Countries expressed concern about the balance between national sovereignty issues and the authorities expressed in the IHR.

If a Member State acts in a manner which exceeds the measures stated in the IHR in response to a public health risk, they may be requested to justify these actions to the WHO from a scientific point of view.

The existing process for outbreak notification and response should be reflected in the revised IHR.

As per current practice, WHO will only enter countries when officially invited. In circumstances where there is no national authority, WHO may respond according to internationally accepted practice.

WHO will attempt in every case to verify reports of events with the health administration from the affected country or countries.

After due procedures stipulated by the IHR, the affected Member State will have the option of making the information public before the WHO does so.

Countries will be notified in advance when measures are recommended to international organizations or agencies. Efforts should be made to coordinate these recommended measures with health administrations.

Member States expressed concern about Article 41 and noted that sharing specimens or epidemiologic information during an intentional release event may be constrained by a criminal investigation and/or national security requirements.

Countries indicated that the WHO process to determine a PHEIC should be transparent and reflected in the IHR.

The affected country or countries should be able to make representations to the Emergency Committee in order to assist the Committee during its deliberations.
The IHR Advisory Panel, the Review Committee, and the Emergency Committee should be made up of independent experts and their memberships should be made available to Member States upon request.

The Emergency Committee will be established as an ad hoc committee and operates in an expeditious fashion, not as an Expert Committee of WHO.

Countries expressed support for the concept of the National Focal Point and requested clarification regarding roles and functions at the Member State level and at WHO headquarters.

Countries requested clarification on who their counterparts at WHO headquarters and regional offices would be, and the need for this information to be continually updated.

WHO should further clarify the distinction between health administration, health authorities, and National Focal Points.

Countries discussed the need for a definition of a Public Health Emergency of International Concern. They recognized that the declaration of a PHEIC is a process that requires the application of criteria and the algorithm. They agreed on the following as a starting draft for such a definition:

“A Public Health Emergency of International concern is a public health risk that represents a threat to other States through international spread for which it is determined, in accordance with these Regulations, that there is a need for [extraordinary] coordinated international response for effective containment.”

Time frames were discussed and it was suggested that WHO consider identifying timeframes in relevant places and where appropriate whenever obligations are placed on Member States and WHO for consideration by Member States.

Countries expressed concern about the difficulty in reaching core capacity requirements.

Although the WHO representatives clarified that these were minimum requirements, adequacy should be further defined and guidelines developed to provide guidance on implementation and to assist in determining compliance.

A grace period for compliance is required.

WHO will assist Member States in achieving these capacities upon request.

WHO will assess the resources required for Member States to achieve the required core capacities.
Countries discussed the need for a list of diseases supplemental to the algorithm.

Countries agreed upon the importance of the algorithm. A list of criteria and diseases needs to be integrated within the algorithm to reinforce its effective utilization. An option includes a preamble with the criteria and a post-amble with diseases that automatically meet the criteria of the algorithm. Certain diseases e.g. smallpox will automatically meet the criteria for the algorithm and be considered a PHEIC requiring mandatory reporting.

Countries stated that the purpose (Article 2) should reflect public health principles and the following is proposed as a starting draft:

“The Purpose of the IHR [hereinafter “IHR” or “Regulations”] is to protect against, control, and respond to the international spread of disease in ways that are commensurate with the public health risk and which would avoid unnecessary interference with international traffic.”

Countries believed that additional guidance and clarity was required to assist in prevention and control measures.

Member States requested that a complete list of applicable/relevant international agreements be made available at least one month ahead of the November meeting.

Consideration should be given to specifying triggers and measures for implementation, scaling up, and scaling down in response to a PHEIC.

Member States requested copies of all guidelines that are relevant to the implementation of these Regulations.

Changes to the IHR and Annexes: There were divergent views expressed as to whether changes in the IHR and Annexes should be approved by the Executive Board of WHO or whether approval by the World Health Assembly should be required.

Countries requested that WHO consider that some of the technical issues presently in the Annexes be made into guidelines to permit their easier revision.