

INTERNATIONAL HEALTH

REGULATIONS (2005)

SECOND EDITION



World Health
Organization

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FOREWORD

A central and historic responsibility for the World Health Organization (WHO) has been the management of the global regime for the control of the international spread of disease. Under Articles 21(a) and 22, the Constitution of WHO confers upon the World Health Assembly the authority to adopt regulations “designed to prevent the international spread of disease” which, after adoption by the Health Assembly, enter into force for all WHO Member States that do not affirmatively opt out of them within a specified time period.

The International Health Regulations (“the IHR” or “Regulations”) were adopted by the Health Assembly in 1969¹, having been preceded by the International Sanitary Regulations adopted by the Fourth World Health Assembly in 1951. The 1969 Regulations, which initially covered six “quarantinable diseases” were amended in 1973² and 1981³, primarily to reduce the number of covered diseases from six to three (yellow fever, plague and cholera) and to mark the global eradication of smallpox.

In consideration of the growth in international travel and trade, and the emergence or re-emergence of international disease threats and other public health risks, the Forty-eighth World Health Assembly in 1995 called for a substantial revision of the Regulations adopted in 1969⁴. In resolution WHA48.7, the Health Assembly requested the Director-General to take steps to prepare their revision, urging broad participation and cooperation in the process.

After extensive preliminary work on the revision by WHO’s Secretariat in close consultation with WHO Member States, international organizations and other relevant partners, and the momentum created by the emergence of severe acute respiratory syndrome (the first global public health emergency of the 21st century)⁵, the Health Assembly established an Intergovernmental Working Group in 2003 open to all Member States to review and recommend a draft revision of the Regulations to the Health Assembly⁶. The IHR (2005) were adopted by the Fifty-eighth World Health Assembly on 23 May 2005⁷. They entered into force on 15 June 2007.

The purpose and scope of the IHR (2005) are “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.” The IHR (2005) contain a range of innovations, including: (a) a scope not limited to any specific disease or manner of transmission, but covering “illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans”; (b) State Party obligations to develop certain minimum core public health capacities; (c) obligations on States Parties to notify WHO of events that may constitute a public health emergency of international concern according to defined criteria; (d) provisions authorizing WHO to take into consideration non-official reports of public

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