



World Health
Organization

REGIONAL OFFICE FOR

Europe

International Health Regulations (IHR)

Today's highly mobile, interdependent and interconnected world provides myriad opportunities for the rapid spread of disease, including epidemic-prone and food-borne diseases, environmental disasters, and toxic-chemical and radio-nuclear accidents. It is critical that all countries have the capacity to detect, assess, and respond to public health events.

The IHR help countries work together to protect from the spread of diseases and other health risks

The IHR strengthen countries' abilities to control diseases that cross borders

The IHR establish an early warning system

The IHR guide countries to detect, assess and respond to health threats and inform other countries quickly

The IHR prepare all sectors for potential emergencies through coordination and information sharing

SECTORS MAY INCLUDE

- Public health
- International ports, airports, ground crossings
- Environment (incl. chemical and radiation safety)
- Customs
- Food Safety
- Agriculture (incl. animal health)
- Transport (incl. dangerous goods)
- Communication and media
- Public health authorities at state, provincial, regional and local levels
- National security

What is the IHR?

The International Health Regulations or "IHR" are an international law which helps countries work together to save lives and livelihoods caused by the international spread of diseases and other health risks. They entered into force on 15 June 2007 and are binding on 194 countries across the globe, including all WHO Member States.

The IHR aim to prevent, protect against, control and respond to the international spread of disease while avoiding unnecessary interference with international traffic and trade. The IHR are also designed to reduce the risk of disease spread at international airports, ports and ground crossings.

Who is involved?

The responsibility for implementing the IHR rests upon all Member States that are bound by the Regulations and WHO. The Member State is responsible, including all of its sectors, ministries, levels, officials and personnel for implementing the Regulations at the national level. WHO collaborates with and supports States in the implementation of the Regulations.

For effective national and global health security, the IHR should be a national responsibility, not just that of the Ministry of Health (MoH) or the National IHR Focal Point (NFP). The implementation of the IHR involves and has an impact on functions and responsibilities across many ministries, sectors, and governmental levels.

How does it work?

1. Core capacities are in place. Each Member State is required to develop, strengthen and maintain core public health capacities for surveillance and response by using existing national resources, such as the national plans for influenza pandemic preparedness. Key sanitary and health services and facilities are also to be developed at international airports, ports and ground crossings designated for this purpose.

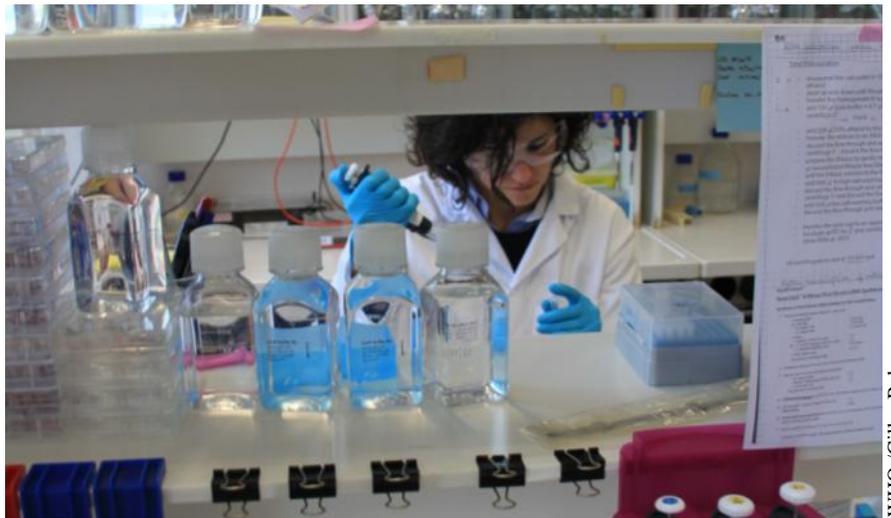
WHO supports Member States in their efforts to assess their existing national public health structures and resources, as well as to develop and strengthen the core public health ca-

KEY IHR INDICATORS

- Legislation, laws, regulations, or policies are sufficient for implementation of IHR.
- A mechanism is established for the coordination of relevant sectors.
- The IHR NFP is in place and functional.
- Event based surveillance is established.
- Infection prevention and control (IPC) is established at national, regional and community level, and in hospitals.
- Mechanisms for effective risk communication during a public health emergency are established.
- Human resources are available to implement IHR core capacity requirements.
- Laboratory services are available to test for priority health threats.
- Effective surveillance is established at Points of Entry (PoE).
- Mechanisms for detecting and responding to zoonoses, chemical emergencies, and radio-nuclear emergencies are established.



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capacities for surveillance and response, and at designated points of entry.

2. Contact persons are identified and available. Under the IHR countries are required to notify and report events and other information through their National IHR Focal Points (NFP) to a regional WHO IHR Contact Points. Focal Points and Contact Points must be available on a 24 hour-a-day basis, seven days a week. There are currently 194 National IHR Focal Points and six corresponding WHO IHR Contact Points in the WHO Regional Offices.

3. WHO is notified of health events and ensures coordination. The IHR provide an assessment tool to help Member States assess the severity of a health event, and provide a framework for consulting with and notifying WHO. This enables WHO to ensure appropriate technical collaboration for effective prevention of such emergencies or containment of outbreaks and, under certain defined circumstances, inform other Member States of the public health risks where action is necessary on their part.