

WHO tracking mechanism for IHR additional health measures



In February, 2018, WHO in collaboration with The University of Sydney, NSW, Australia, launched a new tool to monitor compliance with the International Health Regulations (2005) (IHR 2005) requirements regarding additional health measures. The initiative is part of the WHO Secretariat's commitment to strengthening the IHR framework, which is a legally binding instrument to protect global public health and prevent unnecessary disruption to international traffic and trade; this framework has been adopted by 196 States Parties, including all 194 Member States of WHO. The new tool relies on media reports to identify potential outbreak-related trade and travel sanctions, and it uses a standard set of procedures for verification and compliance. Researchers from The University of Sydney are working with the WHO Secretariat in Geneva, Switzerland, to integrate the tool into existing notification and reporting systems to enable timely monitoring. Integration will enable WHO to track in real time when countries impose trade or travel sanctions that can substantially harm national and regional economies, and to work constructively with governments to remove the sanctions. It is a crucial step in strengthening the implementation of IHR 2005, which remains the only international treaty specifically designed to safeguard global health security.

For decades, countries affected by disease outbreaks have often been subjected to trade and travel sanctions imposed by other governments.²⁻³ These sanctions harm national economies, discourage countries from openly reporting outbreaks, and create barriers between vital aid and the affected countries while they are dealing with a public health crisis. Some governments go further, forcibly quarantining people, refusing travellers entry, or subjecting them to invasive medical procedures without a scientific basis for doing so.⁴

Under the IHR 2005, governments are entitled to take measures to protect the health of their populations. However, these measures must (1) be based on scientific principles, (2) respect human rights, and (3) not be more onerous or intrusive than reasonably available alternatives. When such measures exceed these parameters, such as by preventing, delaying, or refusing entry to international travellers or goods for more than 24 h, they contravene the IHR 2005.⁵

By using this new tool, WHO will be able to monitor travel and trade measures in real time and act accordingly. For example, when measures that substantially interfere with international traffic or trade are detected, WHO will contact the government(s) concerned to obtain formal verification and the scientific justification for why the measures have been implemented. Once verified and assessed, WHO will share this information with other governments via the organisation's Event Information Site. Where measures are incommensurate with the public health risk or they significantly interfere with international traffic or trade, WHO will work with the government(s) to ensure the measures are removed or amended.

For example, based on an analysis of eight major disease events that occurred since 2013, WHO and The University of Sydney have identified 210 instances of governments appearing to have implemented additional health measures that contravened the IHR 2005 (unpublished). To date, the most common type of measure that governments have taken when a disease outbreak is announced has been to deny entry to international travellers (unpublished). In a small number of cases, governments have also refused entry to ground transport or implemented excessive trade bans (unpublished).

Importantly, there are more cost-effective measures that countries can implement to protect the health of their populations. These measures include educating travellers about individual protective measures, enhancing awareness of how to manage travellers who are unwell or how to manage contaminated products, and improving communication to manage risk perception.^{6,7} Using the new monitoring tool, the WHO Secretariat will work with governments to prioritise measures that have been proven to help prevent the spread of disease, protect lives, and prevent unnecessary disruption to international traffic and trade.

Additional health measures—implemented by governments often because of fear or the need to be seen to be doing something—remain an ongoing problem for global health security. For the new monitoring instrument, although technical and financial support might be required for full operationalisation, WHO aims to be more proactive in helping countries address not only the immediate health needs of affected populations during public health emergencies but also



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the wider socioeconomic consequences of such events. In so doing, WHO will help make the world more safe and secure for all.

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The new tool was jointly conceived by CD and GR; the database was further developed and populated jointly by CD, CP, and AK-S. ML, PD, and SI contributed comments and feedback to the initial development of the tool, its testing during several outbreaks in 2017–18, and the development of this manuscript. We declare no other competing interests.

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