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INTRODUCTORY NOTE TO INT'L HEALTH REGULATIONS (2005) AS AMENDED 2014, 2022, AND 2024 (W.H.O.)

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[September 19, 2025]

Abstract: As well as adopting a new Pandemic Agreement in 2025, the "legal reaction" of the international community to the COVID-19 pandemic also included the adoption in 2024 of a substantial set of amendments to the World Health Organization's International Health Regulations, which had already been practically overhauled in 2005 from the previous model. The process was set in motion by the United States and ran in parallel with the negotiation of the Pandemic Agreement, thus creating evident political complexities but also laying the foundations for a synergistic and complementary relationship. The amendments entered into force on September 19, 2025, but their universality and effectiveness are still a work in progress.

Background

The World Health Organization's (WHO) International Health Regulations (IHR) are the main example of WHO regulations adopted by the World Health Assembly (WHA) under Article 21 of the Constitution. They are legally binding but, unlike treaties, enter into force automatically for states that do not object or file reservations by a specific deadline. The predecessors of the current IHR were the International Sanitary Regulations, adopted by the WHA in 1951 and renamed IHR in 1969, to consolidate the pre-WHO international sanitary conventions into a single instrument while maintaining their approach. The obsolescence of that model and the lessons learnt from the response to the 2003 SARS outbreak led to a radical revision of the IHR in 2005. This created an all-hazard instrument to prevent and respond to any event that can spread disease internationally and to introduce the concept of "public health emergency of international concern" (PHEIC) to be declared by WHO's Director-General (DG) as the main form of international outbreak alert.

The 2005 IHR were tested during eleven international outbreaks between 2009 and 2024, whether or not they were declared PHEICs.[1] Even though their approach has largely been accepted by states parties, the IHR were subject to frequent criticism and revealed gaps and challenges in their design and implementation. The COVID-19 pandemic exacerbated a sense of inadequacy of the IHR as the sole legal instrument on global health security, which was also fueled by the criticism against WHO's handling of the crisis. Critics focused on the narrow scope of the Regulations, the alleged low level of compliance by their parties and their limited political profile. While this criticism fueled the proposal in 2021 for a new "Pandemic Agreement," proposals to amend the IHR initially clashed with the entrenched reluctance by WHO member states and the WHO secretariat to face the uncertainties of a textual renegotiation with an unpredictable outcome. The sole amendment before the COVID-19 pandemic was a very technical and unproblematic one adopted in 2014 to Annex 7 of the Regulations concerning the lifelong effectiveness of yellow fever vaccination.[2]

The main trigger of the more recent amendments was the submission by the United States—openly hostile to a proposed new pandemic treaty—in January 2022 of a broad package of amendments to address the perceived weaknesses of the Regulations.[3] The U.S. proposals were considered by the 75th WHA in May 2022, but consensus could only be reached on a set of "technical" amendments to the final clauses of the IHR to shorten the entry-into-force period of any future amendments from twenty-four to twelve months from the DG's notification of their adoption, as well as the corresponding period for rejections and reservations (see below for more details). At the same session, the WHA launched a wholesale amendment process that saw more than 300 submissions ranging from pointed technical changes to far-reaching proposals to pursue guarantees of equity that many developing countries felt were missing from the IHR. The negotiations raised a number of controversies and political faultlines that also characterized the parallel negotiations of the Pandemic Agreement, in particular equitable access to health products, transfer of technology, financing, and establishing a compliance mechanism that was missing from the 2005 IHR. A much-reduced set of amendments from the initial proposals was eventually adopted by consensus on June 1, 2024, one day after the entry into force of the 2022 amendments; the 2024 amendments were notified by the DG on September 19, 2024. Consequently, the amendments entered into force on September 19, 2025, after the completion

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of a laborious process of alignment of the six official language versions. The consolidated text reproduced here does not show the amendments in boldface, hence the need for the itemized list of the main amendments in the next section, excluding those of an editorial or terminological nature.

Significance

The 2022 Amendments

As noted above, the 2022 amendments modify the final clauses in Articles 55, 59, 61, 62, and 63 for the sole purpose of reducing the entry into force period for future amendments from twenty-four to twelve months from the date of the DG's notification, and to consequently reduce the period for rejections or reservations from eighteen to ten months from the same date.

The 2024 Amendments

Technical Amendments

The 2024 amendments fall roughly into three groups. The first group is more "technical," remains within the existing framework of the IHR, and aims at strengthening or clarifying it rather than introducing new concepts. The main instances include the following:

- The concept "pandemic emergency" has been introduced in Article 1 as the highest level of alert as a particularly disruptive and geographically diffuse form of PHEIC, but only when caused by a communicable disease. A pandemic emergency is declared by the Director-General through the same process as a PHEIC (Article 12). Member states rejected the proposal to introduce an "early action alert" for events not constituting a PHEIC but requiring WHO's recommendations. Article 1 also introduces the definition of "relevant health products" to give substance to obligations of facilitating equitable access during outbreaks.
- The requirement for states parties to establish or designate a "National IHR Authority" (Article 4) with the responsibility of coordinating national IHR implementation. This obligation fills a gap in many countries and reflects the need for a "whole-of-government" approach in responding to health emergencies. The 2005 revision only required states parties to establish a "National IHR Focal Point" for the purpose of communicating with WHO.
- Harmonization of health documents requirements (e.g., vaccine certificates) to improve mutual recognition and proof of authenticity in particular for digital documents (Article 35 and Annex 6). This is in reaction to the confusion prevailing during the COVID-19 pandemic and the proliferation of uncoordinated certificates.
- Article 43 has always been one of the most controversial provisions of the IHR, enabling states parties to introduce unspecified additional health measures—to respond to PHEICs or public health risks—that could deviate from WHO recommendations or otherwise breach several IHR provisions. Unsurprisingly, proposed amendments aimed at reducing such uncertainties and discretion. However, the sole retained amendment assigns a facilitating role to the DG as a form of "good offices" between the states parties concerned.
- The provisions of Annex 1 detailing the "core capacities" that each state party has to develop and maintain pursuant to Articles 5 and 13 have been clarified and made more specific. The breakdown of capacities among local/community, intermediate, and national levels is maintained by the amendments, but the need for mutual support and seamless coordination is better articulated. The amendments also introduce prevention as an integral dimension of core capacities and require states parties to engage with stakeholders and communities—a dimension previously missing given the rather technocratic approach of the IHR.

Political Amendments

The second set of amendments is more political and mostly reflects the demands by developing countries to inject equity into outbreak prevention, preparedness, and response in the IHR, with particular regard to access to health products, promotion of local R&D and manufacturing, technology transfer, and access to financial and other forms of

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assistance. These issues also complicated the negotiation of the Pandemic Agreement, but were eventually solved in the IHR negotiations through a number of compromises:

- The promotion of equity and solidarity has been included as a guiding principle of the IHR in Article 3. Besides its political and symbolic import, that reference should have a bearing on the interpretation of the instrument.
- The amendments of Article 13 (paragraphs 7–9) aim to facilitate equitable access to health products during a PHEIC or pandemic emergency. Unlike the Pandemic Agreement, where obligations are mostly borne by parties, WHO is the main actor in Article 13 and has to carry out a broad range of functions, including assessing availability and accessibility of health products and supporting states parties in diversifying their production. States parties play a supporting role and their obligations are qualified by subjecting them to national law and available resources. Placing emphasis on WHO may have been tactically useful for reaching consensus and is complementary to the Pandemic Agreement, but it has already been criticized for not adding anything new to what the Secretariat is already doing in its technical cooperation programs.[4] The DG is required to include information on any existing mechanism concerning access to, and allocation of, relevant health products in both temporary and standing recommendations issued respectively under amended Articles 15 and 16. Availability of health products therefore becomes a benchmark for states parties in their measures to conform to the recommendations.
- The delicate issue of financing IHR implementation is dealt with in Articles 44 and 44bis, which do not establish a new fund as requested by developing countries, but rather a "coordinating financial mechanism" under the authority of the WHA. The mechanism should promote and harmonize access to existing financing sources and help mobilize new resources. As in other cases, the language is heavily qualified and does not raise new obligations, and much will depend on the process to establish the mechanism and on the commitment of donors.

Institutional Amendments

New Article 54bis fills a major institutional gap by establishing a "States Parties Committee for the Implementation" of the IHR that should provide a more robust engagement by states parties than the WHA, which can only devote a few hours once a year due to its customarily crowded agenda. The Committee is not a compliance mechanism, but rather a facilitative and consultative tool to improve cooperation and mutual learning. This article is a compromise among three initial proposals and may be disappointing for the United States and the European Union, which aimed at a more pointed compliance mechanism compared with the more political model successfully put forward by the WHO African Region. Still, the importance of a dedicated intergovernmental forum within WHO's governance to discuss challenges and improvement in IHR implementation should not be under-estimated. The Implementation Committee must hold its first meeting by September 2026 and at that time must adopt terms of reference and operational modalities for the coordinating financial mechanism.

Context

The parallel negotiation of the Pandemic Agreement and the IHR amendments undoubtedly raised uncertainties with regard to their content and relationship. Despite their different purpose and scope, however, there was a clear intention on the part of negotiators to ensure synergy and complementarity between the two instruments that, if implemented effectively and cooperatively, can constitute the two components of an overall international legal regime on global health security. This has been achieved on a number of points related to the 2024 IHR amendments:

- The Pandemic Agreement does not establish a separate process to determine a PHEIC or pandemic emergency, but implicitly relies on the process enshrined in Article 12 of the IHR. As a consequence, the DG's determinations will automatically trigger legal effects for the parties to the Pandemic Agreement. For this purpose, the Pandemic Agreement reproduces in Article 1 the new IHR definitions of "pandemic emergency," "health products," and the preexisting "PHEIC," instead of introducing a different terminology.
- Articles 6, 7, 15, and 16 of the Pandemic Agreement supplement some of the core capacities in amended Annex 1 of the IHR—for example, regarding access to health services and products, risk communication, deployment of specialized staff, and engagement with relevant stakeholders and communities. The IHR core capacities can

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therefore act as a general default against the more detailed and demanding provisions of the Pandemic Agreement.

- The Pandemic Agreement and the IHR amendments introduce new institutions with the same or similar functions, in particular a coordinating financial mechanism (Article 18 of the Pandemic Agreement and new Article 44bis of the IHR) and implementation mechanisms (the above-mentioned "States Parties Committee" in new Article 54bis of the IHR, and a subsidiary body of the Conference of the Parties (COP) of the Pandemic Agreement under paragraphs 5 and 6 of Article 19). Despite such parallelism for political reasons, member states showed concern at unnecessary duplication and fragmentation. With regard to the financial mechanisms, Article 18 recognizes the corresponding IHR mechanism as also applicable to the Pandemic Agreement in a manner determined by the COP. While this alignment can foster much-needed synergy in resource mobilization, it will raise operational challenges, since participation in the two instruments will be different for a period of time and the two mechanisms will be accountable to different bodies—namely, the COP and the WHA, respectively.

Effect

The amendments eventually adopted by the WHA are a fraction of those initially proposed by member states and mostly remain within the operational and managerial scope of the IHR as agreed in 2005. In my view, this outcome is altogether positive as it does not alter the original approach of the Regulations, which have stood the test of time despite their limits and are generally familiar to and accepted by public health officials worldwide. At the same time, some of the amendments (in particular to Articles 13, 15, 16, 44, and 44bis) inject a missing dimension of equity and solidarity into their implementation and the role of WHO.

Unfortunately, the goal of universal participation underpinning the very concept of WHO regulations has not yet been achieved and may not be for a while. Four states parties (Iran, the Netherlands, New Zealand, and Slovakia) rejected the 2022 amendments; therefore, the 2024 amendments will enter into force for them in September 2026. More substantially, eleven states parties (Argentina, Austria, Brazil, Canada, Czech Republic, Germany, Israel, Italy, the Netherlands, the Philippines, and the United States) have rejected the 2024 amendments. Seven of them have based their rejection on the need to obtain parliamentary approval before accepting new international obligations and will withdraw their rejection once that constitutional requirement is fulfilled. With the benefit of hindsight, this may question the wisdom of having shortened the period for the entry into force of amendments. The rejections by Argentina, Israel, Italy, and the United States seem based on political reasons, mostly due to the perceived interference by the IHR with sovereign prerogatives, thus their duration and the possibility of their withdrawal are quite unclear at this moment. The current web of rejections raises the risk of uncertainties deriving from the different legal requirements applicable to different states parties. One such possible uncertainty arises if the DG declares a pandemic emergency under Article 12, a level of alert not yet accepted by the rejecting states parties. Another uncertainty concerns participation in the new Implementation Committee which is open to "all States Parties," but presumably only those that have recognized it by the time it meets; this may lead to confusion and to reduced participation in what should become the real governance body of the IHR. On a positive note, Palestine acceded to the IHR in December 2025, thus raising participation in the IHR to 197 states parties and making the Regulations a truly universal instrument despite the current hopefully transitional situation.

NOTES

1 More information is available on the IHR page of WHO's website: https://www.who.int/health-topics/international-health-regulations#tab=tab_1.

2 Resolution WHA67.13 (May 24, 2014), https://apps.who.int/gb/ebwha/pdf_files/WHA67-REC1/A67_2014_REC1-en.pdf#page=25, p. 27.

3 Document A/75/18 (Apr. 12, 2022), https://apps.who.int/gb/ebwha/pdf_files/WHA75/A75_18-en.pdf.

4 David P. Fidler, *The Amendments to the International Health Regulations Are Not a Breakthrough*, Think Global Health (June 7, 2024), https://www.thinkglobalhealth.org/article/amendments-international-health-regulations-are-not-breakthrough?utm_source=thinkglobalhealth&utm_medium=email&utm_campaign=TGH%202024Jun07&utm_term=TGH.

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World Health Organization

INTERNATIONAL HEALTH REGULATIONS (2005)

As amended in 2014, 2022 and 2024

Explanatory note by the Secretariat of the World Health Organization

The Fifty-eighth World Health Assembly, through resolution WHA58.3 (2005), adopted the International Health Regulations (2005) (IHR or Regulations).

The Sixty-seventh World Health Assembly, through resolution WHA67.13 (2014), adopted amendments to Annex 7 of the IHR. The latter entered into force for all States Parties on 11 July 2016, in accordance with paragraph 2 of Article 59 of the Regulations.

The Seventy-fifth World Health Assembly, through resolution WHA75.12 (2022), adopted amendments to Articles 55, 59, 61, 62 and 63 of the IHR. The above amendments entered into force on 31 May 2024 in accordance with paragraph 2 of Article 59 of the Regulations, except vis-à-vis the States Parties that rejected said amendments, pursuant to Article 61 of the Regulations (see Appendix 1).

The Seventy-seventh World Health Assembly, through resolution WHA77.17 (2024), adopted amendments to Articles 1–6, 8, 10–13, 15–21, 23–24, 27–28, 35, 37, 43–45, 48–49, and 54; Annexes 1–4, 6, and 8; as well as new Articles 44 bis and 54 bis. The date of entry into force of the above amendments is 19 September 2025, in accordance with paragraph 2 of Article 59 of the Regulations, except vis-à-vis the States Parties that rejected said amendments, pursuant to Article 61 of the Regulations (see Appendix 1); and States Parties that rejected the amendments adopted through resolution WHA75.12 (2022) for whom the prospective date of entry into force is 19 September 2026 (see Appendix 1).

The text of the IHR presented in this document incorporates the amendments adopted in 2014, 2022, and 2024, and corresponds to the text notified to States Parties through circular letter C.L.40.2024 (2024)[1].

An updated version of the text in Arabic, Chinese, French, Russian and Spanish will be published following the communication to States Parties, via circular letter, of the conclusion of the correction procedure undertaken in accordance with decision WHA78(24) (2025).

With a view to facilitating the application of the relevant provisions by States Parties, Appendix 1 presents, for each State Party, the date of entry into force of the Regulations, and, where applicable, of amendments thereto; as well as the text of the IHR in force for that State Party. It is noted that, unless otherwise communicated by the State Party concerned, reservations and statements expressed in relation to the adoption of the Regulations, through resolution WHA58.3 (2005), continue to apply regardless of the text of the Regulations applicable to that State Party.

Appendixes 2, 3, and 4 present the text of States Parties' communications received in connection with the adoption of the IHR, through resolution WHA58.3 (2005), and the adoption of amendments thereto, through resolutions WHA75.12 (2022) and WHA77.17 (2024), respectively.

Geneva, 19 September 2025[2]

*This text was reproduced and reformatted from the text available at the World Health Organization website (visited February 27, 2026), https://apps.who.int/gb/bd/pdf_files/IHR_2014-2022-2024-en.pdf.

INTERNATIONAL HEALTH REGULATIONS (2005)

PART I – DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES

Article 1 Definitions

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

"affected" means persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health risk;

"affected area" means a geographical location specifically for which health measures have been recommended by WHO under these Regulations;

"aircraft" means an aircraft making an international voyage;

"airport" means any airport where international flights arrive or depart; "arrival" of a conveyance means:

(a) in the case of a seagoing vessel, arrival or anchoring in the defined area of a port;

(b) in the case of an aircraft, arrival at an airport;

(c) in the case of an inland navigation vessel on an international voyage, arrival at a point of entry;

(d) in the case of a train or road vehicle, arrival at a point of entry; "baggage" means the personal effects of a traveller;

"cargo" means goods carried on a conveyance or in a container;

"competent authority" means an authority responsible for the implementation and application of health measures under these Regulations;

"container" means an article of transport equipment:

(a) of a permanent character and accordingly strong enough to be suitable for repeated use;

(b) specially designed to facilitate the carriage of goods by one or more modes of transport, without intermediate reloading;

(c) fitted with devices permitting its ready handling, particularly its transfer from one mode of transport to another; and

(d) specially designed as to be easy to fill and empty;

"container loading area" means a place or facility set aside for containers used in international traffic;

"contamination" means the presence of an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;

"conveyance" means an aircraft, ship, train, road vehicle or other means of transport on an international voyage;

"conveyance operator" means a natural or legal person in charge of a conveyance or their agent;

"crew" means persons on board a conveyance who are not passengers;

"decontamination" means a procedure whereby health measures are taken to eliminate an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;

"departure" means, for persons, baggage, cargo, conveyances or goods, the act of leaving a territory;

"deratting" means the procedure whereby health measures are taken to control or kill rodent vectors of human disease present in baggage, cargo, containers, conveyances, facilities, goods and postal parcels at the point of entry;

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"Director-General" means the Director-General of the World Health Organization;

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

"disinfection" means the procedure whereby health measures are taken to control or kill infectious agents on a human or animal body surface or in or on baggage, cargo, containers, conveyances, goods and postal parcels by direct exposure to chemical or physical agents;

"disinsection" means the procedure whereby health measures are taken to control or kill the insect vectors of human diseases present in baggage, cargo, containers, conveyances, goods and postal parcels;

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

"free pratique" means permission for a ship to enter a port, embark or disembark, discharge or load cargo or stores; permission for an aircraft, after landing, to embark or disembark, discharge or load cargo or stores; and permission for a ground transport vehicle, upon arrival, to embark or disembark, discharge or load cargo or stores;

"goods" mean tangible products, including animals and plants, transported on an international voyage, including for utilization on board a conveyance;

"ground crossing" means a point of land entry in a State Party, including one utilized by road vehicles and trains;

"ground transport vehicle" means a motorized conveyance for overland transport on an international voyage, including trains, coaches, lorries and automobiles;

"health measure" means procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures;

"ill person" means an individual suffering from or affected with a physical ailment that may pose a public health risk;

"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;

"inspection" means the examination, by the competent authority or under its supervision, of areas, baggage, containers, conveyances, facilities, goods or postal parcels, including relevant data and documentation, to determine if a public health risk exists;

"international traffic" means the movement of persons, baggage, cargo, containers, conveyances, goods or postal parcels across an international border, including international trade;

"international voyage" means:

(a) in the case of a conveyance, a voyage between points of entry in the territories of more than one State, or a voyage between points of entry in the territory or territories of the same State if the conveyance has contacts with the territory of any other State on its voyage but only as regards those contacts;

(b) in the case of a traveller, a voyage involving entry into the territory of a State other than the territory of the State in which that traveller commences the voyage;

"intrusive" means possibly provoking discomfort through close or intimate contact or questioning;

"invasive" means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography shall be considered to be non-invasive;

"isolation" means separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination;

"medical examination" means the preliminary assessment of a person by an authorized health worker or by a person under the direct supervision of the competent authority, to determine the person's health status and potential public

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health risk to others, and may include the scrutiny of health documents, and a physical examination when justified by the circumstances of the individual case;

"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 jurisdiction of the State Party;

"National IHR Focal Point" means the national centre, designated by each State Party, which shall be accessible at all times for communications with WHO IHR Contact Points under these Regulations;

"Organization" or "WHO" means the World Health Organization;

"pandemic emergency" means a public health emergency of international concern that is caused by a communicable disease and:

(i) has, or is at high risk of having, wide geographical spread to and within multiple States; and

(ii) is exceeding, or is at high risk of exceeding, the capacity of health systems to respond in those States; and

(iii) is causing, or is at high risk of causing, substantial social and/or economic disruption, including disruption to international traffic and trade; and

(iv) requires rapid, equitable and enhanced coordinated international action, with whole-of-government and whole-of-society approaches;

"permanent residence" has the meaning as determined in the national law of the State Party concerned;

"personal data" means any information relating to an identified or identifiable natural person;

"point of entry" means a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit;

"port" means a seaport or a port on an inland body of water where ships on an international voyage arrive or depart;

"postal parcel" means an addressed article or package carried internationally by postal or courier services;

"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 observation" means the monitoring of the health status of a traveller over time for the purpose of determining the risk of disease transmission;

"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;

"quarantine" means the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination;

"recommendation" and "recommended" refer to temporary or standing recommendations issued under these Regulations;

"relevant health products" means those health products needed to respond to public health emergencies of international concern, including pandemic emergencies, which may include medicines, vaccines, diagnostics, medical devices, vector control products, personal protective equipment, decontamination products, assistive products, antidotes, cell- and gene-based therapies, and other health technologies;

"reservoir" means an animal, plant or substance in which an infectious agent normally lives and whose presence may constitute a public health risk;

"road vehicle" means a ground transport vehicle other than a train;

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"scientific evidence" means information furnishing a level of proof based on the established and accepted methods of science;

"scientific principles" means the accepted fundamental laws and facts of nature known through the methods of science;

"ship" means a seagoing or inland navigation vessel on an international voyage;

"standing recommendation" means non-binding advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

"surveillance" means the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary;

"suspect" means those persons, baggage, cargo, containers, conveyances, goods or postal parcels considered by a State Party as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease;

"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;

"temporary residence" has the meaning as determined in the national law of the State Party concerned;

"traveller" means a natural person undertaking an international voyage;

"vector" means an insect or other animal which normally transports an infectious agent that constitutes a public health risk;

"verification" means the provision of information by a State Party to WHO confirming the status of an event within the territory or territories of that State Party;

"WHO IHR Contact Point" means the unit within WHO which shall be accessible at all times for communications with the National IHR Focal Point.

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

Article 2 Purpose and scope

The purpose and scope of these Regulations are to prevent, prepare for, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risk and which avoid unnecessary interference with international traffic and trade.

Article 3 Principles

1. The implementation of these Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons, and shall promote equity and solidarity.
2. The implementation of these Regulations shall be guided by the Charter of the United Nations and the Constitution of the World Health Organization.
3. The implementation of these Regulations shall be guided by the goal of their universal application for the protection of all people of the world from the international spread of disease.
4. States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so, they should uphold the purpose of these Regulations.

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Article 4 Responsible authorities

1. Each State Party shall designate or establish, in accordance with its national law and context, one or two entities 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 jurisdiction 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 appropriate, adjusting their domestic legislative and/or administrative arrangements.

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 the contact details available to all States Parties.

PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

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 core capacities to prevent, detect, assess, notify and report events in accordance with these Regulations, as specified in Part A of Annex 1.

2. Following the assessment referred to in paragraph 2 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 core capacities referred to in paragraph 1 of this Article.

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.

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) or other intergovernmental organization(s), WHO shall, pursuant to paragraph 1 of Article 14, immediately notify the IAEA or, as appropriate, the other competent intergovernmental organization(s).
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.

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

In the case of events occurring within its territory not requiring notification as provided in Article 6, in particular those events for which there is insufficient information available to complete the decision instrument, a State Party should nevertheless keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures in a timely manner. 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.

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.

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.

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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. Upon receiving information of an event that may constitute a public health emergency of international concern, WHO 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, and when justified by the magnitude of the public health risk, WHO should share with other States Parties the information about the event 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 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.
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
   (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

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same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.

Article 12 Determination of a public health emergency of international concern, including 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(ies) an event is occurring, whether an event 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(ies) the event is occurring 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(ies) the event is occurring 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, including, when appropriate, a pandemic emergency, 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.

   4 bis. If the Director-General determines that an event constitutes a public health emergency of international concern, the Director-General shall further determine, having considered the matters contained in paragraph 4, whether the public health emergency of international concern also constitutes a pandemic emergency.
5. If the Director-General, having considered the matters contained in subparagraphs (a), (c), (d) and of paragraph 4 of this Article, and following consultations with the State(s) Party(ies) within whose territory(ies) a public health emergency of international concern, including a pandemic emergency, has occurred, considers that a public health emergency of international concern, including a pandemic emergency, has ended, because it no longer meets the relevant definition in Article 1, the Director-General shall take a decision in accordance with the procedure set out in Article 49.

Article 13 Public health response, including equitable access to relevant health products

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 core capacities to prevent, prepare for, and respond promptly and effectively to public health risks and public health emergencies of international concern, including a pandemic emergency, including in fragile and humanitarian settings, as set out in Part A of Annex 1. WHO shall publish, in consultation with Member States, guidelines to support States Parties in the development of public health response core capacities.
2. Following the assessment referred to in paragraph 2 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

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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 or following its acceptance of an offer by WHO, WHO shall collaborate in the response to public health risks and 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) Party(ies) 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, including a pandemic emergency.

7. WHO shall support States Parties, upon their request or following acceptance of an offer from WHO, and coordinate international response activities during public health emergencies of international concern, including pandemic emergencies, after their determination pursuant to Article 12 of these Regulations.

8. WHO shall facilitate, and work to remove barriers to, timely and equitable access by States Parties to relevant health products after the determination of and during a public health emergency of international concern, including a pandemic emergency, based on public health risks and needs. To that effect, the Director-General shall:

   (a) conduct, and periodically review and update, assessments of the public health needs, as well as of the availability and accessibility including affordability of relevant health products for the public health response; publish such assessments; and consider the available assessments while issuing, modifying, extending or terminating recommendations pursuant to Articles 15, 16, 17, 18, and 49 of these Regulations;

   (b) make use of WHO-coordinated mechanism(s), or facilitate, in consultation with States Parties, their establishment as needed, and coordinate, as appropriate, with other allocation and distribution mechanisms and networks that facilitate timely and equitable access to relevant health products based on public health needs;

   (c) support States Parties, upon their request, in scaling up and geographically diversifying the production of relevant health products, as appropriate, through relevant WHO-coordinated and other networks and mechanisms, subject to Article 2 of these Regulations, and in accordance with relevant international law;

   (d) share with a State Party, upon its request, the product dossier related to a specific relevant health product, as provided to WHO by the manufacturer for approval and where the manufacturer has consented, within 30 days of receiving such request, for the purpose of facilitating regulatory evaluation and authorization by the State Party; and

   (e) support States Parties, upon their request, and, as appropriate, through relevant WHO-coordinated and other networks and mechanisms, pursuant to subparagraph 8(c) of this Article, to promote research and development and strengthen local production of quality, safe and effective relevant health products, and facilitate other measures relevant for the full implementation of this provision.

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9. Pursuant to paragraph 5 of this Article and paragraph 1 of Article 44 of these Regulations, and upon request of other States Parties or WHO, States Parties shall undertake, subject to applicable law and available resources, to collaborate with, and assist each other and to support WHO-coordinated response activities, including through:

   (a) supporting WHO in implementing actions outlined in this Article;

   (b) engaging with and encouraging relevant stakeholders operating in their respective jurisdictions to facilitate equitable access to relevant health products for responding to a public health emergency of international concern, including a pandemic emergency; and

   (c) making available, as appropriate, relevant terms of their research and development agreements for relevant health products related to promoting equitable access to such products during a public health emergency of international concern, including a pandemic emergency.

Article 14 Cooperation of WHO with intergovernmental organizations and international bodies

1. WHO shall cooperate and coordinate its activities, as appropriate, with other competent intergovernmental organizations or international bodies in the implementation of these Regulations, including through the conclusion of agreements and other similar arrangements.

2. In cases in which notification or verification of, or response to, an event is primarily within the competence of other intergovernmental organizations or international bodies, WHO shall coordinate its activities with such organizations or bodies in order to ensure the application of adequate measures for the protection of public health.

3. Notwithstanding the foregoing, nothing in these Regulations shall preclude or limit the provision by WHO of advice, support, or technical or other assistance for public health purposes.

PART III – RECOMMENDATIONS

Article 15 Temporary recommendations

1. If it has been determined in accordance with Article 12 that a public health emergency of international concern, including 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, including 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, including a pandemic emergency, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods, including relevant health products, and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.

2 bis. The Director-General, when communicating to States Parties the issuance, modification or extension of temporary recommendations, should provide available information on any WHO-coordinated mechanism(s) concerning access to, and allocation of, relevant health products, as well as on any other allocation and distribution mechanisms and networks.

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, including a pandemic emergency, to which they relate.

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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 relevant 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.
2. The Director-General, when communicating to States Parties the issuance, modification or extension of standing recommendations, should provide available information on any WHO-coordinated mechanism(s) concerning access to, and allocation of, relevant health products as well as on any other allocation and distribution mechanisms and networks.

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;

(d bis) availability of, and accessibility to relevant health products;

(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.

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.

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;

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- refuse entry of unaffected persons to affected areas;
- 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;
   - refuse departure or entry.
3. Recommendations issued by WHO to State Parties shall, as appropriate, take into account the need to:
   (a) facilitate international travel, particularly of health and care workers and persons in life-threatening or humanitarian situations. This provision is without prejudice to Article 23 of these Regulations; and
   (b) maintain international supply chains, including for relevant health products and food supplies.

PART IV – POINTS OF ENTRY

Article 19 General obligations

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

(a) ensure that the core capacities set forth in Part B of Annex 1 for designated points of entry are developed within the time frame 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.

Article 20 Airports and ports

1. States Parties shall designate the airports and ports that shall develop the core capacities provided in Part B of Annex 1.
2. States Parties shall ensure that Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates are issued in accordance with the requirements in Article 39 and the model provided in Annex 3.
3. Each State Party shall send to WHO a list of ports authorized to offer:
   (a) the issuance of Ship Sanitation Control Certificates and the provision of the services referred to in Annexes 1 and 3; or
   (b) the issuance of Ship Sanitation Control Exemption Certificates only; and

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(c) extension of the Ship Sanitation Control Exemption Certificate for a period of one month until the arrival of the ship in the port at which the Certificate may be received.

Each State Party shall inform WHO of any changes which may occur to the status of the listed ports. WHO shall publish the information received under this paragraph.

4. WHO may, at the request of the State Party concerned, arrange to certify, after an appropriate investigation, that an airport or port in its territory meets the requirements referred to in paragraphs 1 and 3 of this Article. These certifications may be subject to periodic review by WHO, in consultation with the State Party.

5. WHO, in collaboration with competent intergovernmental organizations and international bodies, shall develop and publish the certification guidelines for airports and ports under this Article. WHO shall also publish a list of certified airports and ports.

Article 21 Ground crossings

1. Where justified for public health reasons, a State Party may designate ground crossings that shall develop the core capacities provided in Part B of Annex 1, taking into consideration:

(a) the volume and frequency of the various types of international traffic, as compared to other points of entry, at a State Party's ground crossings which might be designated; and

(b) the public health risks existing in areas in which the international traffic originates, or through which it passes, prior to arrival at a particular ground crossing.

2. States Parties sharing common borders should consider:

(a) entering into bilateral or multilateral agreements or arrangements concerning prevention or control of international transmission of disease at ground crossings in accordance with Article 57; and

(b) joint designation of adjacent ground crossings for the core capacities in Part B of Annex 1 in accordance with paragraph 1 of this Article.

Article 22 Role of competent authorities

1. The competent authorities shall:

(a) be responsible for monitoring baggage, cargo, containers, conveyances, goods, postal parcels and human remains departing and arriving from affected areas, so that they are maintained in such a condition that they are free of sources of infection or contamination, including vectors and reservoirs;

(b) ensure, as far as practicable, that facilities used by travellers at points of entry are maintained in a sanitary condition and are kept free of sources of infection or contamination, including vectors and reservoirs;

(c) be responsible for the supervision of any deratting, disinfection, disinsection or decontamination of baggage, cargo, containers, conveyances, goods, postal parcels and human remains or sanitary measures for persons, as appropriate under these Regulations;

(d) advise conveyance operators, as far in advance as possible, of their intent to apply control measures to a conveyance, and shall provide, where available, written information concerning the methods to be employed;

(e) be responsible for the supervision of the removal and safe disposal of any contaminated water or food, human or animal dejecta, wastewater and any other contaminated matter from a conveyance;

(f) take all practicable measures consistent with these Regulations to monitor and control the discharge by ships of sewage, refuse, ballast water and other potentially disease-causing matter which might contaminate the waters of a port, river, canal, strait, lake or other international waterway;

(g) be responsible for supervision of service providers for services concerning travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains at points of entry, including the conduct of inspections and medical examinations as necessary;

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(h) have effective contingency arrangements to deal with an unexpected public health event; and

(i) communicate with the National IHR Focal Point on the relevant public health measures taken pursuant to these Regulations.

2. Health measures recommended by WHO for travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains arriving from an affected area may be reapplied on arrival, if there are verifiable indications and/or evidence that the measures applied on departure from the affected area were unsuccessful.

3. Disinsection, deratting, disinfection, decontamination and other sanitary procedures shall be carried out so as to avoid injury and as far as possible discomfort to persons, or damage to the environment in a way which impacts on public health, or damage to baggage, cargo, containers, conveyances, goods and postal parcels.

PART V – PUBLIC HEALTH MEASURES

Chapter I – General provisions

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; and

(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.

Chapter II – Special provisions for conveyances and conveyance operators

Article 24 Conveyance operators

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

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(a) comply with the health measures recommended by WHO and adopted by the State Party, including for application on board as well as during embarkation and disembarkation;

(b) inform travellers 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.

Article 25 Ships and aircraft in transit

Subject to Articles 27 and 43 or unless authorized by applicable international agreements, no health measure shall be applied by a State Party to:

(a) a ship not coming from an affected area which passes through a maritime canal or waterway in the territory of that State Party on its way to a port in the territory of another State. Any such ship shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies;

(b) a ship which passes through waters within its jurisdiction without calling at a port or on the coast; and

(c) an aircraft in transit at an airport within its jurisdiction, except that the aircraft may be restricted to a particular area of the airport, with no embarking and disembarking or loading and discharging. However, any such aircraft shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies.

Article 26 Civilian lorries, trains and coaches in transit

Subject to Articles 27 and 43 or unless authorized by applicable international agreements, no health measure shall be applied to a civilian lorry, train or coach not coming from an affected area which passes through a territory without embarking, disembarking, loading or discharging.

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.

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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.

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 paragraph 2 of this Article, 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.

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.

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Article 29 Civilian lorries, trains and coaches at points of entry

WHO, in consultation with States Parties, shall develop guiding principles for applying health measures to civilian lorries, trains and coaches at points of entry and passing through ground crossings.

Chapter III – Special provisions for travellers

Article 30 Travellers under public health observation

Subject to Article 43 or as authorized in applicable international agreements, a suspect traveller who on arrival is placed under public health observation may continue an international voyage, if the traveller does not pose an imminent public health risk and the State Party informs the competent authority of the point of entry at destination, if known, of the traveller's expected arrival. On arrival, the traveller shall report to that authority.

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.

Article 32 Treatment of travellers

In implementing health measures under these Regulations, States Parties shall treat travellers with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by:

(a) treating all travellers with courtesy and respect;
(b) taking into consideration the gender, sociocultural, ethnic or religious concerns of travellers; and
(c) providing or arranging for adequate food and water, appropriate accommodation and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible in a language that they can understand, and other appropriate assistance for travellers who are quarantined, isolated or subject to medical examinations or other procedures for public health purposes.

Chapter IV – Special provisions for goods, containers and container loading areas

Article 33 Goods in transit

Subject to Article 43 or unless authorized by applicable international agreements, goods, other than live animals, in transit without transhipment shall not be subject to health measures under these Regulations or detained for public health purposes.

Article 34 Container and container loading areas

1. States Parties shall ensure, as far as practicable, that container shippers use international traffic containers that are kept free from sources of infection or contamination, including vectors and reservoirs, particularly during the course of packing.
2. States Parties shall ensure, as far as practicable, that container loading areas are kept free from sources of infection or contamination, including vectors and reservoirs.
3. Whenever, in the opinion of a State Party, the volume of international container traffic is sufficiently large, the competent authorities shall take all practicable measures consistent with these Regulations, including carrying out inspections, to assess the sanitary condition of container loading areas and containers in order to ensure that the obligations contained in these Regulations are implemented.
4. Facilities for the inspection and isolation of containers shall, as far as practicable, be available at container loading areas.
5. Container consignees and consignors shall make every effort to avoid cross-contamination when multiple-use loading of containers is employed.

PART VI – HEALTH DOCUMENTS

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 non-digital format or 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 health documents under these Regulations have been issued, said health documents shall conform to the Annexes, referred to in Articles 36 to 39, as applicable, and their authenticity shall be ascertainable.
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.

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.

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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.

Article 37 Ship Declaration of Health

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 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 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 Declaration of Health by all arriving ships; or
   (b) to require the submission of the Ship 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.

Article 38 Health Part of the Aircraft General Declaration

1. The pilot in command of an aircraft or the pilot's agent, in flight or upon landing at the first airport in the territory of a State Party, shall, to the best of his or her ability, except when that State Party does not require it, complete and deliver to the competent authority for that airport the Health Part of the Aircraft General Declaration which shall conform to the model specified in Annex 9.
2. The pilot in command of an aircraft or the pilot's agent shall supply any information required by the State Party as to health conditions on board during an international voyage and any health measure applied to the aircraft.
3. A State Party may decide:
   (a) to dispense with the submission of the Health Part of the Aircraft General Declaration by all arriving aircraft; or
   (b) to require the submission of the Health Part of the Aircraft General Declaration under a recommendation concerning aircraft arriving from affected areas or to require it from aircraft which might otherwise carry infection or contamination.

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

Article 39 Ship sanitation certificates

1. Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates shall be valid for a maximum period of six months. This period may be extended by one month if the inspection or control measures required cannot be accomplished at the port.
2. If a valid Ship Sanitation Control Exemption Certificate or Ship Sanitation Control Certificate is not produced or evidence of a public health risk is found on board a ship, the State Party may proceed as provided in paragraph 1 of Article 27.
3. The certificates referred to in this Article shall conform to the model in Annex 3.

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4. Whenever possible, control measures shall be carried out when the ship and holds are empty. In the case of a ship in ballast, they shall be carried out before loading.
5. When control measures are required and have been satisfactorily completed, the competent authority shall issue a Ship Sanitation Control Certificate, noting the evidence found and the control measures taken.
6. The competent authority may issue a Ship Sanitation Control Exemption Certificate at any port specified under Article 20 if it is satisfied that the ship is free of infection and contamination, including vectors and reservoirs. Such a certificate shall normally be issued only if the inspection of the ship has been carried out when the ship and holds are empty or when they contain only ballast or other material, of such a nature or so disposed as to make a thorough inspection of the holds possible.
7. If the conditions under which control measures are carried out are such that, in the opinion of the competent authority for the port where the operation was performed, a satisfactory result cannot be obtained, the competent authority shall make a note to that effect on the Ship Sanitation Control Certificate.

PART VII – CHARGES

Article 40 Charges for health measures regarding travellers

1. Except for travellers seeking temporary or permanent residence, and subject to paragraph 2 of this Article, no charge shall be made by a State Party pursuant to these Regulations for the following measures for the protection of public health:
   (a) any medical examination provided for in these Regulations, or any supplementary examination which may be required by that State Party to ascertain the health status of the traveller examined;
   (b) any vaccination or other prophylaxis provided to a traveller on arrival that is not a published requirement or is a requirement published less than 10 days prior to provision of the vaccination or other prophylaxis;
   (c) appropriate isolation or quarantine requirements of travellers;
   (d) any certificate issued to the traveller specifying the measures applied and the date of application; or
   (e) any health measures applied to baggage accompanying the traveller.
2. States Parties may charge for health measures other than those referred to in paragraph 1 of this Article, including those primarily for the benefit of the traveller.
3. Where charges are made for applying such health measures to travellers under these Regulations, there shall be in each State Party only one tariff for such charges and every charge shall:
   (a) conform to this tariff;
   (b) not exceed the actual cost of the service rendered; and
   (c) be levied without distinction as to the nationality, domicile or residence of the traveller concerned.
4. The tariff, and any amendment thereto, shall be published at least 10 days in advance of any levy thereunder.
5. Nothing in these Regulations shall preclude States Parties from seeking reimbursement for expenses incurred in providing the health measures in paragraph 1 of this Article:
   (a) from conveyance operators or owners with regard to their employees; or
   (b) from applicable insurance sources.
6. Under no circumstances shall travellers or conveyance operators be denied the ability to depart from the territory of a State Party pending payment of the charges referred to in paragraphs 1 or 2 of this Article.

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Article 41 Charges for baggage, cargo, containers, conveyances, goods or postal parcels

1. Where charges are made for applying health measures to baggage, cargo, containers, conveyances, goods or postal parcels under these Regulations, there shall be in each State Party only one tariff for such charges and every charge shall:
   (a) conform to this tariff;
   (b) not exceed the actual cost of the service rendered; and
   (c) be levied without distinction as to the nationality, flag, registry or ownership of the baggage, cargo, containers, conveyances, goods or postal parcels concerned. In particular, there shall be no distinction made between national and foreign baggage, cargo, containers, conveyances, goods or postal parcels.
2. The tariff, and any amendment thereto, shall be published at least 10 days in advance of any levy thereunder.

PART VIII – GENERAL PROVISIONS

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.

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, and the like, or their delay, for more than 24 hours.
4. After assessing information provided pursuant to paragraphs 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 may also facilitate consultations between the States Parties concerned. 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. Unless otherwise agreed with the State Parties involved in the consultation, information shared during the consultation must be kept confidential.

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

Article 44 Collaboration, assistance and financing

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

   (a) the detection and assessment of, preparedness for 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 core capacities required under Annex 1 of these Regulations;

   (c) the mobilization of financial resources, including through relevant sources and funding mechanisms to facilitate the implementation of their obligations under these Regulations, in particular to address the needs of developing countries; and

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

2. WHO shall collaborate with, and assist, States Parties, upon their request, to the extent possible, in:

   (a) the evaluation and assessment of their core 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;

   (c) the mobilization of financial resources to support developing countries in developing, strengthening and maintaining the core capacities provided for in Annex 1; and

   (d) the facilitation of access to relevant health products, in accordance with paragraph 8 of Article 13.

2 bis. States Parties, subject to applicable law and available resources, shall maintain or increase domestic funding, as necessary, and collaborate, including through international cooperation and assistance, as appropriate, to strengthen sustainable financing to support the implementation of these Regulations.

2 ter. Pursuant to subparagraph (c) of paragraph 1 of this Article, States Parties shall undertake to collaborate, to the extent possible, to:

   (a) encourage governance and operating models of existing financing entities and funding mechanisms to be regionally representative and responsive to the needs and national priorities of developing countries in the implementation of these Regulations;

   (b) identify and enable access to financial resources, including through the Coordinating Financial Mechanism, established pursuant to Article 44 bis, necessary to equitably address the needs and priorities of developing countries, including for developing, strengthening and maintaining core capacities.

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2 quater. The Director-General shall support the collaboration work in paragraph 2 bis of this Article, as appropriate. States Parties and the Director-General shall report on its outcomes as part of the reporting to the Health Assembly.

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.

Article 44 bis Coordinating Financial Mechanism

1. A Coordinating Financial Mechanism (hereinafter "the Mechanism") is hereby established to:
   (a) promote the provision of timely, predictable, and sustainable financing for the implementation of these Regulations in order to develop, strengthen, and maintain core capacities as set out in Annex 1 of these Regulations, including those relevant for pandemic emergencies;
   (b) seek to maximize the availability of financing for the implementation needs and priorities of States Parties, in particular of developing countries; and
   (c) work to mobilize new and additional financial resources, and increase the efficient utilization of existing financing instruments, relevant to the effective implementation of these Regulations.
2. In support of the objectives set out in paragraph 1 of this Article, the Mechanism shall, inter alia:
   (a) use or conduct relevant needs and funding gap analyses;
   (b) promote harmonization, coherence and coordination of existing financing instruments;
   (c) identify all sources of financing that are available for implementation support and make this information available to States Parties;
   (d) provide advice and support, upon request, to States Parties in identifying and applying for financial resources for strengthening core capacities, including those relevant for pandemic emergencies; and
   (e) leverage voluntary monetary contributions for organizations and other entities supporting States Parties to develop, strengthen and maintain their core capacities, including those relevant for pandemic emergencies.
3. The Mechanism shall function, in relation to the implementation of these Regulations, under the authority and guidance of the Health Assembly and be accountable to it.

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 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:
   (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.
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.

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Article 46 Transport and handling of biological substances, reagents and materials for diagnostic purposes

States Parties shall, subject to national law and taking into account relevant international guidelines, facilitate the transport, entry, exit, processing and disposal of biological substances and diagnostic specimens, reagents and other diagnostic materials for verification and public health response purposes under these Regulations.

PART IX – THE IHR ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE

Chapter I – The IHR Roster of Experts

Article 47 Composition

The Director-General shall establish a roster composed of experts in all relevant fields of expertise (hereinafter the "IHR Expert Roster"). The Director-General shall appoint the members of the IHR Expert Roster in accordance with the WHO Regulations for Expert Advisory Panels and Committees (hereinafter the "WHO Advisory Panel Regulations"), unless otherwise provided in these Regulations. In addition, the Director-General shall appoint one member at the request of each State Party and, where appropriate, experts proposed by relevant intergovernmental and regional economic integration organizations. Interested States Parties shall notify the Director-General of the qualifications and fields of expertise of each of the experts they propose for membership. The Director-General shall periodically inform the States Parties, and relevant intergovernmental and regional economic integration organizations, of the composition of the IHR Expert Roster.

Chapter II – The Emergency Committee

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, including a pandemic emergency;
   (b) the termination of a public health emergency of international concern, including a pandemic emergency; and
   (c) the proposed issuance, modification, extension or termination of temporary recommendations.

   1 bis. The Emergency Committee shall be considered an expert committee and shall be subject to the WHO Advisory Panel Regulations, unless otherwise provided for in this Article.
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. Members of the Emergency Committee should include at least one expert nominated by State(s) Party(ies) within whose territory the event is occurring.
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.

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.

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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(s) Party(ies) in whose territory the event is occurring to present its (their) 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(s) Party(ies) 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 all States Parties the determination and the termination of a public health emergency of international concern, including a pandemic emergency, any health measure taken by the State(s) Party(ies) concerned, any temporary recommendations, including the supporting evidence, and the modification, extension and termination of such recommendations, together with the composition and 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, including a pandemic emergency, and/or the temporary recommendations, and may make a presentation to that effect to the Emergency Committee.

Chapter III – The Review Committee

Article 50 Terms of reference and composition

1. The Director-General shall establish a Review Committee, which shall carry out the following functions:
   (a) make technical recommendations to the Director-General regarding amendments to these Regulations;
   (b) provide technical advice to the Director-General with respect to standing recommendations, and any modifications or termination thereof; and
   (c) provide technical advice to the Director-General on any matter referred to it by the Director-General regarding the functioning of these Regulations.

2. The Review Committee shall be considered an expert committee and shall be subject to the WHO Advisory Panel Regulations, unless otherwise provided in this Article.

3. The members of the Review Committee shall be selected and appointed by the Director-General from among the persons serving on the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization.

4. The Director-General shall establish the number of members to be invited to a meeting of the Review Committee, determine its date and duration, and convene the Committee.

5. The Director-General shall appoint members to the Review Committee for the duration of the work of a session only.

6. The Director-General shall select the members of the Review Committee on the basis of the principles of equitable geographical representation, gender balance, a balance of experts from developed and developing countries, representation of a diversity of scientific opinion, approaches and practical experience in various parts of the world, and an appropriate interdisciplinary balance.

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Article 51 Conduct of business

1. Decisions of the Review Committee shall be taken by a majority of the members present and voting.
2. The Director-General shall invite Member States, the United Nations and its specialized agencies and other relevant intergovernmental organizations or nongovernmental organizations in official relations with WHO to designate representatives to attend the Committee sessions. Such representatives may submit memoranda and, with the consent of the Chairperson, make statements on the subjects under discussion. They shall not have the right to vote.

Article 52 Reports

1. For each session, the Review Committee shall draw up a report setting forth the Committee's views and advice. This report shall be approved by the Review Committee before the end of the session. Its views and advice shall not commit the Organization and shall be formulated as advice to the Director-General. The text of the report may not be modified without the Committee's consent.
2. If the Review Committee is not unanimous in its findings, any member shall be entitled to express his or her dissenting professional views in an individual or group report, which shall state the reasons why a divergent opinion is held and shall form part of the Committee's report.
3. The Review Committee's report shall be submitted to the Director-General, who shall communicate its views and advice to the Health Assembly or the Executive Board for their consideration and action.

Article 53 Procedures for standing recommendations

When the Director-General considers that a standing recommendation is necessary and appropriate for a specific public health risk, the Director-General shall seek the views of the Review Committee. In addition to the relevant paragraphs of Articles 50 to 52, the following provisions shall apply:

(a) proposals for standing recommendations, their modification or termination may be submitted to the Review Committee by the Director-General or by States Parties through the Director-General;

(b) any State Party may submit relevant information for consideration by the Review Committee;

(c) the Director-General may request any State Party, intergovernmental organization or nongovernmental organization in official relations with WHO to place at the disposal of the Review Committee information in its possession concerning the subject of the proposed standing recommendation as specified by the Review Committee;

(d) the Director-General may, at the request of the Review Committee or on the Director-General's own initiative, appoint one or more technical experts to advise the Review Committee. They shall not have the right to vote;

(e) any report containing the views and advice of the Review Committee regarding standing recommendations shall be forwarded to the Director-General for consideration and decision. The Director-General shall communicate the Review Committee's views and advice to the Health Assembly;

(f) the Director-General shall communicate to States Parties any standing recommendation, as well as the modifications or termination of such recommendations, together with the views of the Review Committee; and

(g) standing recommendations shall be submitted by the Director-General to the subsequent Health Assembly for its consideration.

PART X – FINAL PROVISIONS

Article 54 Reporting and review

1. States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly.

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2. The Health Assembly shall periodically review the functioning of these Regulations, including financing for their effective implementation. To that end it may request the advice of the Review Committee, through the Director-General. The first such review shall take place no later than five years after the entry into force of these Regulations.

3. WHO shall periodically conduct studies to review and evaluate the functioning of Annex 2. The first such review shall commence no later than one year after the entry into force of these Regulations. The results of such reviews shall be submitted to the Health Assembly for its consideration, as appropriate.

Article 54 bis States Parties Committee for the Implementation of the International Health Regulations (2005)

1. The States Parties Committee for the Implementation of the International Health Regulations (2005) is hereby established to facilitate the effective implementation of these Regulations, in particular of Article 44 and 44 bis. The Committee shall be facilitative and consultative in nature only, and function in a non-adversarial, non-punitive, assistive and transparent manner, guided by the principles set out in Article 3. To this effect:

   (a) the Committee shall have the aim of promoting and supporting learning, exchange of best practices, and cooperation among States Parties for the effective implementation of these Regulations;

   (b) the Committee shall establish a Subcommittee to provide technical advice and report to the Committee.

2. The Committee shall be comprised of all States Parties and shall meet at least once every two years. Terms of reference for the Committee, including the way that the Committee conducts its business, and for the Subcommittee shall be adopted at the first meeting of the Committee by consensus.

3. The Committee shall have a Chair and a Vice-Chair, elected by the Committee from among its State Party members, who shall serve for two years and rotate on a regional basis.[3]

4. The Committee shall adopt, at its first meeting, by consensus, terms of reference for the Coordinating Financial Mechanism, established in Article 44 bis, and modalities for its operationalization and governance and may adopt necessary working arrangements with relevant international bodies, which may support its operation as appropriate.

Article 55 Amendments

1. Amendments to these Regulations may be proposed by any State Party or by the Director-General. Such proposals for amendments shall be submitted to the Health Assembly for its consideration.

2. The text of any proposed amendment shall be communicated to all States Parties by the Director-General at least four months before the Health Assembly at which it is proposed for consideration.

3. Amendments to these Regulations adopted by the Health Assembly pursuant to this Article shall come into force for all States Parties on the same terms, and subject to the same rights and obligations, as provided for in Article 22 of the Constitution of the World Health Organization and Articles 59 to 64 of these Regulations, subject to the periods provided for in those Articles with respect to amendments to these Regulations.

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

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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 Optional Rules for Arbitrating Disputes between Two States applicable at the time a request for arbitration is made. 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.

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.

Article 57 Relationship with other international agreements

1. States Parties recognize that the IHR and other relevant international agreements should be interpreted so as to be compatible. The provisions of the IHR shall not affect the rights and obligations of any State Party deriving from other international agreements.

2. Subject to paragraph 1 of this Article, nothing in these Regulations shall prevent States Parties having certain interests in common owing to their health, geographical, social or economic conditions, from concluding special treaties or arrangements in order to facilitate the application of these Regulations, and in particular with regard to:

   (a) the direct and rapid exchange of public health information between neighbouring territories of different States;

   (b) the health measures to be applied to international coastal traffic and to international traffic in waters within their jurisdiction;

   (c) the health measures to be applied in contiguous territories of different States at their common frontier;

   (d) arrangements for carrying affected persons or affected human remains by means of transport specially adapted for the purpose; and

   (e) deratting, disinsection, disinfection, decontamination or other treatment designed to render goods free of disease-causing agents.

3. Without prejudice to their obligations under these Regulations, States Parties that are members of a regional economic integration organization shall apply in their mutual relations the common rules in force in that regional economic integration organization.

Article 58 International sanitary agreements and regulations

1. These Regulations, subject to the provisions of Article 62 and the exceptions hereinafter provided, shall replace as between the States bound by these Regulations and as between these States and WHO, the provisions of the following international sanitary agreements and regulations:

   (a) International Sanitary Convention, signed in Paris, 21 June 1926;

   (b) International Sanitary Convention for Aerial Navigation, signed at The Hague, 12 April 1933;

   (c) International Agreement for dispensing with Bills of Health, signed in Paris, 22 December 1934;

   (d) International Agreement for dispensing with Consular Visas on Bills of Health, signed in Paris, 22 December 1934;

   (e) Convention modifying the International Sanitary Convention of 21 June 1926, signed in Paris, 31 October 1938;

   (f) International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926, opened for signature in Washington, 15 December 1944;

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(g) International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention of 12 April 1933, opened for signature in Washington, 15 December 1944;

(h) Protocol of 23 April 1946 to prolong the International Sanitary Convention, 1944, signed in Washington;

(i) Protocol of 23 April 1946 to prolong the International Sanitary Convention for Aerial Navigation, 1944, signed in Washington;

(j) International Sanitary Regulations, 1951, and the Additional Regulations of 1955, 1956, 1960, 1963 and 1965; and

(k) the International Health Regulations of 1969 and the amendments of 1973 and 1981.

2. The Pan American Sanitary Code, signed at Havana, 14 November 1924, shall remain in force with the exception of Articles 2, 9, 10, 11, 16 to 53 inclusive, 61 and 62, to which the relevant part of paragraph 1 of this Article shall apply.

Article 59 Entry into force; period for rejection or reservations

1. The period provided in execution of Article 22 of the Constitution of the World Health Organization for rejection of, or reservation to, these Regulations shall be 18 months from the date of the notification by the Director-General of the adoption of these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

1 bis. The period provided in execution of Article 22 of the Constitution of the World Health Organization for rejection of, or reservation to, an amendment to these Regulations shall be 10 months from the date of the notification by the Director-General of the adoption of an amendment to these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

2. These Regulations shall enter into force 24 months after the date of notification referred to in paragraph 1 of this Article, and amendments to these Regulations shall enter into force 12 months after the date of notification referred to in paragraph 1bis of this Article, except for:

(a) a State that has rejected these Regulations or an amendment thereto in accordance with Article 61;

(b) a State that has made a reservation, for which these Regulations or an amendment thereto shall enter into force as provided in Article 62;

(c) a State that becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of this Article, and which is not already a party to these Regulations, for which these Regulations shall enter into force as provided in Article 60; and

(d) a State not a Member of WHO that accepts these Regulations, for which they shall enter into force in accordance with paragraph 1 of Article 64.

3. If a State is not able to adjust its domestic legislative and administrative arrangements fully with these Regulations or an amendment thereto within the period set out in paragraph 2 of this Article, as applicable, that State shall submit within the applicable period specified in paragraph 1 or 1 bis of this Article a declaration to the Director-General regarding the outstanding adjustments and achieve them no later than 12 months after the entry into force of these Regulations or an amendment thereto for that State Party.

Article 60 New Member States of WHO

Any State which becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of Article 59, and which is not already a party to these Regulations, may communicate its rejection of, or any reservation to, these Regulations within a period of 12 months from the date of the notification to it by the Director-General after becoming a Member of WHO. Unless rejected, these Regulations shall enter into force with respect to that State, subject to the provisions of Articles 62 and 63, upon expiry of that period. In no case shall these

Regulations enter into force in respect to that State earlier than 24 months after the date of notification referred to in paragraph 1 of Article 59.

Article 61 Rejection

If a State notifies the Director-General of its rejection of these Regulations or of an amendment thereto within the applicable period provided in paragraph 1 or 1 bis of Article 59, these Regulations or the amendment concerned shall not enter into force with respect to that State. Any international sanitary agreement or regulations listed in Article 58 to which such State is already a party shall remain in force as far as such State is concerned.

Article 62 Reservations

1. States may make reservations to these Regulations or an amendment thereto in accordance with this Article. Such reservations shall not be incompatible with the object and purpose of these Regulations.
2. Reservations to these Regulations or an amendment thereto shall be notified to the Director-General in accordance with paragraphs 1 and 1 bis of Article 59 and Article 60, paragraph 1 of Article 63 or paragraph 1 of Article 64, as the case may be. A State not a Member of WHO shall notify the Director-General of any reservation with its notification of acceptance of these Regulations. States formulating reservations should provide the Director-General with reasons for the reservations.
3. A rejection in part of these Regulations or an amendment thereto shall be considered as a reservation.
4. The Director-General shall, in accordance with paragraph 2 of Article 65, issue notification of each reservation received pursuant to paragraph 2 of this Article. The Director-General shall:
   (a) if the reservation was made before the entry into force of these Regulations, request those Member States that have not rejected these Regulations to notify him or her within six months of any objection to the reservation; or
   (b) if the reservation was made after the entry into force of these Regulations, request States Parties to notify him or her within six months of any objection to the reservation; or
   (c) if the reservation was made to an amendment to these Regulations, request States Parties to notify him or her within three months of any objection to the reservation.

States Parties objecting to a reservation to an amendment to these Regulations should provide the Director-General with reasons for the objection.

5. After this period, the Director-General shall notify all States Parties of the objections he or she has received with regard to reservations. In the case of a reservation made to these Regulations, unless by the end of six months from the date of the notification referred to in paragraph 4 of this Article a reservation has been objected to by one third of the States referred to in paragraph 4 of this Article, it shall be deemed to be accepted and these Regulations shall enter into force for the reserving State, subject to the reservation. In the case of a reservation made to an amendment to these Regulations, unless by the end of three months from the date of the notification referred to in paragraph 4 of this Article, a reservation has been objected to by one third of the States referred to in paragraph 4 of this Article, it shall be deemed to be accepted and the amendment shall enter into force for the reserving State, subject to the reservation.
6. If at least one third of the States referred to in paragraph 4 of this Article object to the reservation to these Regulations by the end of six months from the date of the notification referred to in paragraph 4 of this Article or, in the case of a reservation to an amendment to these Regulations, by the end of three months from the date of the notification referred to in paragraph 4 of this Article, the Director-General shall notify the reserving State with a view to its considering withdrawing the reservation within three months from the date of the notification by the Director-General.

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7. The reserving State shall continue to fulfil any obligations corresponding to the subject matter of the reservation, which the State has accepted under any of the international sanitary agreements or regulations listed in Article 58.

8. If the reserving State does not withdraw the reservation within three months from the date of the notification by the Director-General referred to in paragraph 6 of this Article, the Director-General shall seek the view of the Review Committee if the reserving State so requests. The Review Committee shall advise the Director-General as soon as possible and in accordance with Article 50 on the practical impact of the reservation on the operation of these Regulations.

9. The Director-General shall submit the reservation, and the views of the Review Committee if applicable, to the Health Assembly for its consideration. If the Health Assembly, by a majority vote, objects to the reservation on the ground that it is incompatible with the object and purpose of these Regulations, the reservation shall not be accepted and these Regulations or an amendment thereto shall enter into force for the reserving State only after it withdraws its reservation pursuant to Article 63. If the Health Assembly accepts the reservation, these Regulations or an amendment thereto shall enter into force for the reserving State, subject to its reservation.

Article 63 Withdrawal of rejection and reservation

1. A rejection made under Article 61 may at any time be withdrawn by a State by notifying the Director-General. In such cases, these Regulations or an amendment thereto, as applicable, shall enter into force with regard to that State upon receipt by the Director-General of the notification, except where the State makes a reservation when withdrawing its rejection, in which case these Regulations or an amendment thereto, as applicable, shall enter into force as provided in Article 62. In no case shall these Regulations enter into force in respect to that State earlier than 24 months after the date of notification referred to in paragraph 1 of Article 59 and in no case shall an amendment to these Regulations enter into force in respect to that State earlier than 12 months after the date of notification referred to in paragraph 1 bis of Article 59.

2. The whole or part of any reservation may at any time be withdrawn by the State Party concerned by notifying the Director-General. In such cases, the withdrawal will be effective from the date of receipt by the Director-General of the notification.

Article 64 States not Members of WHO

1. Any State not a Member of WHO, which is a party to any international sanitary agreement or regulations listed in Article 58 or to which the Director-General has notified the adoption of these Regulations by the World Health Assembly, may become a party hereto by notifying its acceptance to the Director-General and, subject to the provisions of Article 62, such acceptance shall become effective upon the date of entry into force of these Regulations, or, if such acceptance is notified after that date, three months after the date of receipt by the Director-General of the notification of acceptance.

2. Any State not a Member of WHO which has become a party to these Regulations may at any time withdraw from participation in these Regulations, by means of a notification addressed to the Director-General which shall take effect six months after the Director-General has received it. The State which has withdrawn shall, as from that date, resume application of the provisions of any international sanitary agreement or regulations listed in Article 58 to which it was previously a party.

Article 65 Notifications by the Director-General

1. The Director-General shall notify all States Members and Associate Members of WHO, and also other parties to any international sanitary agreement or regulations listed in Article 58, of the adoption by the Health Assembly of these Regulations.

2. The Director-General shall also notify these States, as well as any other State which has become a party to these Regulations or to any amendment to these Regulations, of any notification received by WHO under Articles 60 to 64 respectively, as well as of any decision taken by the Health Assembly under Article 62.

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Article 66 Authentic texts

1. The Arabic, Chinese, English, French, Russian and Spanish texts of these Regulations shall be equally authentic. The original texts of these Regulations shall be deposited with WHO.
2. The Director-General shall send, with the notification provided in paragraph 1 of Article 59, certified copies of these Regulations to all Members and Associate Members, and also to other parties to any of the international sanitary agreements or regulations listed in Article 58.
3. Upon the entry into force of these Regulations, the Director-General shall deliver certified copies thereof to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations.

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ANNEX 1

CORE CAPACITIES

1. States Parties shall utilize existing national structures and resources to meet their core capacities requirements under these Regulations, including with regard to:
   (a) their prevention, surveillance, reporting, notification, verification, preparedness, response and collaboration activities; and
   (b) their activities concerning designated airports, ports and ground crossings.
2. Each State Party shall assess, 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, paragraph 1 of Article 13 and subparagraph (a) of Article 19.
3. States Parties and WHO shall support assessments, planning and implementation processes under this Annex.
4. Pursuant to Article 44, States Parties shall undertake to collaborate with each other, to the extent possible, in developing, strengthening and maintaining core capacities.

A. CORE CAPACITIES REQUIREMENTS FOR PREVENTION, SURVEILLANCE, PREPAREDNESS AND RESPONSE

1. At the local community level and/or primary public health response level (hereinafter the "Local level"), each State Party shall develop, strengthen and maintain the core 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;
   (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;
   (c) to prepare for the implementation of, and implement immediately, preliminary control measures;
   (d) to prepare for the provision of, and facilitate access to health services necessary for responding to public health risks and events; and
   (e) to engage relevant stakeholders, including communities, in preparing for and responding to public health risks and events.
2. At the intermediate public health response levels (hereinafter the "Intermediate level"), where applicable,[4] each State Party shall develop, strengthen and maintain the core capacities:
   (a) to confirm the status of reported events and to support or implement additional control measures;
   (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; and
   (c) to coordinate with and support the Local level in preventing, preparing for and responding to public health risks and events, including in relation to:
      (i) surveillance;

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(ii) on-site investigations;

(iii) laboratory diagnostics, including referral of samples;

(iv) implementation of control measures;

(v) access to health services and health products needed for the response;

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

(vii) logistical assistance (e.g. equipment, medical and other relevant supplies and transport);

3. At the national level

Assessment and notification. Each State Party shall develop, strengthen and maintain the core 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 prevention, preparedness and response. Each State Party shall develop, strengthen and maintain the core capacities for:

(a) rapidly determining control measures required to prevent domestic and international spread;

(b) surveillance;

(c) deploying specialized staff;

(d) laboratory analysis of samples (domestically or through collaborating centres);

(e) logistical assistance (e.g. equipment, medical and other relevant supplies and transport);

(f) providing on-site assistance as required to supplement local investigations;

(g) developing and/or disseminating guidance for clinical case management and infection prevention and control;

(h) access to health services and health products needed for the response;

(i) risk communication, including addressing misinformation and disinformation;

(j) providing a direct operational link with senior health and other officials to approve rapidly and implement containment and control measures;

(k) providing direct liaison with other relevant government ministries;

(l) providing, 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;

(m) establishing, operating and maintaining 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;

(n) coordinating activities nationally and supporting Local and Intermediate levels, where applicable, in preventing, preparing for and responding to public health risks and events; and

(o) providing the foregoing on a 24-hour basis.

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

1. At all times, each State Party shall develop, strengthen and maintain the core capacities:
   (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 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, each State Party shall develop, strengthen and maintain the core 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 and laboratories, for their isolation and treatment, the analysis of their samples 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;
   (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.

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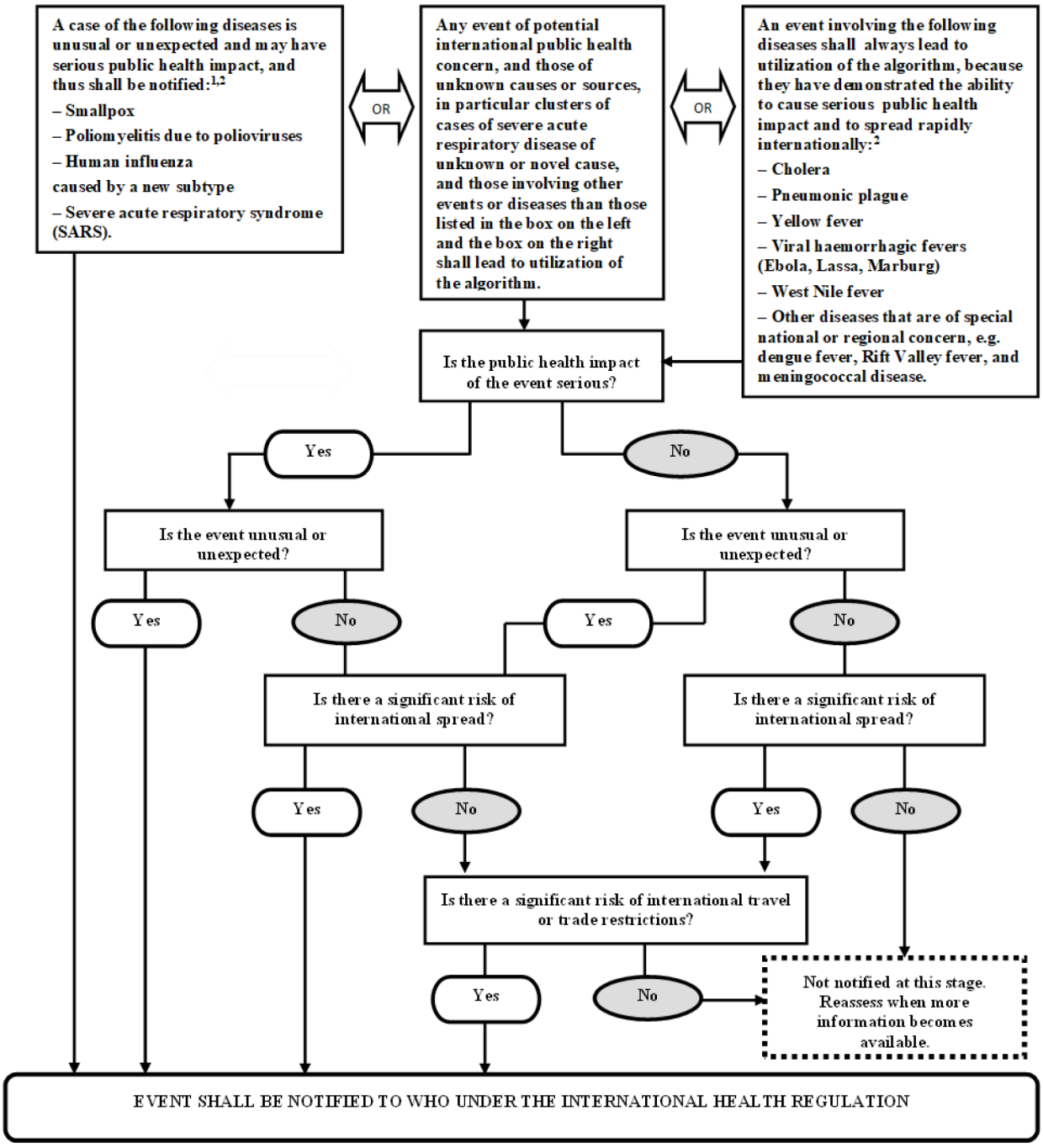
ANNEX 2

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



[1]As per WHO case definitions.

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

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EXAMPLES FOR THE APPLICATION OF THE DECISION INSTRUMENT FOR THE ASSESSMENT AND NOTIFICATION OF EVENTS THAT MAY CONSTITUTE A PUBLIC HEALTH EMERGENCY OF INTERNATIONAL CONCERN

The examples appearing in this Annex are not binding and are for indicative guidance purposes to assist in the interpretation of the decision instrument criteria.

DOES THE EVENT MEET AT LEAST TWO OF THE FOLLOWING CRITERIA?

Is the public health impact of the event serious?	**I. Is the public health impact of the event serious?**
	1. *Is the number of cases and/or number of deaths for this type of event large for the given place, time orpopulation?*
	2. *Has the event the potential to have a high public health impact?* THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT CONTRIBUTE TO HIGH PUBLIC HEALTH IMPACT: ✓ Event caused by a pathogen with high potential to cause epidemic (infectiousness of the agent, high case fatality, multiple transmission routes or healthy carrier). ✓ Indication of treatment failure (new or emerging antibiotic resistance, vaccine failure, antidote resistance or failure). ✓ Event represents a significant public health risk even if no or very few human cases have yet been identified. ✓ Cases reported among health staff. ✓ The population at risk is especially vulnerable (refugees, low level of immunization, children, elderly, low immunity, undernourished, etc.). ✓ Concomitant factors that may hinder or delay the public health response (natural catastrophes, armed conflicts, unfavourable weather conditions, multiple foci in the State Party). ✓ Event in an area with high population density. ✓ Spread of toxic, infectious or otherwise hazardous materials that may be occurring naturally or otherwise that has contaminated or has the potential to contaminate a population and/or a large geographical area.
	3. *Is external assistance needed to detect, investigate, respond and control the current event, or prevent new cases?* THE FOLLOWING ARE EXAMPLES OF WHEN ASSISTANCE MAY BE REQUIRED: ✓ Inadequate human, financial, material or technical resources – in particular: – insufficient laboratory or epidemiological capacity to investigate the event (equipment, personnel, financial resources); – insufficient antidotes, drugs and/or vaccine and/or protective equipment, decontamination equipment, or supportive equipment to cover estimated needs; – existing surveillance system is inadequate to detect new cases in a timely manner.
	IS THE PUBLIC HEALTH IMPACT OF THE EVENT SERIOUS? **Answer "yes" if you have answered "yes" to questions 1, 2 or 3 above.**

Is the event unusual or unexpected?	**II. Is the event unusual or unexpected?**
	4. *Is the event unusual?* THE FOLLOWING ARE EXAMPLES OF UNUSUAL EVENTS: ✓ The event is caused by an unknown agent or the source, vehicle, route of transmission is unusual or unknown. ✓ Evolution of cases more severe than expected (including morbidity or case fatality) or with unusual symptoms. ✓ Occurrence of the event itself unusual for the area, season or population.
	5. *Is the event unexpected from a public health perspective?* THE FOLLOWING ARE EXAMPLES OF UNEXPECTED EVENTS: ✓ Event caused by a disease/agent that had already been eliminated or eradicated from the State Party or not previously reported.
	IS THE EVENT UNUSUAL OR UNEXPECTED? **Answer "yes" if you have answered "yes" to questions 4 or 5 above.**

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Is there a significant risk of international	III. Is there a significant risk of international spread?
	6. *Is there evidence of an epidemiological link to similar events in other States?*
	7. *Is there any factor that should alert us to the potential for cross border movement of the agent, vehicle or host?* THE FOLLOWING ARE EXAMPLES OF CIRCUMSTANCES THAT MAY PREDISPOSE TO INTERNATIONAL SPREAD: ✓ Where there is evidence of local spread, an index case (or other linked cases) with a history within the previous month of: – international travel (or time equivalent to the incubation period if the pathogen is known); – participation in an international gathering (pilgrimage, sports event, conference, etc.); – close contact with an international traveller or a highly mobile population. ✓ Event caused by an environmental contamination that has the potential to spread across international borders. ✓ Event in an area of intense international traffic with limited capacity for sanitary control or environmental detection or decontamination.
	IS THERE A SIGNIFICANT RISK OF INTERNATIONAL SPREAD? **Answer "yes" if you have answered "yes" to questions 6 or 7 above.**

Risk of international	IV. Is there a significant risk of international travel or trade restrictions?
	8. *Have similar events in the past resulted in international restriction on trade and/or travel?*
	9. *Is the source suspected or known to be a food product, water or any other goods that might be contaminated that has been exported/imported to/from other States*?
	10. *Has the event occurred in association with an international gathering or in an area of intense internationaltourism?*
	11. *Has the event caused requests for more information by foreign officials or international media?*
	IS THERE A SIGNIFICANT RISK OF INTERNATIONAL TRADE OR TRAVEL RESTRICTIONS? **Answer "yes" if you have answered "yes" to questions 8, 9, 10 or 11 above.**

States Parties that answer "yes" to the question whether the event meets any two of the four criteria (I-IV) above, shall notify WHO under Article 6 of the International Health Regulations.

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ANNEX 3

MODEL SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE

Port of ……. Date: ……..

This Certificate records the inspection and 1) exemption from control or 2) control measures applied

Name of ship or inland navigation vessel ….....Flag …..... Registration/IMO No. …….....

At the time of inspection the holds were unladen/laden with ..... tonnes of.....cargo

Name and address of inspecting officer ……..

Ship Sanitation Control Exemption Certificate

Areas, [systems, and services] inspected	Evidence found[1]	Sample results[2]	Documents reviewed
Galley			Medical log
Pantry			Ship's log
Stores			Other
Hold(s)/cargo			
Quarters:			
- crew			
- officers			
- passengers			
- deck			
Potable water			
Sewage			
Ballast tanks			
Solid and medical waste			
Standing water			
Engine room			
Medical facilities			
Other areas specified - see attached			
Note areas not applicable, by marking N/A.			

Ship Sanitation Control Certificate

Control measures applied	Re-inspection	Comments regarding

No evidence found. Ship/vessel is exempted from control measures.

Control measures indicated were applied on the date below.

Name and designation of issuing officer ……..... Signature and seal …… Date …….....

[1](a) Evidence of infection or contamination, including: vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical and other risks to human health; signs of inadequate sanitary measures. (b) Information concerning any human cases (to be included in the Ship Declaration of Health).

[2]Results from samples taken on board. Analysis to be provided to ship's master by most expedient means and, if re-inspection is required, to the next appropriate port of call coinciding with the re-inspection date specified in this certificate.

Sanitation Control Exemption Certificates and Sanitation Control Certificates are valid for a maximum of six months, but the validity period may be extended by one month if inspection cannot be carried out at the port and there is no evidence of infection or contamination.

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 conditions found
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

Section A Conveyance operators

1. Conveyance operators shall prepare for, as appropriate, and 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 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 Ship Declaration of Health, 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.

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ANNEX 5

SPECIFIC MEASURES FOR VECTOR-BORNE DISEASES

1. WHO shall publish, on a regular basis, a list of areas where disinsection or other vector control measures are recommended for conveyances arriving from these areas. Determination of such areas shall be made pursuant to the procedures regarding temporary or standing recommendations, as appropriate.
2. Every conveyance leaving a point of entry situated in an area where vector control is recommended should be disinsected and kept free of vectors. When there are methods and materials advised by the Organization for these procedures, these should be employed. The presence of vectors on board conveyances and the control measures used to eradicate them shall be included:
   (a) in the case of aircraft, in the Health Part of the Aircraft General Declaration, unless this part of the Declaration is waived by the competent authority at the airport of arrival;
   (b) in the case of ships, on the Ship Sanitation Control Certificates; and
   (c) in the case of other conveyances, on a written proof of treatment issued to the consignor, consignee, carrier, the person in charge of the conveyance or their agent, respectively.
3. States Parties should accept disinsecting, deratting and other control measures for conveyances applied by other States if methods and materials advised by the Organization have been applied.
4. States Parties shall establish programmes to control vectors that may transport an infectious agent that constitutes a public health risk to a minimum distance of 400 metres from those areas of point of entry facilities that are used for operations involving travellers, conveyances, containers, cargo and postal parcels, with extension of the minimum distance if vectors with a greater range are present.
5. If a follow-up inspection is required to determine the success of the vector control measures applied, the competent authorities for the next known port or airport of call with a capacity to make such an inspection shall be informed of this requirement in advance by the competent authority advising such follow-up. In the case of ships, this shall be noted on the Ship Sanitation Control Certificate.
6. A conveyance may be regarded as suspect and should be inspected for vectors and reservoirs if:
   (a) it has a possible case of vector-borne disease on board;
   (b) a possible case of vector-borne disease has occurred on board during an international voyage; or
   (c) it has left an affected area within a period of time where on-board vectors could still carry disease.
7. A State Party should not prohibit the landing of an aircraft or berthing of a ship in its territory if the control measures provided for in paragraph 3 of this Annex or otherwise recommended by the Organization are applied. However, aircraft or ships coming from an affected area may be required to land at airports or divert to another port specified by the State Party for that purpose.
8. A State Party may apply vector control measures to a conveyance arriving from an area affected by a vector-borne disease if the vectors for the foregoing disease are present in its territory.

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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 subject to its approval. 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.
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 approved by WHO.
4. Certificates under this Annex issued in non-digital format must be signed by the clinician, who shall be a medical practitioner or other authorized health worker supervising the administration of the vaccine or prophylaxis. Such certificates must also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature. Regardless of the format in which they have been issued, certificates must bear the name of the clinician supervising the administration of the vaccine or prophylaxis, or of the relevant authority responsible for issuing the certificate or overseeing the administering centre.
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. For certificates under this Annex issued in non-digital format, a parent or guardian shall sign the certificate when the child is unable to write. A person who is unable to sign shall indicate in the usual manner by the person's mark and the indication by another that this is the mark of the person concerned, which shall be considered their signature. With respect to persons with a guardian, the guardian shall sign the certificate on their behalf.
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 a 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 indicating that it is issued in accordance with this paragraph.

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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[5], ... or, if applicable:

name of the parent or guardian . . . . . .
signature of the parent or guardian[5] . . . . . .

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	Name of supervising clinician, or relevant authority responsible for issuing this certificate, or for overseeing the administering centre	Signature of supervising clinician[5]	Manufacturer and batch No. of vaccine or prophylaxis	Certificate valid from . . . . . until	Official stamp of administering centre[5]
1.						
2.						

This certificate is valid only if the vaccine or prophylaxis used has been approved by the World Health Organization.

This certificate in non-digital format must be signed 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 also bear the official stamp of the administering centre; however, this shall not be an accepted substitute for the signature. Regardless of the format in which this certificate has been issued, it must bear the name of the clinician supervising the administration of the vaccine or prophylaxis, or of the relevant authority responsible for issuing the certificate or overseeing the administering centre.

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.

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ANNEX 7

REQUIREMENTS CONCERNING VACCINATION OR PROPHYLAXIS FOR SPECIFIC DISEASES[6]

1. In addition to any recommendation concerning vaccination or prophylaxis, the following diseases are those specifically designated under these Regulations for which proof of vaccination or prophylaxis may be required for travellers as a condition of entry to a State Party:

   Vaccination against yellow fever.

2. Recommendations and requirements for vaccination against yellow fever:

   (a) For the purpose of this Annex:

      (i) the incubation period of yellow fever is six days;

      (ii) yellow fever vaccines approved by WHO provide protection against infection starting 10 days following the administration of the vaccine;

      (iii) this protection continues for the life of the person vaccinated; and

      (iv) the validity of a certificate of vaccination against yellow fever shall extend for the life of the person vaccinated, beginning 10 days after the date of vaccination.

   (b) Vaccination against yellow fever may be required of any traveller leaving an area where the Organization has determined that a risk of yellow fever transmission is present.

   (c) If a traveller is in possession of a certificate of vaccination against yellow fever which is not yet valid, the traveller may be permitted to depart, but the provisions of paragraph 2(h) of this Annex may be applied on arrival.

   (d) A traveller in possession of a valid certificate of vaccination against yellow fever shall not be treated as suspect, even if coming from an area where the Organization has determined that a risk of yellow fever transmission is present.

   (e) In accordance with paragraph 1 of Annex 6 the yellow fever vaccine used must be approved by the Organization.

   (f) States Parties shall designate specific yellow fever vaccination centres within their territories in order to ensure the quality and safety of the procedures and materials employed.

   (g) Every person employed at a point of entry in an area where the Organization has determined that a risk of yellow fever transmission is present, and every member of the crew of a conveyance using any such point of entry, shall be in possession of a valid certificate of vaccination against yellow fever.

   (h) A State Party, in whose territory vectors of yellow fever are present, may require a traveller from an area where the Organization has determined that a risk of yellow fever transmission is present, who is unable to produce a valid certificate of vaccination against yellow fever, to be quarantined until the certificate becomes valid, or until a period of not more than six days, reckoned from the date of last possible exposure to infection, has elapsed, whichever occurs first.

   (i) Travellers who possess an exemption from yellow fever vaccination, signed by an authorized medical officer or an authorized health worker, may nevertheless be allowed entry, subject to the provisions of the foregoing paragraph of this Annex and to being provided with information regarding protection from yellow fever vectors. Should the travellers not be quarantined, they may be required to report any feverish or other symptoms to the competent authority and be placed under surveillance.

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ANNEX 8

MODEL OF SHIP DECLARATION OF HEALTH

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 ……

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ATTACHMENT TO MODEL OF SHIP DECLARATION OF HEALTH

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case[1]	Drugs, medicines or other treatment given to patient	Comments

[1] State: (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

ANNEX 9

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THIS DOCUMENT IS PART OF THE AIRCRAFT GENERAL DECLARATION, PROMULGATED BY THE INTERNATIONAL CIVIL AVIATION ORGANIZATION

HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION[7]

Declaration of Health

Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever – temperature 38°C/100 °F or greater – associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop . . . . . .

. . . . . .

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

. . . . . .

. . . . . .

Signature, if required, with time and date _____

Crew member concerned

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APPENDIX 1

STATES PARTIES[1] TO THE INTERNATIONAL HEALTH REGULATIONS (2005)

(IHR or Regulations)

As at 10 November 2025

	Date of entry into force and relevant documentation[2]				
State Party	*International Health Regulations (2005), adopted through resolution WHA58.3 (2005)*[3]	*Amendments to Annex 7, adopted through resolution WHA67.13 (2014)*	*Amendments to Articles 55, 59, 61, 62 and 63, adopted through resolution WHA75.12 (2022)*[4]	*Amendments to Articles 1–6, 8, 10–13, 15–21, 23–24, 27–28, 35, 37, 43–45, 48–49, and 54; Annexes 1–4, 6, and 8; as well as new Articles 44 bis and 54 bis, adopted through resolution WHA77.17 (2024)*[5]	*Text of the Regulations in force as amended in:*
Afghanistan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Albania	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Algeria	15 June 2007	11 July 2016	31 May 2024	19 September 2025 Statement	2014, 2022, 2024
Andorra	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Angola	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Antigua and Barbuda	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Argentina	15 June 2007	11 July 2016	31 May 2024	Rejection	2014, 2022
Armenia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Australia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Austria	15 June 2007	11 July 2016	31 May 2024	Rejection	2014, 2022
Azerbaijan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Bahamas	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Bahrain	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Bangladesh	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Barbados	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Belarus	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Belgium	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Belize	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Benin	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Bhutan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Bolivia (Plurinational State of)	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Bosnia and Herzegovina	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Botswana	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Brazil	15 June 2007	11 July 2016	31 May 2024	Rejection	2014, 2022
Brunei Darussalam	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024

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(*Continued*)

	Date of entry into force and relevant documentation[2]				
State Party	*International Health Regulations (2005), adopted through resolution WHA58.3 (2005)*[3]	*Amendments to Annex 7, adopted through resolution WHA67.13 (2014)*	*Amendments to Articles 55, 59, 61, 62 and 63, adopted through resolution WHA75.12 (2022)*[4]	*Amendments to Articles 1–6, 8, 10–13, 15–21, 23–24, 27–28, 35, 37, 43–45, 48–49, and 54; Annexes 1–4, 6, and 8; as well as new Articles 44 bis and 54 bis, adopted through resolution WHA77.17 (2024)*[5]	*Text of the Regulations in force as amended in:*
Bulgaria	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Burkina Faso	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Burundi	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Cabo Verde	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Cambodia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Cameroon	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Canada	15 June 2007	11 July 2016	31 May 2024	Rejection	2014, 2022
Central African Republic	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Chad	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Chile	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
China	15 June 2007 Declaration	11 July 2016	31 May 2024	19 September 2025 Statement	2014, 2022, 2024
Colombia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Comoros	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Congo	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Cook Islands	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Costa Rica	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Côte d'Ivoire	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Croatia	15 June 2007	11 July 2016	31 May 2024	19 September 2025 Declaration	2014, 2022, 2024
Cuba	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Cyprus	15 June 2007	11 July 2016	31 May 2024	19 September 2025 Declaration	2014, 2022, 2024
Czech Republic	15 June 2007	11 July 2016	31 May 2024	Rejection	2014, 2022
Democratic People's Republic of Korea	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Democratic Republic of the Congo	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Denmark	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Djibouti	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Dominica	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Dominican Republic	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Ecuador	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024

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	Date of entry into force and relevant documentation[2]				
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Egypt	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
El Salvador	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Equatorial Guinea	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Eritrea	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Estonia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Eswatini	15 June 2007	11 July 2016	31 May 2024	19 September 2025 Statement	2014, 2022, 2024
Ethiopia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Fiji	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Finland	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
France	15 June 2007	11 July 2016	31 May 2024	19 September 2025 Declaration	2014, 2022, 2024
Gabon	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Gambia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Georgia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Germany	15 June 2007	11 July 2016	31 May 2024	Rejection	2014, 2022
Ghana	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Greece	15 June 2007 Replies to statement	11 July 2016	31 May 2024	19 September 2025 Reply to statement	2014, 2022, 2024
Grenada	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Guatemala	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Guinea	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Guinea-Bissau	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Guyana	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Haiti	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Holy See	15 June 2007	11 July 2016	31 May 2024	Reservations on specific amendments[6]	2014, 2022, 2024[7]
				Declarations	
Honduras	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Hungary	15 June 2007	11 July 2016	31 May 2024	19 September 2025 Declaration	2014, 2022, 2024
Iceland	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024

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India	8 August 2007 Reservation	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Indonesia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Iran (Islamic Republic of)	15 June 2007 Objections	11 July 2016	Rejection	The deadline for submissions related to the amendments is 19 March 2026	2014
Iraq	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Ireland	15 June 2007	11 July 2016	31 May 2024	19 September 2025 Declaration	2014, 2022, 2024
Israel	15 June 2007	11 July 2016	31 May 2024	Rejection	2014, 2022
Italy	15 June 2007	11 July 2016	31 May 2024	Rejection	2014, 2022
Jamaica	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Japan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Jordan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Kazakhstan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Kenya	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Kiribati	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Kuwait	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Kyrgyzstan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Lao People's Democratic Republic	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Latvia	15 June 2007	11 July 2016	31 May 2024	19 September 2025 Declaration	2014, 2022, 2024
Lebanon	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Lesotho	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Liberia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Libya	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Liechtenstein	28 March 2012	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Lithuania	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Luxembourg	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Madagascar	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Malawi	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024

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(*Continued*)

	Date of entry into force and relevant documentation[2]				
State Party	*International Health Regulations (2005), adopted through resolution WHA58.3 (2005)*[3]	*Amendments to Annex 7, adopted through resolution WHA67.13 (2014)*	*Amendments to Articles 55, 59, 61, 62 and 63, adopted through resolution WHA75.12 (2022)*[4]	*Amendments to Articles 1–6, 8, 10–13, 15–21, 23–24, 27–28, 35, 37, 43–45, 48–49, and 54; Annexes 1–4, 6, and 8; as well as new Articles 44 bis and 54 bis, adopted through resolution WHA77.17 (2024)*[5]	*Text of the Regulations in force as amended in:*
Malaysia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Maldives	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Mali	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Malta	15 June 2007	11 July 2016	31 May 2024	19 September 2025 Declaration	2014, 2022, 2024
Marshall Islands	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Mauritania	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Mauritius	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Mexico	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Micronesia (Federated States of)	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Moldova (Republic of)	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Monaco	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Mongolia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Montenegro	5 February 2008	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Morocco	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Mozambique	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Myanmar	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Namibia	15 June 2007	11 July 2016	31 May 2024	19 September 2025 Statement	2014, 2022, 2024
Nauru	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Nepal	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Netherlands (Kingdom of the)	15 June 2007	11 July 2016	Rejection	Rejection	2014
New Zealand	15 June 2007	11 July 2016	Rejection	The deadline for submissions related to the amendments is 19 March 2026	2014
Nicaragua	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Niger	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Nigeria	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Niue	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
North Macedonia (Republic of)	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Norway	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024

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	Date of entry into force and relevant documentation[2]				
State Party	*International Health Regulations (2005), adopted through resolution WHA58.3 (2005)*[3]	*Amendments to Annex 7, adopted through resolution WHA67.13 (2014)*	*Amendments to Articles 55, 59, 61, 62 and 63, adopted through resolution WHA75.12 (2022)*[4]	*Amendments to Articles 1–6, 8, 10–13, 15–21, 23–24, 27–28, 35, 37, 43–45, 48–49, and 54; Annexes 1–4, 6, and 8; as well as new Articles 44 bis and 54 bis, adopted through resolution WHA77.17 (2024)*[5]	*Text of the Regulations in force as amended in:*
Oman	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Pakistan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Palau	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Panama	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Papua New Guinea	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Paraguay	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Peru	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Philippines	15 June 2007	11 July 2016	31 May 2024	Rejection	2014, 2022
Poland	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Portugal	15 June 2007 Declarations of the Presidency of the Council of the European Union	11 July 2016	31 May 2024	19 September 2025 Statement	2014, 2022, 2024
Qatar	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Republic of Korea	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Romania	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Russian Federation	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Rwanda	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Saint Kitts and Nevis	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Saint Lucia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Saint Vincent and the Grenadines	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Samoa	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
San Marino	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Sao Tome and Principe	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Saudi Arabia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Senegal	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Serbia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Seychelles	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Sierra Leone	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Singapore	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024

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	Date of entry into force and relevant documentation[2]				
State Party	*International Health Regulations (2005), adopted through resolution WHA58.3 (2005)*[3]	*Amendments to Annex 7, adopted through resolution WHA67.13 (2014)*	*Amendments to Articles 55, 59, 61, 62 and 63, adopted through resolution WHA75.12 (2022)*[4]	*Amendments to Articles 1–6, 8, 10–13, 15–21, 23–24, 27–28, 35, 37, 43–45, 48–49, and 54; Annexes 1–4, 6, and 8; as well as new Articles 44 bis and 54 bis, adopted through resolution WHA77.17 (2024)*[5]	*Text of the Regulations in force as amended in:*
Slovakia	15 June 2007	11 July 2016	Rejection	The deadline for submissions related to the amendments is 19 March 2026	2014
Slovenia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Solomon Islands	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Somalia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
South Africa	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
				Declaration	
South Sudan	16 April 2013	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Spain	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Sri Lanka	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Sudan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Suriname	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Sweden	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Switzerland	15 June 2007	11 July 2016	31 May 2024	Reservations on specific amendments[8] Declarations	2014, 2022, 2024[9]
Syrian Arab Republic	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Tajikistan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Tanzania (United Republic of)	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Thailand	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Timor-Leste	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Togo	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Tonga	15 June 2007 Declarations	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Trinidad and Tobago	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Tunisia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Türkiye	15 June 2007 Statement and replies	11 July 2016	31 May 2024	19 September 2025 Statement	2014, 2022, 2024
Turkmenistan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Tuvalu	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024

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(*Continued*)

	Date of entry into force and relevant documentation[2]				
State Party	*International Health Regulations (2005), adopted through resolution WHA58.3 (2005)*[3]	*Amendments to Annex 7, adopted through resolution WHA67.13 (2014)*	*Amendments to Articles 55, 59, 61, 62 and 63, adopted through resolution WHA75.12 (2022)*[4]	*Amendments to Articles 1–6, 8, 10–13, 15–21, 23–24, 27–28, 35, 37, 43–45, 48–49, and 54; Annexes 1–4, 6, and 8; as well as new Articles 44 bis and 54 bis, adopted through resolution WHA77.17 (2024)*[5]	*Text of the Regulations in force as amended in:*
Uganda	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Ukraine	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
United Arab Emirates	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
United Kingdom of Great Britain and Northern Ireland	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
United States of America	18 July 2007 Reservation	11 July 2016	31 May 2024	Rejection	2014, 2022
Uruguay	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Uzbekistan	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Vanuatu	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Venezuela (Bolivarian Republic of)	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Viet Nam	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Yemen	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Zambia	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024
Zimbabwe	15 June 2007	11 July 2016	31 May 2024	19 September 2025	2014, 2022, 2024

[1]In this Appendix, States Parties are referred to by their official name as at 19 September 2025.

[2]"Documentation" refers to rejections, reservations, objections, declarations, and other communications submitted by States Parties in connection with the adoption of the IHR, adopted through resolution WHA58.3 (2005), and/or of subsequent amendments thereto.

[3]Relevant documentation submitted by States Parties is presented in Appendix 2 of this document.

[4]Relevant documentation submitted by States Parties is presented in Appendix 3 of this document.

[5]Relevant documentation submitted by States Parties is presented in Appendix 4 of this document.

[6]States Parties to which the amendments adopted through resolution WHA75.12 (2022) apply may submit objections to the reservations until 8 November 2025, whereas States Parties to which the above amendments do not apply, the deadline for submitting objections is 8 February 2026.

[7]Pending conclusion of the process relating to reservations expressed, as per footnote 6.

[8]States Parties to which the amendments adopted through resolution WHA75.12 (2022) apply may submit objections to the reservations until 8 November 2025, whereas States Parties to which the above amendments do not apply, the deadline for submitting objections is 8 February 2026.

[9]Pending conclusion of the process relating to reservations expressed, as per footnote 8.

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APPENDIX 2

RESERVATIONS AND OTHER STATE PARTY COMMUNICATIONS IN CONNECTION WITH THE INTERNATIONAL HEALTH REGULATIONS (2005) ADOPTED THROUGH RESOLUTION WHA58.3 (2005)[8]

I. RESERVATIONS ANDUNDERSTANDINGS

INDIA

I am directed to refer to Reservations in respect of India mentioned in Annexure-II to IHR 1969 (Revised up to 1983) {copy enclosed} and to request you to notify the following Reservations in respect of India for notification under Article 62 of the recently circulated IHR 2005:

Proposed Reservation to IHR 2005:

1. The Government of India reserves the right to consider the whole territory of a country as infected with yellow fever whenever yellow fever has been notified under Article 6 and other relevant articles in this regard of IHR (2005). The Government of India reserves the right to continue to regard an area as infected with yellow fever until there is definite evidence that yellow-fever infection has been completely eradicated from that area.
2. Yellow Fever disease will be treated as disease of Public health emergency of international concern and all health measures being applied presently like disinsection of conveyance, vaccination requirements and quarantine of passengers and crew (as may be required) (as per Article 7, 9.2(b), 42 and relevant annexures) will be continued as has been stipulated under Annex-II of IHR-1969 (Revised in 1983).

UNITED STATES OF AMERICA

The Mission, by means of this note, informs the Acting Director-General of the World Health Organization that the Government of the United States of America accepts the IHRs, subject to the reservation and understandings referred to below.

The Mission, by means of this note, and in accordance with Article 22 of the Constitution of the World Health Organization and Article 59(1) of the IHRs, submits the following reservation on behalf of the Government of the United States of America:

The Government of the United States of America reserves the right to assume obligations under these Regulations in a manner consistent with its fundamental principles of federalism. With respect to obligations concerning the development, strengthening, and maintenance of the core capacity requirements set forth in Annex 1, these Regulations shall be implemented by the Federal Government or the state governments, as appropriate and in accordance with our Constitution, to the extent that the implementation of these obligations comes under the legal jurisdiction of the Federal Government. To the extent that such obligations come under the legal jurisdiction of the state governments, the Federal Government shall bring such obligations with a favorable recommendation to the notice of the appropriate stateauthorities.

The Mission, by means of this note, also submits three understandings on behalf of the Government of the United States of America. The first understanding relates to the application of the IHRs to incidents involving natural, accidental or deliberate release of chemical, biological or radiological materials:

In view of the definitions of "disease," "event," and "public health emergency of international concern" as set forth in Article 1 of these Regulations, the notification requirements of Articles 6 and 7, and the decision instrument and guidelines set forth in Annex 2, the United States understands that States Parties to these Regulations have assumed an obligation to notify to WHO potential public health emergencies of international concern, irrespective of origin or source, whether they involve the natural, accidental or deliberate release of biological, chemical or radionuclear materials.

The second understanding relates to the application of Article 9 of the IHRs:

Article 9 of these Regulations obligates a State Party "as far as practicable" to notify the World Health Organization (WHO) of evidence received by that State of a public health risk occurring outside of its territory that may result in the international spread of disease. Among other notifications that could prove to be impractical under this article, it is the United States' understanding that any notification that would undermine the ability of the U.S. Armed Forces to operate effectively in pursuit of U.S. national security interests would not be considered practical for purposes of this Article.

The third understanding relates to the question of whether the IHRs create judicially enforceable private rights. Based on its delegation's participation in the negotiations of the IHRs, the Government of the United States of America does not believe that the IHRs were intended to create judicially enforceable private rights:

The United States understands that the provisions of the Regulations do not create judicially enforceable private rights.

II. OBJECTIONS TO RESERVATIONS AND UNDERSTANDINGS

IRAN (ISLAMIC REPUBLIC OF)

The Permanent Mission of the Islamic Republic of Iran to the United Nations Office and other International Organizations in Geneva presents its compliments to the World Health Organization and with reference to note verbale No. C.L.2.2007 dated 17 January 2007 concerning the Reservation and Understandings of the Government of the United States of America on the International Health Regulations (IHR), has the honor to convey the official objection of the Government of the Islamic Republic of Iran to the same Reservation and Understandings, based on the following:

According to the IHR, while "States may make reservations to these Regulations", "such reservations shall not be incompatible with the object and purpose of these regulations". Furthermore, in accordance with the IHR, "the implementation of these Regulations shall be guided by the goal of their universal application for the protection of all people of the world from the international spread of disease".

The Government of the Islamic Republic of Iran believes that, by giving more prominence to federalism than its obligations under the IHR, the reserving Government attempts to evade its due responsibilities and obligations. The aforementioned Government, by adopting a selective approach, provides its states with the option of exempting themselves from full compliance with the provisions of the IHR. Since implementation of the IHR largely depends on the development, strengthening and maintenance of the core capacity requirements set forth in Annex 1, reservation of such a general nature leads to undermining the IHR foundations as well as its integrity and universal applicability. Such reservation is considered to be incompatible with the object and purpose of these Regulations and is, therefore, unacceptable.

Moreover, the understandings and interpretations assumed by a government, too, should not affect the obligations to be undertaken by that government and must not be incompatible with the object and purpose of the Regulations.

As regards to the first Understanding of the reserving Government, it must be recalled that the majority of W.H.O. Member States participating in the IHR negotiations, categorically rejected the inclusion of the related interpretation within the provisions of the IHR. Their rejections were prompted to avoid confusion over respective obligations of the State Parties under the IHR and to preempt overlapping of the competencies and duplication of work among the relevant intergovernmental organizations or international bodies. Article 6.1 and 14.2 of the IHR address such concerns.

The second Understanding attempts to dilute the obligations of the U.S. Government under the IHR. It is an attempt to place national interests above the treaty obligations by excluding the U.S. Armed Forces from the IHR bindings. The universal applicability of the IHR for the protection of all peoples of the world from the international spread of diseases leaves no room for exempting the American Armed Forces, in particular those operating abroad. Such an exemption could not be conceded to, taking into account the nature, direction and possible public health

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consequences of the U.S. Armed Forces operations. It should be recalled that during IHR negotiations, the majority of W.H.O. Member States strongly rejected the above exclusion proposed by the U.S. Government. It is, therefore, in violation of the U.S. obligations under the IHR and is incompatible with the object and purpose of these regulations, to which the Government of the Islamic Republic of Iran strongly objects.

The Government of the Islamic Republic of Iran reiterates that it does not consider the Reservation and the two Understandings stated by the U.S. Government, as legally binding.

III. DECLARATIONS AND STATEMENTS

CHINA[9]

1. The Government of the People's Republic of China decides that the *International Health Regulations (2005)* (hereinafter referred to as "the IHR") applies to the entire territory of the People's Republic of China, including the Hong Kong Special Administrative Region, the Macau Special Administrative Region and the Taiwan Province.
2. The Ministry of Health of the People's Republic of China is designated as China's National Focal Point, pursuant to Paragraph 1 of Article 4 of the IHR. The local health administrative authorities are the health authorities responsible for the implementation of the IHR in their respective jurisdictions. The General Administration of Quality Supervision, Inspection and Quarantine of the People's Republic of China and its local offices are the competent authorities of the points of entry referred to in Article 22 of the IHR.
3. To meet the needs of applying the IHR, the Government of the People's Republic of China is revising the *Frontier Health and Quarantine Law of the People's Republic of China*. It has incorporated the development, enhancement and maintenance of the core capability-building for rapid and effective response to public health hazards and public health emergencies of international concern into its program of establishing a national health emergency response system during the 11th Five-year Plan for National Economic and Social Development. It is formulating the technical standards for the surveillance, reporting, assessment, determination and notification of public health emergencies of international concern. It has established an inter-agency information-sharing and coordination mechanism for implementing the IHR. And it has conducted cooperation and exchanges with relevant states parties on the implementation of the IHR.
4. The Government of the People's Republic of China endorses and will implement the resolution of the 59th World Health Assembly calling upon its member states to comply immediately, on a voluntary basis, with provisions of the IHR considered relevant to the risk posed by the avian influenza and pandemic influenza.

GREECE

Reply dated 24 January 2007 to the statement made by the Republic of Turkey on 14 December 2006

The Permanent Mission of Greece to the United Nations Office and other International Organizations in Geneva presents its compliments to the Director General of the World Health Organization and, with reference to the latter's Note Verbale under ref.no. C.L.3.2007, dated January 17th, 2007, and the Note Verbale enclosed therein of the Permanent Mission of the Republic of Turkey ref. no 520.20/2006/BMCO DT/12201, dated December 14th, 2006, has the honour to draw the attention of the Director General to the fact that the correct title of the Montreux Convention regarding the regime of the straights of the Dardanelles, the Marmara sea and the Bosporus is: "The Convention Regarding the Regime of the Straights signed at Montreux on July 20th, 1936".

Furthermore, concerning the reference made in the aforementioned Note Verbale of the Permanent Mission of Turkey to the maritime traffic regulations unilaterally adopted in Turkey in 1998, we would like to remind the Director General that they are in contravention to the provisions of the International Law of the Sea, the Montreux Convention and the relevant rules and Recommendations of the International Maritime Organization adopted on June 1st, 1994.

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Reply dated 16 April 2007 to the Note Verbale from the Permanent Mission of Turkey dated 1 March 2007

A. Firstly, it should be noted that there is no substantive link between the content of the Turkish statement contained in Note Verbale 520.20/BMCO DT/12201 dated 14th December 2006 and the new International Health Regulations. In fact, the Turkish statement seeks to elicit tacit acceptance or recognition of the national regulations, adopted by Turkey, concerning maritime traffic through the Straits.

However, these regulations were adopted unilaterally and were not approved by the International Maritime Organization or the parties of the Montreux Convention of 1936 which governs the issue.

Concerning its precise content, the statement goes on to assert that Turkey rightly points out that as far as the implementation of the new International Health Regulations for maritime traffic in the Straits is concerned, this should be done in accordance with the provisions of the Montreux Convention of 1936 regarding the regime of the Straits. It is, however, self-evident that the new Health Regulations do not influence the existing international regime of navigation through the Straits, neither could they do so, as there is no connection of substance between them.

The Turkish statement goes on to assert that the Turkish Maritime Traffic Regulations of 1998 will also be taken into account. This means that the Turkish Authorities will enforce the International Health Regulations subject to certain ill-defined national modifications, which are in fact themselves in contravention of the international obligations Turkey has undertaken under the Montreux Convention.

Furthermore, the Turkish Authorities reserve the right to also take into account any further revision of their national traffic regulations, to be adopted in the same unilateral way in the future. In fact, this would seem simply that, in so far as the Straits are concerned, Turkey may implement the new International Heath Regulations as it sees fit.

The reference, therefore, to national legislation and to any future revisions of this legislation, while irrelevant to the subject at hand, is nonetheless problematic because it seeks to subject international conventional obligations to national rules and regulations.

B. Furthermore, the Turkish Regulations concerning traffic in the Straits are themselves not in conformity with:

- The 1936 Montreux Convention: this Convention enshrines full freedom of navigation (articles 1 and 2) through the Straits without any restrictions whatsoever (apart from sanitary control) and without any formalities, irrespective of the kind of cargo or the timing of the transit. Thus, the Turkish Regulations by, amongst other things, imposing a compulsory reporting system (Reg. 6, 25 and al.) and, particularly, by providing for the possibility of the total suspension of traffic (Reg.20) are incompatible with the Montreux Convention.
- The IMO Rules and Regulations: Paragraphs 1.2 and 1.3 foresee that only in the case where a vessel is unable to comply with the Traffic Separation Scheme do the Turkish Authorities have the right to temporarily suspend two-way traffic and to regulate the resulting one way traffic. The IMO Rules and Regulations on no account foresee a total suspension of traffic in the Straits. The Turkish Regulations, on the other hand, provide for the possibility to completely suspend traffic in general for a wide variety of reasons.
- The international law of the sea regarding navigation through international straits: such law encourages cooperation in order to ensure the safe transit of vessels through the Straits and in order to protect the environment. The Turkish Regulations, however, were adopted unilaterally, in contravention of the law of the sea and the relevant law of treaties.

C. As to the Turkish Note dated 1st March 2007 (Ref. No: 520.20/2007/BMCO DT/1711), the information contained there in is inaccurate on several points. More specifically, the said Turkish Note states:

- that the Turkish Regulations "have been put into effect taking into account Turkey's obligations and rights arising from the Montreux Convention", whereas the latter contains and rights arising from the Montreux Convention", whereas the latter contains no provision which authorizes Turkey to unilaterally issue traffic regulations.

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- that Turkey "informed IMO of the safety measures taken in the Straits", whereas Turkey has consistently refused to officially submit its national regulations to IMO for discussion and examination, alleging that it is a matter of exclusive Turkish jurisdiction.
- that "... Traffic Separation Schemes and Reporting System ... were adopted by IMO together with some other rules in 1995", whereas only Traffic Separation Schemes were adopted by that Organization, together with the relevant IMO Rules and Recommendations. The Reporting System included in the Turkish Regulations was never adopted by IMO.
- that "... the maritime Safety Committee of the IMO confirmed at its 71st session that the routing system and the associated IMO Rules and Recommendations ... had contributed significantly to an increase in safety ..." in an attempt to create the impression that the IMO is referring to the Turkish Regulations, whereas it is only referring to the measures adopted within the IMO itself.

In the light of the above, Greece considers the statement made by Turkey in its Note Verbale 520.20/2006/BMCO DT/12201 dated 14th December 2006 as irrelevant to the International Health Regulations, thus having no legal effect as to the latter's implementation. Furthermore, Greece reiterates the point made in her Note Verbale no. (331) 6395/6/AS 168 dated 24 January 2007 as to the importance of using the correct terminology when referring to international instruments such as the Montreux Convention.

PORTUGAL

Declaration of the Presidency of the Council of the European Union (EU) on the reservation of the Government of the United States of America concerning the International Health Regulations

The International Health Regulations (IHR) are a very effective tool for reinforcing the connection between the surveillance systems and in establishing rapid reaction mechanisms. The EC and its 27 Member States have strongly supported the revised IHR, which recently came into force, and we will continue this support for the implementation of the IHR in full and without restrictions.

The EC and its 27 Member States take note of the above mentioned reservation and declare that they understand it to mean that, in accordance with the principle that a Party may not invoke the provisions of its internal law as justification for its failure to perform its international obligations, this reservation in no way intends to question the obligations stemming from the IHR. The EC and its 27 Member States understand that the Federal Government of the United States of America fully recognises those obligations and that it will exercise every effort to ensure that the provisions of the IHR are fully implemented and given full effect by the pertinent authorities in the United States of America.

Declaration of the Presidency of the Council of the European Union (EU) on the statement of the Government of Turkey concerning the International Health Regulations

The International Health Regulations (IHR) are a very effective tool for reinforcing the connection between the surveillance systems and in establishing rapid reaction mechanisms. The EC and its 27 Member States have strongly supported the revised IHR, which recently came into force, and we will continue this support for the implementation of the IHR in full and without restrictions.

The EC and its 27 Member States take note of Turkey's intention to implement the provisions of the IHR in accordance with the Convention regarding the regime of the Straits, signed at Montreux on 20 July 1936.

The EC and its 27 Member States understand the desire of the Turkish authorities to respect their international obligations, such as the Montreux Convention regarding traffic in the Straits. In this respect they would like to refer to Article 57 of the IHR, which provides that States parties recognize that the IHR and other relevant international agreements should be interpreted so as to be compatible. The provisions of the IHR shall not affect the rights and obligations of any State party deriving from other international agreements.

Concerning the reference by Turkey to internal legislation which has no direct bearing on the implementation of the IHR, the EC and its 27 Member States understand that Turkey will ensure that the application of its internal

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legislation fully respects the letter and spirit of the IHR and the regime of freedom of navigation in the Straits as established by the Montreux Convention.

Declaration of the Presidency of the Council of the European Union (EU) on the reservation of the Government of India concerning the International Health Regulations

The International Health Regulations (IHR) are a very effective tool for reinforcing the connection between the surveillance systems and in establishing rapid reaction mechanisms. The EC and its 27 Member States have strongly supported the revised IHR, which recently came into force, and we will continue this support for the implementation of the IHR in full and without restrictions.

The EC and its 27 Member States understand the willingness of the Government of India to apply strong measures in order to keep the territory of India free of yellow fever. The EC and its 27 Member States recognise the challenges in ensuring the surveillance and protection of such a large territory, considering the existence of factors (e.g. presence of aedes) which may facilitate the spread of contamination.

The EC and its 27 Member States nevertheless expect that this reservation will be implemented in a reasonable way, considering the potentially unnecessary interference it could have with international traffic and trade from the largest part of the geographical territory of the EC in the case of a yellow fever outbreak in an outermost region of the EU or in a non-European part of a Member State of the EC (e.g. Guyana, Antilles). The fact that the Government of India considers yellow fever to be a notifiable disease should not trigger disproportionate control measures.

The commitment of the EC and its 27 Member States to ensure the rapid and comprehensive implementation of the IHR will reinforce the measures already implemented to maintain the whole territory of the EC free of yellow fever.

TÜRKIYE

Statement made by the Republic of Turkey on 14 December 2006

Turkey will implement the provisions of the International Health Regulations in accordance with the Convention regarding the regime of the Turkish Straits, signed at Montreux on 20 July 1936, as well as by taking into account Turkish 1998 Maritime Traffic Regulations for the Turkish Straits and any future revisions to be made thereto.

Reply dated 1 March 2007 to the Note Verbale from the Permanent Mission of Greece dated 24 January 2007

The Maritime Traffic Regulations for the Turkish Straits have been put into effect taking into account Turkey's obligations and rights arising from the Montreux Convention. The said Regulations do not contain any element that is in contravention of international law or International Maritime Organization's (IMO) Rules and Recommendations and are being implemented accordingly.

The measures taken in the Turkish Straits in accordance with the said Regulations are aimed at improving the safety of navigation, human life, cultural and environmental heritage. Moreover, the safety measures are needed vis-à-vis the risks and dangers of passage of the increased number of tanker traffic in the Straits.

Turkey has duly informed IMO of the safety measures taken in the Straits. Besides, Traffic Separation Schemes and Reporting System, established within the framework of the Turkish Straits Regulations, were adopted by IMO together with some other rules in 1995.

Furthermore, the Maritime Safety Committee of the IMO confirmed at its 71st session on May 1999 that the routeing system and the associated IMO Rules and Recommendations relating to the Turkish Straits have proven to be effective and successful and had contributed significantly to an increase in safety and a reduction of the risk of collisions.

The Turkish Straits Vessel Traffic Services which have been functioning since 31 December 2003 within the framework of the Montreux Convention, IMO Rules and the Turkish Straits Regulations, provide traffic arrangements successfully with high standard technical equipment and qualified expert personnel.

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Accordingly, the arguments in the above-mentioned Note of the Permanent Mission of Greece are unfounded and the statement of Turkey registered in our Note dated 14 December 2006 (Ref. no: 520.20/2006/BMCO DT/12201) remains unchanged and valid.

Reply dated 18 May 2007 to the Note Verbale from the Permanent Mission of Greece dated 16 April 2007

The Permanent Mission of the Republic of Turkey to the United Nations Office at Geneva and other International Organizations in Switzerland presents its compliments to the Director-General of the World Health Organization (WHO) and with reference to the latter's Note dated 9 May 2007 (Ref. no: C.L.22.2007) and the Note enclosed therein of the Permanent Mission of Greece dated 16 April 2007 (Ref. no: 6395(3160)/22/AS 783) has the honour to inform the Director-General of the following.

The Permanent Mission of the Republic of Turkey would like to underline that the statement in this Mission's Note of December 14, 2006 (No: 520.20/BMCO DT/12201) was a factual representation of the state of affairs.

Furthermore, the Permanent Mission would like to point out that the arguments and assertions raised in the Greek Delegation's above-mentioned Note are unfounded. Turkey's position on the Maritime Traffic Regulations for the Turkish Straits is also acknowledged by the International Maritime Organization (IMO) and remains unchanged. In fact, Turkish Straits Vessel Traffic Services (TSVTS) center is effectively providing traffic information, navigational assistance and traffic organization under the existing regulations to all vessels passing through the Straits.

As to the terminology used when referring to the Montreux Convention, the Permanent Mission, with all due respect to the wording of the said Convention, would like to emphasize the fact that the Straits subject of the said Convention are the "Turkish Straits", namely, the "Strait of İstanbul" and the "Strait of Çanakkale".

IV. DECLARATIONS UNDER ARTICLE 59, PARAGRAPH 3, OF THE INTERNATIONAL HEALTH REGULATIONS (2005)

TONGA

Following their adoption by the World Health Assembly in May 2005, the International Health Regulations (IHR) 2005 will enter into force on 15 June 2007.

The Kingdom of Tonga supports the important contribution the IHR 2005 will make to the strengthening of national and global systems for the protection of public health from the spread of disease.

The Kingdom of Tonga understands that in order to be effective, the IHR 2005 will need to operate at various levels within each country, as well as between countries internationally and the World Health Organization. With this in mind, Tonga has, with support from regional partners including WHO, taken a number of steps to prepare for the entry into force of the new regime. However, it is not possible to confirm that all the required adjustments will be able to be achieved by 15 June 2007.

Therefore, on behalf of the Kingdom of Tonga, and in accordance with paragraph 3 of Article 59 of the IHR 2005, I declare that the following adjustments may not be completed by June 2007.

The outstanding adjustments are as follows:

1. Complete the review of the Public Health Act 1992 to ensure legislative consistency with the IHR 2005;
2. Strengthen existing systems for the regular, national reporting of notifiable diseases, including the reporting of any events of potential public health significance, irrespective of their source;
3. Various enhancements to border health protection functions, including improved reporting and response capacities for public health events at Fua'amotu Airport and surveillance and control of vector/reservoir species at Fua'amotu airport and the seaport at Nuku'alofa.

The Kingdom of Tonga is, and will remain, committed to playing its part in the collective actions that contribute to the protection of public health for all people of the world. It is my intention that the outstanding adjustments will be achieved by 31 December 2007, and certainly no later than 15 June 2008.

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APPENDIX 3

REJECTIONS BY STATES PARTIES IN CONNECTION WITH THE AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS (2005) ADOPTED THROUGH RESOLUTION WHA75.12 (2022)[10]

IRAN (ISLAMIC REPUBLIC OF)

Note Verbale from the Permanent Mission of the Islamic Republic of Iran to the United Nations Office and other International Organizations in Geneva, dated 12 July 2023

The Permanent Mission of the Islamic Republic of Iran to the United Nations Office and other international organizations in Geneva presents its compliments to the Director-General of the World Health Organization, and with reference to the Letter No. C.L.26.2022, dated 31 May 2022, has the honor to notify the latter, the rejection of the amendments of Articles 55, 59, 61, 62 and 63 of International Health Regulations (2005) as referred in resolution WHA75.12 dated 28 May 2022, entitled "Amendments to the International Health Regulations (2005)" enclosed with the above-mentioned Letter.

NETHERLANDS (KINGDOM OF THE)

Note Verbale from the Permanent Representation of the Kingdom of the Netherlands to the United Nations Office and other International Organizations in Geneva, dated 16 August 2023

The Permanent Representation of the Kingdom of the Netherlands to the United Nations Office and other International Organizations in Geneva presents its compliments to the Director-General of the World Health Organization and with reference to the Director-General's notification dated 31 May 2022, ref. C.L.26.2022, regarding the amendments to Articles 55, 59, 61, 62 and 63 of the International Health Regulations (2005) adopted by the Seventy-fifth World Health Assembly on 28 May 2022, has the honour to inform the Director- General as follows.

In accordance with paragraph 3 of Article 55 and paragraph 2 of Article 59 of the International Health Regulations (2005), the above-mentioned amendments shall enter into force 24 months after the date of the Director-General's notification, i.e. on 31 May 2024, except for those Parties that have notified the Director-General on or before 1 December 2023 of their rejection or reservations in respect of the said amendments.

The Permanent Representation wishes to inform the Director-General that in the Kingdom of the Netherlands, the constitutional requirements for the entry into force of the said amendments will not have been met before 1 December 2023.

Therefore, in accordance with Article 61 of the International Health Regulations (2005), the Kingdom of the Netherlands hereby notifies the Director-General of its rejection of the amendments to Articles 55, 59, 61, 62 and 63 of the International Health Regulations (2005) adopted by the Seventy-fifth World Health Assembly on 28 May 2022.

In accordance with Article 63, paragraph 1, of the International Health Regulations (2005), once the constitutional requirements for the entry into force of said amendments have been met, the Kingdom of the Netherlands will notify the Director-General of its withdrawal of this rejection.

NEW ZEALAND

Note Verbale from the Permanent Mission of New Zealand to the United Nations Office and other International Organizations in Geneva, dated 29 November 2023

The Permanent Mission of New Zealand to the United Nations and other International Organizations in Geneva presents its compliments to the Director-General of the World Health Organization and has the honour to refer to resolution WHA75.12 of 28 May 2022, by which the Seventy-fifth World Health Assembly adopted amendments to

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Articles 55, 59, 61, 62, and 63 of the International Health Regulations (2005), and the notification of these amendments by the Director-General on 31 May 2022 (C.L.26.2022).

The Permanent Mission of New Zealand wishes to notify the Director-General that the Government of New Zealand requires further time to consider the amendments, and for that purpose, hereby notifies the Director-General of New Zealand's rejection of the amendments, in accordance with Article 61 of the International Health Regulations (2005).

The Permanent Mission of New Zealand to the United Nations and other International Organizations in Geneva takes this opportunity to renew to the Director-General of the World Health Organization the assurances of its highest consideration.

SLOVAKIA

Letter of the Minister of Health of the Slovak Republic, dated 30 November 2023

Concerning your letter ref: C.L.26.2022 and in accordance with Article 22 of the Constitution of the World Health Organization and Article 59(1) of the International Health Regulations (IHR), the Slovak Republic submits the rejection of the amendments to the IHR (2005), approved by the Resolution WHA75.12 in May 2022.

The amendments to the IHR (2005) approved by the Resolution WHA75.12 reduced the period available to the national governments to reject or make reservations to future amendments to the IHR from 18 months to 10 months.

Given the current state of play of IHR review negotiations which, among other state parties' suggestions, entail a number of proposals which in our view require further and complex elaboration as well as longer period for implementation so as to ensure thorough preparedness of IHR State Parties for future potential public health emergencies of international concern, the Slovak Republic reserves its right to address a rejection to the amendments to the IHR (2005) approved by the Resolution WHA75.12. In order to safeguard compliance of the IHR revision with the constitutional order of the Slovak Republic, the rejection is expressed hereto.

The newly established government of the Slovak Republic is seriously concerned along the similar lines as IHR Review Committee that a number of proposals for IHR revision, if approved as originally submitted by WHO Member states in the current process of IHR revision under the auspices of WGIHR and later on at WHA77, would conflict with the constitutional order of the Slovak Republic and legal guarantees of its sovereignty to such a degree that this eventuality calls us to exercise due caution vis-a-vis potential outcomes of the process and hence, also lead us to reject in this context the shortening of deadlines as approved in the revision of IHR (2005) by WHA75.

Moreover, the WGIHR is in the process of requesting exemption from the rule according to which the proposed amendments must be communicated to all States Parties by the Director-General at least four months before the World Health Assembly, as written in Article 55(2).

In conclusion, the Slovak Republic, by the present notification, rejects the amendments to the IHR, approved by the Resolution WHA 78.12.

Alongside, the Slovak Republic will continue to subject the amendments to IHR, which are to be adopted by the World Health Assembly in May 2024, to internal scrutiny so that the compliance with national context is ensured.

Therefore, after the World Health Assembly in May 2024, the Slovak Republic will proceed in accordance with established practice in terms of Articles 59, 61, 62 and 63 of the IHR (2005).

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APPENDIX 4

REJECTIONS, RESERVATIONS, DECLARATIONS AND STATEMENTS BY STATES PARTIES IN CONNECTION WITH THE AMENDMENTS TO THE INTERNATIONAL HEALTH REGULATIONS (2005) ADOPTED THROUGH RESOLUTION WHA77.17 (2024)[11,12]

I. REJECTIONS

ARGENTINA[13]

Note Verbale from the Permanent Mission of the Argentine Republic to the international organizations in Geneva, received on 18 July 2025

The Permanent Mission of the Argentine Republic to the international organizations in Geneva presents its compliments to the World Health Organization and has the honour to refer to resolution WHA77.17 of 1 June 2024 whereby the Seventy-seventh World Health Assembly adopted the amendments to the International Health Regulations (IHR).

Following a thorough review of the legal, institutional and budgetary implications, the Argentine Republic hereby rejects the amendments to the International Health Regulations (IHR) 2024 under the terms stipulated in article 61 of the said Regulations.

The Permanent Mission of the Argentine Republic to the international organizations in Geneva conveys to the World Health Organization the renewed assurances of its highest consideration.

AUSTRIA

Note Verbale from the Permanent Mission of Austria to the United Nations and other International Organisations in Geneva, received on 17 July 2025

The Permanent Mission of Austria to the United Nations and other International Organisations in Geneva presents its compliments to the Director-General of the World Health Organization (WHO), and has the honour to refer to the Circular Letter dated 19 September 2024, no. C.L.40.2024, concerning the amendments to the International Health Regulations (2005) adopted by the Seventy-seventh World Health Assembly.

In accordance with Article 22 of the Constitution of the World Health Organization as well as Article 59, paragraph ibis, and Article 61 of the International Health Regulations (2005) (hereinafter referred to as "IHR"), the Republic of Austria rejects the amendments to the IHR adopted by the Seventy-seventh World Health Assembly through Resolution WHA77.17 of 1 June 2024 (hereinafter referred to as "2024 amendments"), as notified by the Director-General of the World Health Organization on 19 September 2024.

The rejection is of preliminary nature and will be withdrawn once the Parliament of Austria has approved the 2024 amendments to the IHR.

The Permanent Mission of Austria to the United Nations and other International Organisations in Geneva avails itself of this opportunity to renew to the Director-General of the World Health Organization the assurances of its highest consideration.

BRAZIL

Note Verbale from the Permanent Mission of Brazil to the United Nations Office and other International Organizations in Geneva, received on 19 July 2025

The Permanent Mission of Brazil to the United Nations Office and other International Organizations in Geneva presents its compliments to the World Health Organization and wishes to make the following considerations:

1) Brazil has consistently supported and will continue to support the process of reviewing and updating the legal framework underpinning WHO's response to public health emergencies, including the acceptance of the package of amendments to the IHR.

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2) Taking into account the adoption of Resolution WHA77.17 by the World Health Assembly – which confers a recommendatory status to the amendments – Brazil has already initiated internal discussions within the competent national bodies aimed at institutional and operational adjustments to implement the changes that reflect the best practices embodied in the amended IHR, in areas under the purview of the Executive Branch and Regulatory Agencies.

3) Nevertheless, pursuant to Brazil's constitutional framework, the International Health Regulations must be submitted to Congress for approval, in accordance with the principle of separation of powers and institutional harmony.

4) In this context, with reference to Article 61 of the International Health Regulations (2005), Brazil notifies the rejection of the amendments to the International Health Regulations (IHR) adopted by the Seventy-seventh World Health Assembly through Resolution WHA77.17.

The Government of Brazil intends to make every effort to secure the prompt approval of the amended text by the National Congress, so that the rejection may be reversed pursuant to Article 63 of the IHR, once the legislative procedures are concluded.

The Permanent Mission of Brazil avails itself of this opportunity to renew to the World Health Organization the assurances of its highest consideration.

CANADA

Note Verbale from the Permanent Mission of Canada to the United Nations and the World Trade Organization at Geneva, received on 8 July 2025

The Permanent Mission of Canada to the United Nations and the World Trade Organization at Geneva presents its compliments to the Director-General of the World Health Organization (WHO) and has the honour to refer to the Director-General's notification Ref.: C.L.40.2024 of 19 September 2024, by which the Director-General notified States Parties to the International Health Regulation (2005), adopted by the Fifty-eighth World Health Assembly in Geneva on 23 May 2005 (hereinafter referred to as the "IHR"), of the amendments to the IHR adopted by the Seventy-seventh World Health Assembly in Geneva on I June 2024 (hereinafter referred to as the "2024 Amendments").

Canada supports the IHR as a cornerstone of the global health security architecture and the work done to strengthen the IHR through the 2024 Amendments. Canada also reiterates its full support for the role of the WHO as the directing and coordinating authority on global health and in supporting Member States in strengthening health systems.

The Permanent Mission notes that, per the above-mentioned notification and pursuant to paragraph 3 of Article 55 and paragraph 2 of Article 59 of the IHR, the 2024 Amendments are scheduled to enter into force on 19 September 2025 for States Parties that did not reject the amendments to the IHR adopted by the Seventy-fifth World Health Assembly in Geneva on 28 May 2022.

The Permanent Mission wishes to inform the Director-General that Canada must avail itself, through the present note, of the option of submitting a notification of rejection of the 2024 Amendments in accordance with paragraphs I bis and 2 of Article 59 and Article 61 of the IHR to allow sufficient time to complete the remaining steps of its internal treaty adoption process. Indeed, the said process is not expected to be finalized prior to the entry into force of the 2024 Amendments. Canada has started and is progressing through its domestic procedures and will inform the Director-General of their completion in a subsequent note.

The Permanent Mission of Canada to the United Nations and the World Trade Organization at Geneva avails itself of the opportunity to renew to the Director-General of World health Organization the assurances of its highest consideration.

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CZECH REPUBLIC

Note Verbale from the Permanent Mission of the Czech Republic to the United Nations Office and other International Organisations at Geneva, received on 14 July 2025

The Permanent Mission of the Czech Republic to the United Nations Office and other International Organisations at Geneva presents its compliments to the Director General of the World Health Organization and with reference to the Director General's notification dated 19 September 2024, ref. C.L.40.2024, regarding the amendments of the International Health Regulations (2005) adopted by the Seventy-seventh World Health Assembly on 1 June 2024, has the honour to inform the Director General as follows.

The Permanent Representation wishes to inform the Director General that in the Czech Republic, the constitutional requirements for the entry into force of the said amendments will not have been met before 19 September 2025.

Therefore, in accordance with Article 61 of the International Health Regulations (2005), the Czech Republic hereby notifies the Director-General of its rejection of the amendments of the international Health Regulations (2005) adopted by the Seventy-seventh World Health Assembly on 1 June 2024.

In accordance with Article 63, paragraph 1, of the International Health Regulations (2005), once the constitutional requirements for the entry into force of said amendments have been met, the Czech Republic may notify the Director-General of its withdrawal of this rejection.

The Permanent Mission of the Czech Republic to the United Nations Office and other International Organisations at Geneva avails itself of this opportunity to renew to the Director General of the World Health Organization the assurances of its highest consideration.

GERMANY[14]

Note Verbale from the Permanent Mission of the Federal Republic of Germany to the Office of the United Nations and to the other International Organizations, received on 14 July 2025

The Permanent Mission of the Federal Republic of Germany to the Office of the United Nations and to the other International Organizations presents its compliments to the Director-General of the World Health Organization and has the honour to communicate the following:

On 1 June 2024, the final day of the Seventy-seventh World Health Assembly, the States Parties adopted the amendments to the International Health Regulations (2005) annexed to Resolution WHA77.17.

On 19 September 2024, the Director-General notified the adoption by the Health Assembly of the amended International Health Regulations (ref. C.L.40.2024).

In view of the imminent end of the period for rejection on 19 July 2025, the Federal Republic of Germany greatly regrets that it must declare that the requirements of the national constitution for the implementation of the amendments will not be achieved before 19 September 2025. The requisite legislative process is still ongoing.

Accordingly, in compliance with Article 22 of the Constitution of the World Health Organization and Article 61 of the International Health Regulations, the Federal Republic of Germany hereby notifies the Director-General of its rejection of the aforementioned amendments to the International Health Regulations.

In accordance with Article 63 (1) of the International Health Regulations, the Federal Republic of Germany will notify the Director-General of the withdrawal of the rejection as soon as the national requirements for the implementation of the amendments have been achieved.

The Permanent Mission of the Federal Republic of Germany to the Office of the United Nations and to the other International Organizations avails itself of this opportunity to renew to the Director-General of the World Health Organization the assurance of its high consideration.

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ISRAEL

Note Verbale from the Permanent Mission of Israel to the United Nations Office and other International Organizations in Geneva, received on 4 July 2025

The Permanent Mission of Israel to the United Nations Office and other International Organizations in Geneva presents its compliments to the Director General of the World Health Organization in Geneva, and has the honor to inform his office of the following :

Due to the continuation of the current circumstances, the State of Israel finds it necessary to reject the proposed amendments to the International Health Regulations.

Therefore, in accordance with Article 61 of the International Health Regulations, we hereby notify the Director-General of Israel's rejection of all of the amendments to the International Health Regulations adopted in decision 77.17 by the World Health Assembly in its 77th session in May 2024.

Please note that Israel maintains its right under Article 63 of the IHR to withdraw its rejection to the IHR amendments in the future with or without reservations.

The Permanent Mission of Israel to the United Nations Office and other International Organizations in Geneva avails itself of this opportunity to renew to the Director General of the World Health Organization the assurances of its highest consideration.

ITALY[15]

Letter of the Minister of Health of Italy, received on 18 July 2025

I am writing to you with reference to your notification dated 19 September 2024, regarding the amendments to the International Health Regulations (2005) adopted by the Seventy-Seventh World Health Assembly with Resolution WHA77.17 (2024).

In accordance with paragraph 3 of Article 55 and paragraph 2 of Article 59 of the International Health Regulations (2005), the above-mentioned amendments shall enter into force 12 months after the date of the above mentioned notification, i.e. on 19 September 2025, except for those Parties that have notified the WHO's Director-General of their rejection or reservations in respect of the said amendments.

In accordance with Article 61 of the International Health Regulations (2005), I hereby notify Your Excellency of Italy's rejection of all the amendments adopted by the Seventy Seventh World Health Assembly with Resolution WHA77.17 (2024).

Please accept, Director-General, the assurance of my highest consideration.

NETHERLANDS (KINGDOM OF THE)

Note Verbale from the Permanent Representation of the Kingdom of the Netherlands to the United Nations Office and other International Organisations in Geneva, received on 21 February 2025

The Permanent Representation of the Kingdom of the Netherlands to the United Nations Office and other International Organisations in Geneva presents its compliments to the Director-General of the World Health Organization and with reference to the Director-General's notification dated 19 September 2024, ref. C.L.40.2024, regarding amendments to the International Health Regulations (2005) (hereinafter referred to as the "IHR") adopted by the Seventy-seventh World Health Assembly on 1 June 2024 (hereinafter referred to as "2024 amendments"), has the honour to inform the Director-General as follows.

Since the Kingdom of the Netherlands rejected the amendments to the IHR adopted by the Seventy-fifth World Health Assembly through resolution WHA75.12 (hereinafter referred to as "2022 amendments"), the articles of the IHR as they were worded prior to the 2022 amendments apply to the Kingdom of the Netherlands. in accordance with paragraph 3 of Article 55 and paragraph 2 of Article 59 of the IHR (prior to the 2022 amendments), the 2024 amendments shall enter into force for the Kingdom of the Netherlands 24 months after the date of the Director-

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General's notification, i.e. on 19 September 2026, except if the Kingdom has notified the Director-General on or before 19 March 2026 of its rejection of, or reservations in respect of, the 2024 amendments.

The Permanent Representation wishes to inform the Director-General that in the Kingdom of the Netherlands, the constitutional requirements for the entry into force of the 2024 amendments will not have been met before 19 March 2026.

Therefore, in accordance with Article 61 of the IHR (prior to the 2022 amendments), the Kingdom of the Netherlands hereby notifies the Director-General of its rejection of the 2024 amendments pending the parliamentary approval procedure.

If the constitutional requirements for the acceptance of the 2024 amendments in the Kingdom of the Netherlands are met, the Kingdom of the Netherlands will notify the Director-General of its withdrawal of this rejection in accordance with Article 63, paragraph 1, of the IHR (prior to the 2022 amendments).

The Permanent Representation of the Kingdom of the Netherlands to the United Nations Office and other International Organisations in Geneva kindly asks WHO for confirmation of receipt of this Note Verbale and avails itself of this opportunity to renew to the Director-General of the World Health Organization the assurances of its highest consideration.

PHILIPPINES

Note Verbale from the Permanent Mission of the Republic of the Philippines to the United Nations Office and other International Organizations in Geneva, received on 15 July 2025

The Permanent Mission of the Republic of the Philippines to the United Nations Office and other International Organizations in Geneva presents its compliments to the Director-General of the World Health Organization and, with reference to the notification C.L.40.2024 dated 19 September 2024 on the amendments to the International Health Regulations (2005) adopted by the Seventy-seventh World Health Assembly on 1 June 2024, has the honor to inform the Director-General as follows:

- The Philippines welcomes the 2024 amendments to the International Health Regulations (2005) and is undertaking steps to implement the same.
- In accordance with domestic legal requirements, international instruments and changes thereto may not enter into force for the Philippines before such requirements are met. Therefore, the Philippines formally registers its rejection of the 2024 amendments to the International Health Regulations (2005) as conveyed via C.L.40.2024 in accordance with Article 61.
- The Philippines will notify the Director-General of the withdrawal of this rejection upon completion of domestic requirements in accordance with Article 63 of the International Health Regulations (2005).
- The Permanent Mission of the Republic of the Philippines to the United Nations Office and other International Organizations in Geneva avails itself of this opportunity to renew to the Director-General of the World Health Organization the assurances of its highest consideration.

UNITED STATES OF AMERICA

Note Verbale from the Permanent Mission of the United States of America to the United Nations Office and Other International Organizations in Geneva, received on 17 July 2025

The Permanent Mission of the United States of America to the United Nations Office and Other International Organizations in Geneva ("The Mission") presents its compliments to the World Health Organization and refers to the International Health Regulations (IHR) (2005) and the amendments thereto adopted in Geneva on June 1, 2024 (the 2024 amendments) in resolution WHA77.17 and set forth in the notification of the 2024 amendments by the Director-General on September 19, 2024 (C.L.40.2024).

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The Mission, by means of this note and pursuant to IHR Articles 59.lbis and 61, informs the Director-General of the World Health Organization that the Government of the United States of America rejects the 2024 amendments.

The Permanent Mission of the United States of America avails itself of this opportunity to renew to the World Health Organization the assurances of its highest consideration.

II. RESERVATIONS AND DECLARATIONS

HOLY SEE

Letter of the Secretary of State of the Holy See, received on 11 July 2025

The undersigned Secretary of State of the Holy See has the honour to certify hereby that the Holy See, acting in the name and on behalf of the Vatican City State, accepts the Amendments to the International Health Regulations (2005) adopted by the Seventy-Seven World Health Assembly through its Resolution WHA 77.17 of 1 June 2024.

Enclosed are the text of 4 declarations and 2 reservations, which are an integral part of this Instrument of Accession.

In witness whereof the undersigned Secretary of State of the Holy See has signed this document and has affixed thereto the seal of the Secretariat of State.

Reservations and Declarations
annexed to the Instrument of Accession

Declarations

1. In light of the territorial nature of the provisions contained in the Amended International Health Regulations, the Holy See declares, for the avoidance of doubt, that in acceding to the Amended Regulations only in the name and on behalf of the Vatican City State, it intends to apply their provisions exclusively within the Territory of the Vatican City State as circumscribed by the Leonine Walls.
2. The Holy See, acting in the name and on behalf of the Vatican City State, declares that it will apply the Amended International Health Regulations in a manner compatible with the particular nature of the Vatican City State, the Sources of its Law (Law LXXI of 1 October 2008) and Catholic moral doctrine.
3. The Holy See, in conformity with its particular mission, underlines, acting in the name and on behalf of the Vatican City State, that any reference to "gender" in the Amended International Health Regulations and in any document that has been or that will be adopted in relation to those Regulations is to be understood as grounded on the biological sexual identity that is male and female.
4. The Holy See declares, acting in the name and on behalf of the Vatican City State, that the terms "health services", "relevant health products" and "cell- and gene-based therapies and other health technologies" may not be construed as to include abortion nor access to abortion, abortifacients, contraceptives, assisted reproductive technologies, human cloning or to other technologies and therapies contrary to Catholic moral doctrine.

Reservations

1. Since neither the Holy See or the Vatican City State are members of the World Health Organization, the Holy See, acting in the name and on behalf of the Vatican City State, makes a reservation to article 44 bis of the Amended International Health Regulations, thus reserving the right to decide on a case- by-case basis whether to implement the decisions and recommendations of the Coordinating Financial Mechanism.
2. Since neither the Holy See nor the Vatican City State are members of the World Health Organization, the Holy See, acting in the name and on behalf of the Vatican City State, makes a reservation to article 56.5 of the Amended International Health Regulations so that any disputes that may arise between itself and the World Health Organization concerning the interpretation or application of the 2024 amendments should not be submitted to the Health Assembly.

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SWITZERLAND[16]

Note Verbale from the Permanent Mission of Switzerland to the Office of the United Nations and other international organizations in Geneva, received on 10 July 2025

The Permanent Mission of Switzerland to the Office of the United Nations and other international organizations in Geneva presents its compliments to the World Health Organization (WHO) and with reference to the decision of the Federal Council dated 20 June 2025, has the honour to notify it that Switzerland accepts the amendments made in 2024 to the International Health Regulations (2005) (IHR), with the following reservation and declarations, in accordance with Article 62, paragraph 2, of the said Regulations:

Reservation concerning Annex 1, Part A, paragraph 2 (c), ch. vi and paragraph 3 (i)

Switzerland makes a reservation with regard to the question of managing misinformation and disinformation in core capacities for risk communication. It intends to pursue its objective and evidence-based activities regarding risks, as specified under its legislation (Epidemics Act of 28 September 2012, art. 9, para. 1) and with strict regard for freedom of expression, the media and science as guaranteed under articles 16, 17 and 20 of the Federal Constitution of the Swiss Confederation of 18 April 1999.

Interpretative declaration on Annex 1, Part A, paragraph 2 (c), ch. v and paragraph 3 (h)

With regard to the obligations concerning the implementation, maintenance and strengthening of core capacities in respect of access to health services and health products needed for action, as referred to in Annex 1, the Swiss Confederation or its cantons will apply the Regulations in accordance with the division of jurisdiction specified by the Federal Constitution of the Swiss Confederation of 18 April 1999 in the areas of health (art. 117 et seq.), federalism (art. 3 and 42 et seq.) and according to the principle of subsidiarity (art. 5 (a)).

Declaration under Article 4, paragraph 4

The competent National IHR Authority is the Federal Office of Public Health (OFSP),

Schwartzenburgerstrasse 157, 3003 Berne, Switzerland, tel. +41 58 462 21 11, info@bag.admin.ch

The Permanent Mission of Switzerland to the Office of the United Nations and the other international organizations in Geneva takes this opportunity to convey to the World Health Organization (WHO) the renewed assurances of its highest consideration.

III. DECLARATIONS UNDER ARTICLE 59, PARAGRAPH 3, OF THE INTERNATIONAL HEALTH REGULATIONS (2005)

CROATIA

Letter of the Minister of Health of the Republic of Croatia, received on 10 July 2025

The Ministry of Health of the Republic of Croatia presents its compliments to the Director-General of the World Health Organization and has the honour to refer to the Notification to State Parties concerning amendments to the International Health Regulations (IHR) (Ref.: C.L.40.2024), specifically page 2, paragraph 3 under section ADA.

In accordance with paragraph 3 of Article 59 of the IHR (2005), which provides that any State Party unable to fully implement the necessary domestic legislative and administrative arrangements may submit a declaration to the Director-General within ten months from the date of notification – i.e. no later than 19 July 2025 – the Republic of Croatia hereby submits its declaration to postpone the application of the said amendments, including the obligation to designate or establish a National IHR Authority (NIA).

This declaration is based on the following considerations:

- Full implementation of the amended IHR obligations requires amendments to the current Law on the Protection of the Population from Infectious Diseases;
- The process of establishing or appointing the NIA involves:

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- Adoption of a formal decision on the establishment or designation of the NIA;
- Enactment or revision of the relevant legal framework to provide a solid basis for such designation or establishment;
- Preparation of official documentation clearly defining the responsibilities, scope of authority, and mandate of the NIA.

Given the complexity of the legislative process, including the stages of legal drafting, public consultation, interinstitutional coordination, and parliamentary adoption, it is not feasible to finalize all necessary changes by the stipulated deadline of 19 September 2025.

Accordingly, the Republic of Croatia respectfully requests the postponement of the application of the above-mentioned amendments, with the relevant legislative activities planned within the scope of the 2026 National Legislative Programme.

The Ministry of Health avails itself of this opportunity to renew to the Director-General the assurances of its highest consideration

CYPRUS

Letter of the Minister of Health of the Republic of Cyprus, received on 13 June 2025

I refer to your letter dated 19 September, 2024 regarding the National Adoption of Amendments to the International Health Regulations as per the provisions of the resolution WHA77.17 and note the following:

On behalf of the Republic of Cyprus I acknowledge receipt of your written notification regarding the amendments to the International Health Regulations as adopted through resolution·WHA77.17 on 1 June 2024 at the Seventy-Seventh World Health Assembly.

I appreciate the commitment of the World Health Organization to strengthening global health security and recognize the importance of timely implementation of the updated International Health Regulations provisions. However, due to the complexity of our national procedures, as this includes a legislative·process, l respectfully request a 12-month extension to the deadline for national adoption of these amendments beyond the current deadline of 19 September 2025. This of additional time will allow us to align our national legislative frameworks and procedures with the revised regulations.

I thank you in advance for your consideration of this request.

FRANCE[17]

Note Verbale from the Permanent Mission of France to the Office of the United Nations and the international organizations in Switzerland, received on 17 July 2025

The Permanent Mission of France to the Office of the United Nations and other international organizations in Switzerland presents its compliments to the World Health Organization at Geneva and has the honour to refer to its circular letter C.L.40.2024 notifying States Parties of amendments to the International Health Regulations (2005).

In accordance with Article 59, paragraph 3, of the International Health Regulations (2005), this Mission hereby informs Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization, that France requires an extension of the period to effect the legal and administrative adjustments necessary for the full implementation of the amendments to the International Health Regulations.

In accordance with the Article referred to above, the necessary legal and administrative arrangements will be in place to facilitate the implementation of the amendments by 19 September 2026 at the latest.

The Permanent Mission of France to the Office of the United Nations and other international organizations in Switzerland takes this opportunity to convey to the World Health Organization at Geneva the renewed assurances of its highest consideration.

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HUNGARY[18]

Letter of the Minister of Interior of Hungary, received on 18 July 2025

Following the adoption of amendments to the International Health Regulations (2005) (hereinafter referred to as the "2024 amendments to the IHR") by the World Health Assembly on 1 June 2024, pursuant to paragraph 3 of Article 55 and paragraph 2 of Article 59, the 2024 amendments to the IHR will enter into force on 19 September 2025.

The Government of Hungary reaffirms its strong commitment to the IHR (2005) as a cornerstone of global health security and international cooperation. We recognize the critical role that the IHR (2005) play in strengthening countries' capacities to detect, assess, report, and respond to public health events, thereby ensuring collective preparedness and safeguarding populations worldwide. Its effective implementation is essential for promoting transparency, coordination, and rapid response to health threats across borders. Hungary remains dedicated to supporting the continuous improvement of the IHR and its implementation, both nationally and through collaborative efforts at the regional and global levels.

With this in mind, Hungary has taken a number of steps to prepare for the entry into force of the 2024 amendments to the IHR. However, the incorporation of necessary amendments in our national legislation is a complex legislative process requiring longer time beyond 19 September 2025 in order to ensure the desirable legal consistency with the purpose of ensuring smooth applicability of relevant provisions.

Due to the sharing of competences between the EU and its Member States, the Council Decision "inviting Member States to accept, in the interest of the European Union, the amendments to the International Health Regulations (2005) contained in the Annex to Resolution WHA77.17 and adopted on 1 June 2024" was adopted by the Council of the European Union on 26 May 2025. Taking the rules of procedures into account, the remaining time until 19 September 2025 does not permit Hungary to conduct the necessary legislative procedure.

On behalf of the Government of Hungary, and in accordance with paragraph 3 of Article 59 of the IHR 2005, I hereby declare that the amendments of the relevant Hungarian laws will not be completed by 19 September 2025.

The outstanding adjustments are to complete the review of EU and Hungarian legislation to ensure legislative consistency with the 2024 amendments to the IHR.

Along with this declaration it's my pleasure to confirm that the Government of Hungary is truly committed to bring the national legislation into full conformity with the 2024 amendments to the IHR by 19 September 2026.

Please accept, Director-General, the assurances of my highest consideration.

IRELAND

Note Verbale from the Permanent Mission of Ireland to the United Nations and other International Organisations in Geneva, received on 11 July 2025

The Permanent Mission of Ireland to the United Nations and other International Organisations in Geneva presents its compliments to the World Health Organisation and refers document C.L.40.2024 received on l 9th September 2024, through which States Parties to the International Health Regulations (2005) (IHR) received notification from the Director-General of amendments thereto.

Pursuant to paragraph 3 of Article 59 of the IHR, the Permanent Mission of Ireland to the United Nations and other International Organisations wishes to formally submit a declaration notifying the Director-General of Ireland's intent to avail of the permissible 12-month period to adjust its domestic legislative and administrative arrangements to accommodate the 2024 amendments to the IHR.

The Permanent Mission of Ireland to the United Nations and other International Organisations in Geneva avails itself of this opportunity to renew to the World Health Organisation the assurances of its highest consideration.

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LATVIA

Letter of the Minister of Health of the Republic of Latvia, received on 16 July 2025

On behalf of the Republic of Latvia, I would like to reaffirm our full support for the International Health Regulations (IHR) and express our commitment to implementing the recent amendments adopted by the World Health Assembly (resolution WHA77.17 (2024)).

Latvia has initiated the necessary administrative and legislative procedures to align national laws and regulations with the updated IHR. However, due to the requirement for parliamentary approval of legislative changes, it will not be feasible to complete all necessary adjustments by the deadline of 19 September 2025.

Therefore, in accordance with Article 59, paragraph 3 of the IHR, I hereby formally notify the World Health Organization that the following actions may not be finalized by the above-mentioned deadline:

1. An inter-institutional l discussion process is currently underway to identify and appoint the National IHR Authority in Latvia.
2. Following the designation of the relevant Authority, amendments will be required to several national laws and regulatory acts, including:
   - Cabinet of Ministers Regulations No. 1050 "Procedure for Implementing Public Health Protection Measures";
   - Cabinet of Ministers Regulations No. 417 "On the International Health Regulations";
   - The Epidemiological Safety Law.

Until the official designation of the National IRR Authority is completed, the State Emergency Medical Service (NMPD) – currently serving as the National IHR Focal Point – will perform the responsibilities of the National IHR Authority. Once a formal decision is made at the national level, the nomination will be updated accordingly, and the World Health Organization will be promptly informed.

Latvia remains fully committed to the principles and obligations of the IHR and will continue contributing to global effort to safeguard public health and uphold international cooperation. It is our intention to complete all outstanding adjustments by 19 September 2026.

MALTA

Note Verbale from the Permanent Mission of the Republic of Malta to the United Nations Office and other International Organisations in Geneva, received on 18 July 2025

The Permanent Mission of the Republic of Malta to the United Nations Office and other International Organisations in Geneva presents its compliments to the Director-General of the World Health Organization and, with reference to circular letter C.L.40.2024, has the honour to kindly request that Malta be granted an extension under Article 59(3) of the International Health Regulations (2005), as amended in 2024.

This request is submitted in accordance with the provisions of the International Health Regulations, as Government of the Republic of Malta is presently not in a position to fully align its domestic legislative and administrative framework with the requirements set out in the 2024 amendments, within the twelve-month period following their formal notification, which ends on 19 September 2025.

The Government of the Republic of Malta reiterates its strong commitment to the objectives of the Regulations and appreciates the continued support of WHO during the transitional phase.

The Permanent Mission of the Republic of Malta to the United Nations Office and other International Organisations in Geneva avails itself of this opportunity to renew to the Director-General of the World Health Organization the assurances of its highest consideration.

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SOUTH AFRICA

Letter of the Minister of Health of the Republic of South Africa, received on 19 July 2025

I have the honour to refer to the amendments to the International Health Regulations (2005), adopted by the Seventy-seventh World Health Assembly through resolution WHA77.17 (2024) ("the 2024 amendments") and notified to States Parties via circular letter C.L. 40.2024 of 19 September 2024.

South Africa welcomes the 2024 amendments and, pursuant to paragraph 3 of Article 59 of the International Health Regulations (2005), submits its declaration to the Director-General, noting the need for outstanding adjustments regarding its domestic legislative and administrative arrangements.

Accordingly, South Africa shall enjoy twelve additional months from the entry into force of the 2024 amendments, that is, until 19 September 2026, to adjust the above-referenced arrangements with the 2024 amendments.

South Africa looks forward to a well-considered and sustainable approach to the implementation of the amended International Health Regulations (2005) in order to advance global public health.

IV. STATEMENTS

ALGERIA[9]

Letter of the Ministry of Health of People's Democratic Republic of Algeria, received on 24 July 2025

Algeria is grateful to the World Health Organization and the Working Group on Amendments to the International Health Regulations (WGIHR) for its sustained efforts culminating in the adoption of the body of amendments to the IHR (2005) on the occasion of the Seventy-seventh World Health Assembly.

This reform is a step towards strengthening global health security while emphasizing joint responsibilities to prevent, detect and respond to public health emergencies.

Algeria unreservedly and fully aligns itself with the amendments to the International Health Regulations (IHR) (2005).

Points to be welcomed

Algeria welcomes in particular:

The explicit mention of the principles of equity, solidarity, transparency and the right to health in the Principles of IHR (Article 3);

The creation of an early warning mechanism prior to the declaration of a PHEIC to facilitate gradual mobilization of stakeholders;

Strengthened requirements for rapid notification (24h), even in cases of uncertainty or an unusual situation;

A focus on the tasks of IHR focal points, specifically their 24/24 availability and their multisectoral coordination;

The mention of a financial coordination mechanism for aspects involving rapid and equitable access to health products.

Comments and proposals

- Despite these positives, Algeria has the following comments:

Limitation noted	Proposal
No specific mechanisms to ensure equitable access to medical countermeasures	Develop a voluntary operational framework coordinated by WHO to facilitate the availability of essential products to the most vulnerable States
No specific commitment on technical or financial support for implementation of IHR	Advocate for the creation of a multilaterial support mechanism backed up by a WHO-donor State partnership to support national capacities

(*Continued*)

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(*Continued*)

No binding accountability mechanism	Promote a periodic peer assessment, initially on voluntary basis, supported by technical recommendations
Risk of incompatibility with Pandemic Agreement	Call for normative and operational complementarity between both instruments, specifically on coordination, surveillance and sharing of information and resources

In conclusion, Algeria reaffirms its commitment to the IHR as a basic legal instrument for global health security. We stand ready to make an active contribution to the implementation and monitoring of the amendments that have been adopted, in a spirit of constructive cooperation, shared responsibility and strengthened collective resilience.

CHINA (PEOPLE'S REPUBLIC OF)

Note Verbale form the Permanent Mission of the People's Republic of China to the United Nations Office at Geneva and Other International Organizations in Switzerland, received on 4 August 2025

The Permanent Mission of the People's Republic of China to the United Nations Office at Geneva and Other International Organizations in Switzerland presents its compliments to the World Health Organization and refers to the Amendments to the International Health Regulations (2O05,l(hereinafter referred to as "the IHR amendments") adopted in Geneva on June 1, 2024 during the 77th World Heath Assembly and set forth in the notification of the IHR amendments by the Director-General on September 19, 2024, and, on behalf of the Government of the People's Republic of China (hereinafter referred to as "the PRC"), to inform the following:

The Government of the PRC decides to accept the IHR amendments and declares that:

1. The Government of the PRC decides that the IHR amendments apply to the entire territory of the PRC, including the Hong Kong Special Administrative Region, the Macao Special Administrative Region and the Taiwan Province.
2. The National Disease Control and Prevention Administration of the PRC is designated as China's National IHR Authority and National IHR Focal Point for the implementation of the IHR, pursuant to Article 4 of the IHR amendments.

The health administrative authorities and the disease control administrative authorities are the authorities for the implementation of health measures under the IHR within their respective competence. The General Administration of Customs of the PRC and its local offices are the competent authorities on the territory of the PRC of the points of entry referred to in Part VI of the IHR, pursuant to Article 19 of the IHR amendments.

The Permanent Mission of the People's Republic of China to the United Nations Office at Geneva and other international organizations in Switzerland avails itself the opportunity to renew to the World Health Organization the assurances of its highest consideration.

ESWATINI (KINGDOM OF)

Letter of the Minister of Health of the Kingdom of Eswatini, received on 18 August 2025

On behalf of the Government of the Kingdom of Eswatini, I wish to formally convey our position regarding the amendments to the International Health Regulations (2005), as adopted by the Seventy-seventh World Health Assembly through Resolution WHA77.17 on 1 June 2024.

Eswatini confirms that it has no reservations or rejections to the implementation of the amended International Health Regulations, referred to as the "2024 amendments."

We reaffirm our commitment to the International Health Regulations as a cornerstone of global health security and international cooperation, and we remain dedicated to fulfilling our obligations under the amended instrument in the spirit of solidarity and mutual accountability.

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NAMIBIA

Letter Executive Director of the Ministry of Health and Social Services of Namibia, received on 31 July 2025

The Ministry of Health and Social Services wishes to express its appreciation for the efforts of the World Health Organization in strengthening global health security through the recent amendments to the International Health Regulations (2005).

Namibia Would like to formally communicate that we have no reservations or objections to the IHR amendments. However, we would like to share some observations arising from our national consultations.

IHR amendments	Comments
Article l5, 2 BIS	Instead of just "access," it should specify "equitable access."
Article 44 bis	Include" Coordinating financial mechanism" in the list of definitions
Core capacities and Annexures	Not all capacities of the one health approach are included.

The comments aim to contribute constructively to the interpretation and implementation of the amendments, particularly concerning equitable access mechanisms and alignment with a One Health approach.

We remain committed to the spirit and objectives of the IHR (2005) and stand ready to collaborate with the WHO and other Member States to ensure effective implementation. Namibia is seared toward the domestication of the amended Regulations.

PORTUGAL

Note Verbale from the Permanent Mission of Portugal to the United Nations Office and other International Organisations in Geneva, received on 24 July 2025

The Permanent Mission of Portugal to the United Nations Office and other International Organizations in Geneva presents its compliments to the Office of the Director-General of the World Health Organization and, referring to notification C.L.40.2024 by the Director-General of September 19th, 2024, and in accordance with resolution WHA77.17 (2004), has the honor to inform that Portugal is currently revising its national legislation to integrate, without reservations, the revised International Health Regulations (2005), as adopted in Geneva on June lst, 2024 (the 2024 amendments), with the objective of ensuring that the necessary legal instruments are in place by September 19th, 2025.

Due to internal parliamentary procedures and timelines, this target date may, however, be subject to revision. Notwithstanding, Portugal remains committed to the full implementation of the revised International Health Regulations and is actively working to align all relevant processes accordingly.

With regard to the designation of the National IHR Authority (NIA), the Directorate-General of Health has been appointed by the Ministry of Health to exercise this function. Portugal maintains the current institutional structure and contact information.

The Permanent Mission of Portugal avails itself of this opportunity to renew to the Office of the Director-General of thy World Health Organization the assurances of its highest consideration.

TÜRKIYE

Note Verbale from the Permanent Mission of the Republic of Türkiye to the United Nations Office in Geneva and other International Organizations in Switzerland, received on 14 July 2025

The Permanent Mission of the Republic of Türkiye to the United Nations Office in Geneva and other International Organizations in Switzerland presents its compliments to the Director-General of the World Health Organization (WHO) and with reference to the Latter's Note dated 19 September 2024 (Ref.: C.L.40.2024) has the honour to notify the Director-General of the following:

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"Türkiye will implement the provisions of the International Health Regulations in accordance with the Convention regarding the regime of the Turkish Straits, signed at Montreux on 20 July 1936, as well as by taking into account Turkish 2019 Maritime Traffic Regulations for the Turkish Straits and any future revisions to be made thereto."

The Permanent Mission of the Republic of Türkiye to the United Nations Office in Geneva and other International Organizations in Switzerland avails itself of this opportunity to renew to the Director-General of the World Health Organization the assi1rances of its highest consideration.

GREECE

Note Verbale from the Permanent Mission of Greece to the United Nations Office in Geneva and other International Organizations in Switzerland, received on 16 September 2025

The Permanent Mission of Greece to the United Nations Office and other International Organizations in Geneva presents its compliments to the Director-General of the World Health Organization and, with reference to the latter's Note Verbale Ref.: C.L.26.2025, dated 8 August 2025, and the Note Verbale enclosed therein of the Permanent Mission of the Republic of Türkiye No. Z-2025/62441669/40285495, dated 14 July 2025, has the honour to draw the attention of the Director-General to the fact that the correct title of the Montreux Convention regarding the regime of the Straits of the Dardanelles, the Marmara Sea and the Bosporus is: "The Convention Regarding the Regime of the Straits signed at Montreux on July 20th, 1936".

Furthermore, with regard to the reference in the aforementioned Note Verbale of the Permanent Mission of Türkiye to the maritime traffic regulations unilaterally adopted by Türkiye in 2019 - regulations not approved either by the International Maritime Organization or by the parties to the Montreux Convention of 1936, which govern the issue - we would like to remind the Director-General that they are in contravention of the provisions of the International Law of the Sea, the Montreux Convention and the relevant Rules and Recommendations of the International Maritime Organization adopted on 1 June 1994.

Additionally, it should be noted that there is no substantive link between the content of the Turkish statement contained in the said Note Verbale and the new International Health Regulations. In fact, the Turkish statement seeks to elicit tacit acceptance or recognition of the national regulations adopted by Türkiye concerning maritime traffic through the Straits.

Concerning its precise content, the statement points out that, as far as the implementation of the International Health Regulations for maritime traffic in the Straits is concerned, this should be done in accordance with the provisions of the Montreux Convention of 1936 regarding the regime of the Straits. It is, however, self-evident that the Health Regulations do not influence the existing international regime of navigation through the Straits, nor could they do so, as there is no connection of substance between them.

Additionally, the Turkish Regulations concerning traffic in the Straits are themselves not in conformity with:

- The 1936 Montreux Convention: it enshrines full freedom of navigation (articles 1 and 2) through the Straits without any restrictions whatsoever (apart from sanitary control) and without any formalities, irrespective of the kind of cargo or the timing of the transit. Thus, the Turkish Regulations, by, amongst other things, imposing a compulsory reporting system (Reg. 7) and, particularly, by providing for the possibility of the total suspension of traffic (Reg. 21), are incompatible with the Montreux Convention.
- The IMO Rules and Regulations: Paragraphs 1.2 and 1.3 foresee that only in the case where a vessel is unable to comply with the Traffic Separation Scheme do the Turkish Authorities have the right to temporarily suspend two-way traffic and to regulate the resulting one-way traffic. The IMO Rules and Regulations on no account foresee a total suspension of traffic in the Straits. The Turkish Regulations, on the other hand, provide for the possibility to completely suspend traffic in general for a wide variety of reasons.
- The International Law of the Sea regarding navigation through international straits: such law encourages cooperation in order to ensure the safe transit of vessels through the Straits and to protect the environment. The Turkish Regulations, however, were adopted unilaterally in contravention of the Law of the Sea and the relevant Law of Treaties.

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Additionally, the Turkish statement contends that the Turkish Maritime Traffic Regulations of 2019 will also be taken into account. This means that the Turkish Authorities will enforce the International Health Regulations subject to certain ill-defined national legislative restraints, which are in fact themselves in contravention of the international obligations Türkiye has undertaken under the Montreux Convention.

Moreover, the Turkish Authorities reserve the right to also take into account any further revision of their national traffic regulations, to be adopted in the same unilateral way in the future. In fact, this would simply seem to mean that, in so far as the Straits are concerned, Türkiye may implement the new International Health Regulations as it sees fit.

The reference, therefore, to national legislation and to any future revisions of this legislation, while irrelevant to the subject at hand, is problematic because it seeks to subject international conventional obligations to national rules and regulations.

In the light of the foregoing, Greece considers the Turkish statement contained in the aforementioned Note Verbale as entirely irrelevant to the International Health Regulations, thus having no legal effect as to their implementation by Türkiye.

The Permanent Mission of Greece to the United Nations Office and other International Organizations in Geneva kindly requests the Director-General to circulate the present Note Verbale to the other Member States of the World Health Organization and avails itself of this opportunity to renew to the Director-General of the World Health Organization the assurances of its highest consideration.

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NOTES

1 For the text in Russian, reference should be made to C.L.40.2024 Corr.1. (2024).

2 Appendixes 1 and 4 were updated on 10 November 2025.

3 For the purposes of this provision, the Holy See and Liechtenstein shall be regarded as belonging to the European Region of WHO, it being understood that this arrangement is without prejudice to their status as States Parties to the International Health Regulations (2005) that are not Members of WHO.

4 In States Parties where, because of their administrative structure, an Intermediate level either absent or not clearly identifiable, the core capacities listed in subparagraphs (a) through (e) of this paragraph shall be understood to be developed, strengthened or maintained either at the Local level or at the National level, as appropriate, in accordance with national laws and context.

5 Only applies to certificates issued in non-digital format.

6 Amended by the Sixty-seventh World Health Assembly as to subparagraphs (iii) and (iv) of Section 2(a) in resolution WHA67.13, 24 May 2014. This amendment entered into force for all IHR (2005) States Parties as of 11 July 2016.

7 This version of the Aircraft General Declaration entered into force on 15 July 2007. The full document may be obtained from the website of the International Civil Aviation Organization at http://www.icao.int.

8 This Appendix reproduces the relevant parts of the communications submitted by States Parties in connection with the original adoption in 2005, through resolution WHA58.3 (2005), and entry into force of the International Health Regulations (2005), which have been edited by the Secretariat of the World Health Organizations, or translations thereof.

9 English translation provided by the Government.

10 This Appendix reproduces the relevant parts of the communications submitted by States Parties in connection with the amendments to Articles 55, 59, 61, 62 and 63 of the International Health Regulations (2005), adopted through resolution WHA75.12 (2022), which have been edited by the Secretariat of the World Health Organizations, or translations thereof.

11 As at 19 September 2025. The process relating to reservations expressed is ongoing. The deadlines for submitting objections to reservations expressed are 8 November 2025 for States Parties to which the amendments adopted through resolution WHA75.12 (2022) apply, and 8 February 2026 for States Parties to which those amendments do not apply.

12 This Appendix reproduces the relevant parts of the communications submitted by States Parties in connection with the amendments adopted through resolution WHA77.17 (2024).

13 Translated from Spanish.

14 English translation from German provided by the Government.

15 English translation from Italian provided by the Government.

16 Translated from French.

17 Translated from French.

18 English translation from Hungarian provided by the Government.

19 Translated from French.

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