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

61st Directing Council
76th Session of the Regional Committee of WHO for the Americas
Washington, D.C., 30 September–4 October 2024

CD61/INF/4
Provisional Agenda Item 8.4

22 August 2024
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 16 July 2023 to 15 July 2024, updating the information presented at the 174th Session of the Executive Committee in June 2024 *(2)* and considering the information provided in Document A77/8 presented to the Seventy-seventh World Health Assembly in May 2024 *(3).* 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 CD61/INF/2) *(4).*

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 Fifty-eighth World Health Assembly in 2005 through Resolution WHA58.3 *(5)*. 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)*. In June 2024, routine tests of connectivity between the WHO IHR Contact

Point and the NFPs in the Region were successful for 33 of the 35 States Parties (94%) by both telephone and email. These results are an improvement on test results from 2023, when contacts with NFPs were successful for 29 of the 35 States Parties (83%). Regarding the WHO EIS, as of 15 July 2024, 202 users (18 more than in the previous period) from all 35 States Parties had the credentials to access the portal.

5. During the reporting period, a total of 169 acute public health events of potential international concern were identified by the national NFPs and assessed in the Region, representing 33% of the 507 events considered globally over the same period. This higher proportion may be due to higher sensitivity of the surveillance systems and subsequent reporting in the Region. 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 133 of the 169 events (79%), national authorities (including through the NFPs for 104 events) were the initial source of information, 12% more compared to the previous report. Verification was requested from States Parties for 35 signals identified through event-based surveillance activity conducted by PASB, and it was obtained for 31 of them (see Table 1).

6. Of the 169 events assessed, 90 events (53%), affecting 24 States Parties and four territories in the Region, were considered of substantiated international public health concern, representing 22% of 412 such events determined globally. Of those 90 substantiated events, 78 events (87%) were attributed to infectious hazards. The etiologies most frequently recorded for those infectious hazard events were dengue (10), measles (8), influenza due to identified avian or animal influenza virus (7), Oropouche virus disease (6), yellow fever (5), and rabies (5). The remaining 12 substantiated events not attributed to infectious hazards were associated with product-related hazards (6), disasters (5), and chemical hazards (1). Over the period considered, of the 64 new events that were published globally on the WHO EIS portal, 13 (20%) concerned States Parties in the Americas. In addition, between 16 July 2023 and 15 July 2024, a total of 29 Epidemiological Alerts and Updates, six Regional Risk Assessments, and three Briefing/Informative 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/WHO Public Health Signals and Events under Monitoring in the Region of the Americas dashboard.[2,3]

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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 The PAHO/WHO Public Health Signals and Events under Monitoring – Region of the Americas dashboard displays the number of pieces of information reviewed to detect potential signals, the signals for which verification was requested, the signals discarded by the NFPs or government agencies, as well as public health events reported or verified by the NFP or national government agencies in the WHO Region of the Americas. Available at: https://shiny.paho-phe.org/ems/.

7. From 16 July 2023 to 15 July 2024, approximately 2.27 million articles were screened using the Epidemic Intelligence from Open Sources (EIOS) and Global Public Health Intelligence Network (GPHIN) systems; of these, 72% were screened using EIOS.[4, 5] A total of 1999 potential signals or relevant information for monitoring were detected by PASB, and 35 of them were identified as acute public health signals requiring verification from Member States (see Table 1 of the Annex). Additionally, PASB provided initial training for five Member States (Brazil, the Dominican Republic, El Salvador, Panama, and Uruguay) in using EIOS to strengthen capacity-building for event-based surveillance 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.[6]

8. As of 19 June 2024, the multi-region cholera event remained designated by WHO as a global grade 3 emergency, the highest grade.[7] As of 25 July 2024, the multi-country dengue event remained designated by WHO as a protracted grade 3 emergency, due to the situation of violence and challenges in terms of access to health services in Haiti.[8,9]. Additional information about acute public health events of significance or with implications for the Region is published and updated on the PAHO website.[10]

Core Capacities of States Parties

9. In 2023, all 35 States Parties of the Region complied with the State Party Self-Assessment Annual Reporting (SPAR) *(6)*, for the first time in a consecutive year, through the e-SPAR platform. To better support States Parties in the Americas, PASB developed a series of orientations for complying with the SPAR and conducting the Voluntary External Evaluation under the IHR Monitoring and Evaluation Framework. These orientations were shared with all States Parties in the Region through their NFPs.

10. In 2023, the regional average for core capacities was 64%, showing a decrease of three percentage points compared to the average for both 2022 (67%) and 2021 (67%). Surveillance

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4 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.

5 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.

6 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.

7 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--15---19-june-2024.

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

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

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

continues to achieve the highest regional average score (79%), however, it decreased six percentage points compared to 2022 (85%). The lowest average was reported for policy, legal and normative instruments to implement IHR (50%) decreasing five percentage points compared to 2022 (55%).

11. In 2023, capacities across the subregions remained heterogeneous. The North America subregion continues to have the highest average for all 15 capacities in the Region (88%) and increased its core capacities average by one percentage point from 2022 (87%). Although the lowest average in North America was reported for the policy, legal and normative instruments to implement IHR capacity (70%), it increased compared to 2022 (63%). In the Caribbean subregion, four capacities remained with average scores below 60%: chemical events (36%); radiation emergencies (37%); policy, legal and normative instruments to implement IHR (51%); and infection prevention and control (53%), compared to six in 2022. The Central America subregion reported a decrease of seven percentage points in the average scores for all capacities from 2022 (68%) to 2023 (61%). The policy, legal and normative instruments to implement IHR capacity reported the lowest average (40%) and surveillance the highest (77%). Similarly, the South America subregion decreased its core capacities average by five percentage points from 2022 (67%) to 2023 (62%). The policy, legal and normative instruments to implement IHR capacity reported the lowest average (49%) and surveillance the highest (81%). Table 3 of the Annex presents the core capacity scores by State Party in the Region.

12. The PAHO Program Budget 2024–2025, adopted through Resolution CD60.R2 *(7)*, includes four indicators related to the IHR core capacities reported in the SPAR, which are summarized in Tables 3 and 4 of the Annex. They are Outcome (OCM) indicator 23.b and Output (OPT) indicators 23.1.a, 23.2.a, and 23.3.a. For OCM indicator 23.b, 77% of 35 States Parties have maintained or improved scores for at least 12 of the 15 core capacities. OPT indicator 23.1.a was achieved in 2023, as all 35 States Parties in the Region complied with the submission of the Annual Report.[11] OPT indicator 23.2.a represents the institutionalisation and sustainability of the core capacities registered by indicator C3.1 Financing for IHR implementation[12] and in 2023 scored 59%, below the target (80%). For OPT indicator 23.3.a, which refers to the institutionalisation to evaluate the functionality of the capacities during real and not actual events once plans and mechanisms are in place, 7/35 (20%) of the States Parties scored 100% in at least one of the following SPAR indicators: C7.1, C7.2, C7.3, or C8.3.[13]

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[11] Output indicator 23.1.a: Number of States Parties completing annual reporting on the International Health Regulations (2005). The indicator is calculated by counting the number of States Parties that have submitted the State Party Annual Report (SPAR) to the World Health Assembly.

[12] Output indicator 23.2.a: Number of States Parties with national action plans developed for strengthening International Health Regulations (2005) core capacities. The indicator is calculated by counting the number of States Parties for which the score registered for C3.1 Financing for IHR implementation, included in the State Party Annual Report (SPAR) submitted to the 76th World Health Assembly in 2023, is equal to or above 80%.

[13] Output indicator 23.3.a: Number of countries and territories that have conducted simulation exercises or after-action review. The indicator is calculated by counting the number of States Parties for which the score registered is 100% for at least one of the following indicators: C8.1 Planning for emergency preparedness and response mechanism, C8.2 Management of health emergency response operations, or C8.3 Emergency resource mobilization, included in the State Party Annual Report (SPAR) submitted to the World Health Assembly. The PAHO Program Budget 2022–2023 was linked to the SPAR's first edition. Currently, the indicators for SPAR's second edition are related to those from the previous edition as follows: C8.1 changed to C7.1 Planning for health emergencies; C8.2 changed to C7.2 Management of health emergency response; C8.3 changed to C7.3, Emergency logistic and supply chain management, and C8.3 Continuity of essential health services was included.

13. A meeting on the IHR (2005) for Points of Entry (PoE) and border health authorities of Central America and the Dominican Republic was held in June 2024 in Tegucigalpa, Honduras. This meeting, coordinated with the International Civil Aviation Organization (ICAO) and the Executive Secretariat of the Council of Ministers of Health of Central America and the Dominican Republic (SE-COMISCA, Spanish acronym), was supported by the Centers for Disease Control and Prevention of the United States of America (CDC). It allowed participants to identify actions for strengthening capacities in PoE and border health to manage public health events. The importance of multisectoral and interdisciplinary coordination to comply with the IHR (2005) provisions for PoE was highlighted.

14. Table 2 of the Annex reports on the implementation of the voluntary components of the IHR Monitoring and Evaluation Framework in the Region including Voluntary External Evaluations, Joint External Evaluations, After and Intra Action reviews and Simulation exercises. Data is compiled by PASB and confirmed by national authorities through PAHO/WHO country offices.

Administrative Requirements and Governance

15. As of 15 July 2024, 481 ports in 28 States Parties in the Region, including one landlocked State Party (Paraguay), and 11 ports in overseas territories in the Americas—France (two ports), the Netherlands (three ports), and the United Kingdom (six ports)—were authorized to issue the ship sanitation certificates. The WHO Secretariat established an online portal to allow States Parties to update their list of authorized ports.[14]

16. As of 15 July 2024, the global IHR Roster of Experts included 449 professionals, with 103 (23%) 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.

17. The global survey for updating the WHO international Travel and Health web page[15] included, among others, requirements for proof of vaccination against yellow fever as a condition for granting entry and exit to international travelers.[16, 17] In 2023, 33 States Parties in the Americas completed the survey.[18] 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

[14] 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.

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

[16] 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).

[17] 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.

[18] 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 *(1).*

Action Needed to Improve the Situation

18. The IHR (2005) is a legally binding instrument for health emergencies, and its future governance is related to the implementation of the amendments adopted by the Seventy-seventh World Health Assembly through Resolution WHA77.17 (2024) on 1 June 2024 *(8)*.

19. Overall, the amendments concerned 28 of the 66 existing articles, including three new definitions under Article 1; six of the nine existing annexes; and two new articles were included (Articles 44 bis and 54 bis). The amendments introduce key elements such as new definitions (National IHR Authority, pandemic emergency and relevant health products) and concepts (commitment to solidarity and equity, facilitating access to relevant health products, and establishment of Coordinating Financial Mechanism) as well as the use of non-digital and digital health documents, and the establishment of a States Parties Committee for the Implementation of IHR (2005).

20. The IHR Secretariat extended the deadline for reviewing and providing input on language conformity and accuracy for the text of the amendments in Arabic, Chinese, English, French, Russian and Spanish per Resolution WHA77.17 until 16 August 2024. Once this is done, the Director General of WHO will notify States Parties of the final text of the amendments adopted by the Seventy-seventh World Health Assembly in 2024.

21. Amendments to Articles 55, 59, 61, 62 and 63 adopted through Resolution WHA75.12 (2022) *(9)* entered into force on 31 May 2024.

Action by the Directing Council

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

Annex

References

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9. World Health Organization. Amendments to the International Health Regulations (2005) [Resolution WHA75/12]. Seventy-fifth World Health Assembly; 22 – 28 May 2022. Geneva: WHO; 2022. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA75-REC1/A75_REC1_Interactive_en.pdf.

Annex

Table 1. Public Health Events of Potential International Concern, 16 July 2023–15 July 2024

State Party	Number of acute public health events of potential international concern recorded and the number of signals for which verification was requested/obtained
Antigua and Barbuda	0 (N/A)
Argentina	21 (5 requests/5 responses)
Bahamas	1 (N/A)
Barbados	0 (N/A)
Belize	0 (N/A)
Bolivia (Plurinational State of)	5 (3 requests/3 responses)
Brazil	12 (1 request/1 response)
Canada	2 (N/A)
Chile	7 (1 request/1 response)
Colombia	15 (1 request/ 1 response)
Costa Rica	6 (N/A)
Cuba	2 (3 requests/2 responses)
Dominica	1 (N/A)
Dominican Republic	6 (2 requests/2 responses)
Ecuador	5 (N/A)
El Salvador	0 (N/A)
Grenada	1 (N/A)
Guatemala	1 (N/A)
Guyana	1 (N/A)
Haiti	1 (N/A)
Honduras	17 (2 requests/2 responses)
Jamaica	2 (N/A)
Mexico	23 (7 requests/7 responses)
Nicaragua	0 (N/A)

Table 1. Public Health Events of Potential International Concern,
16 July 2023–15 July 2024 *(cont.)*

State Party	Number of acute public health events of potential international concern recorded and the number of signals for which verification was requested/obtained
Panama	4 (1 request/1 response)
Paraguay	2 (1 request/1 response)
Peru	10 (2 requests/2 responses)
Saint Kitts and Nevis	1 (N/A)
Saint Lucia	0 (N/A)
Saint Vincent and the Grenadines	1 (N/A)
Suriname	0 (N/A)
Trinidad and Tobago	0 (N/A)
United States of America	9 (2 requests/2 responses)
Uruguay	3 (1 request/1 response)
Venezuela (Bolivarian Republic of)	4 (3 requests/0 responses)

Note: This table reflects 163/169 of the events documented by States Parties of the Region of the Americas only, excluding six events pertaining to Associate Members and territories in the Region. Additionally, more than one verification request may be requested for each acute public health event recorded, which may be reflected in a higher number of requests compared to the number of acute public health events recorded.

N/A: Not applicable.

Table 2. Summary of the IHR Monitoring and Evaluation Framework Voluntary Components, 1 January 2016–15 July 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				(2024)		(2024)
Belize				(2023)	(2016)	(2023)
Bolivia (Plurinational State of)		(2016, 2021[c])		(2023)		
Brazil		(2018, 8 in 2020, 7 in 2021, 2023)			(2024 ongoing) [a]	
Canada					(2018)	
Chile				(2022, 3 in 2023)		(2020, 2024)
Colombia				(2016)		(2023, 2024)
Costa Rica	(2022)	(2021)	(2024)	(2017, 2021, 2022, 2023, 2 in 2024)		(2019)
Cuba				(2019)		
Dominica		(2021)				
Dominican Republic				(2023, 2024)	(2019)	(2019, 2020)
Ecuador	(2023)	(2017, 2021,[c] 2022)		(2023)		(2021, 2 in 2023, 2024)
El Salvador				(2022)		(2023)
Grenada	(2024)				(2018)	
Guatemala				(2021, 2022, 2024)	(2023)[a]	(2021, 2022)

Table 2. Summary of the IHR Monitoring and Evaluation Framework Voluntary Components, 1 January 2016–15 July 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
Guyana					(2023)[a]	
Haiti		(2018)			(2016, 2019)	
Honduras				(2023)		(2023)
Jamaica				(2021)	(2024 ongoing)[a]	
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)[c]				(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), (2024 ongoing)	
Uruguay						
Venezuela (Bolivarian Republic of)						

[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.

[c] Using Post-introduction evaluation of COVID-19 vaccines (MINI-CPIE).

Table 3. Core Capacity Scores in Percentages by State Party – Annual Report 2023

State Party of IHR	Number of Annual Reports submitted from 2011 to 2023 (13 years)	Policy, legal and normative instruments to implement IHR	IHR Coordination and NFP functions and advocacy	Financing	Laboratory	Surveillance	Human resources	Health emergency management	Health services provision	Infection prevention and control (IPC)	Risk communication and community engagement (RCCE)	Points of entry (PoE) and border health	Zoonotic diseases	Food safety	Chemical events	Radiation emergencies
Antigua and Barbuda	11	30	47	60	60	80	60	60	67	33	73	73	60	80	20	40
Argentina	13	70	53	80	72	80	40	40	67	53	60	67	80	80	60	60
Bahamas	10	30	80	50	84	90	50	80	73	33	67	80	20	80	40	40
Barbados	10	70	80	70	52	100	70	73	87	67	73	80	60	80	40	40
Belize	9	40	60	40	40	30	40	80	47	87	27	80	80	80	40	40
Bolivia (Plurinational State of)	12	30	53	70	52	60	30	73	80	40	53	53	40	20	40	20
Brazil	12	50	80	80	72	80	70	87	67	80	100	73	20	80	100	80
Canada	13	70	100	100	100	100	80	93	100	100	100	100	100	100	100	100
Chile	13	70	100	50	80	100	100	87	80	100	80	80	60	80	80	100
Colombia	13	60	73	60	68	100	40	60	53	67	47	100	60	80	60	60
Costa Rica	13	20	60	70	80	80	70	60	80	60	60	60	80	80	80	40
Cuba	12	100	93	100	88	100	100	100	100	93	100	100	100	100	100	60
Dominica	12	40	73	50	60	30	60	80	80	53	67	80	80	80	40	40
Dominican Republic	12	40	47	60	56	90	20	73	80	47	53	27	40	60	20	60
Ecuador	13	60	47	40	80	80	40	53	67	53	60	73	40	60	80	80
El Salvador	13	80	93	100	92	90	90	100	100	87	93	100	100	80	100	80
Grenada	7	40	73	60	56	80	40	80	60	33	73	47	20	60	20	40

Table 3. Core Capacity Scores in Percentages by State Party – Annual Report 2023 *(cont.)*

State Party of IHR	Number of Annual Reports submitted from 2011 to 2023 (13 years)	Policy, legal and normative instruments to implement IHR	IHR Coordination and NFP functions and advocacy	Financing	Laboratory	Surveillance	Human resources	Health emergency management	Health services provision	Infection prevention and control (IPC)	Risk communication and community engagement (RCCE)	Points of entry (PoE) and border health	Zoonotic diseases	Food safety	Chemical events	Radiation emergencies
Guatemala	13	30	40	40	44	40	20	53	33	20	47	20	20	20	40	20
Guyana	12	30	20	50	44	30	20	27	40	27	33	20	20	40	20	40
Haiti	10	20	53	50	76	100	100	80	73	40	60	20	80	40	20	0
Honduras	13	30	80	40	80	80	50	67	47	20	80	20	80	80	80	40
Jamaica	12	80	73	80	84	100	80	100	87	47	93	100	80	80	40	40
Mexico	13	60	87	50	96	100	80	87	93	60	80	87	80	80	60	80
Nicaragua	13	40	60	50	60	60	80	67	67	67	73	40	60	60	60	60
Panama	13	40	60	80	68	100	50	80	73	53	67	80	80	80	40	60
Paraguay	12	20	60	40	68	100	60	73	80	53	33	80	60	80	60	60
Peru	12	20	40	30	64	50	30	20	33	47	33	20	40	40	40	40
Saint Kitts and Nevis	10	60	80	70	52	80	80	80	80	60	80	73	80	80	40	40
Saint Lucia	11	60	67	40	72	80	80	93	60	33	80	100	80	80	40	40
Saint Vincent and the Grenadines	10	30	47	90	76	80	40	80	60	53	80	73	80	40	20	40
Suriname	13	60	40	50	80	70	60	60	67	73	47	20	20	20	20	20
Trinidad and Tobago	10	70	80	40	76	80	60	80	80	60	67	80	60	60	40	40
United States of America	13	80	93	100	92	100	80	100	93	100	87	93	80	100	80	80
Uruguay	10	60	67	80	64	90	60	87	93	80	100	80	100	60	60	60
Venezuela (Bolivarian Republic of)	13	50	53	20	76	70	30	40	53	40	40	40	60	60	20	40

Table 4. Outcome (OCM) and Output (OPT) 23 Indicators from the Program Budget of the Pan American Health Organization 2024–2025 by Subregional Averages, 2024

(core capacity scores in percentages)

	OCM Indicator 23.b	OPT Indicator 23.1.a	OPT Indicator 23.2.a	Core capacities related to OPT Indicator 23.3.a			
Subregion	**SP meeting and sustaining IHR requirement for core capacities 12 of 15 capacities maintained or improved**	**SPAR compliance**	**C3.1 Financing for IHR implementation >=80**	**C7.1 Planning for health emergencies**	**C7.2 Management of health emergency response**	**C7.3 Emergency logistic and supply chain management**	**C8.3 Continuity of essential health services (EHS)**
Caribbean[a]	11/15	100	55	75	80	76	61
Central America[b]	2/7	100	60	63	77	74	69
North America[c]	3/3	100	87	87	100	93	87
South America[d]	4/10	100	56	56	68	62	60
AMR Average	20/35 (57%)	100	59	68	78	73	65

[a] Caribbean subregion: Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, and Trinidad and Tobago.

[b] Central America subregion: Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, and Panama.

[c] North America subregion: Canada, Mexico, and United States of America.

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

See footnotes 10–12 for further information.

Table 5. Core Capacities by State Party for which scores were maintained or improved in 2023 compared to 2022

State Party	Number of core capacities for which scores were maintained or improved in 2023 compared to 2022
Antigua and Barbuda	12/15
Argentina	10/15
Bahamas	15/15
Barbados	14/15
Belize	13/15
Bolivia (Plurinational State of)	3/15
Brazil	13/15
Canada	15/15
Chile	13/15
Colombia	7/15
Costa Rica	14/15
Cuba	11/15
Dominica	14/15
Dominican Republic	7/15
Ecuador	9/15
El Salvador	12/15
Grenada	15/15
Guatemala	7/15
Guyana	2/15
Haiti	12/15
Honduras	11/15
Jamaica	7/15

Table 5. Core Capacities by State Party for which scores were maintained or improved in 2023 compared to 2022 *(cont.)*

State Party	Number of core capacities for which scores were maintained or improved in 2023 compared to 2022
Mexico	14/15
Nicaragua	2/15
Panama	9/15
Paraguay	12/15
Peru	9/15
Saint Kitts and Nevis	9/15
Saint Lucia	15/15
Saint Vincent and the Grenadines	13/15
Suriname	15/15
Trinidad and Tobago	12/15
United States of America	15/15
Uruguay	14/15
Venezuela (Bolivarian Republic of)	1/15