

Inaugural Address

by

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at

***The First Regional Consultation on the Proposed
Revision of the International Health Regulations***

***WHO/SEARO, New Delhi
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Distinguished participants, colleagues, ladies and gentlemen

With great pleasure, I welcome you all to this First Regional Consultation on the Proposed Revision of the International Health Regulations.

As you are aware, the International Health Regulations (IHR) are the only legally binding instrument to prevent the trans-boundary spread of infectious diseases. The fundamental principles of the Regulations are to provide security against the international spread of diseases while avoiding unnecessary interference with international traffic, travel and trade.

In the recent times, the world has witnessed major outbreaks of a number of new, emerging and re-emerging infectious diseases. This has had devastating consequences on travel, trade and economy; and caused widespread anxiety, panic and disruption of normal life for thousands of people around the globe. The existing International Health Regulations, which have been in force since 1969, address primarily only the three diseases; namely plague, yellow fever and cholera. The Regulations concentrate on the notification of the occurrences of these diseases, in addition to certain preventive measures at ports, airports and border crossing points. From 1969 to today, there has been a lot of changes world wide; including epidemiological changes, changes in disease patterns and genetical changes in the pathogens. Coupled with rapid advancement in information, communication and transportation technology; the current International Health Regulations have become out of date and need urgent attention in their review and revision. This is clearly demonstrated by the recent outbreaks of diseases, like SARS and avian influenza. The present Regulations cannot now deal effectively with the changing health scenario and public health concerns globally.

It may be recalled that in May 1995 the World Health Assembly requested the WHO Director-General to take action for the review and revision of the existing International Health Regulations. The Director-General was also requested to facilitate the involvement of all Member States in such a process in order to ensure a consensus on the revised regulations.

Subsequently, the World Health Assembly established an intergovernmental working group to work with Member States in the formulation of the draft revision of the regulations. Since then the working group had put a lot of efforts on such formulation. A first draft of the regulations had been prepared through extensive consultations with experts and Member States. As far as South-East Asia Region is concerned, the draft has already been shared and discussed with Ministries of Health.

In order to ensure an agreement on the draft, at its 56th session in May last year, the World Health Assembly further requested the Director-General to critically review the draft regulations through technical consultations with Member States once more, with the view to refining the text to be presented to the intergovernmental working group in the coming November. In this connection, all WHO Regions are required to hold such consultative meetings for the purpose. Therefore, this assembly of the national IHR focal points from all the Member States of the Region is organized to look into the salient issues in the draft once again.

After this very meeting, national workshops involving other stakeholders such as agriculture, tourism, trade, food safety, legislative sectors, etc. need to be held in our individual countries. This process at national level is vital, since it will provide an excellent opportunity for indepth discussions of various implications of the draft from the national perspectives. Subsequent to these national-level consultations, it is proposed to organize another regional meeting towards the end of June this year. This will provide another opportunity for Member States to collectively reflect upon specific issues that

concern the Region as a whole, and arrive at a consensus on the revised draft.

Distinguished participants,

As we are all aware, the recent outbreaks of SARS and avian influenza caused unprecedented economic setbacks and disruptions in normal day-to-day life, in addition to health consciousness. In this context, we fully understand the general concerns of our Member States regarding the socio-economic implications of the disease outbreaks such as those. We trust that the revised IHR will go a long way in addressing these concerns. However, during public health emergencies at international scale, the application of measures requiring restriction of travel and trade may be necessary. To clearly address the issues in this regard, WHO has consulted relevant international agencies; such as the European Union, International Air Transport Association, International Civil Aviation Organization, International Maritime Organization, the World Tourism Organization and the World Trade Organization, amongst others. Moreover, in this connection, WHO has explored the possible synergies particularly between IHR and the relevant provisions of WTO.

Ladies and gentlemen,

In the draft of the revised IHR which you will be reviewing, there are five key departures from the existing ones.

1. Notification

In addition to notification of communicable diseases, the revised IHR requires notification of all public health emergencies of international concern in a transparent manner. This is very important. The word “public health emergencies” is a broad one, subject to a wide-range of understanding and interpretation, even among public health professionals. Therefore, the most

suitable definition of public health emergencies must be found. This process would be linked to WHO's established mechanisms for Epidemic Alert and Response.

2. National Focal Points

These are operational links between WHO and the countries for notification and information purposes. The inputs of national focal points during the process of IHR revision would be very vital.

3. Definition of core capacities

Establishment and strengthening of minimum core capacities for surveillance and response in each Member State is an integral part of IHR.

4. Recommended measures

The revised IHR clearly sets out the roles and responsibilities for WHO as well as for individual countries in responding to disease outbreaks. It also contributes greatly to the use of uniform and effective measures to be undertaken, both on a routine basis, as well as in certain emergency situations.

5. External advice regarding IHR

In order to provide technical guidance and support during emergencies, WHO will appoint an IHR Emergency Committee. In addition, there will be an IHR Review Committee established to deal with disputes, and make necessary recommendations for action in the process of implementation of the revised IHR. I would like us to study these changes thoroughly and understand them clearly in order to ensure our considered views on all implications of regional concerns.

Colleagues,

I would also like to ask all of us to critically review the whole consultation process, and recommend how we can proceed efficiently and effectively with full participation of all the stakeholders, particularly at national level. This process will assist the Secretariat in preparing for the coming June Regional Consultation as mentioned earlier. The in-country and regional consultations in this regard have to be completed respectively by May and June this year.

I fully realize the enormous task in the process of developing the revised IHR, and even much more challenging in the process of implementing these regulations. More and more, we will see in these processes the importance of the relationship between the provisions in IHR and certain measures in international trade agreements and international travels. Whatever, we have to keep in mind that IHR is a very important instrument for protecting global public health, including our own health. The benefits our Member States will derive from the effective implementation of the revised IHR will be very much well worth the efforts we put in. With our invaluable inputs and the commitment of our Member States to the international public health, we will succeed on our part in contributing to the achievement of the goal of this global exercise.

Finally, I wish you all success in your deliberations, and a pleasant stay in New Delhi.

Thank you.