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Revision of International Health Regulations

*Report of the Third Regional Consultation
New Delhi, 27-29 January 2005*

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Acronyms

CD	Communicable Diseases
CSR	Communicable Diseases Surveillance and Response
DG	Director-General (WHO)
EB	Executive Board (WHO)
EC	Emergency Committee
EPR	Epidemic Preparedness and Response
IGWG	Inter Governmental Working Group
IHR	International Health Regulations
HA	Health Assembly
MoH	Ministry of Health
MS	Member State(s)
NFP	National Focal Point (IHR)
PHEIC	Public Health Emergency of International Concern
RD	Regional Director
SEAR	South-East Asia Region
SEARO	WHO Regional Office for South-East Asia
UN	United Nations
WHA	World Health Assembly
WHO	World Health Organization

CONTENTS

1.	INTRODUCTION.....	1
2.	INAUGURAL ADDRESS.....	2
3.	PROCESS OF WORKSHOP.....	2
4.	OBJECTIVES AND EXPECTED OUTCOMES.....	3
5.	BRIEF BACKGROUND ON IHR REVISION PROCESS.....	3
6.	ROLE OF IHR IN GLOBAL HEALTH SECURITY.....	5
7.	THE FIRST IGWG MEETING ON THE REVISION OF IHR.....	7
	7.1 Key legal and other Aspects of the New Revised Draft Text of IHR.....	7
	7.2 Issues of Particular Concern to the SEA Region	10
	7.3 Country Presentations	12
8.	CONCLUSIONS.....	17

Annexes

1.	List of Participants.....	20
2.	Programme	22
3.	Text of Address by Dr Samlee Plianbangchang, Regional Director, WHO South-East Asia Region.....	24

1. INTRODUCTION

The WHO Regional Office for South-East Asia (WHO-SEARO) has undertaken a number of consultations to facilitate the revision process of the International Health Regulations (IHR). In January 2004, a draft of the proposed revised IHR was made available to Member States and placed on the WHO website.¹ The First Regional Consultation on the revision process was held on 13-14 April 2004. Based on the recommendations of this meeting, national consultations with the broad participation of various sectors from ministries of health, livestock, agriculture, tourism, civil aviation, justice, foreign relations, etc. were conducted in Member States. The outcomes and recommendations of the national consultations were compiled and presented to the Second Regional Consultation on the Revised IHR, held from 29 June to 1 July 2004, in New Delhi.

Both the national and regional consultations highlighted the importance of IHR as a legal tool to address public health emergencies of international concern, public health risks or threats, and excessive measures that may be imposed against Member States. The recommendations of the workshops underscore that while implementation of the proposed IHR will greatly contribute to global health security, there is a need to ensure core capacities for implementation and to clarify provisions in the draft. The participants recommended that the issues and concerns raised at the second regional meeting be considered in the revision process of the IHR document.

Based on these and other consultations and comments, the January 2004 draft document was further revised. This revised version, dated 30 September 2004,² was despatched to all Member States and other bodies involved in the process and also made available on the WHO website based on the September 2004 revised draft and related documents, the First Intergovernmental Working Group (IGWG) Meeting on the International Health Regulations was held in November 2004.

¹ International Health Regulations: Working paper for regional consultations, IGWG/IHR/Working paper/12.2003.

² Review and approval of proposed amendments to the International Health Regulations, A/IHR/IGWG/3.

In response to requests from a large number of Member States, and working closely with the Secretariat, the Chair prepared a revised draft text ("Proposal by the Chair") for the consideration of IGWG, based upon the general approach in the previous draft and the discussions and submissions from the First IGWG Meeting³. This document indicated the Chair's views on issues where there could be a consensus, although all parts of the text were open for further discussion.

2. INAUGURAL ADDRESS

Dr Samlee Plianbangchang, Regional Director, WHO/SEARO, welcomed the participants of the workshop to the Third Regional Consultation on the Revision Process of the International Health Regulations (IHR). He underscored the importance of the meeting and stressed that it was being organized at a critical time in the revision process. Dr Samlee stated that the Member States of the Region had gone through the whole process at both regional and country levels, and as a result *"were able to agree among ourselves on most of the articles and related issues in the draft revision document"*. The Regional Director highlighted the valuable suggestions made by Member States of the Region at the First IGWG. These related to the determination of PHEIC and Emergency Committee, clarification of temporary and time-bound measures recommended, and building core capacity for the implementation of IHR. He hoped that the third meeting would provide another opportunity to review the issues raised at the First IGWG Meeting in the perspective of the SEA Region and to reach a regional consensus (for full text of the address, see Annex 1).

3. PROCESS OF WORKSHOP

Following introduction of the participants, office-bearers were elected. Dr Shiv Lal (India), Dr Gado Tshering (Bhutan), and Dr Rungnapa Prasanthong (Thailand) were elected Chairperson, Co-chairperson, and Rapporteur, respectively.

³ Review and approval of proposed amendments to the International Health Regulations: Proposal by the Chair, A/IHR/IGWG/2/2.

Plenary presentations, sub-group discussions followed by plenary discussions took place on relevant topics including on the purpose and background and articles of the revised IHR Proposal by the Chair, and issues from the First IGWG Meeting. The Programme of the meeting is at Annex 2.

Participants from Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Thailand and Timor-Leste attended the meeting. Similarly, experts from the WHO offices in India and Maldives participated in the meeting (Annex 3). Dr Guenaël Rodier, Director CSR, and Mr Bruce Plotkin, WHO Legal Consultant for IHR, from WHO headquarters made presentations and provided relevant information.

4. OBJECTIVES AND EXPECTED OUTCOMES

The main purpose of the Third Regional Consultation was to arrive at a consensus among the Member States of the Region on the revised IHR Proposal by the Chair and to have a firm regional position at the Second Intergovernmental Working Group (IGWG) Meeting in Geneva, 21-25 February 2005. The specific objectives were:

- (1) To brief the participants on the outcome of the First IGWG Meeting and clarify major issues of concern to Member States that had been raised at this meeting;
- (2) To review the draft revised Proposal by the Chair and prepare the Member States of the Region to contribute effectively to the IHR revision process taking into consideration issues of vital interest to the Region, and
- (3) To arrive at a consensus as a regional group and ensure adequate preparation by Member States for the Second IGWG Meeting.

5. BRIEF BACKGROUND ON IHR REVISION PROCESS

The International Health Regulations are not new. They date back to 1969. However, with increasing risk from disease outbreaks, including disease risks not covered by the current version, a need to revise the existing IHR was felt. This increased risk has been mainly due to growing international travel and

trade, and the emergence and re-emergence of infectious diseases. As a result, the risk of public health emergencies of international concern including those from accidental or deliberate use of biological or radio-nuclear substances is growing globally. Hence, the current Regulations have become outdated and inadequate to address these challenges and threats.

Recognizing this need, the World Health Assembly, in 1995, requested the Director-General to take steps to prepare a draft of a revised version of IHR. Additional resolutions have supported the revision process and, as noted above, drafts of a revised IHR have been prepared and distributed. Most recently, the SEA Regional Office has conducted two regional consultations and one national consultation on the revision process⁴. This was the third regional consultation.

The First Regional Consultation on the Revision of IHR attended by national focal points and WHO country staff was held in the Regional Office on 13-14 April 2004:

- To brief country IHR focal points on all matters related to the revision process;
- To identify key issues in the revised IHR for further discussions at the national level, and
- To prepare an outline of country action plan for arriving at national consensus on the revised IHR.

Based on the recommendations of the First Regional Consultation, national consultations were organized between April and June 2004. The objectives were:

- To create awareness and sensitize stakeholders regarding the importance/usefulness of the revised IHR;
- To identify issues and problems, if any;

⁴ Proceeding of these national and regional IHR consultations are included as working papers for this consultation meeting. Country reports from Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Thailand, Timor-Leste (SEA-CD-133 and 135.)

- To build consensus and identify resources needed for implementation, and strengthening core capacity required at the country level, and
- To identify technical support required from WHO for implementation of the revised IHR.

Following national consultations, the Second Regional Consultation on the Proposed Revision of IHR for national focal points and other stakeholders was held in the Regional Office from 29 June – 01 July 2004:

- To further review the revised IHR based on the discussions at the country-level workshops and to identify main issues of concern to Member States;
- To review national core capacity required for implementing the revised IHR, and
- To facilitate country preparedness for the Inter-Governmental Working Group Meeting in November 2004.

The above consultative meetings deliberated on the January 2004 draft revised text of IHR and identified concerns and issues for further consideration in the revision process. Based on inputs from the Regional Office and Member States, and other relevant comments, the Secretariat produced a revised draft in September 2004 which was circulated to the First IGWG Meeting. This revised version was the basis for the discussions at the First IGWG Meeting on the Revision of IHR, held in Geneva from 1-12 November 2004. Some Member States and regions decided to hold further consultations and discussions before the Second IGWG Meeting scheduled for 21-26 February 2005.

A revised text of the IHR agreed upon at the Second IGWG Meeting would be submitted to the Fifty-eighth World Health Assembly for its consideration.

6. ROLE OF IHR IN GLOBAL HEALTH SECURITY

The World Health Organization has more than five decades of experience in global control of communicable diseases based on its Constitutional mandate,

the IHR and the earlier International Sanitary Regulations, and an array of World Health Assembly resolutions supporting the Organization's surveillance, response and other relevant activities. Under its Constitution, WHO is the United Nations specialized agency for health. Particularly relevant to the IHR, the WHO Constitution states that the Organization's functions include:

- "to act as the directing and co-ordinating authority on international health work (Article 2(a));
- "to furnish appropriate technical assistance and, in emergencies, necessary aid on the request of acceptance of governments (Article 2(d)); and
- "to propose conventions, agreements and regulations, and make recommendations with respect to international health matters..." (Article 2(k)).

Recently, in the context of SARS and the revision of IHR, the World Health Assembly specifically requested the Director General:

- "to take into account reports from sources other than official notifications, and to validate those reports according to established epidemiological principles;

"to alert, when necessary and after informing the government concerned, the international community, on the basis of criteria and procedures jointly developed with Member States, to the presence of a public health threat that may constitute a serious threat to neighbouring countries or to international health; and

"to collaborate with national authorities in assessing the severity of the threat and the adequacy of control measures..." (WHA resolution WHA56.28)

As the risks of global disease transmission have grown, so have WHO's tools for international disease surveillance, verification and response of global public health concerns. WHO critical alert and response activities, including those described in the above resolution are outlined in detail in the related information document prepared for the forthcoming Second IGWG Meeting in February 2005⁵.

⁵ Review and approval of proposed amendments to the International Health Regulations: Alert and response operations: Report by the Secretariat (A/IHR/IGWG/2/INF.DOC./1).

7. THE FIRST IGWG MEETING ON THE REVISION OF IHR

7.1 Key Legal and other Aspects of the New Revised Draft Text of IHR

As noted, after the First IGWG Meeting in November 2004, the Chair prepared the revised draft text (Proposal of the Chair)⁶ for the consideration of IGWG. She noted the overwhelming support for the general approach of the revised draft of September 2004, based on the discussions and submissions made by Member States at the First IGWG Meeting. The Chair emphasized that all elements of the text were subject to further discussion.

In addition to the Proposal of the Chair, three information documents were prepared by the Secretariat on key topics raised at the November meeting, viz;

- WHO's alert and response operations;⁷
- the application of IHR at ground crossings and to ground transport;⁸
and
- the regime on reservations applicable to IHR.⁹

The delegations from Member States were encouraged to review these documents.

Among the many revisions to the revised draft text from the prior September 2004 draft, the proposal of the chair are:

- New definitions, including ground transport, public health threat vs public health response, IHR national focal points, health measures, verification and public health observations

⁶ Review and approval of the proposed amendments to the IHR. Proposal by the Chair Review (A/IHR/GWG/2/2).

⁷ Review and approval of proposed amendments to the International Health Regulations: Alert and response operations: Report by the Secretariat (A/IHR/IGWG/2/INF.DOC../1)

⁸ Review and approval of proposed amendments to the International Health Regulations: Ground crossings and ground transport conveyances in the International Health Regulations: Note by the Secretariat (A/IHR/IGWG/2/INF.DOC../3).

⁹ Review and approval of proposed amendments to the International Health Regulations: Reservations to the International Health Regulations: Report by the Secretariat (A/IHR/IGWG/2/INF.DOC../2).

- Article on Principles: Fundamental human rights, UN Charter and WHO Constitution (*Article 2 bis*)
- Revisions concerning use of other sources and verification (Articles 7-8)
- Revised Article 7(1): "WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles. Before taking any action based on such reports, WHO shall consult with the state party in whose territory the event is occurring in accordance with the procedures set forth in Article 8." (First sentence, see resolution WHA56.28)
- Obligation to report contaminated imported or exported goods (Article 7.2 (c))
- Extensive revised procedures for temporary and standing recommendations/committees (*Articles 13-14, 47-52*)
- Ground crossings and transport: New definitions, criteria for designating crossings for public health capacities, bilateral and regional arrangements, potential ground transport health document (*Articles 19 and 35 bis; Information Note*)
- Option for state parties to reject certificates of vaccination or prophylaxis if there are indications or evidence that vaccination/prophylaxis is not effective (*Article 32(2)*)
- Review Committee: Now deals only with technical issues or as directed by the World Health Assembly to review the functioning of the Regulations (*Article 50*).

The text also includes bracketed provisions - issues which particularly require further discussion among Member States. These include:

- Specific deadlines for developing capacities "as soon as possible" -- outer deadline bracketed (*Articles 4 and 11, Annex 1*)
- Option for authorizing additional health document requirements to those under IHR or in recommendations (*Articles 31 and 39*)

- Charges for health measures for travellers and travellers' certificates (*Articles 36 and 37*)
- Information sharing during a suspected intentional release (*Article 45*)
- Detailed provision on treatment of personal data (*Article 42(2)*)
- Relationship of IHR with other international agreements (*Article 58(1)*)
- Dates for entry into force of the Regulations and deadline for rejection or making reservations (*Article 60(1)-(2)*)
- Options for reservation procedures: (1) consideration of reservations by the World Health Assembly; and (2) no consideration by Health Assembly (*Article 62*).

Discussion

Terms and meanings: Legal interpretation of “shall”, “should”, “may” as used in the text: “shall” is binding and mandatory; “should” the provision is to be considered and taken seriously but is not mandatory; “may” generally refers to measures specifically permitted and up to the Member State.

Challenges in enforcing requirements for public health measures like certification of vaccination, quarantine, etc at ground crossings. These are awaiting further clarification.

Global consensus: The goal is a global consensus on the text of the revised IHR. If the text prepared by IGWG is adopted by the Health Assembly, Member States choosing to reject or make reservations to the revised IHR would have the opportunity to do so within the time period indicated in Article 60 (which is yet to be determined).

Building national consensus: Consensus of other stakeholders at the national level is essential and much of this has been done during the national-level IHR consultation meetings. This was also discussed at the Second Regional IHR Consultation. The fact that the Second IGWG Meeting is scheduled for February 2005 provides an opportunity for national and regional-level consultation on outstanding issues that may arise.

7.2 Issues of Particular Concern to the SEA Region

The intensive national and regional consultations undertaken in the Member States of the Region have largely contributed to a broad consensus on the revision process and the revised draft IHR. However, there were a few issues raised by other regions and Member States from the SEA Region at the First IGWG Meeting. At the Third Regional Consultation, further discussions on the same were held based on the Chair's proposed text, the official information documents prepared by the Secretariat, and input on the IGWG proceedings from delegates and members of the Secretariat who participated in the First IGWG Meeting.

The sub-groups that discussed IHR at the IGWG meeting raised the following issues (which were also highlighted at the plenary session of the Third IHR Consultation):

In summary, the following key points and issues were raised at the First IGWG Meeting:

- Core capacity for surveillance and response, the consultation process in the determination of and responding to a PHEIC, and temporary recommendations.
- Points related to public health measures, points of entry, health measures on ships, aircrafts and other conveyances
- Surveillance: Need for support to develop and strengthen core capacity to detect, assess, notify, and report events. Is decision instrument /algorithm sufficient? Is a disease list necessary?
- Verification: Are 24 hours enough to provide initial acknowledgement to WHO. When and how to conduct on-site assessment?
- Other reports: Use of information from other sources, verification from Member State.
- Notification: Who? How? Within 24/48 hours?

- Response: WHO's assistance to build capacity to respond promptly to PHEIC, develop guidelines, assess effectiveness of control measures and provide other technical support.
- WHO and other International and intergovernmental organizations to develop and publish certification requirements for ports/airports?
- Collaboration for prevention and control of international spread of disease through bilateral or regional agreements regarding ground crossings, especially issues affecting countries sharing common borders.
- Public health measures: medical examinations - non invasive/least intrusive that would achieve public health objectives?
- Ships and aircrafts at points of entry : When ports and airports do not have adequate capacity to deal with the public health problem (eg. when ship has residual nuclear or chemical contamination).
- Advance information: From ships to ports about possible public health threats?
- Charges for health measures: Should state parties charge? If so, will it be only the cost? For what measures/which services?
- Additional health measures: Measures in addition to those recommended or are in articles in IHR to deal with specific public health threats.
- Collaboration and assistance: The need for WHO to coordinate with developed countries in mobilizing resources /setting up a fund etc to support Member States in building core capacity to implement IHR.
- Health measures relating to entry: Right to deny entry to travellers and rights of travellers to refuse medical examination and vaccination.
- Humane treatment of travellers: Human rights/gender considerations, sociocultural beliefs and values of travellers .
- Composition of Emergency Committee: At least one member of the Emergency Committee should be an expert nominated by affected state party.

- Compliance by non-members of WHO and countries that may not become parties to IHR.
- Entry into force: What is the reasonable period of entry into force of the revised IHR – 12 months, 3 years, 5 years. (Developing core capacities to implement?)

Discussion

Participation: It was emphasized that there is a need to ensure the participation of delegates at IGWG, particularly those who have been part of the national and regional consultation process. This would ensure expression of and effective dialogue on IHR issues.

National consultations: The critical importance of consultations among the various sectors and ministries of each Member State was also emphasized.

Capacity development should focus at the national level within the national governments as well as at WHO national, regional, and global offices. This approach facilitates prompt notification and verification and effective and coordinated response to PHEICs and other public risks/threats.

The status of a country that may not take part in the revised IHR: While the expectation is that all will be party to the revised IHR, those which may opt not to sign are still bound by the current (1969) version of IHR.

7.3 Country Presentations

Country presentations with an emphasis on the main issues and concerns raised and discussed at the national workshops and those related to the First IGWG Meeting, and the country positions on the same were discussed. The following points emerged;

Bhutan

- Lack of capacity for IHR including human resources, infrastructure and technology.
- Lack of proper guidelines.

- Pressure from other sectors such as trade and tourism not to enforce regulations.
- Animal diseases not being considered.
- Article 19 on ground crossing would not be feasible for enforcing the IHR recommendations.
- Article 36 on charges during quarantine is not clear and requires clarification - whether or not charges are to be levied.
- List of diseases for IHR and procedures and vaccines, etc need to be further discussed and a regional consensus reached.
- IHR is becoming a political issue as in article 65. There is a need for a regional stand so that the IHR process can move forward.
- It is not clear on what happens if a country does not abide by the revised IHR or what action will be taken against those countries that do not comply with IHR.
- Recording and reporting formats seem to be complex and need to be simplified.

India

- There is a need to explicitly state how core capacities would be developed. Although Articles 4, 11, and 41 cite core capacities, these do not explain how this would be accomplished.
- Notification - 24-48 hours is too short as the process takes time and a more realistic timeframe needs to be considered.
- Verification - source of the reports to be provided to Member States. Article 7 para 2 on notification needs to be further clarified.
- Cooperation with international organizations needs to be mentioned in Article 12.
- Temporary recommendations – modify to emergency recommendations (Article 13). It is mentioned that such measures may be extended to two years which implies that these are not temporary as the period involved is long.

- There is no mention about human remains on specimens.
- Certification of airports/ports vs capacity of WHO to undertake a task involved, list of ports/airports.
- Ground crossings (Article 19).
- Non-invasive medical examination (Article 21) - need to specify the types of examinations involved.
- Charges (Article 36) - for examination and quarantine-IHR should cover or exempt costs. There is a need to clearly specify minimum costs and/or to mention in the text if this would be decided by a Member State.
- Treatment of personal data (Article 42) - it is necessary to use the data but the same should not be published.
- Emergency Committee (Article 48) - the document should mention that the affected country has to be a member of this Committee.
- Although (Article 57) cites disputes between Member States, there is no mention of how disputes between Member States and WHO would be settled. Provision for settling such disputes should be included.
- Revision needs a critical review of the document and while a lot has been done in this area, it may be prudent to further discuss any outstanding issues so that the document is effective.

Indonesia

- Most of concerns and suggestions are consistent with other Member State. Additional suggestions and concerns for further discussion include:
- Core capacity for surveillance: while it is the primary responsibility of the national governments to build core capacity, there is a need to support Member States in this effort.
- Practicality of measures at border crossing points.

- Notification and verification process, including use of other sources of information, representation in Emergency Committee, etc.

Maldives

- Scope: IHR should explicitly cover all that may impose public health risks in addition to the proposed algorithm of diseases. Since the purpose of IHR is to facilitate the identification of an effective response to PHEICs its scope should cover all potential public health emergencies of international concern (PHEICs), be it biological, chemical or radio-nuclear.
- Verification: IHR must permit the WHO Secretariat to use informal and unofficial sources on reporting any public health emergencies of international concern (PHEICs). However, WHO should consult state parties for verification before making such information public.
- Surveillance: IHR must permit surveillance of diseases of public health significance declared by the state parties other than those proposed in IHR.
- Implementation: Prior to the implementation of the new IHR, core capacity has to be strengthened, and WHO should assist countries in mobilizing resources to ensure the availability of core capacities for implementation of IHR when it comes into force.
- Core capacities requirements: IHR focal points; epidemic preparedness and response; surveillance, reporting, notification; human resources at entry points; facilities at entry points; laboratories / infection control; Intersectoral collaboration; training.
- General: The wordings used should be strong to enable achievement of the objective of IHR and not be open to different interpretations.

Myanmar

- Agreed in principle on the draft International Health Regulations and that IHR would help to ensure global health security.
- Based on national consultation, it was recommended that the Ministry of Health implement IHR effectively (to strengthen core

capacity building for implementation/organization set up at various entry points).

- There is a consensus that the decision instrument is appropriate and there is no need to have a list of diseases to be included in PHEIC.
- The main concerns related to the need for assistance from WHO, other UN agencies and INGOs with regard to IHR implementation, and strengthening intersectoral collaboration and cooperation with other related ministries.

Thailand

- Thailand has undertaken national consultation on the revision process and also participated the First IGWG Meeting held in Geneva, 8-12 November 2004.
- The main concerns related to the earlier comments presented by the above countries; these include the list of emerging diseases, core capacity, particularly laboratory services, developing rapid response teams and ensuring that this is sustained at all levels, defining ports of exit/entry and application of public health measures at these points.

Timor-Leste

- National consultations were held on the proposed IHR document.
- The main concern for Timor-Leste is that the surveillance system is just starting and there may not be adequate core capacity for implementation. This applies both to epidemiological and laboratory surveillance.
- Thus there is a need for WHO support in these areas, including on human resources development and laboratory strengthening.

Discussion

Shared issues and concerns: From the above presentations, it was obvious that the countries shared most of the issues and concerns. These were discussed at

the Second Regional Consultation on the Revised International Health Regulations, 29 June-1 July 2004.¹⁰

Enforcement of the revised document: notification is largely dependent on the commitment of Member States to be transparent and willing to share information. However, WHO advisories and inputs on technical matters have an impact and encourage Member States to collaborate in notification, verification and response. Currently, WHO shares information and sources of reports other than notifications or consultations concerning potential disease outbreaks. In rare instances, however, WHO may not disclose the source of information.

Review Committee: Participation of an expert designated by the affected Member State in the Review Committee is a point for consideration. However, it is important that any delegate to this committee be an expert in the context of the affected country.

The concerns on capacity building, laboratory strengthening and request for support of Member States in the implementation of IHR were discussed and it was emphasized that these are valid and WHO would continue its collaboration with Member States in these areas. At the same time, bilateral and regional mechanisms among Member States should be encouraged.

8. CONCLUSIONS

The three sub-groups which reviewed the revised Proposal of the Chair presented the outcomes of their deliberations to the plenary session which, after a thorough discussion:

- agreed that the International Health Regulations are beneficial to the Member States and to global health security;
- endorsed most of the suggested changes included in the articles and annexes contained in the Proposal of the Chair's,
- agreed on the following proposed revisions to the Chair's text.

¹⁰ Report of the Second Regional Consultation on the Proposed Revised International Health Regulations WHO/SEARO, New Delhi, India, 29 June-1 July 2004 (document SEA-CD-135).

Articles	Modifications proposed
Article 4.1	Insert to read as " <i>no later than 5 years</i> "
Article 5.1	Replace " <i>24 hours</i> " with " <i>within 48 hours</i> "
Article 8.4	Add at the end " <i>and at the same time continue to pursue the state party to collaborate with who</i> ".
Article 11.1	First sentence should read: as soon as possible but no later than " <i>5 years</i> " from entry into force; in the second sentence delete " <i>when appropriate</i> " to start who.
Article 16.1& 2	Advice list; " <i>no health measures</i> " to read " <i>no specific health measures</i> " Mention in the article advice on handling " <i>human bodies</i> "
Article 20.1 & 2	" <i>Human remains</i> " should be added in para 1(a),(c),(g) and para 2
Article 21	Definition of <i>non-invasive medical examination</i> be expanded and made explicit as suggested in the document
Article 24.2	Add " <i>food</i> " in the last line
Article 28	Treatment of travelers <i>link to article 36.1 on charges</i>
Article 31.1	As cited elsewhere replace " <i>shall</i> " with " <i>should</i> "
Article 36. 1	Inclusion of suggestion from the first IGWG meeting on charges for health measures. (i) <i>No charge for any facility/service,</i> (ii) <i>charge for each facility/service,</i> (iii) <i>Charge for facilities or services being charged now, or</i> (iv) <i>Let the decision to charge or not to charge be made by the Member State</i> (position agreed by participants at the third regional IHR consultation meeting).
Article 37	Charges for certificates: consider above options and <i>merging with article 36</i> . Participants agreed to " <i>let decision be made by member states</i> "
Article 42.1 2(D)	Word " <i>extent necessary</i> " may be defined or deleted as it is subjective. To discuss at national level before the second IGWG meeting on IHR (<i>confidentiality of personal data</i>)
Article 45	Information sharing...replace " <i>shall</i> " with " <i>may</i> "

Article 46	Agree with changes and suggest adjusting sequencing of articles accordingly.
Article 48.2	Add "...at least one member of the emergency committee should be an expert nominated by the affected country".
Article 58	Define the word " <i>direct conflict</i> " for common understanding in this article.
Article 60	Entry into force: to discuss at the national level before the second IGWG meeting on IHR.
Article 62	Replace the first part, which consists of seven paragraphs, with the last <i>paras (1), (2) and (3)</i> which are short and more appropriate.
Article 65	Non-members: discuss with national policy-makers.

Annexes	Modifications proposed
Annex 1.4	Paraphrase as " <i>who shall assist state parties</i> " ...use the same language as mentioned in article 4 for internal consistency
1 (a)	Under local community level, insert for the particular " <i>group of people</i> ", time...
3 (a)	Replace reports within " <i>twenty-four hours</i> " with " <i>within forty-eight hours</i> "
Annex 2	Further discussions at IGWG to decide whether to have a list or not.
Annex 3	Ship sanitation... agreed to discuss at the national level before the second IGWG meeting on IHR.
Annex 6	As suggested in group b co-chairman's report of the first IGWG meeting; <i>para 11</i> needs to be incorporated.
Annex 7. 2(b) 2(f) 2(i)	Consider paraphrasing: " <i>determination of such areas...., as appropriate.</i> " State parties " <i>may/shall</i> " to be discussed at the second IGWG meeting. Retain " <i>may</i> " nevertheless be allowed..., delete " <i>shall</i> "
Annex 8	Include a question on " <i>animal/pet</i> " health as part of the deceleration in list

Annex 1

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Annex 2

PROGRAMME

Thursday – 27 January 2005

0830 – 0900 Hrs. Registration

Inauguration

0900 – 0930	Inaugural address by RD	Dr Samlee Plianbangchang Regional Director
	Introduction of participants	Dr A.S. Abdullah, Coordinator, CDC, WHO- SEARO
	Nomination of office-bearers	Dr Samlee Plianbangchang
	Announcements	Dr Nyoman Kandun, STP-CSR, WHO-SEARO

Technical Session I

1030 – 1035	Objectives and Expected Outcomes	Dr A.S. Abdullah
1035 - 1045	Brief background of the IHR Revision Process	Dr N. Kumara Rai, Director CDS-Searo
1045 – 1115	the Role of International Health Regulations in Maintaining Global Health Security	Dr Guenael Rodier, Director, CSR, WHO- Geneva
1115 – 1200	Legal and other Aspects of the New Revised Draft Text of IHR	Mr Bruce Plotkin, IHR Revision Team, WHO-Geneva

Technical Session II

1200 - 1215	Issues of Particular Concern To the Sea Region and Possible Solution	Dr A.S. Abdullah
1215 – 1430 and 1400-1430	Country Presentations: Major Issues Emerging out of the First IGWG Meeting and Country Position	National IHR Focal Points

1430 – 1450	Discussion on Country Presentations	
1450 – 1500	Method of Group Work and Terms of Reference	Dr A.S. Abdullah
	Setting up of Working Groups (A, B, C)	Dr Nyoman Kandun
1530 – 1700	Group Work on Articles and Annexures	Groups A , B, C.

Friday – 28 January 2005

0830 – 1300 Hrs and 1400 - 1700	Group Work on Articles and Annexures	Groups A, B, C.
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Saturday – 29 January 2005

0830 – 1030 And 1100-1300 Hrs	Plenary Session Presentation of Group Work on Articles and Annexures	Groups A, B, C.
1400 – 1500	Recommendations of the Consultation	
1600	Closing	

Annex 3

TEXT OF ADDRESS BY DR SAMLEE PLIANBANGCHANG REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA REGION

Distinguished participants, colleagues, ladies and gentlemen,

With great pleasure, I welcome you all to the Third Regional Consultation on the Proposed Revision of the International Health Regulations (IHR).

This consultation is taking place at a critical time in the process of the IHR revision. It follows the first meeting of the Intergovernmental Working Group (IGWG) held from 1 to 12 November 2004; and precedes the second meeting of this Working Group which is to be held next month.

As you are aware, the Regional Office had organized two regional consultations on this subject last year, in April, and then in June/July. National workshops were also held in most of the Member States to review the draft IHR revision document from the perspective of many stakeholders representing various sectors, thereby bringing their much-needed inputs to the revision process. A number of issues were raised and several clarifications sought on the document. These related to: core capacity, resource constraints, specific regional and local health threats, and measures to override trade and economic interests, etc.

At the two previous consultations, a number of valuable suggestions and recommendations were made in relation to: the need for reporting of animal diseases of significant threat to human health, clear definition of the role and functions of national IHR focal points, greater clarity with regard to deployment of WHO investigation teams, and the need for a more participatory role for affected countries in the process of settlement of disputes.

The first meeting of the Intergovernmental Working Group was attended by over 500 delegates representing more than 150 Member States. In addition, representatives from the United Nations and related organizations,

specialized agencies, inter-governmental organizations and nongovernmental organizations in official relations with WHO, were present. IGWG extensively debated all the 67 articles and 9 annexures of the draft revision document. However, due to lack of consensus among participants from Member States, it was not possible to reach a consensus on any of the articles or annexures. Delegates, nonetheless, expressed their support to the guiding principles underlying the revision proposals, and supported the process adopted to finalize the revision. Some WHO regions, including ours, decided to hold another consultation, with a view to arriving at a regional consensus, in order to further facilitate the revision process at the Second IGWG Meeting.

Having gone through the whole process at both regional and country levels, we, in the South-East Asia Region, were able to agree among ourselves on most of the articles and related issues in the draft revision document. Some important issues were particularly underlined by our Member States at the First IGWG Meeting.

We felt that there was a need for meaningful participation of affected countries in the determination of what constitutes Public Health Emergencies of International Concern. This participation by affected countries was important since it would safeguard the interests of those countries from the negative consequences of temporary or time-bound recommendations. We, from the South-East Asia Region, recommended that at least one member of the Emergency Committee should be an expert nominated by the affected country. The role of the Emergency Committee is to advise the Director-General of WHO in determining whether a given event constitutes a Public Health Emergency of International Concern; and in issuing recommendations regarding the emergency. This proposal from our Region was supported by many Member States from other WHO regions as well.

In addition, we made many valuable suggestions with regard to the temporary or time-bound, as well as the standing recommendations, particularly those pertaining to the procedures for initiation and termination, as appropriate of the temporary or time-bound recommendations. The strengthening of core capacity to effectively implement various public health measures at the points of entry are important issues for us. Lack of adequate resources, both human and financial, is an issue of overriding concern for us. We feel that we will need appropriate means and ways to address these issues

and concerns, and these ways and means should be incorporated into the revised IHR.

This consultation provides an opportunity for us to review, once again, the contents of the improved text of the IGWG Chairperson, which contains all the important issues raised by Member States at the First Meeting of IGWG. The distinguished participants may wish to take a fresh look at these issues from the regional and country perspectives, and come up with a common position for the forthcoming IGWG Meeting.

Finally, I wish you every success in your deliberations, and look forward to your valuable contribution to the finalization of the IHR revision.

Thank you.