1. International Health Regulations - Organizations

Recently, the amended International Health Regulations (IHR) officially entered into force, marking a historic milestone in global health governance.

About International Health Regulations (IHR)

Historical Background and Evolution

Origins - International Sanitary Conference (Paris, 1851) - Convened by European nations to control the transnational spread of cholera, which was being transmitted along trade routes. It was the first international effort to harmonize quarantine rules, information-sharing, and standardized sanitary measures to protect public health without unnecessarily disrupting trade and travel.

International Sanitary Regulations (1951) - After the establishment of the World Health Organization (WHO) in 1948, earlier fragmented conventions and treaties concerning maritime and aerial health control were unified. The 1951 International Sanitary Regulations (ISR) represented WHO's first global legal instrument to coordinate disease control, focusing mainly on preventing the international spread of diseases through ships and aircraft.

International Health Regulations (IHR, 1969) - In 1969, the ISR were renamed International Health Regulations, with a narrower scope restricted to three notifiable diseases - cholera, plague, and yellow fever. The IHR primarily emphasized vaccination certificates, quarantine measures, and notification obligations to WHO.

Shift in the Global Health Landscape - Over time, globalization, air travel, and emerging infections (like HIV/AIDS, Ebola, SARS, etc.) exposed the limitations of the 1969 framework, which focused on a few diseases and lacked mechanisms for rapid response.

Revision - IHR (2005) - The outbreak of SARS (2003) was a major turning point, revealing serious gaps in the global health alert and response system. Consequently, the IHR (2005) broadened its scope from specific diseases to "all public health emergencies of international concern (PHEIC)" — including any event that might cause cross-border health risks, regardless of origin (infectious, chemical, radiological, etc.). The revised framework made IHR legally binding on 196 States Parties, including all 194 WHO Member States.

Core Features of IHR (2005)

Early Notification Requirement - States Parties are obliged to notify WHO within 24 hours of assessment of public health events that may constitute a PHEIC.

National Core Capacities - Countries must develop capacities for disease surveillance, reporting, laboratory diagnostics, risk communication, and emergency response.

24/7 National IHR Focal Point - Each State must designate a National IHR Focal Point to communicate directly with WHO at all times.

WHO's Role as Secretariat - WHO acts as the IHR Secretariat, facilitating coordination, information exchange, and global alerts. It provides technical assistance but does not possess enforcement powers — compliance depends on transparency and cooperation.

Balancing Public Health and Economic Interests - IHR attempts to ensure that public health measures do not unduly disrupt international travel and trade.

Institutional Mechanisms under IHR

Emergency Committee (Article 48) - Composed of international experts appointed by WHO's Director-General. Advises whether an event constitutes a Public Health Emergency of International Concern (PHEIC) or, under the latest amendments, a Pandemic Emergency. Provides temporary recommendations on travel restrictions, border control, and health interventions.

Review Committee (Article 50) - Reviews proposed amendments, assesses standing recommendations, and evaluates the functioning of IHR and PHEIC declarations.

Amendment Process (Article 55)

Proposal and Adoption - Amendments may be proposed by any State Party or the WHO Director-General. Adoption requires a majority vote at the World Health Assembly (WHA).

Reservation and Rejection - Under Articles 61–62, countries may formally reject or reserve specific provisions within a stipulated period after adoption.

Key Highlights of the 2024 IHR Amendments (77th World Health Assembly)

Context of Reform - The COVID-19 pandemic revealed weaknesses in international coordination, timely alerts, equitable access to countermeasures, and data-sharing. The 2024 amendments aim to strengthen global preparedness, solidarity, and rapid response mechanisms.

Introduction of 'Pandemic Emergency' Classification

Definition - A Pandemic Emergency refers to a communicable disease spreading widely across multiple countries, overwhelming health systems, and causing major social, economic, and political disruption.

Significance - Goes beyond the PHEIC category by recognizing the systemic and prolonged nature of pandemics.

Enables -

– Earlier international alerts for rapid containment.

– Coordinated global action involving WHO, regional bodies, and governments.

– Enhanced access to vaccines, therapeutics, diagnostics, and medical supplies.

Establishment of National IHR Authorities

Purpose and Function - The 2024 amendments require each country to designate a National IHR Authority — a formal body responsible for domestic implementation and inter-ministerial coordination. • Unlike the existing IHR Focal Point (a communication channel), this Authority will have regulatory and operational roles.

Scope of Coordination - It will work across sectors — health, transport, agriculture, trade, security, and data protection — to ensure comprehensive preparedness.

For India - Likely to be designated under the Union Ministry of Health and Family Welfare (MoHFW).

Would involve –

1. Legislative updates to align with IHR obligations.
2. Expanded Integrated Disease Surveillance Programme (IDSP);
3. Strengthened public health laboratories and genomic surveillance
4. Ensuring data protection and privacy during emergencies.

Equity and Solidarity Principles

Core Ethical Foundation - The revised IHR embeds equity and solidarity as guiding principles for global health governance.

Key Provisions

Fair Access to Medical Products - Ensuring low- and middle-income countries receive equitable supplies of vaccines, diagnostics, and treatments.

Financing Mechanisms - Developing sustainable funding to support resource-limited countries during health crises.

Technology Transfer - Promoting voluntary licensing and local manufacturing to avoid supply inequities seen during COVID-19.

International Cooperation - Reinforcing that pandemics are collective challenges requiring shared responsibility and global trust.

Monitoring, Evaluation, and Accountability

Joint External Evaluations (JEE) - Periodic, voluntary assessments conducted by international experts in collaboration with national authorities. Evaluate a country's readiness in surveillance, laboratories, health workforce, emergency response, and risk communication.

After-Action Reviews (AAR) - Conducted post-crisis to analyse lessons learned and recommend system improvements.

Simulation Exercises - WHO encourages routine simulation and table-top exercises to maintain preparedness and test national capacities.

Investment Priorities - The evaluation outcomes help identify areas where technical or financial

investments are needed to strengthen resilience.

Significance of IHR in Global Health Governance

Legal Framework for Global Health Security - The IHR represents the only legally binding international agreement focused exclusively on global public health emergencies.

Global Solidarity Mechanism - Encourages collaboration, transparency, and mutual accountability among States.

Early Warning System - Ensures the world can respond swiftly to emerging infectious diseases, chemical spills, or radiological incidents before they escalate.

Link with Other Instruments - Works in synergy with the Pandemic Accord (in negotiation), the WHO Pandemic Fund, and One Health frameworks addressing zoonotic threats.

Source - https - //www.thehindu.com/sci-tech/health/new-definition-of-pandemic-emergency-enters-global-health-dictionary/article70112634.ece