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 16 July 2023 to 31 March 2024, updating the information presented to the 60th Directing Council in September 2023 *(2).* It includes issues related to the governance of the World Health Organization (WHO) in preparing for and responding to health emergencies, and complements the information provided on this topic in the Report on Strategic Issues between PAHO and WHO (Document CE174/INF/2) *(3).*

2.   Pursuant to IHR provisions, the current report discusses acute public health events, States Parties' core capacities, administrative requirements, and governance. It also highlights issues requiring concerted action by States Parties in the Region of the Americas and by the Pan American Sanitary Bureau (PASB) to enhance future application and implementation of the Regulations and compliance with them.

Background

3.   The International Health Regulations were adopted by the 58th World Health Assembly in 2005 through Resolution WHA58.3 *(4)*. They constitute the international legal framework that, inter alia, defines national core capacities, including at points of entry, for the management of acute public health events of potential or actual national and international concern, as well as related administrative procedures.

Situation Analysis

Acute Public Health Events

4.   The Pan American Health Organization (PAHO) serves as the WHO 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. Between 1 January and 31 March 2024, all 35 States Parties in the Americas confirmed or updated the contact information for their NFPs, along with the updated list of national users of the secure WHO Event Information Site (EIS) for NFPs. The 2024 results are the same as in 2023 (35/35), it is the second consecutive year of improvements compared to the results for the same period in 2022 (32/35 States Parties) and in 2021 (25/35 States Parties) *(2, 5, 6)*. In December 2023, routine tests of connectivity between the WHO IHR Contact Point and the NFPs in the Region were successful for 29 of the 35 States Parties (83%) by both

telephone and email. These results were equal to the same period of 2022, and an improvement since 2021. Regarding the WHO EIS, as of 31 March 2024, 203 users from all 35 States Parties had the credentials to access the portal.

5.   From 16 July 2023 to 31 March 2024, a total of 118 acute public health events of potential international concern were identified by the national NFPs and assessed in the Region, representing 31% of the 382 events considered globally over the same period. This higher proportion may be due to the different sensitivity of the surveillance systems among regions. The number of events identified and assessed for each of the States Parties in the Americas is presented in Table 1 of the Annex. For 94 of the 118 events (80%), national authorities (including through the NFPs for 75 events) were the initial source of information, an increase compared with the previous report. Verification was requested from States Parties for 22 signals identified through event-based surveillance activity conducted by PASB, and it was obtained for 19 of them.

6.   Of the 118 events assessed, 59 events (50%), affecting 20 States Parties and 2 territories in the Region, were considered of substantiated international public health concern, representing 19% of 309 such events determined globally. Of those 59 substantiated events, 50 events (85%) were attributed to infectious hazards. The etiologies most frequently recorded for those infectious hazard events were dengue (9), measles (6), Oropouche virus disease (4), yellow fever (3), and influenza due to identified avian or animal influenza virus (3). The remaining 9 substantiated events not attributed to infectious hazards were associated with product-related hazards (6), chemical hazards (1), disasters (1), and an undetermined hazard (1). Over the period considered, of the 40 new events that were published globally on the WHO EIS portal, 7 (18%) concerned States Parties in the Americas. In addition, between 16 July 2023 and 31 March 2024, a total of 19 Epidemiological Alerts and Updates, 5 Regional Risk Assessments, and 2 Briefing Notes were disseminated through the PAHO website.[1] Information regarding acute public health events identified and assessed in the Region and recorded in the Event Management System (EMS) is updated weekly on the PAHO website.[2]

7.   From 16 July 2023 to 31 March 2024, approximately 1.64 million articles were screened using the Epidemic Intelligence from Open Sources (EIOS) and Global Public Health Intelligence Network (GPHIN) systems.[3, 4] A total of 1590 potential signals or relevant information for monitoring were detected by PASB, of which 22 were identified as acute public health signals requiring verification from Member States. Additionally, PASB provided training for 3 Member States (Dominican Republic, El Salvador, and Uruguay) in using EIOS to strengthen capacity-building for event-based surveillance

---

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

[2] Additional public health events are being detected within each of the WHO regions. The Event Management System (EMS) is not intended to be the sole repository for all public health events, but only for those assessed and reported under the IHR framework. Factors such as differing protocols contribute to the varying number of events recorded in the EMS for each WHO region. Additional information is available at: https://www.paho.org/en/dva-annual-report.

[3] Epidemic Intelligence from Open Sources (EIOS) is a fit-for-purpose, constantly evolving web-based system designed to augment and accelerate global public health intelligence activities. It is built on longstanding collaboration between WHO and the Joint Research Centre of the European Commission. Information available at: https://www.who.int/initiatives/eios.

[4] The Global Public Health Intelligence Network (GPHIN) is an automated web-based system to help collect, collate, and filter media reports from around the globe. It was developed through collaboration between the Public Health Agency of Canada (PHAC) and WHO, and is managed by PHAC. Information available at: https://gphin.canada.ca/cepr/aboutgphin-rmispenbref.jsp?language=en_CA.

and early detection of acute public health events. As of 20 March 2024, the WHO Director-General determined that the risk of international spread of poliovirus continues to constitute a PHEIC after convening the Thirty-eighth IHR Emergency Committee under the International Health Regulations (2005) on the international spread of poliovirus.[5]

8.   As of 12 February 2024, the multi-region cholera event remains designated by WHO as a global grade 3 emergency, the highest grade.[6] As of December 2023, the multi-country dengue event remains designated by WHO as a global grade 3 emergency.[7] PASB activated an Incident Management System Team (IMST) to continue supporting the response. Additional information about acute public health events of significance or with implications for the Region is published and updated on the PAHO website.[8]

9.   As of 19 April 2024, the crisis in Haiti continued to deteriorate due to violence trends in an unprecedented level, and WHO continues to designate this situation as a Grade 3 emergency. All information about the event is published and updated on the PAHO website.[9]

Core Capacities of States Parties

10.   In October 2023, the WHO Secretariat informed States Parties of the IHR that the e-SPAR platform was available for their State Party Self-Assessment Annual Reporting (SPAR) submission for 2023 *(7)*. PASB held a training session on the e-SPAR process for States Parties through the NFPs in January 2024. The deadline for States Parties to submit their IHR Annual Reports to the 77th World Health Assembly was 28 February 2024. All 35 States Parties of the Americas complied with this provision, for the first time in a consecutive year.

11.   A comprehensive report on the status of the 15 core capacities and 35 indicators in the Region of the Americas for 2022 was presented to the 60th Directing Council *(2)*. Table 2, included in the Annex, is updated; however, the complete information will be available to the 61st Directing Council of PAHO to be held 30 September – 4 October 2024.

12.   An IHR subregional meeting for Central America, Cuba, and the Dominican Republic took place in San Salvador, El Salvador (22–25 August 2023) to review the IHR Monitoring and Evaluation Framework and to establish priorities and multisectoral actions to maintain and strengthen the Zoonotic diseases capacity (C12 SPAR). A special session was dedicated to international organizations and strategic partners for the subregion of Central America and the Dominican Republic to identify areas of common interest for coordination and to strengthen surveillance and response to zoonotic diseases within the framework of the IHR (2005). The organizations that participated were the Inter-American

---

[5] Statement of the Thirty-eighth Meeting of the IHR Emergency Committee for Polio: https://www.who.int/news/item/08-04-2024-statement-following-the-thirty-eighth-meeting-of-the-ihr-emergency-committee-for-polio.

[6] Up to date information about the global cholera situation is available on the WHO website at: https://www.who.int/publications/m/item/multi-country-outbreak-of-cholera--external-situation-report--11---12-february-2024.

[7] Dengue Multi-Country Grade 3 Outbreak 2024. Information available at: https://www.paho.org/en/topics/dengue/dengue-multi-country-grade-3-outbreak.

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

[9] Haiti Humanitarian Crisis—Grade 3. Information available at: https://www.paho.org/en/haiti-humanitarian-crisis-grade-3.

Institute for Cooperation on Agriculture, the Executive Secretariat of the Council of Ministers of Health of Central America and the Dominican Republic, the Centers for Disease Control and Prevention of the United States of America, the World Organization for Animal Health, the Food and Agriculture Organization, and the Regional International Organization for Agricultural Health.

13.   In March 2024, the IHR (2005) Caribbean Sub-Regional Meeting for Border Health and Points of Entry took place in Port of Spain, Trinidad and Tobago, in preparation for the 2024 International Cricket Council (ICC) Men's T20 World Cup. The event brought together delegations from the Caribbean countries, territories, and strategic partners, to discuss the strengthening of the Points of Entry and Border Health strategy and enhance surveillance and response in preparation for the Cricket World Cup 2024. Collaboration with strategic partners included joint sessions with the International Civil Aviation Organization (ICAO) and with the Caribbean Public Health Agency (CARPHA).

Administrative Requirements and Governance

14.   As of 31 March 2024, 470 ports in 28 States Parties in the Region, including one landlocked State Party (Paraguay), were authorized to issue the Ship Sanitation Certificate. A total of 12 ports were authorized in 7 overseas territories in the Americas: France (2 ports), the Netherlands (3 ports), and the United Kingdom (2 ports). The WHO Secretariat established an online portal to allow States Parties to update their list of authorized ports.[10]

15.   As of 31 March 2024, the IHR Roster of Experts included 464 professionals, 111 (24%) of whom were from the Region of the Americas. They comprised 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.

16.   The global survey for updating the WHO international Travel and Health web page[11] included, among others, requirements for proof of vaccination against yellow fever as a condition for granting entry and exit to international travelers.[12, 13] In 2023, 33 States Parties in the Americas completed the survey.[14] Based on the results, 22 States Parties currently request a certificate of vaccination against yellow fever for all or specific subgroups of incoming travelers. In 2023, 21 States Parties, confirmed

---

[10]   The list of ports authorized to issue the Ship Sanitation Certificate is available on the WHO website at: https://extranet.who.int/ihr/poedata/public/en.

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

[12]   List of countries with risk of yellow fever transmission and countries requiring yellow fever vaccination (updated to November 2022). Available at: https://www.who.int/publications/m/item/countries-with-risk-of-yellow-fever-transmission-and-countries-requiring-yellow-fever-vaccination-(november-2022).

[13]   Vaccination requirements and WHO recommendations for international travelers for vaccination against yellow fever, poliomyelitis, and malaria prophylaxis (updated to November 2022). Available at: https://www.who.int/publications/m/item/vaccination-requirements-and-recommendations-for-international-travellers-and-malaria-situation-per-country-2022-edition.

[14]   Countries that responded to the International Travel and Health 2023 Survey are: Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, and Venezuela (Bolivarian Republic of).

that international certificates of vaccination against yellow fever, using WHO-approved vaccines, are now accepted as valid for the lifetime of the person vaccinated, in accordance with Annex 7 of the Regulations, as amended *(1)*.

Action Needed to Improve the Situation

17.   The International Health Regulations (2005) are a legally binding instrument for health emergencies, and their future governance and implementation are related to ongoing processes led by Member States through the Working Group on Amendments to the IHR (2005) (WGIHR), the Intergovernmental Negotiating Body (INB), the Standing Committee on Health Emergency Prevention, Preparedness and Response of the Executive Board (SCHEPPR) and eventually a new proposed WHA committee (denominated "Committee E"), described in Document CE174/INF/2, Report on Strategic Issues between PAHO and WHO *(3)*.

18.   The eighth meeting of the WGIHR was held from 22 to 26 April 2024. During this meeting WHO Member States supported several amendments to strengthen the IHR. In principle, consensus was reached for most of the proposed amendments. The eighth meeting of the WGIHR also held a resumed session on 16 and 17 May 2024 to continue and conclude their deliberations in accordance with the mandate of the World Health Assembly.

19.   Several meetings were held regarding coordination between the WGIHR and the INB processes to continue discussions on issues of common interest and ensure that these are properly reflected across the 2 processes, including the new definition of pandemic emergency that eventually can activate the pandemic accord. On 24 May 2024, the mandate of the WGIHR ended.

20.   During the 77th World Health Assembly, held 27 May – 1 June 2024, a drafting group was established to continue the process of the WGIHR and INB processes with the participation of one co-chair from both previous working groups. The drafting group completed the negotiations on the package of amendments of the IHR (2005) as outlined in Document A77/A/CONF./14 *(8)* on 1 June 2024 and adopted a resolution.[15]

Action by the Executive Committee

21.   The Executive Committee is invited to take note of this report and provide any comments it deems pertinent.

Annex

---

[15]   At the time of publication of this document, the final resolution had not been published. The draft proposed resolution is available at: https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF8Rev1-en.pdf.

References

1. World Health Organization. International Health Regulations (2005), third edition. Geneva: WHO; 2016. Available from: https://iris.who.int/handle/10665/246107.

2. Pan American Health Organization. Implementation of the International Health Regulations. [Document CD60/INF/3]. 60th Directing Council, 75th Session of the Regional Committee of WHO for the Americas; 25–29 September 2023. Washington, D.C.: PAHO; 2023. Available from: https://www.paho.org/en/documents/|inf3-implementation-international-health-regulations.

3. Pan American Health Organization. Report on Strategic Issues between PAHO and WHO [Document CE174/INF/2]. 174th Session of the Executive Committee; 24–28 June 2024. Washington, D.C.: PAHO; [forthcoming 2024].

4. World Health Organization. Revision of the International Health Regulations [Resolution WHA58.3]. Fifty-eighth World Health Assembly; 16–25 May 2005. Geneva: WHO; 2005. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA58-REC1/english/Resolutions.

5. Pan American Health Organization. Implementation of the International Health Regulations [Document CSP30/INF/4]. 30th Pan American Sanitary Conference of PAHO, 74th Session of the Regional Committee of WHO for the Americas; 26–30 September 2022. Washington, D.C.: PAHO; 2022. Available from: https://www.paho.org/sites/default/files/csp30-inf-4-e-ihr_0.pdf.

6. Pan American Health Organization. Implementation of the International Health Regulations [Document CD59/INF/5]. 59th Directing Council of PAHO, 73rd Session of the Regional Committee of WHO for the Americas; 20–24 September 2021. Virtual Session: PAHO; 2021. Available from: https://iris.paho.org/handle/10665.2/58482.

7. World Health Organization. International Health Regulations (2005): State Party Self-assessment annual reporting tool, second edition. Geneva: WHO; 2021. Available from: https://iris.who.int/bitstream/handle/10665/350218/9789240040120-eng.pdf.

8. World Health Organization. International Health Regulations (2005) [Document A77/A/CONF./14]. Seventy-seven World Health Assembly; 27 May – 1 June 2024. Geneva: WHO; 2024. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA77/A77_ACONF14-en.pdf.

Annex

**Table 1. Public Health Events of Potential International Concern,
16 July 2023–31 March 2024**

State Party	Number of acute public health events of potential international concern for which verification was requested/obtained
Antigua and Barbuda	0 (N/A)
Argentina	14 (3 requests/3 responses)
Bahamas	1 (N/A)
Barbados	0 (N/A)
Belize	0 (N/A)
Bolivia (Plurinational State of)	2 (N/A)
Brazil	7 (1 request/1 response)
Canada	1 (N/A)
Chile	4 (N/A)
Colombia	13 (1 request/1 response)
Costa Rica	4 (N/A)
Cuba	1 (1 request/1 response)
Dominica	1 (N/A)
Dominican Republic	4 (1 request/1 response)
Ecuador	2 (N/A)
El Salvador	0 (N/A)
Grenada	0 (N/A)
Guatemala	1 (N/A)
Guyana	1 (N/A)
Haiti	1 (N/A)
Honduras	14 (2 requests/2 responses)
Jamaica	1 (N/A)
Mexico	19 (6 requests/6 responses)
Nicaragua	0 (N/A)
Panama	1 (N/A)
Paraguay	2 (1 request/1 response)
Peru	8 (2 requests/2 responses)
Saint Kitts and Nevis	1 (N/A)
Saint Lucia	0 (N/A)
Saint Vincent and the Grenadines	0 (N/A)
Suriname	0 (N/A)
Trinidad and Tobago	0 (N/A)
United States of America	7 (N/A)
Uruguay	2 (1 request/1 response)
Venezuela (Bolivarian Republic of)	3 (3 requests/0 responses)

Note: This table reflects 115/118 of the events documented by States Parties of the Region of the Americas only; excluding 3 pertain Associate Members and territories in the Region.
N/A: Not applicable.

Table 2. Summary of the IHR Monitoring and Evaluation Framework Voluntary Components, 1 January 2016–31 March 2024

State Party	After action reviews	Intra-action reviews	Early action reviews (7-1-7 target)	Simulation exercises	Joint external evaluations/voluntary external evaluations	Risk profiling exercises
Antigua and Barbuda				(2021)		
Argentina		(2022)		(5 in 2023)	(2019)	(2023)
Bahamas	(2020)			(2023)		
Barbados						
Belize				(2023)	(2016)	(2023)
Bolivia (Plurinational State of)		(2016, 2021)		(2023)		
Brazil		(2018, 8 in 2020, 7 in 2021, 2023)			(2024 ongoing)[a]	
Canada					(2018)	
Chile				(2022, 3 in 2023)		(2020)
Colombia				(2016)		(2023)
Costa Rica	(2022)	(2021)	(2024)	(2017, 2021, 2022, 2023)		(2019)
Cuba				(2019)		
Dominica		(2021)				
Dominican Republic				(2023)	(2019)	(2019, 2020)
Ecuador		(2017, 2022)		(2023)		(2021, 2023)
El Salvador				(2022)		(2023)
Grenada	(2024)				(2018)	
Guatemala				(2021, 2022)	(2023)	(2021, 2022)
Guyana					(2023)	
Haiti	(2023)	(2018)			(2016, 2019)	
Honduras				(2023)		(2023)
Jamaica				(2021)	(2024 ongoing)	

**Table 2. Summary of the IHR Monitoring and Evaluation Framework Voluntary Components,
1 January 2016–31 March 2024** *(cont.)*

State Party	After action reviews	Intra-action reviews	Early action reviews (7-1-7 target)	Simulation exercises	Joint external evaluations/voluntary external evaluations	Risk profiling exercises
Mexico				(2022, 2023)		
Nicaragua						(2021)
Panama				(2022, 2023)		(2021)
Paraguay						(2019)
Peru	(2019)			(4 in 2021, 2022)	(2015)[b]	(2021, 2022)
Saint Lucia	(2023)					(2023)
Saint Kitts and Nevis		(2022)				(2023)
Saint Vincent and the Grenadines						
Suriname		(2023)		(2023)		(2023)
Trinidad and Tobago				(2021)		
United States of America				(2020, 2022)	(2016)	
Uruguay						
Venezuela (Bolivarian Republic of)						

Note: Information as reported to PASB and through the SPAR in 2023.

[a] Using SPAR tool indicators and the Performance Monitoring Tool for the National Expanded Program on Immunization. Available at: (https://www.paho.org/en/topics/immunization/performance-monitoring-tool-national-expanded-program-immunization).
[b] Pilot of the Global Health Security Agenda tool.