I. General comments

Country delegations expressed the need for support to incorporate the proposed IHR into their national health legislation.

It was suggested that provisions be made to offset the economic impact of a Public Health Emergency of International Concern (PHEIC), particularly in smaller Member States with less developed economies. The establishment of a fund for such cases was mentioned.

II. Meeting with chief medical officers

There was a general impression that there was not enough within the text of the IHR regarding disinsection.

Questions were raised as to whether issues brought up with the revision of IHR constitute national priorities.

The sub-region has collective core capacities rather than capacity within individual states. Additional resources are needed to strengthen core capacities in countries.

III. Key issues

1. Core Capacity

The support of Member States should be sought to approve a resolution in the World Health Assembly for mobilizing resources for acquiring the necessary core capacities for surveillance and points of entry as well as supporting the implementation of the IHR. The resolution should also include the creation of a fund to offset economic losses faced during a PHEIC. A grace period of
negotiable length should be considered for the development of the necessary core capacities.

2 **Entry into Force**
Full consultation with and engagement of other relevant sectors, besides the ministry of health, within the Member State is necessary to assure full implementation of the revised IHR with a unified national position.

3 **Committees**
The countries seek the representation of the affected Member State(s) before the Emergency Committee.

4 **Notification/Information/Verification**
Clarification is required as to whether each criterion for making a notification publicly available is independent.

5 **Communications**
Consultation is needed between the National IHR Focal Point and the Health Administration before any notification or information is sent to the WHO.

6 **Charges**
There is a need for sub-regional harmonization and standardization of procedures relevant to the IHR including charges to be examined by national governments and CARICOM.

IV. Specific comments

**Part I - Definitions, Purpose and Communications**

**Article 1 - Definitions**

It is suggested that the definition for Container Loading Area include storage, as well as loading and unloading of containers.

Concern was expressed with regard to the overlap of activities of the health authority and the health administration in smaller countries. There is confusion as to who constitutes this administration and how this relates to the National IHR Focal Point.

In the current IHR, quarantinable diseases was defined more clearly and this proposed version does not include a specific definition of what constitutes a Public Health Emergency of International Concern.

It was suggested that a more clear definition be provided of what and who constitutes WHO when the Organization is mentioned in the IHR.

It was suggested that definitions for notification and reporting be included.
**Article 3 - Communications**

In item 3 it is suggested that a clause be added to recommend the consultation of the National IHR Focal Point with health administration before notification. There is concern that direct notification does not take into account the existing hierarchy within the chain of communication.

The text does not specify who will be notified at WHO. They suggest a more clear description within the IHR specifying a contact person or persons within WHO. Country delegations would like WHO to be subject to the same level of accountability as is being required of States through the designation of a specific contact person or persons within WHO.

There are specific arrangements within this subregion that need to be considered and that are not stipulated in the text. Interaction with WHO occurs in different ways—interaction with CAREC is of a more technical nature and with PAHO/AMRO is more of an official nature. Other countries in the Americas may have technical competence to carry out the initial investigation of an event that may constitute a PHEIC which is not the case in this subregion. Most often the first step is a consultation with the WHO sub-regional office.

**Part II - Surveillance, Notification, Information, Verification, and Response**

**Article 4 - Surveillance**

For PHEIC to be identified, countries must have the capacity to recognize these at the national level. Countries in this sub-region do not always have operational surveillance systems. It was suggested that a clause be included that contains assistance to countries to facilitate core capacity building/development.

**Article 5 - Notification**

Since item 2 a), b), c) and d), appear to read independently, the text needs to explicitly include that the notification is “in consultation with the health administration”

It is proposed that item 2 b), specify that that the notification may only come from the state where the event is occurring.

**Article 7 - Information**

Items 2 and 3 refer to the health administration and it is suggested that the IHR remain consistent as to who receives and sends information. Country
Article 8 - Verification

There is some apprehension with regard to the use of the word 'rumor' and a process or channel for this information to be filtered should be mentioned in the IHR. In item 1 it was suggested that 'rumor' be changed to 'unverified information/statements/information from unofficial sources.'

The question was raised as to what is considered 'interference with traffic.'

In item 3 b) it is proposed that a team sent by WHO not only analyze measures, but also the potential for international disease spread and possible interference with international traffic.

Article 9 - Determination of a PHEIC

In item 2, it is suggested to add that the determination always be made in consultation with the affected State.

Part III - Recommendations

Article 11 - Temporary Recommendations

If it is determined that a PHEIC is occurring, temporary recommendations shall be made in accordance with Annex 3. This wording leaves out the State and WHO.

Article 12 - Standing Recommendations

Provisions should be made for such a situation.

Part IV - Points of Entry

Article 13 - Health Administration

In b), a concern was voiced with regard to the designation of a health authority for each points of entry since there are many points of entry.

Regarding c), in this sub-region there is the concern that keeping points of entry free of sources of infection, particularly vectors, may not be feasible considering their volume of the traffic.
Article 16 - Health Authority

The text should include specific language indicating that where there are no facilities available at ports for the disposal of certain materials, these materials should be sent to a facility capable of handling such waste.

An issue was raised with regard to the term ‘dejecta’. The suggestion was made that it be replaced with the term 'bodily waste.'

In item 6, a concern was raised as to what is meant by 'substantial' and whether 'evidence' alone would suffice.

Part V - Public Health Measures

Chapter I General provisions

Article 17

In a), subheading iii a definition for 'non-invasive medical examination' was requested.

Article 21

In some of the countries there is the current practice in place of disinsection of aircraft. There is a question as to whether this procedure will be discontinued.

Chapter III Special provisions for persons

Article 22 Surveillance of travelers

Provisions should be made for dealing with a suspect traveler that may pose an immediate public health risk.

Chapter IV - Special provisions for goods, containers, and container holding areas

Article 25 - Container and container loading areas

It was proposed that minimum guidelines for inspections be included in the IHR as an annex or to make reference to existing guidelines.

Article 30 - Bills of health

There is confusion as to what is meant by 'with or without consular visa.'
**Part VII - Charges**

The application of the measures stipulated by the Regulations being done free of charge may be inconsistent with national policies already in place. Further consultation needs to take place within the countries regarding this matter.

It is suggested that the phrase “state of health” be changed to “potential risk” that the individual may pose to others.

In relation to charging for medical services rendered, there is a concern of reciprocity of this measure considering the charges that their citizens may then incur while abroad.

**Part VIII - General Provisions**

**Article 37 - Migrants, nomads, seasonal workers or persons taking part in periodic mass congregations**

It is suggested that the portion on mass congregations tourist events such as carnival.

**Article 39 - Transport of Biological Materials**

The need was stressed to consider existing guidelines and to ensure that these Regulations are in compliance with IATA as to expedite the transport of biological materials.

**Article 43 - Armed Forces**

It was determined that the procedures for the regulatory requirements regarding the military need to be specified. In addition, there is a question as to whether it would require a change in current country legislation to accommodate such a change.
ANNEXES

Annex 1

A Core capacity requirements for surveillance and response

Specific guidelines are needed as to how to reach the core capacities.

The concern was raised as to the ability to detect urgent events within 24 hours. It is proposed that the text read: An agreed period set in consultation with the affected State. There is also a question as to whether WHO will have 24-hour resources not only available, but also widely known by Member States.

B Core capacity requirements for designated airports, ports and ground crossings

There is a question as to the feasibility of providing access to a medical service, equipment, and personnel set forth in this annex free of charge.

In item 1 c), because of the definition of conveyance, there was a question as to whether this could interfere with general ship inspections which are already in place.

There is also a question as to if there is the need to take samples who will be responsible and will a charge be levied for these services.

Regarding inspection of conveyances, nothing is set forth in the IHR draft as far as the standardization of procedures is concerned. It was requested that a footnote be introduced making reference to Guidelines for Inspection (REF).

In item 1, it was suggested that c) and d) be transposed and c) be revised to read: To provide trained personnel and provide equipment for the inspection of conveyances.

Regarding item 2 c), it may be difficult to find isolation areas and it is unclear if the draft IHR only refers to the separation of travelers. It is extremely difficult to enforce the separation of people that may have been infected when they are not ill. Standards must be stipulated for the isolation of persons that may be ill.

Annex 3

Processes to be followed by WHO in the determination of a public health emergency of international concern and issuance of temporary recommendations

The criteria used for the selection of the Emergency Committee from the advisory panel are not clear.
If a PHEIC is declared, the effects of these repercussions on the affected countries must be determined and how will these be dealt with?

**Annex 6**

**Vaccination, prophylaxis and related certificates**

In Item 4 the text “other clinician supervising the administration of the vaccine” should be replaced with “any other authorized health personnel administering the vaccine”

**Annex 10**

**The Review Committee**

There was question as to what criteria will be used to select the experts that will make up the Panel of Experts.

Item 4 refers to observations and it was believed that the term ‘observation’ needs to be clarified.