

Ref.: C.L.20.2022

Proposal for amendments to the International Health Regulations (2005)

... The Director-General of the World Health Organization presents his compliments to States Parties to the International Health Regulations (2005) (IHR (2005)) and has the honour to transmit the text of the proposal for amendments of the IHR (2005) received from the Russian Federation, on behalf of the Eurasian Economic Union Member States, pursuant to paragraph 1 of Article 55 of the IHR (2005).

In accordance with paragraph 2 of Article 55 of the IHR (2005), this letter constitutes a formal communication of the text of the amendments proposed by the Russian Federation on behalf of the Eurasian Economic Union Member States.

The Director-General of the World Health Organization takes this opportunity to renew to States Parties to the IHR (2005) the assurance of his highest consideration.

GENEVA, 22 April 2022

ENCL.: (1)



ПОСТОЯННОЕ ПРЕДСТАВИТЕЛЬСТВО
РОССИЙСКОЙ ФЕДЕРАЦИИ
ПРИ ОТДЕЛЕНИИ ООН И ДРУГИХ
МЕЖДУНАРОДНЫХ ОРГАНИЗАЦИЯХ
В ЖЕНЕВЕ

PERMANENT MISSION
OF THE RUSSIAN FEDERATION
TO THE UNITED NATIONS OFFICE AND
OTHER INTERNATIONAL ORGANIZATIONS
IN GENEVA

№ 1354

The Permanent Mission of the Russian Federation to the United Nations Office and other International Organizations in Geneva presents its compliments to the World Health Organization (WHO) and, referring to the Article 55(1) of the International Health Regulations (IHR) (2005), has the honor to submit on behalf of the Eurasian Economic Union (EAEU) Member-States the text of the IHR amendments approved by the Council of Heads of Authorized Bodies in the Field of Sanitary and Epidemiological Welfare of the Population of the EAEU Countries.

The Permanent Mission respectfully requests the Director General of the WHO to communicate the amendments to all State Parties and initiate, as appropriate, consultations on a consolidated package of the amendments of all Member-States to the IHR (2005).

The Permanent Mission of the Russian Federation avails itself of this opportunity to renew to the World Health Organization the assurances of its highest consideration. *ac*

Annex: 10 pp.

THE WORLD HEALTH
ORGANIZATION

Geneva





EURASIAN ECONOMIC COMMISSION

Excerpt from the official record

29th meeting of the Council of chief executive officers of competent bodies responsible for health and epidemiological well-being of Member States of the Eurasian Economic Union

Moscow, 28 February 2022

Presiding officer: Chairperson of the Council of chief executive officers of competent bodies responsible for health and epidemiological well-being of Member States of the Eurasian Economic Union (Council of CEOs), Ms Anna Jur'evna Popova.

Participants: representatives of competent bodies responsible for health and epidemiological well-being of Member States of the Eurasian Economic Union (competent bodies, Member States, the Union), representatives of the Eurasian Economic Commission (the Commission) (list attached).

2. Collaboration between Member States of the Eurasian Economic Union at the World Health Organization

2.1 Take note of the information from deputy director of the Federal Service for Surveillance on Consumer Rights Protection and Human Wellbeing (Rospotrebnadzor) Mr V.Ju. Smolenskij that:

As agreed at the meeting of the Council of CEOs on 17 January 2022, draft amendments to the International Health Regulations (2005) (IHR) were prepared and forwarded to the competent authorities by Rospotrebnadzor, and comments were received from the Republic of Armenia, the Republic of Belarus, and the Republic of Kazakhstan, on the basis of which the draft proposals for amending the IHR were finalized;

The seventh meeting of the Working Group on Strengthening WHO Preparedness and Response to Health Emergencies (WHO) took place on 21-23 February 2022, in the course of which Member States paid special attention to the recommendations on amending or updating IHR (2005);

The Russian Federation announced that it would present a draft of point amendments to IHR (2005) that would be submitted from the Member States of the Union.

All proposed amendments to IHR submitted by members of WHO will be reviewed according to the batch principle in preparing for the Seventy-fifth World Health Assembly (WHA) scheduled for the end of May 2022.

2.2 Further to its discussion, the Council of CEOs decided:

To approve the draft proposals on point amendments to IHR (2005) prepared by Rospotrebnadzor, taking into account the views of Member States of the Eurasian Economic Union;

To request Rospotrebnadzor to forward the joint position of the Member States of the Eurasian Economic Union for point amendments to IHR (2005) to WHO.

**Chairperson of the Council of CEOs of
competent bodies responsible for health
and epidemiological well-being of
Member States of the Eurasian
Economic Union**

(Signed) A.Ju. Popova

Joint proposal by the member States of the Eurasian Economic Union for point amendments to the International Health Regulations (2005):

Articles 4, 5, 6, 10, 12, 18, 23, 44 and Annex 1

Article 4 Responsible authorities

1. Each State Party shall designate or establish **an entity with a role of** National IHR Focal Point, and the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations).

NEW (1bis). States Parties shall enact or adapt their legislation to provide National IHR Focal Points with the authority and resources to perform their functions, clearly defining the tasks and functions of the entity with a role of National IHR Focal Point in implementing the obligations under these Regulations.

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.
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 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 Focal Points it receives pursuant to this Article.

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.
4. WHO shall collect information regarding events through its surveillance activities and assess, on the basis of risk assessment criteria regularly updated and agreed with States Parties, 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.

Article 6 Notification

1. Each State Party, within 48 hours after the Focal Point receives information about the event, 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, genome sequencing data, if available, 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.).

Article 10 Verification

1. WHO shall request, in accordance with Article 9, as soon as possible or within a specific time, 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, **as soon as possible or within a specific time**, 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.

Article 12 Determination of a public health emergency of international concern

1. The Director-General shall determine, on the basis of the information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern 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 and consult with the State Party in whose territory the event arises regarding this preliminary determination. If the Director-General and the State Party are in agreement regarding this determination, the Director-General shall **notify all the States Parties**, 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 Party 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.

...

NEW (6.) The Director-General, if the event is not designated as a public health emergency of international concern, based on the opinion/advice of the Emergency Committee, may designate the event as having the potential to develop into a public health emergency of international concern, communicate this and the recommended measures to the States Parties in accordance with the procedure set out in Article 49

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.

NEW (3.) Where States Parties impose travel and/or goods and cargo restrictions, WHO may recommend that these measures not apply to the movement of health personnel travelling to the State Party(ies) for a public health response and to the transport of medical devices, medical immunobiological products needed for a public health response;

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, **including documents containing information on a laboratory test for a pathogen and / or information on vaccination against a disease, including those provided at the request of the State Party in digital / electronic form;** and/or)
- (iii) a non-invasive medical examination which is the least intrusive examination that would achieve the public health objective;

Article 44 Collaboration and assistance

1. States Parties shall undertake to collaborate with each other, to the extent possible, in:

- (a) the detection and assessment of, and response to, events as provided under these Regulations;
- (b) the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of the public health capacities required under these Regulations;
- (c) **(New) building capacity to identify emerging public health threats, including through laboratory methods and genome sequencing;**
- (d) (c) the mobilization of financial resources to facilitate implementation of their obligations under these Regulations; and
- (e) **(New) collaborating with each other, with WHO, the medical and scientific community, laboratory and surveillance networks, to facilitate the timely, safe, transparent and rapid exchange of specimens and genetic sequence data for pathogens with the potential to cause pandemics and epidemics or other high-risk situations, given the relevant national and international laws, regulations, commitments and principles, including, as appropriate, the Convention on Biological Diversity, the Pandemic Influenza Preparedness Framework, and the importance of rapidly securing access to human pathogens for public health preparedness and taking response measures;**
- (f) **(New) strengthening cooperation and establishing mechanisms for upgrading, coordinating and explaining in contiguous territories programs on health issues**

that are recognized as being of common interest in terms of an appropriate response to health risks and emergencies of international concern;

- (g) (New) developing recommendations and guidance on the use of digital technologies to improve and modernize communication for preparedness and response to health emergencies, including to better meet the obligations of these Rules;
- (h) (New) in countering the dissemination of false and unreliable information about public health events, preventive and anti-epidemic measures and activities in the media, social networks and other ways of disseminating such information
- (i) (d) the formulation of proposed laws and other legal and administrative provisions for the implementation of these Regulations,

1. WHO shall collaborate with States Parties, upon request, to the extent possible, in:

- (a) the evaluation and assessment of their public health capacities in order to facilitate the effective implementation of these Regulations;
- (b) the provision or facilitation of technical cooperation and logistical support to States Parties; and;
- (c) (New) implementation of the timely, secure and transparent exchange of samples and genetic sequence data of pathogens capable of causing pandemics and epidemics or other high-risk situations, taking into account relevant national and international legal provisions, rules, obligations and principles, including , these Regulations, as appropriate, the Convention on Biological Diversity, and the importance of rapid access to information on human pathogens for public health preparedness and response;
- (d) (New) application of digital technologies to improve and upgrading communications for health emergency preparedness and response, including through the development of an interoperability mechanism for secure global digital exchange of health information,
- (e) (New) countering the dissemination of false and unreliable information about public health events, preventive and anti-epidemic measures and activities in the media, social networks and other ways of disseminating such information;
- (f) (c) the mobilization of financial resources to support developing countries in building, strengthening and maintaining the capacities provided for in Annex 1;
- (g) (New) support to States Parties in enhancing reporting capabilities in accordance with the requirements of these Regulations, including the simplification and harmonization of reporting processes by States Parties;
- (h) (New) facilitation of the development of national public health emergency response plans by developing, disseminating and updating policy documents and technical guidance, training materials, data and science to enable response;
- (i) (New) strengthening the capacity of Focal Points, including through regular and targeted training events and workshops, consultations;

(j) (New) ensuring that differences in contexts and priorities among different States Parties, respect for their sovereignty, including health system strengthening, are taken into account when developing recommendations and supporting their implementation by WHO in order to improve pandemic preparedness and effective response for public health emergencies.

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.

ANNEX 1

**A. CORE CAPACITY REQUIREMENTS FOR SURVEILLANCE
AND RESPONSE**

...

6. At the national level

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Public health response. The capacities:

- (a) to determine rapidly the control measures required to prevent domestic and international spread;
- (b) to provide support through specialized staff, laboratory analysis of samples, genome sequencing (domestically or through collaborating centres) and logistical assistance (e.g. equipment, supplies and transport);