Pan American Health Organization
World Health Organization
REGIONAL OFFICE FOR THE Americas

59th DIRECTING COUNCIL

73rd SESSION OF THE REGIONAL COMMITTEE OF WHO FOR THE AMERICAS

Virtual Session, 20-24 September 2021

Provisional Agenda Item 8.5

CD59/INF/5*
20 August 2021
Original: English

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 2020 to 30 June 2021,[1] updating the information submitted to the 168th Session of the Executive Committee in June 2021 *(2)* and complementing the information provided in Document A74/17, presented to the 74th World Health Assembly in May 2021 *(3)*.

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.

3. This document needs to be considered in the context of the ongoing COVID-19 pandemic.[2] Hence, it is closely related to the Update on COVID-19 in the Region of the Americas (Document CD59/INF/1) *(4)*. Similarly, it is closely related to Document CD59/INF/4 *(5)*, which presents issues related to the strengthening of the World Health Organization's (WHO) preparedness for and response to health emergencies, previously addressed in Document CE168/INF/3 *(2)*.

Background

4. 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

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[*] This version contains minor editorial adjustments to footnote 19, reference 5, and Summary Table 2.
[1] Where available and practicable, more up to date information, beyond 30 June 2021, is presented.
[2] 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.

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

5. 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 and, between 1 January 2021 and 3 August 2021, 25 of the 35 States Parties in the Americas (71%) 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), and 8 (23%) updated only the list of EIS national users. As of 3 August 2021, 177 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 23 of the 35 States Parties (66%) by both telephone and email.

6. 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 2020 to 30 June 2021,[3] 73 acute public health events of potential international concern were identified and assessed in the Region, representing 24% 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 51 of the 73 events (70%), national authorities (including through the NFPs on 31 occasions) were the initial source of information. Verification was requested for the 12 events identified through media sources, and it was obtained for eight of them, with a verification interval ranging from 0 to 28 days and a median interval of 1.5 days. For the remaining four events, the first event-related requests for verification were sent between 26 October 2020 and 14 January 2021, and, to date, these remained unanswered.

7. Of the 64 events for which the final designation status is known, 56 (88%) events, affecting 22 States Parties and three territories in the Region, were of substantiated international public health concern, representing 23% of such events determined globally. A large majority of these 56 events were attributed to infectious hazards (41 events, or 73%). The etiologies most frequently recorded for these 41 events were influenza viruses (9 events), and *Candida auris*, dengue fever, and yellow fever—each of which were associated with five events. The remaining 15 events of substantiated international public

[3] The cut-off date was chosen to allow for comparison with previous reports presented to the Directing Council of PAHO or the Pan American Sanitary Conference.

health concern were associated with disasters (5 events), the human-animal interface (4 events), food safety (2 events), product-related hazards (1 event), and radiation-related hazards (1 event). For one event the nature of the hazard remained undetermined. Over the period considered, of the 39 new events unrelated to the COVID-19 pandemic that were published globally on the WHO EIS portal, 11 (28%) concerned States Parties in the Americas.

8. Besides the COVID-19 pandemic-related public health emergency of international concern (PHEIC),[4] on 20 August 2021, following the twenty-ninth meeting of the IHR Emergency Committee, the Director-General of WHO determined that the spread of wild poliovirus and circulating vaccine-derived poliovirus continues to constitute a PHEIC.[5] 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.[6]

Core Capacities of States Parties

9. In May 2018, the WHO Secretariat offered to States Parties a revised tool *(7)* to facilitate the submission of their IHR Annual Report to the World Health Assembly, as mandated by Article 54 of the Regulations, Resolution WHA61.2 *(8)*, and Decision WHA71(15) *(9)*. Like its predecessor, the revised tool exclusively focuses on States Parties' core capacities. While its use remains voluntary, it has been widely utilized by States Parties worldwide, as reflected by the information submitted to the World Health Assembly since 2019, also publicly available through the WHO e-SPAR portal.[7]

10. In 2021, 29 (83%) of the 35 States Parties in the Region of the Americas submitted their IHR Annual Report to the 74th World Health Assembly.[8] This figure corresponds to indicator 23.1.a, "Number of States Parties completing annual reporting on the International Health Regulations (2005)," included under outcome 23 and output 23.1[9] in the Program Budget of the Pan American Health Organization 2020-2021 (hereinafter the PAHO Program Budget 2020-2021), adopted through Resolution CD57.R5 *(10, 11)*. Antigua and Barbuda, Cuba, Dominica (for the first time since 2011), Grenada (for the fourth year in a row), Saint Vincent and the Grenadines, and Trinidad and Tobago did not

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[4] Information about the IHR Emergency Committee for the COVID-19 pandemic can be accessed on the WHO website at: https://www.who.int/ihr/procedures/ihr_committees/en/.

[5] Information about the IHR Emergency Committee for ongoing events and context involving the transmission and international spread of poliovirus is available on the WHO website at: https://www.who.int/ihr/ihr_ec_2014/en/.

[6] PAHO Epidemiological Alerts and Updates are available at: https://www.paho.org/en/epidemiological-alerts-and-updates.

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

[8] Due to late submission, the information provided by Barbados in its IHR Annual Report could not be reflected in Document A74/17, presented to the 74th World Health Assembly.

[9] Outcome 23: "Health emergencies preparedness and risk reduction: Strengthened country capacity for all-hazards health emergency and disaster risk management for a disaster-resilient health sector." Output 23.1: "All-hazards emergency preparedness capacities in countries and territories assessed and reported."

comply with this obligation. Possibly due to the demands imposed on national authorities by the COVID-19 pandemic, the submission rate observed in 2021, which is the same as in 2020, is the second lowest since 2011, when the management of IHR Annual Report data was systematized by the WHO Secretariat. Since 2011, nine States Parties have consistently submitted their IHR Annual Reports to the World Health Assembly each year: Canada, Colombia, Costa Rica, Ecuador, Guyana, Honduras, Jamaica, Mexico, and the United States of America. Information on the degree of compliance with this commitment on the part of the remaining States Parties is presented in the Annex.

11. At least 19 of the 29 States Parties (66%) from the Region of the Americas that submitted their IHR Annual Report to the 74th World Health Assembly compiled the report through a multidisciplinary and/or multisectoral effort.

12. For all 13 core capacities, the average regional scores are above 60%, with the lowest average score (62%) for radiation emergencies and the highest average score (81%) for laboratory and surveillance. Apart from health service provision—with a score that is similar to the global average—for the remaining 12 core capacities, the average regional scores for the Americas are above the global averages.

13. Nevertheless, the status of the core capacities across subregions remains heterogeneous. As presented in the Annex, the highest average subregional scores for all 13 core capacities are consistently observed for North America, while the lowest average scores are registered in the Caribbean subregion for 10 core capacities (legislation and financing, zoonotic events and the human-animal interface, food safety, surveillance, human resources, health service provision, risk communication, points of entry, chemical events, and radiation emergencies); in Central America for one core capacity (IHR coordination and NFP functions); and in South America for three core capacities (laboratory, national health emergency framework, and health service provision). The Annex presents the core capacity scores for each State Party based on reports submitted to the 74th World Health Assembly in 2021, as well as for the overseas territories that have taken the opportunity to complete the tool and share it with PASB.

14. Historical data and trends concerning the status of core capacities from 2011 to 2018 are publicly available on the WHO Global Health Observatory web page.[10] Because of the introduction of the revised tool, comparison over time of the most current data—at regional, subregional, and national levels, including States Parties' abilities to maintain core capacities—is limited to the three-year period from 2019 to 2021, and to the 24 States Parties in the Americas that have consistently submitted their IHR Annual Report over that period in a format allowing for analysis.[11]

[10] 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.

[11] States Parties that could not be included in the analysis are Antigua and Barbuda, Barbados, Belize, Bolivia (Plurinational State of), Cuba, Dominica, Grenada, Guyana, Haiti, Saint Vincent and the Grenadines, and Trinidad and Tobago.

15. Comparing the average regional scores of 2021 with those of 2019, increases were registered for all 13 core capacities, ranging from 1 to 13 percentage points for food safety. For seven of the 13 core capacities—food safety, laboratory, surveillance, national health emergency framework, health service provision, risk communication, radiation emergencies—the increases were equal to or greater than 5 percentage points. Comparing the average subregional scores of 2021 with those of 2019, in the Caribbean subregion there were increases or no changes for all core capacities except points of entry (-8%); in Central America increases were registered for all 13 core capacities; in South America, increases were registered for eight core capacities, excepting legislation and financing, IHR coordination and NFP functions, zoonotic events and the human-animal interface, human resources, and chemical events; and in North America increases or no changes were registered for all core capacities apart from legislation and financing (-4%), zoonotic events and the human-animal interface (-7%), and human resources (-7%).

16. When the individual States Parties' scores of 2021 are compared with those of 2019, 22 (85%) of the 26 States Parties for which this comparison could be made[12] were able to maintain or improve their scores for at least 10 of the 13 core capacities.[13] While all 26 States Parties indicate the ability to maintain or make progress in food safety and laboratory, the lowest degrees of ability are reported for the following core capacities: zoonotic events and the human-animal interface, national health emergency framework, and risk communication (20 States Parties).

17. In the context of the COVID-19 pandemic, a debate has reignited surrounding the objectives of each of the four components and related tools of the IHR Monitoring and Evaluation Framework (IHR MEF) *(12)*, driven by the following actual or apparent paradoxes: *a)* generally speaking, States Parties with "high scores" have performed poorly in responding to the COVID-19 pandemic; and *b)* average regional core capacity scores, according to the IHR States Party Annual Reports to the World Health Assembly, have increased some 12 or more months into the COVID-19 pandemic. This debate is punctuated by multiform, and not necessarily compatible, issues regarding the four components: *a)* their legal weight for the purpose of mutual accountability among States Parties; *b)* expectations related to their predictive power in terms of the robustness of preparedness arrangements in place and actual capacity to mount an effective response in real life, in the absence of metrics characterizing response effectiveness; *c)* their suitability for application at the subnational level; *d)* their usefulness for ensuring mutual accountability at the international level, as well as national strategic, programmatic, and operational aspects of preparedness; and *e)* ultimately, their reliability and adequacy in capturing all elements of preparedness and response (e.g. leadership and governance).

[12] The following States Parties could not be included in the analysis: Antigua and Barbuda, Barbados, Bolivia (Plurinational State of), Cuba, Dominica, Grenada, Guyana, Saint Vincent and the Grenadines, and Trinidad and Tobago.

[13] States Parties that, for any given core capacity and for the two years considered, have reported the lowest possible score according to the tool were not considered as having the ability to maintain that core capacity.

18. To address some of those issues, on 9-10 March 2021, the WHO Secretariat held a consultative meeting on Joint External Evaluations and State Party Annual Reports to incorporate the lessons learned from the COVID-19 Pandemic. As a result of that meeting, a Technical Working Group for Review of IHR MEF with a focus on Joint External Evaluation (JEE) and State Parties Annual Report (SPAR) was established, and its work is ongoing. A similar consultative meeting on action reviews and simulation exercises was held on 18-19 May 2021. In this meeting the WHO Secretariat announced the establishment of a Technical Advisory Group on Simulation Exercises.

19. During the period covered by this report, which coincides with the rapid evolution of the COVID-19 pandemic, to support national authorities in their response efforts PASB conducted virtual regional, subregional, multi-country, and country missions, training, and workshops addressing the following pillars of the COVID-19 Strategic Preparedness and Response Plan *(13)*: 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.[14]

Administrative Requirements and Governance

20. As of 3 August 2021, 501 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.[15] Nine additional ports were authorized in six overseas territories of France (1), the Netherlands (2), and the United Kingdom (6).

21. As of 3 August 2021, the IHR Roster of Experts included 422 professionals, 96 (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.

22. In 2021, 28 (80%) of the 35 States Parties in the Region responded to the global survey for updating the WHO Travel and Health web page,[16] concerning, inter alia, requirements for proof of vaccination against yellow fever as a condition for granting entry and/or exit to international travelers. 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

[14] Document CD59/INF/1, Update on COVID-19 in the Region of the Americas, presents an exhaustive description of capacity-building activities supported by PASB in the context of the pandemic and financial support provided by partners.

[15] 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/.

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

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 the risk-based approach promoted by PASB *(14)* and the WHO Secretariat *(15, 16).* As per WHO document, Interim Position Paper: Considerations Regarding Proof of COVID-19 Vaccination for International Travellers *(17)*, and the Temporary Recommendations current at the time of writing,[17] States Parties shall not require proof of vaccination against COVID-19 as a condition of entry. A technical consultation on the digitalization of the ICVP, organized by the WHO Secretariat, is scheduled to take place on 6 September 2021.

Actions Necessary to Improve the Situation

23. For global health governance, as anticipated in Document CD58/INF/1 *(18)*, the future application and implementation of and compliance with the IHR is linked to the implementation of Resolution WHA73.1 *(19, 20)*; Resolution WHA73.8 *(21);* Resolution WHA74.7 *(22)*; Decision WHA74(16) *(23)*; and, implicitly, the evolving COVID-19 pandemic. Therefore, as reported in Document CD59/INF/4 *(5)*, the deliberations of the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WGPR)[18] will be pivotal for the determination of WHO leadership, governance, and financing mechanisms, as well as of its strategic approach to technical cooperation.[19] Similarly, considering the context of ongoing WHO reform processes, including the WHO Transformation Agenda, the deliberations of the WGPR will be critical for articulating additional related actions initiated by WHO Member States and/or the WHO Secretariat.

24. Pursuant to Resolution WHA73.1 *(19)*, since September 2020, the application and implementation of and compliance with the IHR have been the subject of specific scrutiny by the IHR Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response (COVID-19 IHR RC),[20] and, more tangentially, the Independent Oversight and Advisory Committee for the WHO Health Emergencies

[17] 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/15-07-2021-statement-on-the-eighth-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-coronavirus-disease-(covid-19)-pandemic.

[18] The web page of the Working group on strengthening WHO preparedness and response to health emergencies can be accessed at: https://apps.who.int/gb/wgpr/.

[19] These broad thematic areas reflect the categorization of the recommendations and Resolutions' operative paragraphs presented in the WHO Dashboard of COVID-19 Related Recommendations, available at: https://app.powerbi.com/view?r=eyJrIjoiODgyYjRmZjQtN2UyNi00NGE4LTg1YzMtYzE2OGFhZjBiYzFjIiwidCI6ImY2MTBjMGI3LWJkMjQtNGIzOS04MTBiLTNkYzI4MGFmYjU5MCIsImMiOjh9&pageName=ReportSection729b5bf5a0b579e86134.

[20] Information about the IHR Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response is available at: https://www.who.int/teams/ihr/ihr-review-committees/covid-19.

Programme (IOAC)[21] and the Independent Panel for Pandemic Preparedness and Response (IPPPR).[22] It is noted that, despite the current absence of metrics to assess the effectiveness of a response, these three bodies have regarded the response to the COVID-19 pandemic as globally suboptimal, although their standpoints vis-à-vis the relevance and adequacy of the Regulations as a tool for global health governance are not entirely consistent.

25. The report of the COVID-19 IHR RC to the 74th World Health Assembly *(24)* implicitly recognizes the relevance and adequacy of the Regulations by stating that: "As we reviewed the IHR article by article, we found that much of what is in the Regulations is well considered, appropriate and meaningful in any public health emergency of international concern. However, it was clear to us that in the context of a pandemic, countries that in 2005 approved the IHR, in 2020 only applied the Regulations in part, were not sufficiently aware of them, or deliberately ignored them." It also concluded that: "The Regulations are a pillar of global health security: the foundations of the global architecture for monitoring and responding to public health risks and emergencies, involving countries, institutions and networks coordinated by WHO." At the same time, in recommending that "WHO and States Parties should consider the benefits of developing a global convention on pandemic preparedness and response in support of IHR implementation. Such a convention may include provisions for preparedness, readiness and response during a pandemic that are not addressed by the IHR."

26. The IOAC affirms its alignment with the recommendations of the COVID-19 IHR RC and, like the latter, states that "[t]he COVID-19 pandemic has highlighted the importance of the International Health Regulations (2005) … in preparing for, and responding to, outbreaks and emergencies," while pointing out that "[t]he [COVID-19] crisis has also highlighted shortcomings in the International Health Regulations (2005) and their application by Member States and the WHO Secretariat," and that "a new international treaty for pandemic preparedness and response … should support Member States to comply with International Health Regulations (2005) provisions. … The Committee considers that stricter compliance with the provisions of the International Health Regulations (2005), coupled with stronger international solidarity, is of the utmost importance in facing future pandemic threats" *(25)*.

27. Recommendations by the COVID-19 IHR RC and the IPPPR are either completely or partially aligned with suggestions made in paragraphs 36 to 46 of Document CD58/INF/1, Implementation of the International Health Regulations *(18)*. These suggestions address issues repeatedly pinpointed as undermining the relevance of the IHR as a tool for global governance and relate to the following: *a) complete alignment*: information sharing by States Parties with the WHO Secretariat during acute public health events; no need for a formal "intermediate level of alert"; procedures related to the

[21] Information about the Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme is available at: https://www.who.int/groups/independent-oversight-and-advisory-committee.

[22] Information about the Independent Panel for Pandemic Preparedness and Response (IPPPR) is available at: https://theindependentpanel.org/.

IHR Emergency Committees; temporary recommendations concomitantly issued with the determination of a PHEIC; additional health measures; and *b) partial alignment*: national IHR Focal Points; essential public health functions; IHR monitoring and evaluation.

28. The IPPPR states that the IHR "did not lead to an urgent, coordinated, worldwide response," and that the Regulations are not "enabling WHO to act immediately and independently." Much like the COVID-19 IHR RC and the IOAC, the IPPPR recommends the adoption of "a Pandemic Framework Convention within the next 6 months … complementary to the IHR, to be facilitated by WHO and with the clear involvement of the highest levels of government, scientific experts and civil society" *(26)*.

29. Through Resolution WHA74.7 *(22)*, the 74th World Health Assembly established the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to consider the findings and recommendations of, inter alia, the IPPPR, the COVID-19 IHR RC, and the IOAC. A thorough and critical analysis by Member States of the recommendations by the three above-mentioned bodies may provide clarity regarding *a)* consistency—internally for each specific set, across the three sets, and vis-à-vis the IHR—relevance, and feasibility; *b)* recommended actions to which WHO Member States may already have committed through the above-mentioned prospective resolution and/or existing ones; *c)* the need for revisions of the text of the Regulations[23] and considering the possible scope of an additional international instrument to be negotiated among Member States; *d)* recommended actions that may prolong existing strategic and cooperative approaches to strengthen preparedness and response and which may ultimately have resulted in a suboptimal global response to the COVID-19 pandemic; and *e)* the mandates of and articulation between existing, newly created, and proposed high-level, governance, and advisory bodies. [24]

30. As indicated in Document CD59/INF/4 *(5)*, through the adoption of Decision WHA74(16) *(23)*, the 74th World Health Assembly decided "to request the Member States Working Group on Strengthening WHO Preparedness and Response to Health Emergencies to prioritize the assessment of the benefits of developing a WHO convention, agreement or other international instrument on pandemic preparedness and response, and to provide a report to be considered at the Special Session of the World Health Assembly" to be held from 29 November to 1 December 2021 "with a view towards the establishment of an intergovernmental process to draft and negotiate such a convention, agreement or other international instrument on pandemic preparedness and response." With respect to whether, when, and how to initiate an intergovernmental process,

[23] Resolution WHA74.7 *(22)* includes the statement "Reaffirming also resolution WHA58.3 (2005) on the revision of the International Health Regulations and further reaffirming the principles of the International Health Regulations (2005) set out in its Article 3," focusing on Article 55 to expedite any amendments that may be warranted.

[24] Existing bodies: IOAC, Member States Working Group on Sustainable Financing, IHR Emergency Committee, IHR Review Committee, WHO Strategic and Technical Advisory Group for Infectious Hazards (STAG-IH), Global Preparedness Monitoring Board (GPMB); newly created bodies: One Health High-Level Expert Panel (OHHLEP); proposed bodies: United Nations' Global Health Threats Council, WHO Standing Committee for Emergencies.

statements of support or concern have been expressed about the necessity, timing, and time frame required to undertake such an endeavor while the COVID-19 pandemic is still ongoing.

31. The proposals to reshape the global health architecture have, by definition, global breadth and implications, and, in the regional space, may lead to useful forward actions ensuing from the 74th World Health Assembly and making the cooperation that PASB can deliver to PAHO Member States more effective.

Action by the Directing Council

32. The Directing Council is invited to take note of this report and provide any comments it deems pertinent.

Annex

References

1. World Health Organization. International Health Regulations (2005), third edition [Internet]. Geneva: WHO; 2016 [cited 2021 Aug 20]. Available from: http://apps.who.int/iris/bitstream/10665/246107/1/9789241580496-eng.pdf.

2. Pan American Health Organization. Implementation of the International Health Regulations [Internet]. 168th Session of the Executive Committee of PAHO; 2021 Jun 21-25; virtual. Washington, DC: PAHO; 2021 (Document CE168/INF/3) [cited 2021 Aug 20]. Available from: https://www.paho.org/en/documents/ce168inf3-implementation-international-health-regulations.

3. World Health Organization. Implementation of the International Health Regulations (2005) [Internet]. 74th World Health Assembly; 2021 May 24-Jun 1; virtual. Geneva: WHO; 2021 (Document A74/17) [cited 2021 Aug 20]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_17-en.pdf.

4. Pan American Health Organization. Update on COVID-19 in the Region of the Americas [Internet]. 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas; 2021 Sep 20-24; virtual. Washington, DC: PAHO; 2021 (Document CD59/INF/1) [cited 2021 Aug 20]. Available from: https://www.paho.org/en/documents/cd59inf1-update-covid-19-region-americas.

5. Pan American Health Organization. Report on Strengthening PAHO and WHO preparedness for and response to health emergencies [Internet]. 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas; 2021 Sep 20-24; virtual. Washington, DC: PAHO; 2021 (Document CD59/INF/4) [cited 2021 Sep 15]. Disponible en: https://www.paho.org/en/documents/cd59inf4-report-strengthening-paho-and-who-preparedness-and-response-health-emergencies.

6. World Health Organization. Revision of the International Health Regulations [Internet]. 58th World Health Assembly; 2005 May 16-25; Geneva. Geneva: WHO; 2005 (Resolution WHA58.3) [cited 2021 Aug 20]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/Resolutions.pdf.

7. World Health Organization. International Health Regulations (2005): State Party self-assessment annual reporting tool. Geneva: WHO; 2018 [cited 2021 Aug 20]. Available from: https://apps.who.int/iris/bitstream/handle/10665/272432/WHO-WHE-CPI-2018.16-eng.pdf.

8. World Health Organization. Implementation of the International Health Regulations (2005) [Internet]. 61st World Health Assembly; 2008 May 19-24; Geneva. Geneva: WHO; 2008 (Resolution WHA61.2) [cited 2021 Aug 20]. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA61-REC1/A61_Rec1-part2-en.pdf.

9. World Health Organization. Implementation of the International Health Regulations (2005): five-year global strategic plan to improve public health preparedness and response, 2018-2023 [Internet]. 71st World Health Assembly; 2018 May 21-26; Geneva. Geneva: WHO; 2018 (Decision WHA71[15]) [cited 2021 Aug 20]. Available from: http://apps.who.int/gb/ebwha/pdf_files/WHA71/A71(15)-en.pdf.

10. Pan American Health Organization. Program Budget of the Pan American Health Organization 2020-2021 [Internet]. 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas; 2019 Sep 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2019 (Official Document 358) [cited 2021 Aug 20]. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=document&alias=50372-cd57-od358-e-program-budget-paho&category_slug=cd57-en&Itemid=270&lang=en.

11. Pan American Health Organization. Program Budget of the Pan American Health Organization 2020-2021 [Internet]. 57th Directing Council of PAHO, 71st Session of the Regional Committee of WHO for the Americas; 2019 Sep 30-Oct 4; Washington, DC. Washington, DC: PAHO; 2019 (Resolution CD57.R5) [cited 2021 Aug 20]. Available from: https://www.paho.org/hq/index.php?option=com_docman&view=document&alias=50592-cd57-r5-e-program-budget-paho&category_slug=cd57-en&Itemid=270&lang=en.

12. World Health Organization. International Health Regulations (2005): monitoring and evaluation framework. Geneva: WHO; 2018 [cited 2021 Aug 20]. Available from: https://apps.who.int/iris/bitstream/handle/10665/276651/WHO-WHE-CPI-2018.51-eng.pdf?sequence=1.

13. COVID-19 Strategic preparedness and response plan. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO [cited 2021 Aug 20]. Available from: https://www.who.int/publications/i/item/WHO-WHE-2021.02.

14. Pan American Health Organization. Resuming non-essential international travel in the context of the COVID-19 pandemic – Advice on the use of COVID-19-related testing. Washington, DC: PAHO; 2020 [cited 2021 Aug 20]. Available from: https://www.paho.org/en/documents/resuming-non-essential-international-travel-context-covid-19-pandemic-advice-use-covid-19.

15. World Health Organization. Policy considerations for implementing a risk-based approach to international travel in the context of COVID-19. Geneva: WHO; 2021 [cited 2021 Aug 20]. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-Policy-Brief-Risk-based-international-travel-2021.1.

16. World Health Organization. Technical considerations for implementing a risk-based approach to international travel in the context of COVID-19: Interim guidance. Geneva: WHO; 2021 [cited 2021 Aug 20]. Available from: https://www.who.int/publications/i/item/WHO-2019-nCoV-Risk-based-international-travel-2021.1.

17. World Health Organization. Interim position paper: considerations regarding proof of COVID-19 vaccination for international travellers. Geneva: WHO; 2020 [cited 2021 Aug 20]. Available from: https://www.who.int/news-room/articles-detail/interim-position-paper-considerations-regarding-proof-of-covid-19-vaccination-for-international-travellers.

18. Pan American Health Organization. Implementation of the International Health Regulations [Internet]. 58th Directing Council of PAHO, 72nd Session of the Regional Committee of WHO for the Americas; 2020 Sep 28-29; virtual. Washington, DC: PAHO; 2020 (Document CD58/INF/1) [cited 2021 Aug 20]. Available from: https://www.paho.org/en/documents/cd58inf1-implementation-international-health-regulations.

19. World Health Organization. COVID-19 response [Internet]. 73rd World Health Assembly; 2020 May 18-19 and Nov 9-14; virtual. Geneva: WHO; 2020 (Resolution WHA73.1) [cited 2021 Aug 20]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R1-en.pdf.

20. World Health Organization. Update on implementation of resolution WHA73.1 (2020) on the COVID-19 response [Internet]. 74th World Health Assembly; 2021 May 24-Jun 1; virtual. Geneva: WHO; 2021 (Document A74/15) [cited 2021 Aug 20]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_15-en.pdf.

21. World Health Organization. Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) [Internet]. 73rd World Health Assembly; 2020 May 18-19 and Nov 9-14; virtual. Geneva: WHO; 2020 (Resolution WHA73.8) [cited 2021 Aug 20]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA73/A73_R8-en.pdf.

22. World Health Organization. Strengthening WHO preparedness for and response to health emergencies [Internet]. 74th World Health Assembly; 2021 May 24-Jun 1; virtual. Geneva: WHO; 2021 (Resolution WHA74.7) [cited 2021 Aug 20]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_R7-en.pdf.

23. World Health Organization. Special session of the World Health Assembly to consider developing a WHO convention, agreement or other international instrument on pandemic preparedness and response [Internet]. 74th World Health Assembly; 2021 May 24-Jun 1; virtual. Geneva: WHO; 2021 (Decision WHA74[16]) [cited 2021 Aug 20]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74(16)-en.pdf.

24. World Health Organization. WHO's work in health emergencies - Strengthening preparedness for health emergencies: implementation of the International Health Regulations (2005) - Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 Response [Internet]. 74th World Health Assembly; 2021 May 24-Jun 1; virtual. Geneva: WHO; 2021 (Document A74/9 Add. I) [cited 2021 Aug 20]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_9Add1-en.pdf.

25. World Health Organization. Independent Oversight and Advisory Committee for the WHO Health Emergencies Programme [Internet]. 74th World Health Assembly; 2021 May 24-Jun 1; virtual. Geneva: WHO; 2021 (Document A74/16) [cited 2021 Aug 20]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_16-en.pdf.

26. World Health Organization. COVID-19 response - Main report of the Independent Panel for Pandemic Preparedness and Response [Internet]. 74th World Health Assembly; 2021 May 24-Jun 1; virtual. Geneva: WHO; 2021 (Document A74/INF./2) [cited 2021 Aug 20]. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA74/A74_INF2-en.pdf.

Annex

Summary Table 1: States Parties Annual Reports to the 74th World Health Assembly, Voluntary Components of the IHR Monitoring and Evaluation Framework, and Public Health Events of Potential International Concern[1]

(core capacity scores in percentages)

State Party	Mandatory State Party Annual Report														Voluntary External Evaluation (year conducted)	Number of acute public health events of potential international concern assessed (1 July 2020-30 June 2021)[2]
	Number of Annual Reports submitted from 2011 to 2021 (11-year period)	**Legislation and financing**	**IHR coordination and National IHR Focal Point functions**	**Zoonotic events and the human-animal interface**	**Food safety**	**Laboratory**	**Surveillance**	**Human resources**	**National Health Emergency Framework**	**Health service provision**	**Risk communication**	**Points of entry**	**Chemical events**	**Radiation emergencies**		
Antigua and Barbuda	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Argentina	10	67	80	80	80	67	80	60	40	53	40	70	60	60	Yes (2019)	1
Bahamas	9	60	80	80	80	87	60	80	73	40	80	60	40	20	-	1
Barbados	9	33	40	40	80	73	80	40	80	60	60	60	40	40	-	0
Belize	7	47	50	40	80	73	40	40	80	47	20	70	20	20	Yes (2016)	0
Bolivia (Plurinational State of)	9	87	50	80	20	73	60	80	80	40	40	40	80	20	-	3

[1] Acute public health events of potential international concern assessed in the overseas territories in the Americas of France, the Netherlands, and the United Kingdom are not reflected in Table 1.

[2] 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 Table 1.

	Mandatory State Party Annual Report															
State Party	**Number of Annual Reports submitted from 2011 to 2021** (11-year period)	**Legislation and financing**	**IHR coordination and National IHR Focal Point functions**	**Zoonotic events and the human-animal interface**	**Food safety**	**Laboratory**	**Surveillance**	**Human resources**	**National Health Emergency Framework**	**Health service provision**	**Risk communication**	**Points of entry**	**Chemical events**	**Radiation emergencies**	**Voluntary External Evaluation (year conducted)**	**Number of acute public health events of potential international concern assessed** (1 July 2020-30 June 2021)[2]
Brazil	10	100	100	100	100	100	100	100	93	67	80	60	100	100	-	3
Canada	11	100	100	100	100	100	100	100	100	100	100	100	100	100	Yes (2018)	5
Chile	10	80	80	80	100	80	80	60	67	67	60	80	80	80	-	2
Colombia	11	73	70	80	80	80	70	60	67	73	80	100	60	80	-	5
Costa Rica	11	93	80	80	80	93	70	80	67	73	80	60	80	60	-	1
Cuba	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
Dominica	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Dominican Republic	10	47	60	60	80	53	80	40	60	40	80	60	40	80	Yes (2019)	2
Ecuador	11	87	90	80	80	80	80	80	73	60	60	0	80	60	-	1
El Salvador	10	100	100	100	100	100	100	100	100	100	100	100	100	100	-	2
Grenada	5	-	-	-	-	-	-	-	-	-	-	-	-	-	Yes (2018)	1
Guatemala	10	73	40	40	60	80	80	60	100	47	40	60	40	40	-	2
Guyana	11	100	100	100	100	100	100	100	100	100	100	100	100	100	-	0
Haiti	8	27	60	60	20	60	90	40	53	27	20	20	40	0	Yes (2016, 2019)	2
Honduras	11	40	80	80	80	87	80	60	60	13	60	60	40	40	-	2

State Party	Mandatory State Party Annual Report														Voluntary External Evaluation (year conducted)	Number of acute public health events of potential international concern assessed (1 July 2020-30 June 2021)[2]
	Number of Annual Reports submitted from 2011 to 2021 (11-year period)	Legislation and financing	IHR coordination and National IHR Focal Point functions	Zoonotic events and the human-animal interface	Food safety	Laboratory	Surveillance	Human resources	National Health Emergency Framework	Health service provision	Risk communication	Points of entry	Chemical events	Radiation emergencies		
Jamaica	11	93	100	100	80	87	80	80	80	73	100	100	80	80	-	0
Mexico	11	80	100	60	80	87	100	80	87	87	80	80	80	80	-	9
Nicaragua	10	100	40	80	80	87	80	80	100	73	80	100	80	100	-	4
Panama	10	93	80	80	80	93	90	80	80	73	80	60	80	60	-	2
Paraguay	9	47	100	20	80	67	100	40	73	53	60	80	60	60	-	0
Peru	9	67	50	80	80	47	80	40	67	40	40	40	40	100	Yes (2015)	3
Saint Kitts and Nevis	9	33	80	60	80	67	60	40	47	60	40	40	40	20	-	0
Saint Lucia	9	60	90	80	80	87	70	80	80	60	60	90	40	20	-	1
Saint Vincent and the Grenadines	8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
Suriname	10	73	70	60	80	80	60	80	60	60	80	10	40	20	-	0
Trinidad and Tobago	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
United States of America	11	100	100	80	100	100	100	60	100	100	100	100	80	80	Yes (2016)	5
Uruguay	7	73	50	80	80	87	90	80	87	73	100	100	60	80	-	0
Venezuela (Bolivarian Republic of)	10	73	90	80	80	67	90	80	67	60	40	100	40	100	-	5

Summary Table 2: Overseas Territories in the Region of the Americas which have completed and shared with PASB the IHR State Party Annual Report tool on the occasion of the 74th World Health Assembly, and Public Health Events of Potential International Concern

(core capacity scores in percentages)

Overseas territory	Mandatory State Party Annual Report													Voluntary External Evaluation (year conducted)	Number of acute public health events of potential international concern assessed (1 July 2020-30 June 2021)[1]
	Legislation and financing	IHR coordination and National IHR Focal Point functions	Zoonotic events and the human-animal interface	Food safety	Laboratory	Surveillance	Human resources	National Health Emergency Framework	Health service provision	Risk communication	Points of entry	Chemical events	Radiation emergencies		
Bermuda (Overseas territory of the United Kingdom)	73	70	80	60	73	80	60	60	67	80	40	40	20	-	0
Cayman Islands (Overseas territory of the United Kingdom)	73	50	60	20	80	60	80	80	33	100	n/a	20	20	-	0

[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 Table 2.

Summary Table 3: States Parties Annual Reports to the 74th World Health Assembly: Regional and Subregional Averages

(core capacity scores in percentages)

Subregion	Legislation and financing	IHR coordination and National IHR Focal Point functions	Zoonotic events and the human-animal interface	Food safety	Laboratory	Surveillance	Human resources	National Health Emergency Framework	Health service provision	Risk communication	Points of entry	Chemical events	Radiation emergencies
Caribbean* (*n* = 9)	58	74	69	76	79	71	64	73	59	62	61	49	36
Central America** (*n* = 7)	78	69	74	80	85	83	71	81	60	74	71	66	69
South America*** (*n* = 10)	75	76	76	78	75	83	68	71	59	60	67	66	74
North America**** (*n* = 3)	93	100	80	93	96	100	80	96	96	93	93	87	87
Region of the Americas (*n* = 29)	**73**	**76**	**74**	**79**	**81**	**81**	**69**	**77**	**63**	**68**	**69**	**63**	**62**

* Caribbean subregion includes: Bahamas, Barbados, Belize, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, and Suriname.

** Central America subregion includes: Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.

*** South America subregion includes: Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, and Venezuela (Bolivarian Republic of).

**** North America subregion includes: Canada, Mexico, and United States of America.

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