CONSIDERATIONS FOR THE ESTABLISHMENT OF NATIONAL IHR AUTHORITIES

Purpose

This brief is intended to support national decision-makers with the establishment of NIAs in accordance with the recent amendments to the International Health Regulations (2005). The information included is based on frequently asked questions from our country partners.

Background

Public health emergencies have revealed critical gaps in how countries coordinate and implement the International Health Regulations, making the new National IHR Authorities a pivotal reform to strengthen authority, streamline decision-making, and reinforce national health security.

In June 2024, the World Health Assembly adopted a package of amendments to the International Health Regulations (IHR) (2005). One important amendment in this package is a change requiring States Parties to designate or establish a National IHR Authority (NIA).

The coordination of national IHR implementation has traditionally been entrusted to National IHR Focal Points (NFPs), designated national entities that serve as the primary liaison between IHR States Parties and the World Health Organization (WHO). While nearly all States Parties have designated NFPs, they face difficulties related to intersectoral collaboration, limited access to information systems, and insufficient domestic authority to report public health events to WHO.[1] The Review Committee set up to assess the functioning of the IHR after the COVID-19 pandemic recommended to "ensure that IHR national focal points are appropriately organized, resourced, and positioned within government, with sufficient seniority and authority, to meaningfully engage with all relevant sectors in crisis response"[2], as well as to establish a national competent authority responsible for overall implementation of the IHR (2005) in each State Party.[3]

Reflecting these concerns, WHO Member States introduced the concept of NIAs in the 2024 amendments to the IHR. The amended Article 4, entering into force in September 2025 for most States Parties, requires countries to review and potentially revise their national health security architecture. How the NIA is structured, mandated, and empowered will directly influence its capacity to fulfill its responsibilities and determine its overall effectiveness. Further, the establishment of a NIA must be aligned with the broader national health security framework to ensure coherence, avoid fragmentation, and enable strong coordination across sectors.

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[1] Packer C, Halabi SF, Hollmeyer H, Mithani SS, Wilson L, Ruckert A, et al. A survey of International Health Regulations National Focal Points' experiences in carrying out their functions. *Globalization and Health.* 2021;17(1):19. doi:10.1186/s12992-021-00675-7.
[2] Report of the Review Committee on the Functioning of the International Health Regulations (2005) during the COVID-19 response, 30 April 2021: https://cdn.who.int/media/docs/default-source/documents/emergencies/a74_9add1-en.pdf
[3] Ibid.

What are the functions of the NIA?

The amended IHR introduces the NIA as a new institutional anchor, tasked with leading and coordinating IHR implementation at the national level.

Under the amended IHR, the NIA is "*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.*"[4] The NIA works alongside other entities entrusted with the implementation of health measures (responsible authorities), the NFP and the competent authorities designated at points of entry.

Since **the main function of the NIA is to coordinate the implementation of the Regulations within the jurisdiction of the State Party**, it will work closely with all entities involved in IHR implementation at national and subnational levels, and play an oversight role including monitoring plans and budgets related to IHR implementation. It will be responsible for reporting to WHO through the SPAR process.

The NIA should have its own structure, budget, and communication channels, including links to NFP and points of entry. It must also handle international communication, collaborate with other NIAs, take part in WHO exercises, and keep contact information up to date on WHO platforms.

At the national level, the NIA should have access and interact with the highest level of decision making on IHR related matters. As noted below, the Authority should be able to mobilize political and financial support for the implementation of the IHR, as well influence decisions in relation to the management of public health events and emergencies, especially in relation to the adoption and implementation of international traffic-related measures.

At the international level, the NIA should have knowledge of the functioning of WHO Governing Bodies and contribute to informing the position of the State Party's Delegation on IHR-related matters, especially during IHR Emergency Committees' meetings.

What is the optimal placement of the NIA?

An effective NIA should be an empowered institutional hub that bridges sectors, engages the highest levels of government, and links IHR implementation with national emergency response frameworks.

An institutional charge. Similar to the NFP, the NIA shall not be an individual, but an institutional entity fully empowered by a legal or administrative instrument.

Breaking siloes. Public health emergencies are political, social, and economic crises triggered by health events. Effectively responding to these events requires a coordinated, multisectoral approach that goes beyond the health sector to involve agriculture, transport, tourism, and finance.[1] The implementation of the IHR reflects this reality and calls for a comprehensive "whole-of-government" and "whole-of-society" approach. To address the persistent challenges faced by NFPs, States Parties are encouraged to consider designating or establishing NIAs with the capacity and mandate to operate across sectors. In this context, existing multisectoral coordination mechanisms—such as those evaluated under the Joint External Evaluation (JEE) indicator P.3.2—can serve as a foundation. These structures should be reviewed, strengthened, and leveraged to support the effective functioning of the NIA and to facilitate integrated, cross-sectoral decision-making for health security.

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[4] International Health Regulations, Article 1.

High-level and broad engagement. While multisectoral steering committees help prevent sectors from working in silos, lessons from the COVID-19 pandemic[5] show these committees were most effective during crises when led by or empowered by involving non-traditional sectors—such as finance, trade, foreign affairs, interior, transport, defense, communication, and academia—further strengthened the response by encouraging innovative, cross-sector solutions that addressed the needs of diverse population groups. Similarly, the *travaux préparatoires* of the amendments to Article 4 indicate a clear intention for NIAs to coordinate the implementation of the IHR (2005) across different sectors, helping to raise health issues to the highest levels of government.[6] In federal or decentralized systems, coordination with subnational authorities is also essential and should be actively planned and assessed.

Linkage with national emergency response frameworks. As noted above, the NIA functions to coordinate the implementation of the IHR within the jurisdiction of the State Party. This preparedness effort complements other coordination efforts during the acute phase of public health emergencies. It is therefore crucial for NIA to be connected and collaborate with national response mechanisms, such as the Public Health Emergency Operations Center or the broader disaster management framework and entities. The NIA's ability to bridge technical experts and political actors will be key to influencing decision-making during public health emergencies and ensuring the adoption of response measures that comply with IHR.

How should States Parties leverage existing structures?

States Parties can designate and adapt existing institutions or coordination mechanisms, building on years of investment in IHR and health security frameworks to ensure continuity, efficiency, and impact.

Designate or establish. The use of the terms *"designate or establish"* is intentional and reflects the possibility that an existing institution may already be capable of performing the NIA functions, or could be further strengthened to discharge the new functions. This willingness to build on existing capacities reflects the significant efforts and investments made by States Parties and partners to develop effective frameworks for IHR implementation. Where relevant, these existing structures should be preserved and strategically leveraged in the designation or establishment of the NIA.

One vs two entities. The final text of the Regulations offers the possibility for States Parties to choose between setting up one or two entities to fulfil the functions of the NIA and NFP. In its proposal submission, Switzerland clarified that its proposal does not necessarily require setting up a new institution. Instead, the designated authority could assume political responsibilities, in addition to the existing technical functions carried out by the NFP.[7] States Parties may choose to strengthen existing NFPs to take on the broader responsibilities of the NIA. However, the NIA and NFP have **different roles, authority levels, and interlocutors**, as illustrated below.

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[5] A global analysis of COVID-19 intra-action reviews: reflecting on, adjusting and improving country emergency preparedness and response during a pandemic. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. P23.

[6] See submission by Switzerland, Proposal for targeted amendments to the International Health Regulations (2005), 26 September 2022: https://apps.who.int/gb/wgihr/pdf_files/wgihr1/WGIHR_Submissions-en.pdf

[7] Ibid.

	National IHR Authority (NIA)	National IHR Focal Point (NFP)
Primary function	Coordinate overall IHR implementation across sectors and institutions within the State Party	Serve as the official communication channel between the State Party and WHO under the IHR
National Interlocutors	All institutions involved in IHR implementation at national and subnational levels (e.g., ministries of health, agriculture, transport, etc.)	Institutions involved in IHR-relevant surveillance and response activities
International Interlocutors	WHO IHR Secretariat, World Health Assembly (WHA), and other relevant IHR bodies	WHO IHR Contact Points
Coordination Needs	Access to cross-sectoral implementation data Authority to coordinate planning, monitoring, and reporting on IHR implementation	Access to surveillance and response data across sectors Capacity to share urgent event information with WHO per IHR requirements
Level of Authority	Political/strategic – positioned to steer national policy and cross-sectoral coordination	Technical/operational – focused on real-time surveillance, event detection, and communication with WHO

Sustain and leverage IHR governance and multisectoral coordination experience. Over the past decade, States Parties have made substantial investments in strengthening IHR implementation through National Action Plans for Health Security (NAPHS). This multisectoral effort has been instrumental in building and enhancing IHR capacities worldwide. It is crucial that the experience and expertise gained through these processes are preserved and leveraged moving forward. Effective coordination among these sectors is a central element of the IHR. It has been a core focus of all tools used to evaluate IHR core capacities[8] and accounts for over a quarter of simulation and after-action review recommendations in some regions.[9] States Parties should consider the effective multisectoral coordination mechanisms and assess how they can support or discharge the NIA functions.

[8] See Joint External Evaluation Tools from 2016 till 2022.
[9] Utheim MN, Gawad M, Nygård K, et al. . Assessing public health preparedness and response in the EU: a review of EU-level simulation exercises and after action reviews. Global Health 2023.

What are enabling factors for NIA success?

Designing an effective NIA requires a systematic approach that accounts for financing, workforce, collaboration, and transition dynamics to ensure the entity can function, adapt, and endure within complex national contexts.

Systems thinking. National health security systems are complex ecosystems shaped by institutions, relationships, and their broader political, social, and environmental contexts. Therefore, decision-makers must carefully consider not only the environment in which the NIA will operate but also the enablers it will need, the challenges it may encounter, and the potential consequences of any changes made.

Funding. Adequate and sustained financial resources are essential for the NIA to effectively perform its core functions. It is important that the NIA has a dedicated budget line specifically for coordination activities. Additionally, aligning and integrating funding from external sources—such as major development bank projects—will further empower the NIA to lead and steer the implementation of the IHR.

Trained workforce. If the NIA is an institution, it will rely on its staff to carry out its functions effectively. Ensuring the NIA has the appropriate number of well-qualified personnel is essential. Staff should be trained not only in IHR implementation and governance but also in the soft skills necessary for effective horizontal and vertical coordination across sectors and government levels. When designating or establishing the NIA, States Parties should prioritize sustaining existing expertise (see the "**Sustain and leverage IHR governance and multisectoral coordination experience**" section) while also investing in upskilling new staff. Additionally, given the need to interface with high-level decision-makers, NIA personnel will require specific competencies to navigate these interactions successfully and promote evidence-based decision-making.

Creating a collaborative space with all relevant stakeholders. Analysis of the global COVID-19 response demonstrates that countries accelerated their pandemic coordination by leveraging existing relationships built through previous bilateral and multisectoral collaborations in past emergencies. [10] NIAs should actively foster a spirit of collaboration with all relevant stakeholders. While formal authority and defined relationships are important for advancing NIA functions, building and maintaining informal networks will be equally essential for the NIA's success.

Accounting for change and transition process. Introducing a new institution or restructuring existing frameworks can disrupt ongoing activities and create uncertainty among stakeholders. Careful planning, clear communication, and phased implementation help ensure continuity of critical health security functions while allowing the NIA to gradually assume its responsibilities. By anticipating challenges and adapting flexibly, States Parties can facilitate a smoother transition that strengthens the NIA's foundation and effectiveness in the long term.

The above-mentioned elements are also likely to influence the formalization of the NIA's authority and institutional relationships (see below).

[10] A global analysis of COVID-19 intra-action reviews: reflecting on, adjusting and improving country emergency preparedness and response during a pandemic. Geneva: World Health Organization; 2022. Licence: CC BY-NC-SA 3.0 IGO. P21.

How can States Parties adequately formalize the NIA's authority and institutional relationships?

When formally establishing an NIA, IHR States Parties must weigh whether to create it through a standalone instrument or broader legal reform.

Standalone instrument vs. larger reform. When establishing or designating a NIA, States Parties must decide whether to create it through a standalone legal or administrative instrument or to pursue broader legislative reform. While adopting a standalone subsidiary instrument may offer a faster route, decision-makers should not overlook the importance of the enabling factors mentioned above. Broader legal reform—such as amending existing public health legislation—can provide a more robust foundation. It offers an opportunity to address critical factors such as funding, staffing, and formal authority, and to ensure that the NIA is fully integrated into the national institutional landscape. This strategic alignment is essential for the NIA's effectiveness and sustainability over time.

Enacting authority. Another important consideration in formalizing the NIA is determining the appropriate level of enacting authority for its legal or administrative instrument. While the institutional positioning of the NIA will naturally influence this decision, States Parties should assess whether enacting the instrument at the level of the head of government or state could strengthen the NIA mandate. High-level endorsement may help overcome coordination challenges across sectors by signaling political commitment and reinforcing the NIA's authority to lead national IHR implementation efforts.

Collaboration frameworks and information sharing. Having an adequate and robust legal mandate will provide a solid foundation to the NIA. To coordinate means bringing the different elements of a complex activity or organization into a harmonious or efficient relationship.[11] Thus, NIA are not intended to directly implement the IHR, but rather to facilitate collaboration, alignment, and oversight among the various entities responsible for implementation within the State Party. Decision-makers should therefore assess whether additional legal or administrative instruments (e.g., intersectoral collaboration frameworks, memoranda of understanding, information-sharing protocols, etc.) are needed to enable the NIA to effectively carry out its mandate.

Flexibility. As public health threats continue to evolve, the governance structure should retain some flexibility to adapt. Legal instruments establishing NIAs could provide the possibility of adding new participants to key statutory bodies or meetings, as well as regularly assessing the effectiveness of the NIA to identify ways to improve its functioning.

Conclusion

The establishment of an NIA reflects a strategic decision to strengthen national health security, overcome coordination gaps, and elevate health issues to the highest levels of government. Success depends on positioning the NIA effectively, providing it with clear legal authority and resources, integrating it into existing structures, and fostering collaboration across sectors. The decisions made now will determine whether the NIA becomes a transformative force for health security or a missed opportunity. By taking a system-wide, context-sensitive, and forward-looking approach, decision-makers can ensure that the NIA contributes meaningfully to a more coordinated national health security architecture.

In light of the above, we advise national decision-makers to:

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[11] Oxford English Dictionary, https://www.oed.com/.

1. **Map all entities responsible for the implementation of the IHR within their jurisdiction and the type of relationship (formal or informal) that should be established between them and the NIA**
2. **Review findings and recommendations from recent evaluations (JEE and PVS, SimEX and IARs, etc.), especially with regard to multisectoral coordination for IHR implementation.**
3. **Based on these findings, think through tradeoffs and identify new or existing entities that could serve as the NIA. If the identified entity already exists, identify what additional needs will be required to effectively fulfill the new NIA functions.**
4. **Decide on a suitable legal or administrative instrument to formalize the change.**
5. **Before adopting the instrument, review whether the new draft and change management strategy will answer previous assessment recommendations and existing challenges.**
6. **Communicate the changes to WHO and share the contact information of the NIA.**[12]

For more information

Resolve to Save Lives' Public Health Legal Program provides guidance and technical assistance to ensure countries have laws and regulations in place to support public health. We partner with governments, international and regional organizations and local lawyers and civil society to assess and revise national and subnational legal frameworks supporting the implementation of the International Health Regulations (IHR) (2005). Our work is guided by countries' own priorities as reflected in their National Action Plans for Health Security (NAPHS). Our support follows WHO Benchmarks for IHR Capacities and is measured through improvements in Joint External Evaluations (JEE) and State Party Self-Assessment Annual Reporting (SPAR) scores.

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[12] WHO emphasized that States Parties should develop or revise relevant legal and administrative frameworks to support the NIA by the date the amendments come into force. States unable to meet this deadline must submit a formal declaration to the WHO Director-General, requesting a 12-month extension.