

International Health Regulations (2005): taking stock

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In 2007, the coming into force of the revised International Health Regulations (2005)¹ [IHR (2005)] – the most powerful, far-reaching instrument of international law ever conceived to protect people's health – was met with excitement. The purpose behind the IHR (2005) was to prevent and detect international health threats with minimal disruption to travel, trade and the economy. A simple logic lay at the heart of the IHR (2005): in an interconnected, interdependent world, a threat in one country puts all countries at risk.

Today, international public health threats, be they infectious or not, are harder to prevent and detect because of the mass movement of people, goods and animals facilitated by faster, cheaper modes of travel and complex trade systems. In the last couple of years alone, emerging pathogens such as avian influenza viruses A(H7N9) and A(H10N8) and the Middle East respiratory syndrome coronavirus have for the first time been reported to cause human disease. Three out of four new diseases affecting humans emerge at the human–animal interface.

To ensure compliance with IHR (2005), countries were given until June 2012 to develop systems with capacity in several core areas: legislation and policy; coordination and IHR national focal points; preparedness, surveillance and response; risk communication; human resources; laboratory practice; and points of entry. However, the magnitude of the work led more than 100 countries to request a two-year extension for

building up capacity in these domains. In June 2014 this extension period will be over and further requests for extension are expected. What does this mean?

In truth, even countries that have asked for more time have made progress. Since 2005, disease surveillance systems and outbreak investigation and response have become stronger overall, both at national and international levels. Laboratory and human resource capacity is being built and risk communication has finally become a part of the standard response to a health threat. But despite such progress in meeting IHR (2005) requirements and the large investment in capacity-building made by countries – the “owners” of the IHR (2005) – much work remains to be done.

Under the IHR (2005), countries are called upon to assist each other in implementing the Regulations. Most of those that have historically supported international collaboration to protect global health security continue to invest in prevention, alert and response activities beyond their borders. The government of the United States of America, for instance, has recently launched an initiative to re-energize activities designed to protect global health security, a priority also underscored by countries in the Group of Eight in early 2014.

WHO plays a coordinating role in the implementation of IHR (2005). In addition, many countries call on WHO's expertise in building their core capacities or rely on its global networks, such as the Global Outbreak Alert and Response Network, to help them

respond to disease outbreaks. WHO manages the IHR Event Information Site (EIS) – a web-based platform used to inform and alert National IHR Focal Points about health events with possible global implications. The EIS represents, however, only some of the events WHO tracks and follows daily. From January 2013 to February 2014, 56 events were published in the EIS; by comparison, 273 events were tracked through WHO's Event Management System, in which multiple sources of data, from official reports to rumours, are used to generate a comprehensive picture of any emerging epidemic threat to global health security.

In terms of the IHR, it is time to take stock of the capacities amassed so far and those that still need to be developed. Countries have yet to implement their concrete plans to meet the capacity requirements of the IHR (2005). Some target capacities call for substantial investment, either from national budgets or international cooperation, and hence renewed financial commitments; others could probably be achieved through improved cost–effectiveness and collaboration between different sectors, including the animal and human health sectors. WHO is also striving, through its programme of reform, to serve its Member States better and in a more coordinated manner so that we can all live in a more secure and prosperous world. ■

References

1. *International Health Regulations (2005)*. 2nd ed. Geneva: World Health Organization; 2008. Available from: <http://www.who.int/ihr/9789241596664> [accessed 24 March 2014].

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