of United Nations Security Council Resolution 1244 (1999).

22. Since 2007, 112 of a total of 152 coastal States Parties and four landlocked States Parties with inland ports have sent WHO the list of ports authorized to issue ship sanitation certificates, as required by the Regulations. The total number of authorized ports as informed by States Parties is now 2026.¹

23. The Secretariat continued its efforts to drive collaboration with its partners in the travel, transport and other related sectors to promote the implementation of the Regulations in relation to points of entry both on a routine basis and during health emergencies. A Memorandum of Understanding was signed in November 2022 between WHO and the International Civil Aviation Organization to strengthen interagency collaboration in support of the use of evidence-informed and risk-based approaches to international air travel, in the context of the COVID-19 pandemic and other potential public health emergencies. In addition, the Secretariat continued to participate in other interagency efforts to foster multisectoral engagement and streamline its public health recommendations, such as in the Joint Action Group to review the impact of the COVID-19 pandemic on the world's transport workers and the global supply chain.

ADDITIONAL HEALTH MEASURES

24. The Secretariat has continued to implement a structured approach, in coordination with the regional offices, to monitor States Parties' compliance regarding additional health measures. In accordance with Article 43 of the Regulations, the Secretariat shared information about these measures, and, when available, the public health rationale, with all States Parties on a regular basis, through 23 updates published on the secure platform of the Event Information Site for National IHR Focal Points. The Secretariat's analysis of these measures has regularly informed the deliberations of the IHR Emergency Committee for COVID-19.

25. The Secretariat continues to receive update reports of measures that significantly interfere with international travel or trade, comprising extensions, revisions or terminations of such measures. The measures include air, land and maritime border closures for one or more countries, quarantine requirements, testing before, during or after arrival and requirement of proof of vaccination against COVID-19 as a condition for travel.

26. As at 6 December 2022, more than 160 countries have eased or rescinded the restrictions to travel in relation to COVID-19 pandemic, but towards mid-December 2022, more than 40 States Parties implemented measures in response to the surge in COVID-19 infections in China, such as pre-departure or on-arrival testing for travellers coming from China, in addition to airport and airplane wastewater monitoring for the detection of infection or new variants. Despite the Temporary Recommendations issued in relation to the continuation of the public health emergency of international concern, 24 States Parties still require vaccination as a condition for entry.

27. The Secretariat continued to conduct regular systematic reviews to gather the evidence available on the effectiveness of travel-related measures to minimize the exportation, importation and onwards transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), as well as their broader impact on international travellers. A scientific brief on syndromic screening for COVID-19 of travellers crossing land borders has been published.²

¹ See https://extranet.who.int/ihr/poedata/data_entry/ctrl/portListPDFCtrl.php (accessed 30 January 2023).

² See <https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci-Brief-Syndromic-screening-2022.1> (accessed 30 January 2023).

STATES PARTIES AT RISK OF YELLOW FEVER TRANSMISSION AND COUNTRY VACCINATION REQUIREMENTS AND RECOMMENDATIONS¹

28. Information about States Parties' requirements for vaccination against yellow fever is collected annually through a survey sent by the Secretariat to all States Parties.² In addition, the Secretariat also publishes the WHO's recommendations for international travellers for vaccination against yellow fever, poliomyelitis, and malaria prophylaxis. The information is traditionally published in the International Travel and Health publication, although the book as such has been discontinued as a full publication, and only several chapters are updated on a regular basis.³

29. In 2022, 70 States Parties responded to the survey, including, where applicable, on behalf of their territories. Based on that and previous surveys, currently 120 States Parties and territories request a certificate of vaccination against yellow fever for incoming travellers. In 2022, 31 States Parties, covering 31 States Parties and seven territories, confirmed that international certificates of vaccination against yellow fever, using WHO-approved vaccines, are now accepted as valid for the life of the person vaccinated, in accordance with Annex 7 of the Regulations, as amended by resolution WHA67.13 (2014) on the implementation of the International Health Regulations (2005).

30. The Secretariat has also been exploring options for the digitalization of the International Certificate for Vaccination or Prophylaxis, particularly in the context of the measures implemented in relation to COVID-19 pandemic, and will continue to explore options for interoperability platforms for the verification of validity of such digital health certificates. In that regard, as noted in document A76/37 (report O), WHO is planning to establish, and serve as trust anchor for, a voluntary trust network for a public key infrastructure, which is intended to enable Member States to continue to bilaterally ensure the veracity of digital health certificates. The Organization plans to launch the trust network in June 2023 for the specific use case of COVID-19 digital health certificates, based on the WHO Digital Documentation of COVID-19 Certificates and the "EU Digital COVID Certificate" framework, and reflecting technical input from the European Union, using WHO's structure and principles and open-source technologies.

CONCLUSION

31. The process for the consideration of proposed amendments to the International Health Regulations (2005) established by Member States through decisions EB150(3) (2022) and WHA75(9), is expected to bring further impetus to the implementation of and compliance with the Regulations.

¹ For details on information collection, see https://cdn.who.int/media/docs/default-source/travel-and-health/vaccination-requirements-and-who-recommendations-ith-2022-country-list.pdf?sfvrsn=be429f2_1&download=true (accessed 3 February 2023).

² The approach to collecting the information is published at https://cdn.who.int/media/docs/default-source/travel-and-health/vaccination-requirements-and-who-recommendations-ith-2022-country-list.pdf?sfvrsn=be429f2_1&download=true. See pages 1 and 2 in particular (accessed 19 April 2023).

³ See Travel and health (who.int) and <https://www.who.int/publications/i/item/9789241580472> (accessed 23 January 2023).

ACTION BY THE HEALTH ASSEMBLY

32. The Health Assembly is invited to note this report and to provide guidance on the following questions.

- How can WHO Member States continue to strengthen implementation of the International Health Regulations (2005) in the next two years, bearing in mind that they will still be considering the proposed amendments to the Regulations, and that those amendments, if adopted by the Health Assembly in 2024, will only enter into force in 2025?
- How can the Secretariat best support Member States in strengthening the implementation of the International Health Regulations (2005)?

= = =