International Health Regulations (IHR)

WHO/PAHO/CHA/IR

Ninth Meeting of the Inter-American Committee on Ports (CIP)
Organization of American States (OAS)
Washington DC, United States
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International Health Regulations (IHR)

- WHO Member States recognized need to collectively respond to public health emergencies of international concern
- An Intergovernmental Working Group tasked with the revision of the IHR(1969) in 2004
- WHO Member States adopted the current IHR during the 58th World Health Assembly in 2005 with Resolution WHA58.3
- Current IHR entered into force on 15 June 2007
- A legal tool: describes procedures, rights and legal obligations for 195 States Parties and WHO
- Legal framework requested, developed and negotiated by WHO Member States - based on dialogue, transparency and trust
- State’s commitment - beyond the health sector
- 10 Parts, 66 Articles, and 9 Annexes
- Not a new technical discipline (…existing…) – an opportunity
**Article 3 - Principles**

4. **States** have the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so they should uphold the purpose of these Regulations.

**Article 57 - Relationship with other international agreements**

1. States Parties recognize that the IHR and other relevant international agreements should be interpreted so as to be compatible. The provisions of the IHR shall not affect the rights and obligations of any State Party deriving from other international agreements.

3. Without prejudice to their obligations under these Regulations, States Parties that are members of a regional economic integration organization shall apply in their mutual relations the common rules in force in that regional economic integration organization.

**Resolution WHA58.3 (preface to the text)**

[...] the other competent intergovernmental organizations or international bodies with which WHO is expected to cooperate and coordinate its activities, as appropriate, include the following: [...] International Maritime Organization [...]
Article 2 - Purpose and scope of the IHR

...to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.

- From three diseases to all public health hazards, irrespective of origin or source
- From preset measures to adapted response
- From control of borders to containment at source
Article 1 - Definitions

“point of entry” means a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit;

- “airport” means any airport where international flights arrive or depart
- “port” means a seaport or a port on an inland body of water where ships on an international voyage arrive or depart
- “ground crossing” means a point of land entry in a State Party, including one utilized by road vehicles and trains

The IHR is a tool that should assist in keeping

- Ships sailing and ports operating
- Aircrafts flying and airports operating
- Ground transport running and ground crossings operating

In a safe manner and in the respect of individuals
Part IV - Points of Entry

Article 19 - General obligations

Each State Party shall, in addition to the other obligations provided for under these Regulations:

(a) ensure that the capacities set forth in Annex 1 for designated points of entry (Art. 20 and 21) are developed within the timeframe provided in paragraph 1 of Article 5 and paragraph 1 of Article 13;

(b) identify the competent authorities at each designated point of entry in its territory [Art. 1 - Definitions: “competent authority” means an authority responsible for the implementation and application of health measures under these Regulations; “health measure” does not include law enforcement or security measures]; and

(c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.
Points of Entry

**All Points of Entry** (Art. 4, 5-14, 22-34, Annexes 1, 5, 8, 9)

**Health Documents** (Art. 35-39)
- Competent authorities, 4, 19, 22
- Art. 24 and Annex 4 - Conveyances operators
- Art. 37 and Annex 8 – Maritime Declaration of Health
- Annex 5 - Specific measures for vector-borne diseases
- Art. 36, Annex 6, Annex 7 - Certificates of vaccination or other prophylaxis

**Authorized ports** (Art. 20) - Ship Sanitation Certificate
- Ship Sanitation Control Certificate / Ship Sanitation Control Exemption Certificate
- Extension of Ship Sanitation Control Exemption Certificate

**Designated ports and airports** (Art. 5, 13, 19, 20) and ground crossings (Art. 21, “where justified”)
Core capacities (Annex 1.B): Routine
Response to potential PHEIC

**Certified airports and ports** (Art. 20)
Article 22 - Role of competent authorities (at Points of Entry)

1.(a) monitoring baggage, cargo, containers, conveyances, goods, postal parcels and human remains free of sources of infection or contamination, including vectors and reservoirs;

1.(b) facilities used by travellers maintained in a sanitary condition and are kept free of sources of infection or contamination...

1.(c) supervision of any deratting, disinfection, disinsection or decontamination of baggage, cargo, containers, conveyances, goods, postal parcels and human remains or sanitary measures for persons...

1.(d) advise conveyance operators... in advance... of their intent to apply control measures to a conveyance... written information concerning methods...

1.(e) supervision of the removal and safe disposal of any contaminated... matter from a conveyance

1.(f) monitor and control the discharge by ships of sewage, refuse, ballast water and other potentially disease-causing matter which might contaminate the waters...

1.(g) supervision of service providers for services concerning travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains at points of entry, including the conduct of inspections and medical examinations as necessary

1.(h) have effective contingency arrangements to deal with an unexpected public health event...

1.(i) communicate with the National IHR Focal Point on the relevant public health measures taken pursuant to these Regulations
Article 1 - Definitions

“free pratique” . . . permission for a ship to enter a port, embark or disembark, discharge or load cargo or stores . . .

Article 28 - Ships and aircraft at points of entry

1. . . a ship or an aircraft shall not be prevented for public health reasons from calling at any point of entry. However . . .

2. . . ships or aircraft shall not be refused free pratique by States Parties for public health reasons. . . States Parties may subject the granting of free pratique to inspection . . .

3. Whenever practicable . . . a State Party shall authorize the granting of free pratique by radio . . .

4. Officers in command of ships or pilots in command of aircraft, or their agents, shall make known to the port or airport control as early as possible before arrival at the port or airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board . . .
Article 37 - Maritime Declaration of Health and Annex 8

1. The master of a ship, before arrival...shall ascertain the state
of health on board...complete and deliver to the competent
authority for that port a Maritime Declaration of Health...

2. The master of a ship...shall supply any information required
by the competent authority as to health conditions on board
during an international voyage.

3. A Maritime Declaration of Health shall conform to the model
provided in Annex 8.

4. A State Party may decide:
(a) to dispense with the submission of the Maritime Declaration of
Health by all arriving ships; or
(b) to require the submission of the Maritime Declaration of Health
under a recommendation concerning ships arriving from affected
areas or to require it from ships which might otherwise carry
infection or contamination.

The State Party shall inform shipping operators or their agents
of these requirements.
Article 20 - Airports and ports

Authorized Ports

2. States Parties shall ensure that Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates are issued in accordance with the requirements in Article 39 and the model provided in Annex 3.

3. Each State Party shall send to WHO a list of ports authorized to offer:

(a) the issuance of Ship Sanitation Control Certificates and the provision of the services referred to in Annexes 1 and 3; or
(b) the issuance of Ship Sanitation Control Exemption Certificates only; and
(c) extension of the Ship Sanitation Control Exemption Certificate for a period of one month until the arrival of the ship in the port at which the Certificate may be received.

As of 6 May 2014, 484 authorized ports in 27 States Parties in the Americas
http://www.who.int/ihr/ports_airports/ihr_authorized_ports_list.pdf

Each State Party shall inform WHO of any changes which may occur to the status of the listed ports. WHO shall publish the information received under this paragraph.
Article 39 - Ship sanitation certificates

1. Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates shall be valid for a maximum period of six months. This period may be extended by one month if...

4. ...control measures... when the ship and holds are empty. In the case of a ship in ballast, they shall be carried out before loading.

5. When control measures are required and have been satisfactorily completed, the competent authority shall issue a Ship Sanitation Control Certificate, noting the evidence found and the control measures taken.

7. If... control measures... such that a satisfactory result cannot be obtained, the competent authority shall make a note to that effect on the Ship Sanitation Control Certificate.
Authorized Ports to issue Ship Sanitation Certificates

Guide to Ship Sanitation

International Medical Guide for Ships

Handbook for Inspection of Ships and Issuance of Ship Sanitation Certificates

Ship Sanitation Inspection and Issuance of Ship Sanitation Certificate Learning Programme

CONTENT AREAS

April 2014
Core Capacities
for Surveillance and Response and at Designated Points of Entry

Article 20 - Airports and ports

1. States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1 [...States Parties...to ensure that these core capacities are present and functioning throughout their territories as set out in...Article 5 and...Article 13...]

Entry into force

Assessment of public health core capacities

National IHR Action Plan

Implementation of National IHR Action Plan

Core capacities present

June 2007

June 2009

June 2012

2014

2016

However...preparedness is forever
Core Capacities: 2012-2014 and 2014-2016 Extensions

In 2012
- 29/35 States Parties: requested and granted extension
- 6/35 States Parties determined that core capacities present

Designated Points of Entry
- 64 designated ports in 31/35 States Parties
- 77 designated airports in 34/35 States Parties
- 22 designated ground crossings in 9/35 States Parties

In 2014
- Deadline for submission 15 April 2014
  - Official communication: 32/35 States Parties
  - Requested extension: 22/32 States Parties
  - Self-determination core capacities present: (3+7)/32 States Parties
  - Extensions to be granted by WHO Director-General, with the advice of the IHR Review Committee, by 15 June 2014
Annex 1B at designated Points of Entry

Core capacity requirements at all times

- **a** Assessment and Medical care, staff & equipment
- **b** Equipment & personnel for transport
- **c** Trained personnel for inspection of conveyances
- **d** Ensure safe environment: water, food, waste, wash rooms & other potential risk areas - inspection programmes
- **e** Trained staff and programme for vector control
Annex 1B at designated Points of Entry
Capacity requirements for responding to a (potential) public health emergency of international concern

- **Public Health Emergency Contingency Plan:**
  - Coordinator, contact points for relevant PoE, PH & other agencies
  - Provide assessment & care for affected travellers, animals: arrangements with medical, veterinary facilities for isolation, treatment & other services
  - Provide space, separate from other travellers to interview suspect or affected persons
  - Provide for access to required equipment, personnel with protection gear for transfer of travellers with infection/contamination
  - To apply recommended measures, disinsect, disinfect, decontaminate, baggage, cargo, containers, conveyances, goods, postal parcels etc
  - To apply entry/exit control for departing & arriving passengers

- **Public Health Regulations:**
  - Departures
Status (%) of Core Capacities

Americas, States Parties Annual Reports to 64, 65, 66, 67 World Health Assemblies

North America: 96%
Caribbean: 61%
Central America: 65%
South America: 56%

* Information related to points of entry submitted by Argentina, Bolivia, Brazil, Chile, Colombia, Paraguay, and Venezuela was in a format not allowing its conversion into the format proposed by WHO

** Information related to points of entry submitted by Argentina was in a format not allowing its conversion into the WHO format

*** Annual Report submitted by Peru not yet included in the analysis; Bahamas and St Lucia have not submitted the Annual Report
Article 20 - Airports and ports
Voluntary Certification of Designated Airports and ports

4. WHO may, at the request of the State Party concerned, arrange to certify, after an appropriate investigation, that an airport or port in its territory meets the requirements referred to in paragraphs 1 and 3 of this Article. These certifications may be subject to periodic review by WHO, in consultation with the State Party.

5. WHO, in collaboration with competent intergovernmental organizations and international bodies, shall develop and publish the certification guidelines for airports and ports under this Article. WHO shall also publish a list of certified airports and ports.
Challenges

- Intersectoral collaboration at national and international levels
  - Awareness
  - Legal frameworks
  - Strategic and approach
  - Degree of institutionalization
  - Operational arrangements
  - Concept of facilitation
- Difficulties in interpreting provisions related to the different “categories” of Points of Entry
  - Non homogenous practice related to the issuance of Ship Sanitation Certificates by Authorized Ports (management of information, charges)
  - Interpretation of provisions related to Designated Points of Entry and in translating them into meaningful public health practice
  - Anticipated benefits and proposed procedures for the voluntary certification
- Management of public health events involving travellers, conveyances, Points of Entry (risk assessment, contact tracing)
- Metrics related to the implementation of the IHR
- Preparation and dissemination of guidance documents by WHO and access to information (timeliness, languages, inter-agency collaborations)
Thank you

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