

Compilation of Bureau's text proposals and text proposals by the Sub-group on the public health alert - PHEIC - pandemic continuum ("Sub-group")

- Articles and annexes are presented in numerical order.
- Additions to and deletions of the current IHR text appear in bold and strike-through respectively.
- For Bureau's text proposals and text proposals by the Sub-group presented during WGIHR7, 5-9 February 2024, the date when these proposals were presented to the Drafting Group is indicated.
- Text proposals by the Sub-group flagged as "complementary" indicate that Bureau's text proposals for the same article or annex also exist.

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Part I. Definitions, purpose and scope, principles and responsible authorities

Article 1 Definitions

Proposed Bureau's text, presented on 8 February 2024

"National IHR Authority" means the entity designated or established by the State Party at the national level to coordinate the implementation of these Regulations within the territory of the State Party.

Proposed Sub-group's text, presented on 8 February 2024

1. For the purposes of the International Health Regulations (hereinafter "the IHR" or "Regulations"):

"disease" means an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans;

["early action alert" means an alert on an event which [does not constitute a public health emergency of international concern (PHEIC) but is determined, as provided in these Regulations: DEL NOR / ALT has not been declared a public health emergency of international concern, at the time of communication NOR]

- **[it may DEL AUS] [to potentially AUS] require coordinated international action to control spread because the event has a potentially significant localized acute public health impact in a limited number of countries and:**
- **[to constitute AUS] a potential risk of international spread and becoming a PHEIC. DEL CHN, NAM, BGD, QAT [extend to proposed amendments to Articles' text] / RESERVE UGA, BWA, CHL, TZA, URY, PRY, MYS, IRN, SAU, BRN]**

"event" means a manifestation of disease or an occurrence that creates a potential for disease;

“infection” means the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk;

["pandemic emergency" means a [public health emergency of international concern UK, NOR, BDG, BRN, BRA, CAN, PRY, COL, SAU, ARE] [potential or actual severe [global DEL AUS] [international AUS] public health event [that is infectious in nature RETAIN UK, BRN] which is determined, as provided in these Regulations DEL UK] [ADD in relation to which it is determined in accordance with Article 12 that the event UK]:

- **[it is [significantly UK] or [is likely to be DEL AUS] [significantly UK] impacting various geographic regions around the globe and:**
- **is or is likely to [overload health systems and BRA, URY] cause social and economic [political CAN] disruptions, including to travel and:**
- **it requires rapid and [intensified DEL UK, AUS / enhanced UK, AUS] coordinated international action, with global equity based and a [whole of government, IRN] whole of the society approaches [because the event has [a high risk of NOR] [continued to DEL NOR] spread despite public health interventions. DEL IRN] RESERVE BWA, CHL, TZA, URY, MYS]**

ALT

["pandemic emergency" means a public health emergency of international concern, [that is infectious in nature UK] in relation to which it is determined, in accordance with Article 12, that the event:

- (i) **is significantly impacting or is likely to significantly impact various geographic regions around the globe; and:**
- (ii) **is causing or is likely to cause substantial disruptions to social, economic, and health systems, including to travel and trade; and**
- (iii) **requires rapid and enhanced coordinated international action, with global equity based and whole-of-society approaches because the event has continued to spread despite established public health interventions.’ UK]**

“public health emergency of international concern” means an extraordinary event which is determined, as provided in these Regulations:

- (i) **to constitute a public health risk to other States through the international spread of disease and**
- (ii) **to potentially require a coordinated international response;**

“public health risk” means a likelihood of an event that may affect adversely the health of human populations, with an emphasis on one which may spread internationally or may present a serious and direct danger;

[...]

“temporary recommendation” means non-binding advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of

international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic;

[...]

2. Unless otherwise specified or determined by the context, reference to these Regulations includes the annexes thereto.

Proposed Bureau's text, presented on 8 February 2024

Article 4 Responsible authorities

1. Each State Party shall designate or establish **one or two entities, in accordance with its national law and context, to serve as National IHR Authority and National IHR Focal Point, as well as** the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations.

1. bis The National IHR Authority shall coordinate the implementation of these Regulations within the territory of the State Party.

2. National IHR Focal Points shall be accessible at all times for communications with the WHO IHR Contact Points provided for in paragraph 3 of this Article. The functions of National IHR Focal Points shall include:

(a) sending to WHO IHR Contact Points, on behalf of the State Party concerned, urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12; and

(b) disseminating information to, and consolidating input from, relevant sectors of the administration of the State Party concerned, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and other government departments.

2. bis States Parties shall take measures to implement paragraphs 1, 1. bis, and 2 of this Article, including, as necessary, by allocating human and financial resources [, DEL USA, CAN, ISR, AUS, FJI, MCO, UK, TUR, BRN, ETH, SGP] and adjusting their [national law DEL BRA, AUS, FJI, MCO, UK, TUR, BRN, NAM, SGP] [domestic legislative and administrative arrangements BRA, AUS, FJI, MCO, UK, TUR, BRN, NAM, USA, SGP] in accordance with paragraph 3 of Article 59.

3. WHO shall designate IHR Contact Points, which shall be accessible at all times for communications with National IHR Focal Points. WHO IHR Contact Points shall send urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12, to the National IHR Focal Point of the States Parties concerned. WHO IHR Contact Points may be designated by WHO at the headquarters or at the regional level of the Organization.

4. States Parties shall provide WHO with contact details of their **National IHR Authority and their National IHR Focal Point** and WHO shall provide States Parties with contact details of WHO IHR Contact Points. These contact details shall be continuously updated and annually confirmed. WHO shall make available to all States Parties the contact details of **National IHR Authorities and National IHR Focal Points** it receives pursuant to this Article.

RETAIN Bureau text: NOR, MEX, DOM, CRI, TUR, CHL, UK, FJI, CHE, SGP, PRY, MCO, CAN, NZL, COL, KOR, IDN, MAR, KWT, AFR GROUP+EGY, UGA, PHL, BRA, ETH, PAN, TUN, SAU, UAE, BGD, QAT, BRN, ISR, AUS

Part II. Information and public health response

Article 5 Surveillance: Retain current IHR text below

[Article 5 Surveillance

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1.

2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances, and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Committee established under Article 50 (hereinafter the “Review Committee”). After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.

3. WHO shall assist States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article. [State Parties with more resources shall make available additional resources to WHO for assisting developing countries to develop, strengthen and maintain the capacities MYS, IDN, COL]

4. WHO shall collect information regarding events through its surveillance activities and assess their potential to cause international disease spread and possible interference with international traffic. Information received by WHO under this paragraph shall be handled in accordance with Articles 11 and 45 where appropriate.

[5. WHO should develop a early warning criteria for assessing and progressively updating the national, regional, or global risk posed by an event of known or unknown causes or sources and shall convey this risk assessment to states parties in accordance with Article 11 &45 where appropriate IND] RESERVE EU]

RETAIN Bureau text /Current IHR text: AF GROUP+EGY, BRA, PRY, URY; BOL, ARG, JPN, MCO, CHL, UK, ARE, MAR, SYR

Proposed Sub-group's text, presented on 8 February 2024

Article 6 Notification

1. Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2. Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. If the notification received by WHO involves the competency of the International Atomic Energy Agency (IAEA), WHO shall immediately notify the IAEA.

2. Following a notification, a State Party shall continue to communicate to WHO timely, accurate and sufficiently detailed public health information available to it on the notified event, where possible including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed; and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern.

Proposed Sub-group's text, presented on 8 February 2024

Article 7 Information-sharing during unexpected or unusual public health events

If a State Party has evidence of an unexpected or unusual public health event within its territory, irrespective of origin or source, which may constitute a public health emergency of international concern, it shall provide to WHO all relevant public health information. In such a case, the provisions of Article 6 shall apply in full.

Article 8 Consultation: Bureau's text proposal below

Article 8 Consultation

In the case of events occurring within its territory not requiring notification as provided in Article 6, ~~in particular~~ **including** those events for which there is insufficient information available to complete the decision instrument [**in order to assess the event within 48 hours in accordance with paragraph 6(a) of Annex 1 DEL CHN, IRN, SYR**], a State Party [**should DEL USA, MAR, QAT**] [**is strongly encouraged to USA, JPN**] [~~may~~RETAIN QAT] nevertheless [**consider DEL USA, MAR**] [, **whenever appropriate, DEL EU, MEX, USA, JPN, URY, MAR / RETAIN SYR**] [~~keep~~ USA, MAR] [**keeping DEL USA, MAR**] WHO advised thereof [**in a timely manner EU, JPN / DEL MEX, MAR**] through the National IHR Focal Point and consult with WHO on appropriate health measures [**within 72 hours of the event being reported USA**]. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained by that State Party.

RETAIN Bureau text: IND, UK, BRA, MCO, AUS, CAN, THA, PRY, MYS, NGA, AF GROUP+EGY, TUN, URY, ARE, DOM, SYR, COL, PHL, BRN, JAM, FJI
RETAIN current IHR text: RUS, CHL, SYR

[**ALT** In the case of events occurring within its territory not requiring notification as provided in Article 6, a State Party may **keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures.**~~in particular including~~ **In the case of events occurring within its territory those events** for which there is insufficient information available to complete the decision instrument [**in order to DEL EU / and EU**] **assess the event within 48 hours [in accordance with paragraph 6(a) of Annex 1 DEL ITA]**, a State Party **should/is strongly encouraged to** ~~may~~ nevertheless **consider, whenever appropriate,** ~~keeping~~ WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures [**within [24 hours DEL BRA, EU / ALT in a timely manner EU, BRA] of assessment of public health information DEL ISR**]. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained by that State Party. **JPN, ISR / RESERVE PAK, USA, CHN, SYR, IRN, KOR, IND, CHL, PRY, FJI, BRN, MAR, MYS, IDN, BGD, RUS**]

Article 9 Other reports: Retain current IHR text below

Article 9 Other reports

1. WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. Before taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end, WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source. This information will be used in accordance with the procedure set forth in Article 11.

2. States Parties shall, as far as practicable, inform WHO within 24 hours of receipt of evidence of a public health risk identified outside their territory that may cause international disease spread, as manifested by exported or imported:

- (a) human cases;
- (b) vectors which carry infection or contamination; or
- (c) goods that are contaminated.

RETAIN Bureau text / current IHR text : ALL

Sub-group's text, presented on 8 February 2024

Article 10 Verification

1. WHO shall request, in accordance with Article 9, verification from a State Party of reports from sources other than notifications or consultations of events which may constitute a public health emergency of international concern allegedly occurring in the State's territory. In such cases, WHO shall inform the State Party concerned regarding the reports it is seeking to verify.

2. Pursuant to the foregoing paragraph and to Article 9, each State Party, when requested by WHO, shall verify and provide:

(a) within 24 hours, an initial reply to, or acknowledgement of, the request from WHO;

(b) within 24 hours, available public health information on the status of events referred to in WHO's request; and

(c) information to WHO in the context of an assessment under Article 6, including relevant information as described in that Article.

3. When WHO receives information of an event that may constitute a public health emergency of international concern, it shall offer to collaborate with the State Party concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. Such activities may include collaboration with other standard-setting organizations and the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.

4. If the State Party does not accept the offer of collaboration, WHO may, when justified by the magnitude of the public health risk, share with other States Parties the information available to it, whilst encouraging the State Party to accept the offer of collaboration by WHO, taking into account the views of the State Party concerned.

Proposed Sub-group's text, presented on 8 February 2024

Article 11 Provision of information by WHO

1. Subject to paragraph 2 of this Article, WHO shall send to all States Parties and, as appropriate, to relevant intergovernmental organizations, as soon as possible and by the most efficient means available, in confidence, such public health information which it has received under Articles 5 to 10 inclusive and which is necessary to enable States Parties to respond to a public health risk. WHO should communicate information to other States Parties that might help them in preventing the occurrence of similar incidents, **[including via an early action alert by the Director-General. DEL NAM]**

2. WHO shall use information received under Articles 6 and 8 and paragraph 2 of Article 9 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall not make this information generally available to other States Parties, until such time as:

(a) the event is determined to constitute a public health emergency of international concern, **including a pandemic emergency**, in accordance with Article 12; or

(b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or

(c) there is evidence that:

(i) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or

(ii) the State Party lacks sufficient operational capacity to carry out necessary measures to prevent further spread of disease; or

(c bis) the response to an early action alert may require, or is requiring, a WHO-coordinated international action;

(d) the nature and scope of the international movement of travellers, baggage, cargo, containers, conveyances, goods or postal parcels that may be affected by the infection or contamination requires the immediate application of international control measures.

3. WHO shall consult with the State Party in whose territory the event is occurring as to its intent to make information available under this Article.

4. When information received by WHO under paragraph 2 of this Article is made available to States Parties in accordance with these Regulations, WHO may also make it available to the public if other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.

Proposed Sub-group's text, presented on 8 February 2024

Article 12 Determination of a[n early action alert DEL NOR, CHN, NAM, BGD, QAT / RESERVE UGA], a public health emergency of international concern and a pandemic emergency

1. The Director-General shall determine, on the basis of the information received, in particular from the State(s) Party(ies) within whose territory an event is occurring, whether an event [**calls for an early action alert DEL NOR, CHN, NAM, BGD, QAT / RESERVE UGA**] or constitutes a public health emergency of international concern, **including, when appropriate, a pandemic emergency**, in accordance with the criteria and the procedure set out in these Regulations.

2. If the Director-General considers, based on an assessment under these Regulations, that a public health emergency of international concern is occurring, the Director-General shall consult with the State(s) Party(ies) in whose territory the event arises regarding this preliminary determination. If the Director-General and the State(s) Party(ies) are in agreement regarding this determination, the Director-General shall, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the "Emergency Committee") on appropriate temporary recommendations.

3. If, following the consultation in paragraph 2 above, the Director-General and the State(s) Party(ies) in whose territory the event arises do not come to a consensus within 48 hours on whether the event constitutes a public health emergency of international concern a determination shall be made in accordance with the procedure set forth in Article 49.

4. In determining whether an event constitutes a public health emergency of international concern, the Director-General shall consider:

- (a) information provided by the State(s) Party(ies);
- (b) the decision instrument contained in Annex 2;
- (c) the advice of the Emergency Committee;
- (d) scientific principles as well as the available scientific evidence and other relevant information;
and
- (e) an assessment of the risk to human health, of the risk of international spread of disease and of the risk of interference with international traffic.

New 5. The Director-General shall also determine whether a public health emergency of international concern also constitutes a pandemic emergency.

~~5-6.~~ If the Director-General, following consultations with ~~the States Partyies~~ within whose territories the public health emergency of international concern or the pandemic emergency has occurred, considers that a public health emergency of international concern **or a pandemic emergency**, has ended, the Director-General shall take a decision in accordance with the procedure set out in Article 49.

Article 13 Public health response: Bureau's text proposal below

Article 13 Public health response

[1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in Annex 1. WHO shall publish, in consultation with Member States, guidelines to support States Parties in the development of public health response capacities. [ADD Developed country State Parties and WHO undertake to provide resources to developing countries for the building of capacities pursuant to this provision equivalent to the amount of resources they provided to build capacities under Article 5. BGD, IRN, MYS, SYR, NAM, SWZ] RETAIN current IHR text USA, IDN]

2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Review Committee. After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.

[3. ~~[At the request of a State Party,~~ RETAIN AF GROUP+EGY, RUS, IRN, TUR, SYR] WHO shall **offer to collaborate** [, including at the request by a State Party FJI, SGP, NOR] in the response to public health risks and other events. **[Upon the acceptance of such offer by the State Party or State Parties , NOR] [concerned DEL NOR][, or at the request of [a DEL BRA] [the BRA] State Party, whichever is earlier, DEL CHN] WHO shall** ~~by providing~~ AF GROUP+EGY, SYR] technical guidance and assistance and ~~by assessing~~ the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, when necessary. CHL, PHL, AUS / RESERVE USA]

ALT

[3. WHO shall provide technical guidance and assistance, assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, when necessary, in response to the offer to collaborate, in addressing the public health risks and other events, either requested by a state party or state parties, or offered by WHO, given that such offer is accepted by the state party or state parties concerned. PAK]

ALT

[3. WHO shall offer to collaborate with States Parties in the response to public health risks and other events. States Parties may also make such a request to WHO. Upon acceptance by the State Party, WHO shall provide technical guidance and assistance, including assessing the effectiveness of the control measures in place and mobilizing international teams of experts for on-site assistance, when necessary. NOR]

[[4. If WHO, in consultation with the States Parties concerned as provided in Article 12, determines that a public health emergency of international concern is occurring, it [~~shall may~~ AF GROUP+EGY, SYR] offer, in addition to the support indicated in paragraph 3 of this Article, further assistance to the State Party, including an assessment of the severity of the international risk and the adequacy of control measures. Such collaboration may include the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. ~~[When requested by the State Party,~~

RETAIN AF GROUP+EGY, SYR] WHO shall provide information supporting such an offer. [The State Party shall make all possible efforts to reply to such an offer [within 72 hours from its receipt DEL CHL, IDN] [, including the rationale for the reply. The Director-General may decide to share the reply so received with all other States Parties. DEL AF GROUP+EGY, SYR, MYS, PHL, CHN] DEL PAK] RESERVE USA, IRN] RETAIN Bureau text AUS]

[5. When requested by WHO, States Parties ~~shall~~ ~~should~~ provide, [to the extent possible DEL BGD, MYS], support to WHO-coordinated response activities, [including those related to the provision of health products, technologies and know-how. DEL BGD, MYS / ALT including supply of health products and technologies, especially diagnostics and other devices, personal protective equipment, therapeutics, and vaccines, for effective response to PHEIC occurring in another State Party's jurisdiction and/or territory, capacity building for the incident management systems as well as for rapid response teams. Any State Party unable to fulfil such requests shall inform the reasons for the same to WHO and the Director General shall include the same in the report submitted to WHA under Article 54 of these Regulations BGD, NAM, SYR, SWZ, MYS] RETAIN AF GROUP+EGY, SYR, CHL, PHL / RETAIN current IHR text USA]

6. When requested, WHO shall provide appropriate guidance and assistance to other States Parties affected or threatened by the public health emergency of international concern.

RETAIN Bureau text: MEX, FJI, SGP, SAU, CRI, NZL

RESERVE Bureau text: IND

COMPLEMENTARY Proposed Sub-group's text, presented on 8 February 2024

Article 13 Public health response

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern, **including a pandemic emergency**, as set out in Annex 1. WHO shall publish, in consultation with Member States, guidelines to support States Parties in the development of public health response capacities.
2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Review Committee. After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.
3. At the request of a State Party, WHO shall collaborate in the response to public health risks and other events by providing technical guidance and assistance and by assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, when necessary.
4. If WHO, in consultation with the State(s) Parties concerned as provided in Article 12, determines that a public health emergency of international concern, **including a pandemic emergency**, is occurring, it may offer, in addition to the support indicated in paragraph 3 of this Article, further assistance to the State(s) Party(ies), including an assessment of the severity of the international risk and the adequacy

of control measures. Such collaboration may include the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.

5. When requested by WHO, States Parties should provide, to the extent possible, support to WHO-coordinated response activities.

6. When requested, WHO shall provide appropriate guidance and assistance to other States Parties affected or threatened by the public health emergency of international concern **or a pandemic emergency**.

Part III. Recommendations

Article 15 Temporary recommendations: Bureau's text proposal below

Article 15 Temporary recommendations

1. If it has been determined in accordance with Article 12 that a public health emergency of international concern is occurring, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be modified or extended as appropriate, including after it has been determined that a public health emergency of international concern has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.

[2. Temporary recommendations may include health measures to be implemented by the State Party experiencing the public health emergency of international concern, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods, **[including [relevant UK, CHL] health products RETAIN USA, IDN, AFR GROUP+EGY, CHL, ZAF, ETH, SYR, PHL, JPN, COL, BRA, BGD / DEL RUS], [technology and know-how AFR GROUP+EGY, ZAF, DOM, ETH, PHL, BGD]** and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic. JPN]

[2bis. When communicating the issuance, modification or extension of temporary recommendations, the Director-General shall [endeavor to DEL MYS, PAK, BGD, COL, FJI, SYR, URY, BRA, AFR GROUP+EGY, NGA, ZAF, DOM, ETH, CHN, PHL, BRN] [provide recommendations AFR GROUP+EGY, ZAF, ETH] [provide [information DEL MYS, BGD, COL, FJI, SYR, BRA, AFR GROUP+EGY, ZAF, ETH, CHN, BRN] [measures MYS, PAK, BGD, COL, FJI, SYR, BRA, NGA, CHN] DEL URY, BRA, BRN] [ALT adopt measures and provide information URY, BRA, DOM] to States Parties on access to, and [availability of JPN] [allocation of, DEL JPN] health products, [technologies and know-how through WHO-coordinated mechanisms [for fair and equitable access MYS, BGD, COL, FJI, SYR, BRA, IRN, NGA, IDN, ZAF, PAK, CHN, PHL, BWA, IND, ZMB, NAM, DOM, BRN]. DEL JPN] DEL USA, RUS, UK, ISR, CHL]

3. Temporary recommendations may be terminated in accordance with the procedure set out in Article 49 at any time and shall automatically expire three months after their issuance. They may be modified or extended for additional periods of up to three months. Temporary recommendations may not continue beyond the second World Health Assembly after the determination of the public health emergency of international concern to which they relate.

RETAIN Bureau text: NOR, EU, IND, CRI, MCO, ARE, SAU, QAT

ALT Bureau's text, presented on 9 February 2024

Article 15 Temporary recommendations

1. If it has been determined in accordance with Article 12 that a public health emergency of international concern is occurring, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be modified or extended as appropriate, including after it has been determined that a public health emergency of international concern has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.

[2. Temporary recommendations may include health measures to be implemented by the State Party experiencing the public health emergency of international concern, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods [; DEL EU] [, EU] **including pertinent health products**; and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.

3. Temporary recommendations may be terminated in accordance with the procedure set out in Article 49 at any time and shall automatically expire three months after their issuance. They may be modified or extended for additional periods of up to three months. Temporary recommendations may not continue beyond the second World Health Assembly after the determination of the public health emergency of international concern to which they relate.

RETAIN BUREAU TEXT: ARE,

RETAIN CURRENT IHR TEXT: CHE

DEL BUREAU TEXT: AF GROUP + EGY

COMPLEMENTARY Proposed Sub-group's text, presented on 8 February 2024

Article 15 Temporary recommendations

1. If it has been determined in accordance with Article 12 that a public health emergency of international concern **or a pandemic emergency** is occurring, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be modified or extended as appropriate, including after it has been determined that a public health emergency of international concern **or a pandemic emergency**, has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.

2. Temporary recommendations may include health measures to be implemented by the State(s) Party(ies) experiencing the public health emergency of international concern **or a pandemic emergency**, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.

3. Temporary recommendations may be terminated in accordance with the procedure set out in Article 49 at any time and shall automatically expire three months after their issuance. They may be modified or extended for additional periods of up to three months. Temporary recommendations may not continue beyond the second World Health Assembly after the determination of the public health emergency of international concern **or a pandemic emergency**, to which they relate.

Article 16 Standing recommendations: Bureau's text proposal below

Article 16 Standing recommendations

1. WHO may make standing recommendations of appropriate health measures in accordance with Article 53 for routine or periodic application. Such measures may be applied by States Parties regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels for specific, ongoing public health risks in order to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic. WHO may, in accordance with Article 53, modify or terminate such recommendations, as appropriate.

[2. When communicating the issuance, modification or extension of standing recommendations, the Director-General shall [endeavour to DEL MYS, BGD, COL, NGA, UGA, FJI, SYR, DOM, AFR GROUP+EGY, PSE, BRA, IND, TUN, SWZ, ARE, PHL, PAK, ZAF] provide [information DEL MYS, BGD, COL, NGA, UGA, FJI, SYR, DOM, AFR GROUP+EGY, PSE, BRA, IND, TUN, ARE, PAK, ZAF] [measures MYS, BGD, COL, NGA, UGA, FJI, SYR, DOM, AFR GROUP+EGY, PSE, BRA, IND, TUN, ARE, PAK, ZAF] [ALT adopt measures and provide information URY, BRA] to States Parties on access to, and [availability JPN, PHL] [allocation DEL JPN / RETAIN URY] of, health products, [technologies and know-how through WHO-coordinated mechanisms [for fair and equitable access MYS, BGD, COL, NGA, UGA, FJI, SYR, URY, DOM, AFR GROUP+EGY, PSE, BRN, BRA, IRN, IND, TUN, IDN, ARE, PHL, SWZ, PAK, ZAF, PER]. DEL JPN] DEL RUS, USA, ISR]

RETAIN Bureau text: QAT, SAU, MCO

ALT Bureau's text, presented on 9 February 2024

Article 16 Standing recommendations

1. WHO may make standing recommendations of appropriate health measures in accordance with Article 53 for routine or periodic application. Such measures may be applied by States Parties regarding persons, baggage, cargo, containers, conveyances, goods; **including pertinent health products;** and/or postal parcels for specific, ongoing public health risks in order to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic. WHO may, in accordance with Article 53, modify or terminate such recommendations, as appropriate.

RETAIN CURRENT IHR TEXT: CHE

DEL BUREAU TEXT: AF GROUP + EGY

Article 17 Criteria for recommendations: Bureau's text proposal below

Article 17 Criteria for recommendations

When issuing, modifying or terminating temporary or standing recommendations, the Director-General shall consider:

- (a) the views of the States Parties directly concerned;
- (b) the advice of the Emergency Committee or the Review Committee, as the case may be;
- (c) scientific principles as well as available scientific evidence and information;
- (d) health measures that, on the basis of a risk assessment appropriate to the circumstances, are not more restrictive of international traffic and trade and are not more intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection;
- (e) relevant international standards and instruments;
- (f) activities undertaken by other relevant intergovernmental organizations and international bodies; ~~and~~
- (g) other appropriate and specific information relevant to the event; ~~[and-~~

h) the availability of relevant health products [, technologies and know-how, including in the context of WHO-coordinated access and allocation mechanisms. DEL JPN] DEL RUS, SYR, USA]

[ALT h) the availability of relevant health products, technologies and know-how, including in the context of WHO-coordinated access and allocation mechanisms for a fair and equitable access BGD, MYS, SYR]

With respect to temporary recommendations, the consideration by the Director-General of subparagraphs (e) [and DEL EU] (f) [and (h) EU] of this Article may be subject to limitations imposed by urgent circumstances.

RETAIN Bureau text: UGA, IND, UK, JAM, NAM, QAT, MCO, CRI, FJI, BRA, PAK, SAU, MWI, CHL, COL, MEX, AFR GROUP+EGY, TUN, PRY, IDN, IRN, PHL, GMB, BRN, NOR, EU, ARE

ALT Bureau's text, presented on 9 February 2024

Article 17 Criteria for recommendations

When issuing, modifying or terminating temporary or standing recommendations, the Director-General shall consider:

- (a) the views of the States Parties directly concerned;
- (b) the advice of the Emergency Committee or the Review Committee, as the case may be;
- (c) scientific principles as well as available scientific evidence and information;

(d) health measures that, on the basis of a risk assessment appropriate to the circumstances, are not more restrictive of international traffic and trade and are not more intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection;

(e) relevant international standards and instruments.

(f) activities undertaken by other relevant intergovernmental organizations and international bodies; **and**

(g) other appropriate and specific information relevant to the event; **and**;

h) equity and accessibility to relevant health products in the context of WHO coordinated access and allocation mechanisms

With respect to temporary recommendations, the consideration by the Director-General of subparagraphs (e) and (f) of this Article may be subject to limitations imposed by urgent circumstances.

RETAIN CURRENT IHR TEXT: CHE

DEL BUREAU TEXT: AF GROUP + EGY

Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels: Bureau's text proposal below

Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

1. Recommendations issued by WHO to States Parties with respect to persons may include the following advice:

- no specific health measures are advised;
- review travel history in affected areas;
- review proof of medical examination and any laboratory analysis;
- require medical examinations;
- review proof of vaccination or other prophylaxis;
- require vaccination or other prophylaxis; – place suspect persons under public health observation;
- implement quarantine or other health measures for suspect persons;
- implement isolation and treatment where necessary of affected persons;
- implement tracing of contacts of suspect or affected persons;
- refuse entry of suspect and affected persons;
- refuse entry of unaffected persons to affected areas; and
- implement exit screening and/or restrictions on persons from affected areas.

2. Recommendations issued by WHO to States Parties with respect to baggage, cargo, containers, conveyances, goods and postal parcels may include the following advice:

- no specific health measures are advised;
- review manifest and routing;
- implement inspections;
- review proof of measures taken on departure or in transit to eliminate infection or contamination;
- implement treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs;
- the use of specific health measures to ensure the safe handling and transport of human remains;
- implement isolation or quarantine;
- seizure and destruction of infected or contaminated or suspect baggage, cargo, containers, conveyances, goods or postal parcels under controlled conditions if no available treatment or process will otherwise be successful; and
- refuse departure or entry.

3. Recommendations issued by WHO to States Parties shall take into account the need to:

(a) facilitate international [travel DEL AUS, BRA/ RETAIN EU, FJI] [traffic AUS, BRA/ DEL EU, FJI], as appropriate, including of: health workers, particularly in response to public health risks and needs [; transport workers EU, TUR] [; persons in life-threatening [or humanitarian EU] situations; persons travelling for [emergency UK] family reunification purposes; and persons in need of repatriation DEL AUS, RUS, USA, CHN]. This provision is without prejudice to Article 23 of these Regulations; and

(b) maintain international supply chains, including for health products [and food supplies DEL IND, RUS, CHN].

ALT

[3. Recommendations issued by WHO to States Parties shall take into account the need to avoid unnecessary interference with international travel and trade as appropriate, in consultation with relevant international agency by: a) appropriately exempting health workers, particularly in response to public health risks and needs, persons in life-threatening situations and persons in need of repatriation from travel restrictions b) maintaining international supply chains, including for health products and food supplies." JPN]

RETAIN BUREAU TEXT: CAN, NOR, IND, TUR, BGD, MYS, BRA, UK, IDN, PAN, FJI, USA, MERCOSUR: PRY, URY, BOL, ARG, BRA, PHL, PER, SAU, MEX, QAT, KWT, PAK, COL, ARE, DOM, TUN, BRN, JAM, MAR, MCO,

ALT Bureau's text, presented on 9 February 2024

Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

1. Recommendations issued by WHO to States Parties with respect to persons may include the following advice:

- no specific health measures are advised;
- review travel history in affected areas;
- review proof of medical examination and any laboratory analysis;
- require medical examinations;
- review proof of vaccination or other prophylaxis;
- require vaccination or other prophylaxis; – place suspect persons under public health observation;
- implement quarantine or other health measures for suspect persons;
- implement isolation and treatment where necessary of affected persons;
- implement tracing of contacts of suspect or affected persons;
- refuse entry of suspect and affected persons;
- refuse entry of unaffected persons to affected areas; and
- implement exit screening and/or restrictions on persons from affected areas.
- **facilitate international travel, as needed, including that of healthcare professionals and individuals in humanitarian or life-threatening situations.**

2. Recommendations issued by WHO to States Parties with respect to baggage, cargo, containers, conveyances, goods and postal parcels may include the following advice:

- no specific health measures are advised;
- review manifest and routing;
- implement inspections;
- review proof of measures taken on departure or in transit to eliminate infection or contamination;
- implement treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs;
- the use of specific health measures to ensure the safe handling and transport of human remains;
- implement isolation or quarantine;
- seizure and destruction of infected or contaminated or suspect baggage, cargo, containers, conveyances, goods or postal parcels under controlled conditions if no available treatment or process will otherwise be successful; ~~and~~
- refuse departure or entry; **and**

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- maintain supply chains, including for pertinent health products

RETAIN CURRENT IHR TEXT: CHE

DEL BUREAU TEXT: AF GROUP + EGY

Part IV. Points of entry

Article 19 General obligations: Retain current IHR text below

Article 19 General obligations

Each State Party shall, in addition to the other obligations provided for under these Regulations:

- (a) ensure that the capacities set forth in Annex 1 for designated points of entry are developed within the timeframe provided in paragraph 1 of Article 5 and paragraph 1 of Article 13;
- (b) identify the competent authorities at each designated point of entry in its territory; and
- (c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.

RETAIN Bureau's text proposal BRA, ISR, EU, COL, JAM, CRI

Part V. Public health measures

Article 23 Health measures on arrival and departure: Retain current IHR text below

Article 23 Health measures on arrival and departure

1. Subject to applicable international agreements and relevant articles of these Regulations, a State Party may require for public health purposes, on arrival or departure:

(a) with regard to travellers:

(i) information concerning the traveller's destination so that the traveller may be contacted;

(ii) information concerning the traveller's itinerary to ascertain if there was any travel in or near an affected area or other possible contacts with infection or contamination prior to arrival, as well as review of the traveller's health documents if they are required under these Regulations; and/or

(iii) a non-invasive medical examination which is the least intrusive examination that would achieve the public health objective;

(b) inspection of baggage, cargo, containers, conveyances, goods, postal parcels and human remains.

2. On the basis of evidence of a public health risk obtained through the measures provided in paragraph 1 of this Article, or through other means, States Parties may apply additional health measures, in accordance with these Regulations, in particular, with regard to a suspect or affected traveller, on a case-by-case basis, the least intrusive and invasive medical examination that would achieve the public health objective of preventing the international spread of disease.

3. No medical examination, vaccination, prophylaxis or health measure under these Regulations shall be carried out on travellers without their prior express informed consent or that of their parents or guardians, except as provided in paragraph 2 of Article 31, and in accordance with the law and international obligations of the State Party.

4. Travellers to be vaccinated or offered prophylaxis pursuant to these Regulations, or their parents or guardians, shall be informed of any risk associated with vaccination or with non-vaccination and with the use or non-use of prophylaxis in accordance with the law and international obligations of the State Party. States Parties shall inform medical practitioners of these requirements in accordance with the law of the State Party.

5. Any medical examination, medical procedure, vaccination or other prophylaxis which involves a risk of disease transmission shall only be performed on, or administered to, a traveller in accordance with established national or international safety guidelines and standards so as to minimize such a risk.

RETAIN Bureau's text proposal MCO, BRA, SGP, AF GROUP+EGY, BRN, CHN, SYR

Article 24 Conveyance operators: Bureau's text proposal below

Article 24 Conveyance operators

1. States Parties shall take all practicable measures consistent with these Regulations to ensure that conveyance operators:

(a) comply with the health measures [which may include isolation and quarantine JPN/ RESERVE IRN] recommended by WHO and adopted by the State Party [including FJI] **for application on board as well as during embarkation and disembarkation;** [Such measures, including isolation and quarantine, shall be based on available evidence; CAN, CHL, USA, UGA/DEL NAM, JPN/ RESERVE KOR, CHN, IRN, NGA]

(b) inform travellers of the health measures recommended by WHO and adopted by the State Party [including FJI] for application on board **as well as during embarkation and disembarkation;** and

(c) permanently keep conveyances for which they are responsible free of sources of infection or contamination, including vectors and reservoirs. The application of measures to control sources of infection or contamination may be required if evidence is found.

RETAIN BUREAU TEXT: IND, CAN, CHL, MYS, USA, NAM, TUR, NGA, FJI, SYR, BRA, KOR, CHN, JAM, ARE, MCO, QAT, THA, SAU, BRN, AFG, KEN, PAN, MAR, KWT, PAK, MEX, TUN, DOM, BGD, NZL, ZFA, ETH, IRN, MAR

2. Specific provisions pertaining to conveyances and conveyance operators under this Article are provided in Annex 4. Specific measures applicable to conveyances and conveyance operators with regard to vector-borne diseases are provided in Annex 5.

ALT Bureau's text proposal, presented on 9 February 2024

Article 24 Conveyance operators

1. States Parties shall take all practicable measures consistent with these Regulations to ensure that conveyance operators:

(a) comply with the health measures, **[which may include isolation and quarantine as appropriate RESERVE IRN/ DEL RUS, SYR, MYS]**, recommended by WHO and adopted by the State Party **including for application on board as well as during embarkation and disembarkation;**

(b) inform travelers of the health measures recommended by WHO and adopted by the State Party **including** for application on board **as well as during embarkation and disembarkation;** and

(c) permanently keep conveyances for which they are responsible free of sources of infection or contamination, including vectors and reservoirs. The application of measures to control sources of infection or contamination may be required if evidence is found.

2. Specific provisions pertaining to conveyances and conveyance operators under this Article are provided in Annex 4. Specific measures applicable to conveyances and conveyance operators with regard to vector-borne diseases are provided in Annex 5.

RETAIN BUREAU TEXT FOR ART 4: JPN, USA, TUR, IND, CHL

Article 27 Affected conveyances: Bureau's text proposal below

Article 27 Affected conveyances

1. If clinical signs or symptoms and information based on fact or evidence of a public health risk, including sources of infection and contamination, are found on board a conveyance, the competent authority shall consider the conveyance as affected and may:

(a) disinfect, decontaminate, disinsect or derat the conveyance, as appropriate, or cause these measures to be carried out under its supervision; and

(b) decide in each case the technique employed to secure an adequate level of control of the public health risk as provided in these Regulations. Where there are methods or materials advised by WHO for these procedures, these should be employed, unless the competent authority determines that other methods are as safe and reliable.

The competent authority may implement additional health measures, including isolation **and quarantine** of the conveyances, as necessary, to prevent the spread of disease. Such additional measures should be reported to the National IHR Focal Point.

2. If the competent authority for the point of entry is not able to carry out the control measures required under this Article, the affected conveyance may nevertheless be allowed to depart, subject to the following conditions:

(a) the competent authority shall, at the time of departure, inform the competent authority for the next known point of entry of the type of information referred to under subparagraph (b); and

(b) in the case of a ship, the evidence found and the control measures required shall be noted in the Ship Sanitation Control Certificate. Any such conveyance shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies.

3. A conveyance that has been considered as affected shall cease to be regarded as such when the competent authority is satisfied that:

(a) the measures provided in paragraph 1 of this Article have been effectively carried out; and

(b) there are no conditions on board that could constitute a public health risk.

RETAIN Bureau's text proposal ALL

Article 28 Ships and aircraft at points of entry: Retain current IHR text below

Article 28 Ships and aircraft at points of entry

1. Subject to Article 43 or as provided in applicable international agreements, a ship or an aircraft shall not be prevented for public health reasons from calling at any point of entry. However, if the point of entry is not equipped for applying health measures under these Regulations, the ship or aircraft may be ordered to proceed at its own risk to the nearest suitable point of entry available to it, unless the ship or aircraft has an operational problem which would make this diversion unsafe.
2. Subject to Article 43 or as provided in applicable international agreements, ships or aircraft shall not be refused free pratique by States Parties for public health reasons; in particular they shall not be prevented from embarking or disembarking, discharging or loading cargo or stores, or taking on fuel, water, food and supplies. States Parties may subject the granting of free pratique to inspection and, if a source of infection or contamination is found on board, the carrying out of necessary disinfection, decontamination, disinsection or deratting, or other measures necessary to prevent the spread of the infection or contamination.
3. Whenever practicable and subject to the previous paragraph, a State Party shall authorize the granting of free pratique by radio or other communication means to a ship or an aircraft when, on the basis of information received from it prior to its arrival, the State Party is of the opinion that the arrival of the ship or aircraft will not result in the introduction or spread of disease.
4. Officers in command of ships or pilots in command of aircraft, or their agents, shall make known to the port or airport control as early as possible before arrival at the port or airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board as soon as such illnesses or public health risks are made known to the officer or pilot. This information must be immediately relayed to the competent authority for the port or airport. In urgent circumstances, such information should be communicated directly by the officers or pilots to the relevant port or airport authority.
5. The following shall apply if a suspect or affected aircraft or ship, for reasons beyond the control of the pilot in command of the aircraft or the officer in command of the ship, lands elsewhere than at the airport at which the aircraft was due to land or berths elsewhere than at the port at which the ship was due to berth:
 - (a) the pilot in command of the aircraft or the officer in command of the ship or other person in charge shall make every effort to communicate without delay with the nearest competent authority;
 - (b) as soon as the competent authority has been informed of the landing it may apply health measures recommended by WHO or other health measures provided in these Regulations;
 - (c) unless required for emergency purposes or for communication with the competent authority, no traveller on board the aircraft or ship shall leave its vicinity and no cargo shall be removed from that vicinity, unless authorized by the competent authority; and
 - (d) when all health measures required by the competent authority have been completed, the aircraft or ship may, so far as such health measures are concerned, proceed either to the airport or port at which it was due to land or berth, or, if for technical reasons it cannot do so, to a conveniently situated airport or port.

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6. Notwithstanding the provisions contained in this Article, the officer in command of a ship or pilot in command of an aircraft may take such emergency measures as may be necessary for the health and safety of travellers on board. He or she shall inform the competent authority as early as possible concerning any measures taken pursuant to this paragraph.

RETAIN Bureau's text proposal JPN (see Art. 22), CHL, COL, JAM, SAU, ALL

Article 31 Health measures relating to entry of travellers: Retain current IHR text below

Article 31 Health measures relating to entry of travellers

1. Invasive medical examination, vaccination or other prophylaxis shall not be required as a condition of entry of any traveller to the territory of a State Party, except that, subject to Articles 32, 42 and 45, these Regulations do not preclude States Parties from requiring medical examination, vaccination or other prophylaxis or proof of vaccination or other prophylaxis:

- (a) when necessary to determine whether a public health risk exists;
- (b) as a condition of entry for any travellers seeking temporary or permanent residence;
- (c) as a condition of entry for any travellers pursuant to Article 43 or Annexes 6 and 7; or
- (d) which may be carried out pursuant to Article 23.

2. If a traveller for whom a State Party may require a medical examination, vaccination or other prophylaxis under paragraph 1 of this Article fails to consent to any such measure, or refuses to provide the information or the documents referred to in paragraph 1(a) of Article 23, the State Party concerned may, subject to Articles 32, 42 and 45, deny entry to that traveller. If there is evidence of an imminent public health risk, the State Party may, in accordance with its national law and to the extent necessary to control such a risk, compel the traveller to undergo or advise the traveller, pursuant to paragraph 3 of Article 23, to undergo:

- (a) the least invasive and intrusive medical examination that would achieve the public health objective;
- (b) vaccination or other prophylaxis; or
- (c) additional established health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation.

RETAIN Bureau's text proposal IND, ALL

Part VI. Health documents

Article 35 General rule: Bureau's text proposal below

Article 35 General rule

[1. No health documents, other than those provided for under these Regulations or in recommendations issued by WHO, shall be required in international traffic, provided however that this Article shall not apply to travellers seeking temporary or permanent residence, nor shall it apply to document requirements concerning the public health status of goods or cargo in international trade pursuant to applicable international agreements. The competent authority may request travellers to complete contact information forms and questionnaires on the health of travellers, provided that they meet the requirements set out in Article 23. JPN, SWZ]

[2. Health documents under these Regulations may be issued on [paper DEL IDN / non-digital IDN], digital format [or any other possible DEL IDN] format, subject to the obligations of any State Party regarding the format of such documents deriving from other international agreements. JPN, CHN, FJI, SWZ, NOR, SGP, UGA, USA]

[3. [Regardless of the format in which health documents [under these Regulations SGP, USA, AUS] have been issued, each State Party shall [accept as valid [such SGP, AUS, USA] DEL EU, CHN / ADD deem as authentic EU, CHN, USA / RETAIN NGA, ZMB] [the DEL SGP, AUS] health documents issued by other States Parties, as long as the health documents' authenticity can be ascertained [[by [all DEL EU, CHN, USA] States Parties [[including SGP][through [digital or EU, CHN, NGA] non-digital means. JPN] DEL IND, USA, AUS, FJI, UK, BWA] DEL EU]

[[4. .WHO, in consultation with States Parties, shall develop and update, as necessary, technical guidance, including [advised DEL EU, MEX / RETAIN NGA, SWZ, ZMB] specifications or standards related to the issuance and ascertainment of authenticity of health documents in digital format [as well as non-digital format JPN, COL / RESERVE NGA]. Such specifications or standards shall be in accordance with Article 45 regarding treatment of personal data. CHN, NOR, SGP, USA] FJI] [and supporting the progressive achievement of the interoperability of information technology platforms EU, PHL, TUR / RESERVE MEX, BGD, SWZ, IND / DEL NGA, UGA, BWA, ZMB]

RETAIN Bureau text: MCO, CHL, BRA, MEX, MYS, PRY, ARG, URY, BOL, SAU, RUS, CRI, QAT, MAR, KWT, ARE, AUS, JAM, TUN, UK, ETH, COL

ALT proposed Bureau's text, presented on 9 February 2024

Article 35 General rule

1. No health documents, other than those provided for under these Regulations or in recommendations issued by WHO, shall be required in international traffic, provided however that this Article shall not apply to travellers seeking temporary or permanent residence, nor shall it apply to document requirements concerning the public health status of goods or cargo in international trade pursuant to applicable international agreements. The competent authority may request travellers to complete contact information forms and questionnaires on the health of travellers, provided that they meet the requirements set out in Article 23.

2. Health documents under these Regulations may be issued in digital format or non-digital format, subject to the obligations of any State Party regarding the format of such documents deriving from other international agreements.

[3. Regardless of the format in which [relevant NGA, UK, BGD] health documents under these Regulations have been issued, each State Party shall accept health documents issued by other States Parties , as long as the health documents conform to the Annexes referred to in Articles 36 to 39 and their authenticity can be ascertained. RESERVE USA, EU, UK]

4. WHO, in consultation with States Parties, shall develop and update, as necessary, technical guidance, including specifications or standards related to the issuance and ascertainment of authenticity of health documents, both in digital format and non-digital format. Such specifications or standards shall be in accordance with Article 45 regarding treatment of personal data.

RETAIN Bureau text: MEX (ensure consistent terminology), AUS, TUR, BRA, MCO, COL, MYS, ARE, IND, RUS, FJI, CHN, IDN, BGD

Article 36 Certificates of vaccination or other prophylaxis: Retain current IHR text below

Article 36 Certificates of vaccination or other prophylaxis

1. Vaccines and prophylaxis for travellers administered pursuant to these Regulations, or to recommendations and certificates relating thereto, shall conform to the provisions of Annex 6 and, when applicable, Annex 7 with regard to specific diseases.

2. A traveller in possession of a certificate of vaccination or other prophylaxis issued in conformity with Annex 6 and, when applicable, Annex 7, shall not be denied entry as a consequence of the disease to which the certificate refers, even if coming from an affected area, unless the competent authority has verifiable indications and/or evidence that the vaccination or other prophylaxis was not effective.

[3. In accordance with Article 35, other types of proofs and certificates, such as test certificates, issued in conformity with Annex XXX, may be considered by States Parties when accepting the entry of travellers into their territories, in particular when a vaccine or prophylaxis has not yet been made available for a disease in respect to which a public health emergency of international concern has been declared EU, IRL / RESERVE JPN]

RETAIN Bureau text: COL, JPN, AF GROUP+EGY, CHN, SAU, QAT, CHL, MYS, JAM, BGD, BRA, IND, IRN, UK, IDN, MAR, FJI, PER, CRI, SGP, MCO

Article 37 Maritime Declaration of Health: Bureau's text proposal below (conforming amendment to paragraphs 3, 4(a), and 4(b) deriving from proposed Bureau's text for Annex 8)

Article 37 Vessel ~~Maritime~~ Declaration of Health

ALT

*Article 37 **Ship** ~~Maritime~~ Declaration of Health*

RETAIN: ALL

1. The master of a ship, before arrival at its first port of call in the territory of a State Party, shall ascertain the state of health on board, and, except when that State Party does not require it, the master shall, on arrival, or in advance of the vessel's arrival if the vessel is so equipped and the State Party requires such advance delivery, complete and deliver to the competent authority for that port a **Ship Maritime** Declaration of Health which shall be countersigned by the ship's surgeon, if one is carried.

2. The master of a ship, or the ship's surgeon if one is carried, shall supply any information required by the competent authority as to health conditions on board during an international voyage.

3. A **Ship Maritime** Declaration of Health shall conform to the model provided in Annex 8.

4. A State Party may decide:

(a) to dispense with the submission of the **Ship Maritime** Declaration of Health by all arriving ships;
or

(b) to require the submission of the **Ship Maritime** Declaration of Health under a recommendation concerning ships arriving from affected areas or to require it from ships which might otherwise carry infection or contamination.

The State Party shall inform shipping operators or their agents of these requirements.

Part VIII. General provisions

Article 42 Implementation of health measures: Retain current IHR text below

Article 42 Implementation of health measures

Health measures taken pursuant to these Regulations shall be initiated and completed without delay, and applied in a transparent and non-discriminatory manner. **[State Parties shall take all practicable measures, consistent with relevant national law [and their international obligations EU], to ensure that [non-State actors DEL TUR / relevant stakeholders TUR] operating in their respective jurisdictions comply with and implement health measures taken pursuant to these Regulations. MYS, BGD, AF GROUP+EGY, BRA, IDN, NGA, COL, PAK, FJI, ARE / RESERVE RUS, CHE, TUR, ISR, IND, MCO, SYR, USA / DEL MAR, JPN]**

RETAIN BUREAU TEXT/IHR CURRENT TEXT: QAT

Article 43 Additional health measures: Bureau's text proposal below

Article 43 Additional health measures

1. These Regulations shall not preclude States Parties from implementing health measures, in accordance with their relevant national law and obligations under international law, in response to specific public health risks or public health emergencies of international concern, which:

- (a) achieve the same or greater level of health protection than WHO recommendations; or
- (b) are otherwise prohibited under Article 25, Article 26, paragraphs 1 and 2 of Article 28, Article 30, paragraph 1 (c) of Article 31 and Article 33,

provided such measures are otherwise consistent with these Regulations.

Such measures shall not be more restrictive of international traffic and not more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection.

2. In determining whether to implement the health measures referred to in paragraph 1 of this Article or additional health measures under paragraph 2 of Article 23, paragraph 1 of Article 27, paragraph 2 of Article 28 and paragraph 2(c) of Article 31, States Parties shall base their determinations upon:

- (a) scientific principles;
- (b) available scientific evidence of a risk to human health, or where such evidence is insufficient, the available information including from WHO and other relevant intergovernmental organizations and international bodies; and
- (c) any available specific guidance or advice from WHO.

3. A State Party implementing additional health measures referred to in paragraph 1 of this Article which significantly interfere with international traffic shall provide to WHO the public health rationale and relevant scientific information for it. WHO shall share this information with other States Parties and shall share information regarding the health measures implemented. For the purpose of this Article, significant interference generally means refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, [including health products USA, CHL, CAN, SGP, MYS] and the like, or their delay, for more than F hours.

[3 bis. [When implementing additional health measures referred to in paragraph 1 of this article, EU, AUS, UK, MCO, NOR, CAN, SGP, ITA] States Parties shall take all practicable measures to [avoid interference with DEL EU, BWA, UK] [and MEX, IDN, FJI, SYR, MCO, NOR, ZAF, COL, DOM, MYS, BRA] [facilitate EU, BRA, BWA, MEX, UK, IDN, FJI, SYR, MCO, NOR, CAN, ZAF, ITA] [unhindered and equitable IRN, SYR, RUS/ DEL EU, UK] access to health products required for responding to a public health risk or a public health emergency of international concern. DEL USA, CHL, ISR]

RETAIN BUREAU TEXT: BGD, BRA, IRN, BWA, RUS, AUS, MEX, AFGROUP + EGY, IDN, FJI, ETH, SYR, MCO, CAN, SGP, ZAF, JAM, COL, DOM, KWT, KEN, MAR, SAU, ARE, TUN, NAM, BRN, QAT, NAM, MYS
RESERVE; IND,

4. After assessing information provided pursuant to paragraph 3 and 5 of this Article and other relevant information, WHO may request that the State Party concerned reconsider the application of the measures.

5. A State Party implementing additional health measures referred to in paragraphs 1 and 2 of this Article that significantly interfere with international traffic shall inform WHO, within 48 hours of implementation, of such measures and their health rationale unless these are covered by a temporary or standing recommendation.

6. A State Party implementing a health measure pursuant to paragraph 1 or 2 of this Article shall within three months review such a measure taking into account the advice of WHO and the criteria in paragraph 2 of this Article.

7. Without prejudice to its rights under Article 56, any State Party impacted by a measure taken pursuant to paragraph 1 or 2 of this Article may request the State Party implementing such a measure to consult with it, **either directly, or through the Director-General [who shall inform all States Parties thereof DEL JPN, RUS, MEX, ISR, CHN, NOR, ZAF, UK BGD, RESERVE USA]**. The purpose of such consultations is to clarify the scientific information and public health rationale underlying the measure and to find a mutually acceptable solution.

RETAIN BUREAU TEXT: MCO, KWT, MAR, BRN, QAT, MYS

RETAIN CURRENT IHR TEXT: SGP, CHL, IND

ALT

[7. Without prejudice to its rights under Article 56, any State Party that deems it is impacted by a measure taken pursuant to paragraph 1 or 2 of this Article shall inform the WHO and may request the State Party implementing such a measure to consult with it. On the basis of the information received, the DG or WHO Regional Directors on his or her behalf may also convene consultations. The purpose of such consultations is to clarify the scientific information and public health rationale underlying the measure and to find a mutually acceptable solution .

The Director-General or WHO Regional Directors on his/her behalf, as appropriate, shall:

1. facilitate those consultations and propose modalities for their conduct;
2. review all evidence available;
3. provide his or her views on the necessity and proportionality of the measures in question and, as appropriate, make suggestions or proposals on a mutually acceptable solution;
4. report to the Health Assembly on the conduct and outcome of consultations, with particular regard to general challenges and problems revealed by them. EU, BRA, BWA, ITA/ RESERVE USA, RUS, MEX, ZAF/ DEL AUS, FJI, ETH, CHN, SGP/ DEL UGA]

8. The provisions of this Article may apply to implementation of measures concerning travellers taking part in mass congregations.

Article 44 Collaboration and assistance: Bureau's text proposal below

Article 44 Collaboration and assistance

[1. **[Upon request of a State Party [and/ DEL EU] or of WHO, DEL NAM, BGD]** States Parties shall, **[to the extent possible, DEL NAM, BGD, NGA / RETAIN EU]**~~undertake~~ to collaborate with, **and assist** each other, **in particular developing countries, to the extent possible,** in: AF GROUP+EGY, BRA, BGD, FJI, IRN, SYR]

[(a) the detection and assessment of, and response to, events as provided under these Regulations, **including [by exchanging NAM, NGA, BGD] [through the exchange of DEL NAM, NGA, BGD] samples and genetic sequence data of pathogens [through an equitable and fair ABS system established under the World Health Organization NAM, BGD, NGA / RESERVE CO-CHAIRS];** RESERVE PAK, AF GROUP+EGY, SYR, COL, BRA, IDN, BGD, FJI, CHN, IRN]

[(b) the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of the ~~public health~~ **core** capacities required under **Annex 1** of these Regulations; RETAIN AF GROUP+EGY, SYR, BRA, BGD, FJI] [Include Def of Core Capacities in Art 1 FJI]

[(c) the mobilization of financial resources to facilitate implementation of their obligations under these Regulations; ~~and~~ RESERVE AF GROUP+EGY, SYR, BGD, FJI]

(d) the formulation of proposed laws and other legal and administrative provisions for the implementation of these Regulations-; **and**

[(e) facilitating [unhindered and equitable IRN, NGA] access to health products, technologies and know-how [, including DEL EU] through WHO-coordinated mechanisms. RETAIN AF GROUP+EGY, SYR, COL, BRA, BGD, FJI]

2. WHO shall collaborate with, **and assist** States Parties, upon request[, to the extent possible DEL AF GROUP+EGY, SYR, BGD, FJI], in:

[(a) the evaluation and assessment of their ~~core public health~~ **core** capacities in order to facilitate the effective implementation of these Regulations; **RETAIN AF GROUP+EGY, SYR, BRA, BGD, FJI]**

(b) the provision or facilitation of technical cooperation and logistical support to States Parties; and

[(c) the mobilization of financial resources to support developing countries in building, strengthening and maintaining the capacities provided for in Annex 1. **RETAIN AF GROUP+EGY, SYR, BGD, FJI]**

[(d) facilitating the exchange of samples and genetic sequence data of pathogens [through an equitable and fair ABS system established under the World Health Organization NAM / RESERVE CO-CHAIRS]; RESERVE AF GROUP+EGY, SYR, COL, BRA, IDN, BGD, FJI, CHN, IRN]

[(e) the formulation of proposed laws and other legal and administrative provisions for the implementation of these Regulations; RETAIN AF GROUP+EGY, SYR, BGD, FJI / RESERVE IRN]

[(f) facilitating [unhindered and equitable IRN, NGA] access to health products, technologies and

know-how, through WHO-coordinated mechanisms. RETAIN AF GROUP+EGY, SYR, COL, BRA, BGD, FJI]

3. Collaboration under this Article may be implemented through multiple channels, including bilaterally, through regional networks and the WHO regional offices, and through intergovernmental organizations and international bodies. [ADD and if undertaken shall be reported to Health Assembly through the report submitted under Article 54. BGD]

[4. The WHO, in collaboration with other international organizations, as appropriate, shall provide assistance in the organization of the collaboration provided for in this article, with particular regard to the needs of the least developed Party countries. The WHO shall report on the result obtained to the Governing Bodies every two years. EU /DEL UGA]

[4bis WHO shall provide to States Parties forms for facilitating the implementation of collaboration as provided in paragraph 1(a) of this article, which include information items essential for the effective implementation of public health response, where appropriate. JPN]

[4ter 4. WHO shall develop an evaluation mechanism that shall map the contributions of States Parties to build the public health capacities in other states Parties and shall assess the international coordination of public health preparedness and response to health emergencies. BGD]

RESERVE Bureau text: RUS, USA

Article 45 Treatment of personal data: Bureau's text proposal below

Article 45 Treatment of personal data

1. Health information collected or received by a State Party pursuant to these Regulations from another State Party or from WHO which refers to an identified or identifiable person shall be kept confidential and processed anonymously as required by national law.

2. Notwithstanding paragraph 1, States Parties may **process and disclose** ~~and process~~ personal data where essential for the purposes of assessing and managing a public health risk, but State Parties, in accordance with national law, and WHO must ensure that the personal data are:

[ALT 2. Notwithstanding paragraph 1, States Parties may ~~disclose and~~ process **and disclose** personal data where essential for the purposes of assessing and managing a public health risk, **unless conditioned by the State Party which provided the information in advance**, but State Parties, in accordance with national law, and WHO must ensure that the personal data are: JPN, MYS, ARE, COL, BGD]

[ALT 2. Notwithstanding paragraph 1, States Parties may process and disclose personal data where essential for the purposes of assessing and managing a public health risk, unless the conditions set by the State Party which provided the information in advance, including through domestic legislation, are not met. State Parties, in accordance with national law, and WHO must ensure that the personal data are: EU]

- (a) processed fairly and lawfully, and not further processed in a way incompatible with that purpose;
- (b) adequate, relevant and not excessive in relation to that purpose;
- (c) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that data which are inaccurate or incomplete are erased or rectified; and
- (d) not kept longer than necessary.

[In the event that processing or disclosure of personal data pursuant to this paragraph would result in public disclosure of such personal data, the State Party concerned shall inform, if possible prior to such public disclosure, the State Party [having DEL JAM] [that JAM] provided the data. DEL JPN, CHE, USA, MYS, ARE / RETAIN IND]

3. Upon request, WHO shall as far as practicable provide an individual with his or her personal data referred to in this Article in an intelligible form, without undue delay or expense and, when necessary, allow for correction.

RETAIN Bureau text: CRI

Part IX. The IHR Roster of Experts, the Emergency Committee and the Review Committee

Chapter II – The Emergency Committee

Proposed Sub-group’s text, presented on 8 February 2024

Article 48 Terms of reference and composition

1. The Director-General shall establish an Emergency Committee that at the request of the Director-General shall provide its views on:
 - (a) whether an event constitutes a public health emergency of international concern;
 - (a bis) whether a public health emergency of international concern constitutes a pandemic emergency;**
 - (a ter) the termination of a pandemic emergency;**
 - (b) the termination of a public health emergency of international concern;
 - (c) the proposed issuance, modification, extension or termination of temporary recommendations.
2. The Emergency Committee shall be composed of experts selected by the Director-General from the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization. The Director-General shall determine the duration of membership with a view to ensuring its continuity in the consideration of a specific event and its consequences. The Director-General shall select the members of the Emergency Committee on the basis of the expertise and experience required for any particular session and with due regard to the principles of equitable geographical representation. At least one member of the Emergency Committee should be an expert nominated by a State Party within whose territory the event arises.
3. The Director-General may, on his or her own initiative or at the request of the Emergency Committee, appoint one or more technical experts to advise the Committee.

Proposed Sub-group's text, presented on 8 February 2024

Article 49 Procedure

1. The Director-General shall convene meetings of the Emergency Committee by selecting a number of experts from among those referred to in paragraph 2 of Article 48, according to the fields of expertise and experience most relevant to the specific event that is occurring. For the purpose of this Article, "meetings" of the Emergency Committee may include teleconferences, videoconferences or electronic communications.
2. The Director-General shall provide the Emergency Committee with the agenda and any relevant information concerning the event, including information provided by the States Parties, as well as any temporary recommendation that the Director-General proposes for issuance.
3. The Emergency Committee shall elect its Chairperson and prepare following each meeting a brief summary report of its proceedings and deliberations, including any advice on recommendations.
4. The Director-General shall invite the State Party in whose territory the event arises to present its views to the Emergency Committee. To that effect, the Director-General shall notify to it the dates and the agenda of the meeting of the Emergency Committee with as much advance notice as necessary. The State Party concerned, however, may not seek a postponement of the meeting of the Emergency Committee for the purpose of presenting its views thereto.
5. The views of the Emergency Committee shall be forwarded to the Director-General for consideration. The Director-General shall make the final determination on these matters.
6. The Director-General shall communicate to States Parties the determination and the termination of a public health emergency of international concern, **or a pandemic emergency**, any health measure taken by the State Party concerned, any temporary recommendation, and the modification, extension and termination of such recommendations, together with the views of the Emergency Committee. The Director-General shall inform conveyance operators through States Parties and the relevant international agencies of such temporary recommendations, including their modification, extension or termination. The Director-General shall subsequently make such information and recommendations available to the general public.
7. States Parties in whose territories the event has occurred may propose to the Director-General the termination of a public health emergency of international concern, and/or the temporary recommendations, and may make a presentation to that effect to the Emergency Committee.

Part X. Final provisions

Article 56 Settlement of disputes: Bureau's text proposal below

Article 56 Settlement of disputes

1. In the event of a dispute between two or more States Parties concerning the interpretation or application of these Regulations, the States Parties concerned shall seek in the first instance to settle the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation or conciliation. Failure to reach agreement shall not absolve the parties to the dispute from the responsibility of continuing to seek to resolve it.
2. In the event that the dispute is not settled by the means described under paragraph 1 of this Article, the States Parties concerned may agree to refer the dispute to the Director-General, who shall make every effort to settle it.
3. A State Party may at any time declare in writing to the Director-General that it accepts arbitration as compulsory with regard to all disputes concerning the interpretation or application of these Regulations to which it is a party or with regard to a specific dispute in relation to any other State Party accepting the same obligation. The arbitration shall be conducted in accordance with the Permanent Court of Arbitration [**Arbitration Rules** [2012 DEL FJI/RETAIN ISR] DEL USA] ~~Optional Rules for Arbitrating Disputes between Two States~~ [rules that are USA] applicable at the time a request for arbitration is made DEL ISR]. The States Parties that have agreed to accept arbitration as compulsory shall accept the arbitral award as binding and final. The Director-General shall inform the Health Assembly regarding such action as appropriate.

ALT

[3. A State Party may at any time declare in writing to the Director-General that it accepts arbitration as compulsory with regard to all disputes concerning the interpretation or application of these Regulations to which it is a party or with regard to a specific dispute in relation to any other State Party accepting the same obligation. The arbitration shall be conducted in accordance with the [the applicable arbitration rules of the IRN] Permanent Court of Arbitration [rules [or any successor rules USA] that are- applicable at the time a request for arbitration is made. IRN] The States Parties that have agreed to accept arbitration as compulsory shall accept the arbitral award as binding and final. The Director-General shall inform the Health Assembly regarding such action as appropriate. FJI, NGA, RUS, TUR, BRA, CHL, KOR, IRN, SYR, BRN, DOM, COL, MYS, BRA, SYR,]

RETAIN ORIGINAL IHR TEXT: BUREAU CO- CHAIR

4. Nothing in these Regulations shall impair the rights of States Parties under any international agreement to which they may be parties to resort to the dispute settlement mechanisms of other intergovernmental organizations or established under any international agreement.
5. In the event of a dispute between WHO and one or more States Parties concerning the interpretation or application of these Regulations, the matter shall be submitted to the Health Assembly.

Annex 1: Bureau's text proposal below

ANNEX 1

1. States Parties shall utilize existing national structures and resources [in addition to financial and technological assistance provided in accordance with Article 44 AF GROUP+EGY, BRA, BGD, PAK, FJI, NAM / RESERVE NOR] to meet their core capacities requirements under these Regulations, including with regard to:

(a) their surveillance, reporting, notification, verification, preparedness, response and collaboration activities; and

(b) their activities concerning designated airports, ports and ground crossings.

Para 1: RETAIN Bureau text: US, RUS

[A. CORE CAPACITIES REQUIREMENTS FOR SURVEILLANCE, [PREVENTION AF GROUP+EGY, BGD, USA, BRA, FJI, SYR, EU, IND/ RESERVE JPN], [PREPAREDNESS RETAIN USA, EU, AF GROUP+EGY, BGD, IND / RESERVE JPN] AND RESPONSE

~~1. States Parties shall utilize existing national structures and resources to meet their core capacity requirements under these Regulations, including with regard to:~~

~~(a) their surveillance, reporting, notification, verification, response and collaboration activities; and~~

~~(b) their activities concerning designated airports, ports and ground crossings.~~

~~21. Each State Party shall assess, [using the WHO IHRMEF USA] within two years following the entry into force of these Regulations for that State Party, the ability of existing national structures and resources to meet the minimum requirements described in this Annex. As a result of such assessment, States Parties shall develop and implement plans of action to ensure that these core capacities are present and functioning throughout their territories as set out in paragraph 1 of Article 5 and paragraph 1 of Article 13 [ADD States Parties shall take specific measures to strengthen broader health systems capacities, such as primary health care and hospital care facilities, while investing domestically and providing international assistance for building capacities under this Annex. BGD, BRA, NAM, SYR].~~

~~32. States Parties and WHO shall support assessments, planning and implementation processes under this Annex.~~

~~[New 4. State (s) whose existing/ and or strengthened national structures and resources are not able to meet the core capacity requirements within time frame stipulated under para 2, shall be supported by WHO to fill gaps in critical capacities for surveillance, reporting, notification, verification, response. AF GROUP +EGY, FJI, BRA, BGD, SYR]~~

~~[43. At the local community level and/or primary public health response level (hereinafter the "Local level")~~

~~[Each State Party shall develop, strengthen and maintain, EU] The capacities:~~

~~(a) to detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State Party; and~~

(b) to report all available essential information immediately to the appropriate level of health-care response. At the community level, reporting shall be to local community health-care institutions or the appropriate health personnel. At the primary public health response level, reporting shall be to the intermediate or national response level, depending on organizational structures. For the purposes of this Annex, essential information includes the following: clinical descriptions, laboratory results, sources and type of risk, numbers of human cases and deaths, conditions affecting the spread of the disease and the health measures employed; ~~and~~

(c) to **prepare for the implementation of, and implement immediately** preliminary control measures ~~immediately~~;

[(d) to prepare for the provision of, and provide access to health [products and BGD, BRA, NAM, SYR,] services necessary for responding to public health risks and other events; and RESERVE RUS]

(e) to engage [communities DEL RUS / relevant stakeholders RUS] in preparing for and responding to public health risks and other events. [insert recovery CHL]

Para 3: RETAIN Bureau text: AF GROUP+EGY, IND

54. At the intermediate public health response levels (**hereinafter the “Intermediate level”**), where applicable

The capacities:

(a) to confirm the status of reported events and to support or implement additional control measures; and

(b) to assess reported events immediately and, if found urgent, to report all essential information to the national level. For the purposes of this Annex, the criteria for urgent events include serious public health impact and/or unusual or unexpected nature with high potential for spread.

(c) to coordinate with and support the local level in preparing for and responding to public health risks and other events, including in relation to:

(i) surveillance;

(ii) on-site investigations, including multidisciplinary and /or multisectoral;

(iii) laboratory diagnostics, including referral of samples [and genetic sequencing DEL AF GROUP+EGY, BGD, BRA];

(iv) implementation of control measures;

(v) provision of access to health services and [relevant UK, ARE] health products;

(vi) risk communication, including countering misinformation and disinformation; and

[(vi bis) provision of health information system to support emergency operations IND]

(vii) provision of logistical assistance.

{65. At the national level

Assessment and notification. The capacities:

- (a) to assess all reports of urgent events within 48 hours; and
- (b) to notify WHO immediately through the National IHR Focal Point when the assessment indicates the event is notifiable pursuant to paragraph 1 of Article 6 and Annex 2 and to inform WHO as required pursuant to Article 7 and paragraph 2 of Article 9.

Public health preparedness and response. The capacities:

[(a) to coordinate with and support the local and intermediate levels in preparing for and responding to public health risks and other events, including in relation to: RESERVE RUS]

~~(a)~~ **(i) the rapid determination rapidly of the control measures required to prevent domestic and international spread;**

(ii) [ADD collaborative / multi-sectoral, multidisciplinary IND] surveillance;

~~(b)~~ **(iii) to provide support through the mobilization of specialized staff, multidisciplinary/multisectoral teams, laboratory analysis of samples, including genetic sequencing [ADD and maintenance of national data repositories without compromising access and benefit sharing mechanisms, BGD, BRA, NAM] (domestically or through collaborating centres) and logistical assistance (e.g. equipment, [medical and other BGD, BRA, NAM, SYR] supplies and transport);**

~~(c)~~ **(iv) the provision of on-site assistance as required to supplement local investigations;**

(v) the development and/or dissemination of guidance for clinical case management, including infection prevention and control;

(vi) the provision of access to health services, and [relevant UK, ARE] [health products RESERVE RUS]; and

(vii) risk communication, including countering misinformation and disinformation [ADD develop capacities for research, in particular capacities required to manufacture and deploy health products IND] .

~~(d)~~ **(b) to provide a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures;**

~~(e)~~ **[(c) to provide direct liaison with other relevant government ministries, the local and intermediate levels, and relevant stakeholders; RESERVE RUS]**

[(c bis) establish health information systems to support emergency operations at primary, intermediate and national level IND]

~~(f)~~ **(d)** to provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO regarding events in the State Party's own territory and in the territories of other States Parties;

~~(g)~~ **[(e)** to establish, operate and maintain a national ~~public health emergency response plan, including the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a public health emergency of international concern; and framework for preparedness and response to public health risks and other events, including~~ [, as appropriate, PAK, SYR,] **the following elements:**

(i) legal and normative instruments;

(ii) leadership, coordination, and management structure;

(iii) financing and funding;

(iv) human resources and workforce

(v) [health systems resilience and readiness, including BGD, BRA, NAM, SYR] surge capacity [of primary health care and hospital care facilities BGD, BRA, NAM, SYR]; and

(vi) [medical supplies and BGD, NAM, SYR] logistics [, including capacities for local production, procurement and distribution BGD, BRA, NAM, SYR]. RESERVE RUS]

[(vii) community engagement IND]

[(viii) research IND]

[(ix) health system recovery IND]

~~(h)~~ **[(f)** to provide the foregoing on a 24-hour basis. MOVE to Letters under 5 to which actions apply NOR]

Para 6: RETAIN Bureau Text: AF GROUP+EGY, MAR, KWT, ARE, QAT

COMPLEMENTARY Sub-Group text, presented on 8 February 2024, with note: Pending the outcome of discussions surrounding the Bureau text proposal for Annex 1, the following amendment to the current text could not be necessary

Annex 1/Section A/Para (6 current)/Letter (g current)

6. At the national level

[...]

Public health response.

The capacities:

(g) to establish, operate and maintain a national public health emergency response plan , including the creation of multidisciplinary/multisectoral teams to respond to **an** events that may constitute **or is** a public health emergency of international concern, **or a pandemic emergency**.

B. CORE CAPACITIES REQUIREMENTS FOR DESIGNATED AIRPORTS, PORTS AND GROUND CROSSINGS

1. At all times

The capacities:

[(pre a) to establish surveillance at POEs IND, EU]

(a) to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;

(b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;

(c) to provide trained [POE workforce IND] personnel for the inspection of conveyances;

(d) to ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and

(e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

2. For responding to events that may constitute a public health emergency of international concern

The capacities:

(a) to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services;

(b) to provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required;

(c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons;

(d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry;

(e) to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose;

On Screen as of 9 February 2024 at 13.00 CET

(f) to apply entry or exit controls for arriving and departing travellers; and

(g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.

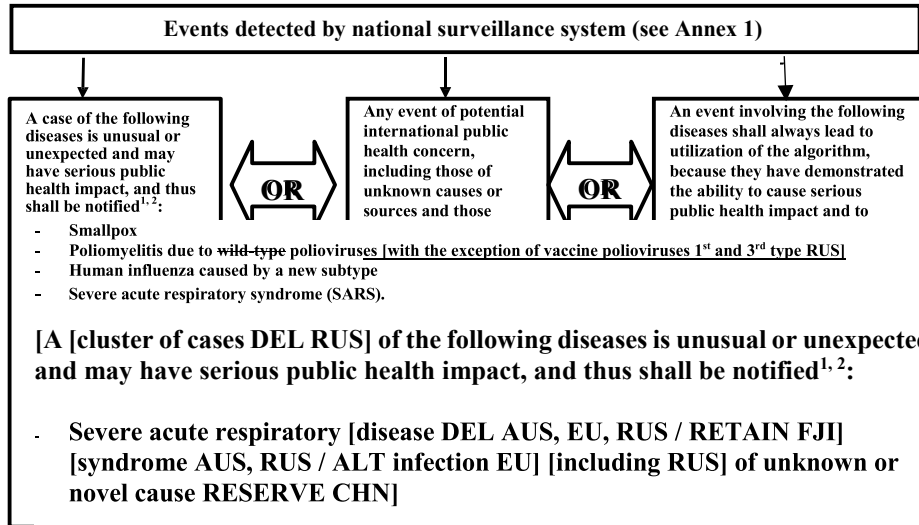
Section B: RETAIN Bureau text USA, AF GROUP+EGY

ANNEX 1: RETAIN Bureau text: TUN, MAR

ANNEX 1: RESERVE Bureau text: IND

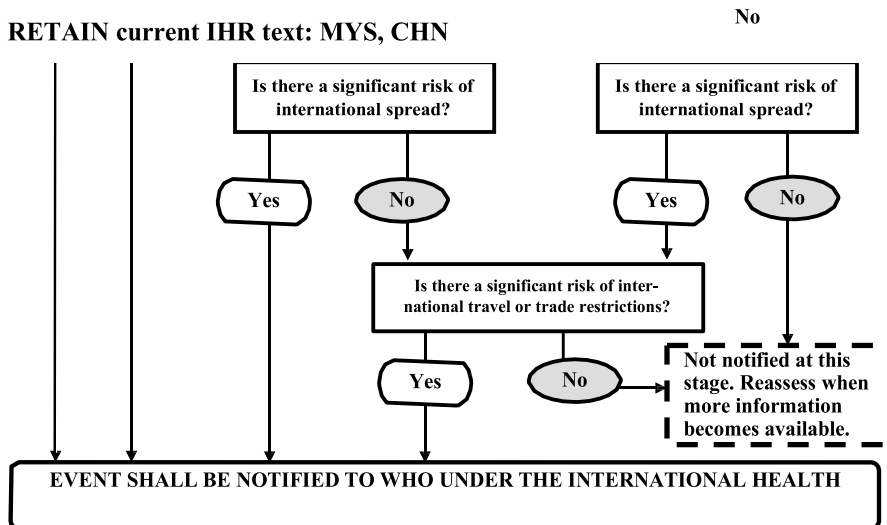
ANNEX 2 - DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN: Bureau's text proposal below

**ANNEX 2
DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN**



RETAIN Bureau text: JPN, MEX, MCO, USA, IND, UK, FJI, ARE, MAR, DOM, JAM, SYR, QAT, CRI, BRN, TUN, KWT, PRY, URY, BOL, ARG, BRA, AFR GROUP+EGY, CHL, NGA, CAN, NOR, COL, KOR, IDN, PHL, SAU, COL

RETAIN current IHR text: MYS, CHN



¹ As per WHO case definitions.

² The disease list shall be used only for the purposes of these Regulations.

**ATTACHMENT TO MODEL SHIP SANITATION CONTROL EXEMPTION
CERTIFICATE /
SHIP SANITATION CONTROL CERTIFICATE**

Areas/facilities/systems inspected ¹	Evidence found	Sample results	Documents reviewed	Control measures applied	Re-inspection date	Comments regarding
Food						
Source						
Storage						
Preparation						
Service						
Water						
Source						
Storage						
Distribution						
Waste						
Holding						
Treatment						
Disposal						
Swimming pools/spas						
Equipment						
Operation						
Medical facilities						
Equipment and medical devices						
Operation						
Medicines						
Other areas inspected						

¹ Indicate when the areas listed are not applicable by marking N/A.

ANNEX 4 - TECHNICAL REQUIREMENTS PERTAINING TO CONVEYANCES AND CONVEYANCE OPERATORS: Bureau's text proposal below

ANNEX 4
TECHNICAL REQUIREMENTS PERTAINING TO CONVEYANCES AND CONVEYANCE OPERATORS

Section A Conveyance operators

1. Conveyance operators shall facilitate:

- (a) inspections of the cargo, containers and conveyance;
- (b) medical examinations of persons on board;
- (c) application of other health measures under these Regulations, **including** [by providing conveyances with a plan to address situations where there is evidence of a public health risk JPN] **on board as well as during embarkation and disembarkation;** and
- (d) provision of relevant public health information requested by the State Party.

[For these purposes conveyance operators should establish plans to address situations where there is evidence of public health risk as well as to facilitate the safe evacuation of travellers. EU/ DEL RUS]

RETAIN BUREAU TEXT: FJI, BRA, ETH, TUR, CHL, JAM, SGP, BRN, IND, MCO, RUS, IRN, TUN, PRY, SYR, NZL, BGD, MEX, PAK, URY, EGY, PAN, IDN, CAN, THA, ARE, COL, QAT

2. Conveyance operators shall provide to the competent authority a valid Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate or a [~~Vessel Maritime Declaration of Health~~] [~~ALT Ship Maritime Declaration of Health~~ RETAIN ALL], or the Health Part of an Aircraft General Declaration, as required under these Regulations.

Section B Conveyances

1. Control measures applied to baggage, cargo, containers, conveyances and goods under these Regulations shall be carried out so as to avoid as far as possible injury or discomfort to persons or damage to the baggage, cargo, containers, conveyances and goods. Whenever possible and appropriate, control measures shall be applied when the conveyance and holds are empty.

2. States Parties shall indicate in writing the measures applied to cargo, containers or conveyances, the parts treated, the methods employed, and the reasons for their application. This information shall be provided in writing to the person in charge of an aircraft and, in case of a ship, on the Ship Sanitation Control Certificate. For other cargo, containers or conveyances, States Parties shall issue such information in writing to consignors, consignees, carriers, the person in charge of the conveyance or their respective agents.

ALT Bureau's text, presented on 9 February 2024

ANNEX 4
TECHNICAL REQUIREMENTS PERTAINING TO CONVEYANCES AND CONVEYANCE OPERATORS

Section A Conveyance operators

1. Conveyance operators shall facilitate:

- (a) inspections of the cargo, containers and conveyance;
- (b) medical examinations of persons on board;
- (c) application of other health measures under these Regulations, **[including ; DEL JPN, USA] [, JPN, USA] whenever possible [; DEL JPN, USA] [, JPN, USA] developing plans DEL AG GROUP + EGY, BRA, BGD, SYR, MYS] to address public health risks on board as well as during embarkation and disembarkation** ; and
- (d) provision of relevant public health information requested by the State Party.

2. Conveyance operators shall provide to the competent authority a valid Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate or a a **[Vessel Maritime-Declaration of Health] [ALT Ship-Maritime Declaration of Health RETAIN ALL]**, or the Health Part of an Aircraft General Declaration, as required under these Regulations.

Section B Conveyances

1. Control measures applied to baggage, cargo, containers, conveyances and goods under these Regulations shall be carried out so as to avoid as far as possible injury or discomfort to persons or damage to the baggage, cargo, containers, conveyances and goods. Whenever possible and appropriate, control measures shall be applied when the conveyance and holds are empty.

2. States Parties shall indicate in writing the measures applied to cargo, containers or conveyances, the parts treated, the methods employed, and the reasons for their application. This information shall be provided in writing to the person in charge of an aircraft and, in case of a ship, on the Ship Sanitation Control Certificate. For other cargo, containers or conveyances, States Parties shall issue such information in writing to consignors, consignees, carriers, the person in charge of the conveyance or their respective agents.

RETAIN BUREAU TEXT FOR Annex 4: JPN, USA, TUR, IND, CHL

ANNEX 6 - VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES:

Bureau's text proposal below

ANNEX 6 VACCINATION, PROPHYLAXIS AND RELATED CERTIFICATES

[1. Vaccines or other prophylaxis specified in Annex 7 or recommended under these Regulations shall be of suitable quality; those vaccines and prophylaxis designated by WHO shall be **[prequalified or listed for emergency use by WHO DEL MYS, BRA, COL, BGD, FJI, DOM, ARE, TUN, QAT]** ~~subject to its approval~~ RETAIN MYS, IDN, MEX, BGD, FJI, COL, DOM, ARE, TUN, QAT]. Upon request, the State Party shall provide to WHO appropriate evidence of the suitability of vaccines and prophylaxis administered within its territory under these Regulations. RESERVE JPN, BRA, IND]

2. Persons undergoing vaccination or other prophylaxis under these Regulations shall be provided with an international certificate of vaccination or prophylaxis (hereinafter the "certificate") in the form specified in this Annex. No departure shall be made from the model of the certificate specified in this Annex.

[3. Certificates under this Annex are valid only if the vaccine or prophylaxis used has been **[prequalified or listed for emergency use DEL MYS, BRA, COL]** ~~approved~~ RETAIN MYS, IDN] by WHO. RESERVE JPN] [or the competent regional or national regulatory authorities of the State Party in which territory the vaccine was administered BRA, BOL, ARG, PRY, URY, IDN]

4. Certificates **issued on paper [, digital format or any other possible formats** DEL EU, JPN, TUR, SGP] must be signed **[by DEL JPN]** ~~[in the hand of~~ RETAIN JPN] the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. **[Certificates issued on paper, digital format, or any other possible format EU, TUR, SGP]** **[[Such certificates DEL EU, TUR, COL, SGP must include the details of the administering centre [such as the name, address and contact details SGP].** DEL JPN] ~~The~~ Certificates **[issued on paper DEL CHN]** must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

4 bis. In accordance with Article 35, certificates, regardless of the format in which they have been issued, shall include elements allowing for the ascertainment of the certificate's authenticity [through non-digital means]. This requirement shall be reviewed by the States Parties, based on developments, with a view to its modification as appropriate, at the Eighty-second World Health Assembly. DEL FJI, AUS, USA, COL, CHN / RESERVE JPN] [, and shall conform with technical guidance and specifications in line with Articles 35 and 45. AUS, COL] Without prejudice to the foregoing, certificates may also include additional elements allowing for the digital ascertainment of the certificate's authenticity. DEL EU]

5. Certificates shall be fully completed in English or in French. They may also be completed in another language, in addition to either English or French.

6. Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

7. Certificates are individual and shall in no circumstances be used collectively. Separate certificates shall be issued for children.

8. A parent or guardian shall sign the certificate when the child is unable to write. **[The signature of a person with low literacy an illiterate or a person who is unable to sign JPN]** shall be indicated in the

usual manner by the person's mark and the indication by another that this is the mark of the person concerned. **With respect to persons for whom a guardian has been nominated, the guardian shall sign the certificate on their behalf. [Signature shall not be required on a certificate in digital format EU]**

9. If the supervising clinician is of the opinion that the vaccination or prophylaxis is contraindicated on medical grounds, the supervising clinician shall provide the person with reasons, written in English or French, and where appropriate in another language in addition to English or French, underlying that opinion, which the competent authorities on arrival should take into account. The supervising clinician and competent authorities shall inform such persons of any risk associated with non-vaccination and with the non-use of prophylaxis in accordance with paragraph 4 of Article 23.

10. An equivalent document issued by the Armed Forces to an active member of those Forces shall be accepted in lieu of an international certificate in the form shown in this Annex if:

- (a) it embodies medical information substantially the same as that required by such form; and
- (b) it contains a statement in English or in French and where appropriate in another language in addition to English or French recording the nature and date of the vaccination or prophylaxis and to the effect that it is issued in accordance with this paragraph.

MODEL INTERNATIONAL CERTIFICATE OF VACCINATION OR PROPHYLAXIS

This is to certify that [name],
 date of birth,
 sex,
 nationality,
 national identification document, if applicable
 whose signature follows

or, if applicable:

name of the parent or guardian.....and
signature of the parent or guardian

has on the date indicated been vaccinated or received prophylaxis against: (name of disease or condition) in accordance with the International Health Regulations.

Vaccine or prophylaxis	Date	Signature and professional status of supervising clinician	Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from until	Official stamp of administering centre	Details of the administering centre
1.						
2.						

On Screen as of 9 February 2024 at 13.00 CET

This certificate is valid only if the vaccine or prophylaxis used has been [~~approved~~ RETAIN RUS] [**prequalified or listed for emergency use** DEL RUS] by the World Health Organization.

This certificate must be signed ~~in the hand of~~ **by** the clinician, who shall be a medical practitioner or other authorized health worker, supervising the administration of the vaccine or prophylaxis. **The certificate must include the details of the administering centre.** ~~The~~ Certificates issued on paper must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature.

Any amendment of this certificate, or erasure, or failure to complete any part of it, may render it invalid.

The validity of this certificate shall extend until the date indicated for the particular vaccination or prophylaxis. The certificate shall be fully completed in English or in French. The certificate may also be completed in another language on the same document, in addition to either English or French.

Elements for ascertaining the certificate's authenticity through non-digital means:

.....

ANNEX 8 - MODEL OF MARITIME DECLARATION OF HEALTH: Bureau's text proposal below

ANNEX 8

**MODEL OF [VESSEL JAM, UGA / RESERVE RUS, JPN, CHN / DEL MAR / SHIP MAR]
[MARITIME JAM, UGA / RESERVE RUS, JPN, CHN] DECLARATION OF HEALTH**

ALT

**MODEL OF SHIP [MARITIME] DECLARATION OF HEALTH
RETAIN: ALL**

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports. Submitted at the port of Date

Name of ship or inland navigation vessel Registration/IMO No arriving from sailing to
(Nationality)(Flag of vessel) Master's name Gross tonnage (ship)

Tonnage (inland navigation vessel)

Valid Sanitation Control Exemption/Control Certificate carried on board? Yes No Issued at date Re-inspection required? Yes No

Has ship/vessel visited an affected area identified by the World Health Organization? Yes No Port and date of visit

List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

- (1) Name joined from: (1) (2) (3)
 - (2) Name joined from: (1) (2) (3)
 - (3) Name joined from: (1) (2) (3)
- Number of crew members on board Number of passengers on board

Health questions

- (1) Has any person died on board during the voyage otherwise than as a result of accident? Yes No If yes, state particulars in attached schedule. Total no. of deaths
- (2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? Yes..... No..... If yes, state particulars in attached schedule.
- (3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes No How many ill persons?
- (4) Is there any ill person on board now? Yes No If yes, state particulars in attached schedule.
- (5) Was a medical practitioner consulted? Yes No If yes, state particulars of medical treatment or advice provided in attached schedule.
- (6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes No If yes, state particulars in attached schedule.
- (7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? Yes No If yes, specify type, place and date
- (8) Have any stowaways been found on board? Yes No If yes, where did they join the ship (if known)?
- (9) Is there a sick animal or pet on board? Yes No

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

- (a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.
- (b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed.....
Master

Countersigned.....
Ship's Surgeon (if carried)

Date

