



# **World Health Assembly Results related to IHR implementation**

**Daniel Lins Menucci**

**Team Leader**

**Ports, Airports and Ground Crossings  
HSE/GCR/CAD-PAG-Lyon**



# 67<sup>th</sup> World Health Assembly

- WHO – IHR Secretariat
  - Report of the IHR implementation
- Resolution WHA 67.13 on IHR Annex 7 – Requirements concerning vaccination or prophylaxis for specific diseases (yellow fever)

SIXTY-SEVENTH WORLD HEALTH ASSEMBLY

WHA67.13

Agenda item 16.1

24 May 2014

## Implementation of the International Health Regulations (2005)

The Sixty-seventh World Health Assembly,

Having considered the report on implementation of the International Health Regulations (2005),<sup>1</sup>

Recalling the recent meeting and report of the Strategic Advisory Group of Experts on immunisation,<sup>2</sup> which completed its scientific review and analysis of evidence on issues concerning vaccination against yellow fever and concluded that a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease, and that a booster dose of yellow fever vaccine is not needed;

Noting that in its report the Strategic Advisory Group of Experts on immunisation recommended that WHO should revise the provisions in the International Health Regulations (2005) relating to the period of validity for international certificates for vaccination against yellow fever;

1. ADOPT, in accordance with paragraph 3 of Article 55 of the International Health Regulations (2005), the updated Annex 7 of the International Health Regulations (2005) that is set out below.

### ANNEX 7

#### REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS FOR SPECIFIC DISEASES

1. In addition to any recommendation concerning vaccination or prophylaxis, the following diseases are those specifically designated under these Regulations for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party:

Vaccination against yellow fever.



# WHA 67 – Report of DG regarding IHR (docs. A67.35 and add.1)

- Key actions taken in response to the emergence of Middle East respiratory syndrome coronavirus (MERS-CoV), the second event – after pandemic (H1N1) 2009 – for which an Emergency Committee has been convened under the Regulations.
- Process of consultation with Member States on the criteria to be used by the Director-General when making decisions about the granting of extensions to the target date by which States Parties shall develop, strengthen and maintain core capacities as set out in Articles 5 and 13 of the Regulations.
- Summarizes information received by the Secretariat regarding implementation of the Regulations by States Parties in 2013.
- It also gives an account of activities undertaken by the Secretariat under the areas of work for implementation established in 2007.
- Secretariat proposed revisions to Annex 7 of IHR, draft resolution recommended to the Health Assembly in resolution EB134.R10.



# WHA 67 – Report of DG regarding IHR (MERS-CoV)

## SECRETARIAT ACTIONS IN RESPONSE TO MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS

- Direct support to Member States: Deployed missions to countries in the context of building sustainable alert and response capacities under the Regulations.
- Global surveillance of MERS-CoV for early detection of changes in the epidemiology of the virus and for investigation and reporting of cases; and it continues to make global risk assessments and information rapidly available.
- Collaborative investigation and management of the epidemic working closely with Member States affected by MERS-CoV and partners at the human–animal interface, including FAO and OIE; International Food Safety Authorities Network.
- Consultative meetings and coordinated technical networks and the Global Outbreak Alert and Response Network in order to provide Member States with access to additional international resources.



# WHA 67 – Report of DG regarding IHR (MERS-CoV)

## SECRETARIAT ACTIONS IN RESPONSE TO MIDDLE EAST RESPIRATORY SYNDROME CORONAVIRUS (cont.)

- Director-General reported the meeting she convened of the IHR Emergency Committee in order to elicit advice on key questions relating to the event, including whether it constituted a public health emergency of international concern, and on health measures that might be required to respond effectively to the event.
- Based on the information supplied and the deliberations conducted at the four meetings, the Committee advised the Director-General that the conditions for a public health emergency of international concern had not been met.



# WHA 67 – Report of DG regarding IHR

## GRANTING OF EXTENSIONS IN 2014–2016

- It was reported the results of previous Executive Board meetings and informed the process of granting extensions will include the provision of advice by the IHR Review Committee to the Director-General, in accordance with the Regulations.



# WHA 67 – Report of DG regarding IHR

## INFORMATION RECEIVED FROM STATES PARTIES

- States Parties have continued to provide information to the Secretariat on implementation of the Regulations in relation to the national capacity requirements set out in Annex 1 of the Regulations.
- As at 11 March 2014, the self-assessment questionnaire sent to States Parties in March 2013 had elicited 122 responses, representing 62% of the 196 States Parties.



# WHA 67 – Report of DG regarding IHR

## STRENGTHENING NATIONAL CAPACITY

- All levels of the Organization continue to support States Parties in fulfilling their core capacity requirements as laid down in the Regulations,
- Establishment of WHO procedures for airport and port certification as required by the Regulations.
- With a view to facilitating an exchange of information, the Secretariat has hosted the Ports, Airports and Ground Crossing Network (**PAGnet**)
- Initiative to designate WHO collaborating centres for points of entry, in order to build core capacities.



# WHA 67 – Report of DG regarding IHR

## GLOBAL PARTNERSHIPS

- WHO has continued to strengthen its relationships with other international and intergovernmental organizations during the period under review, including FAO, ICAO, WMO, IAEA, OIE, the International Air Transportation Association and the World Bank.
- During significant public health events and emergencies, WHO's Strategic Health Operations Centre and WHO's regional operations centres have served as hubs for coordinating information and activities across multiple organizations and jurisdictions.



# WHA 67 – Report of DG regarding IHR

## PREVENTION OF, AND RESPONSE TO, INTERNATIONAL PUBLIC HEALTH EMERGENCIES

- The network of National IHR Focal Points and WHO IHR Contact Points has been increasingly used for rapid communication of public health information between WHO and States Parties. The number of users of the National IHR Focal Points network with access to the Event Information Site currently stands at 749, representing 185 States Parties.
- Emergency contact points in countries for the International Food Safety Authorities Network and their National IHR Focal Points continue to be strengthened, through sustained efforts by the Secretariat to ensure that at national level both groups are informed when responding to an event.
- WHO continues to detect, track and respond to public health risks and emergencies in a timely manner and in close collaboration with countries, within the framework of the Regulations.



# WHA 67 – Report of DG regarding IHR

## YELLOW FEVER VACCINATION OR REVACCINATION

- Following the conclusion by the Strategic Advisory Group of Experts on immunization that a single dose of yellow fever vaccine is sufficient to confer sustained immunity and life-long protection against yellow fever disease and that a booster dose of yellow fever vaccine is not needed, WHO has endorsed this conclusion.
- As a consequence WHO it was proposed a Resolution to change the provisions in the International Health Regulations (2005) relating to the period of validity for international certificates of vaccination against yellow fever.



# WHA 67 – Report of DG regarding IHR

## CONCLUSIONS:

- Significant gains have been made in implementation of the Regulations at national level during the period under review.
- At all levels of the Organization, the Secretariat has intensified its technical support to States Parties in all areas.
- Effective and timely implementation of the Regulations, however, has been compromised by institutional and resource challenges, including uneven levels of support by various stakeholders for specific capacities, hazards and WHO regions or geographical areas. In that context, the focus of donor support should be aligned with the priorities of the Secretariat and the needs of the most vulnerable Member States.



# WHA 67 – Report of DG regarding IHR

## CONCLUSIONS:

- Although some capacities have improved globally, namely, surveillance, laboratory and risk communication, they remain at a critical level and efforts should be sustained over time.
- The relatively low level of capacities for handling radiological and chemical events reflects a gap that can be dealt with through the systematic mapping of stakeholders working in those areas, some of whom might not necessarily have yet built strong relations with health ministries.



# WHA 67 – Report of DG regarding IHR

## CONCLUSIONS:

- Capacities at points of entry remain a challenge, but several guidelines have been developed and are available in different languages to facilitate additional awareness-raising and training.
- One of the key capacities that remains low is human resources, and only Member States can commit to build and maintain the human resources needed for each capacity under the Regulations.





PUBLIC HEALTH



Baggage Claim  
Terminal



**Thank you**

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**Merci**

**Gracias**

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**спасибо**

**Obrigado**

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