

IHR Key Obligations and Rights - Summary Table

Incorporating 2024 Amendments

January 2026

IHR Key Obligations and Rights for States Parties

SUMMARY TABLE

The World Health Organization's International Health Regulations (2005) ("IHR") aim "to prevent, 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 risks, and which avoid unnecessary interference with international traffic and trade." In addition to establishing a framework for international cooperation regarding public health risks and defining the role of WHO and other international actors, the IHR establishes and/ or affirms specific obligations and rights for State Parties. These IHR provisions are binding on all WHO Member States that do not affirmatively opt out of them.

The following table catalogues the obligations and rights for State Parties contained in the IHR (2005) as amended in 2014, 2022 and 2024. The full text of the Regulations is available [here](#).

	Key Concepts	Obligations for State Parties	Article
1	Definitions	Adopt definitions in line with IHR terminology. ¹ Parties to the 2024 amendments will need to also define the following terms: "National IHR Authority", "pandemic emergency", and "relevant health products".	1
2	Designate authorities	Designate or establish authorities responsible within the State's jurisdiction for the implementation of procedures to prevent the spread of disease or contamination, excluding law enforcement and security measures.	4(1)
3	WHO recommendations	Implement ² temporary or standing recommendations issued by the WHO Director- General, including health measures regarding persons, baggage, cargo, containers, conveyances, goods and/ or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.	16
4	Collaboration and consultation with other States Parties	<p>Collaborate with other States Parties, to the extent possible, in:</p> <ol style="list-style-type: none"> the detection and assessment of, preparedness for, and response to, events as provided under the IHR; the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of core capacities required under the IHR; the mobilization of financial resources to facilitate IHR implementation in particular to address the needs of developing countries; and 	44

	Key Concepts	Obligations for State Parties	Article
		d. the formulation of proposed laws and other legal and administrative provisions for IHR implementation.	
5	Collaboration and consultation with other States Parties	Request consultations, either directly or through the Director-General, if impacted by another State's additional health measure, to clarify the scientific information and public health rationale underlying the measure and to find a mutually acceptable solution. ³	43(7)
6		Provide support to WHO-coordinated response activities when possible and requested by WHO.	13(5)
7		Upon request of other States Parties or WHO, collaborate with and assist other state parties and support WHO-coordinated response activities, including through: <ul style="list-style-type: none"> a.supporting WHO in implementing response activities and removing barriers to timely and equitable access by States Parties to relevant health products, 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. 	13(9)
8		Collaborate, to the extent possible, to: <ul style="list-style-type: none"> 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 and b.identify and enable access to financial resources necessary to equitably address the needs and priorities of developing countries, including for developing, strengthening and maintaining core capacities. 	44(2ter), Annex 1
9	Domestic Financing	Subject to applicable law and available resources, 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	44(2bis)

	Key Concepts	Obligations for State Parties	Article
		Regulations.	
10	Access to relevant health products	Facilitate access to relevant health products.	44(2)(d)
11	Equity and solidarity	Promote equity and solidarity in the implementation of the Regulations.	3(1)
12	Human rights and treatment of travelers	Implement IHR with full respect for the dignity, human rights, and fundamental freedoms of persons. ⁴ Health measures taken shall be applied in a transparent and non- discriminatory manner. Travelers shall be treated in ways minimizing any discomfort or distress.	3(1); 42; 32
13	Data protection	Keep confidential and process anonymously any health information collected or received pursuant to the IHR referring to an identified or identifiable person. Personal data may be disclosed and processed, when: <ol style="list-style-type: none"> essential for assessing and managing a public health risk; processed fairly and lawfully, and not further processed in a way incompatible with that purpose; adequate, relevant and not excessive in relation to that purpose; accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that inaccurate or incomplete data are erased or rectified; and not kept longer than necessary. 	45(1-2)
14	Safety guidelines	Ensure any medical examination, procedure, vaccination or other prophylaxis involving a risk of disease transmission is only performed or administered in line with established national or international safety guidelines to minimize risk.	23(5)
15	Informed consent	Prohibit any medical examination, vaccination, prophylaxis or health measure to be carried out on travelers without their prior express informed consent. ⁵ Medical practitioners inform the travelers of any associated risk.	23(3-4)
16	International traffic and trade	Enact and implement health measures that are no more restrictive to international traffic ⁶ than reasonably available alternatives that would achieve the same level of health protection.	43
17	Rationale and information sharing	Inform WHO, within 48 hours, when implementing additional health measures that significantly interfere with international traffic, and provide the public health rationale and relevant scientific	43(3); 43(5)

	Key Concepts	Obligations for State Parties	Article
		information for the implementation of measures. ⁷	
18	Establish NFP	Designate or establish ⁸ a National IHR Focal Point with the responsibilities ennumerated below:	4(1)
19	NFP responsibilities	Remain accessible at all times for communications with WHO,	4(2)
20		Send, on behalf of the State Party, urgent communications concerning the implementation of IHR, ⁹	4(2)(a)
21		Disseminate information to, and consolidate input from, relevant sectors, including those responsible for surveillance and reporting, points of entry, and other health services,	4(2)(b)
22	NFP contact details	Provide, continuously update, and annually confirm contact details of National IHR Focal Point to WHO	4(4)
23	Establish National IHR Authority (NIA)	Designate or establish ⁸ a National IHR Authority with the responsibilities ennumerated below:	4(1)
24	NIA responsibilities	Coordinate the implementation of these Regulations within the jurisdiction of the State Party.	4(1bis)
25	NIA contact details	Provide, continuously update, and annually confirm contact details of NIA with WHO,	4(4)
26	National surveillance and detection	Ensure local community level and/or primary public health response level detect events involving disease or death above expected levels for the particular time and place in all areas within the territory of the State.	

	Key Concepts	Obligations for State Parties	Article
27			5(1) and Annex 1
		Ensure local community level reports all available essential information ¹⁰ immediately to local community health-care institutions or the appropriate health personnel.	5(1) and Annex 1
		Ensure primary health response level reports all available essential information immediately to the intermediate or national response level, depending on organizational structures.	5(1) and Annex 1
		Ensure intermediate public health response level assesses and confirms the status of reported events immediately and, if found urgent, report all essential information to the national level.	5(1) and Annex 1
30	National reporting	Report to National IHR Focal Point health measures implemented, including isolation of the conveyance, as necessary to prevent the spread of diseases.	5(1); 22(1)(i); 27(1); Annex 1
31	National assessment	Assess all detected events by using the decision instrument annexed to the IHR. In case of urgent events, the assessment of reports from the national surveillance system shall occur within 48 hours.	5(1); 6(1); Annexes 1; 2
32	Notification to WHO	Notify WHO, through the National IHR Focal Point, of all events which may constitute a public health emergency of international concern (PHEIC) within its territory and any health measure implemented in response. Notification required within 24 hours of initial assessment by most efficient communication means available.	5(1); 6(1) Annexes 1; 2
		In case of events occurring within the state party's not requiring notification through the National IHR Focal Point, States Parties should keep WHO advised and consult on the appropriate health measures in a timely manner.	
33	Information-sharing	<p>Communicate to WHO timely, accurate, and sufficiently detailed public health information¹¹ on unexpected or unusual public health event occurring within the State's territory which may constitute a public health emergency of international concern and notified event under Article 6, as well as any health measure implemented in response to those events.</p> <p>As far as practicable, when requested in response to a specific potential public health risk, furnish to WHO relevant data concerning sources of infection or contamination, including vectors and reservoirs, at points of entry, which could result in international disease spread.</p>	6(2); 5(1); 7; 19(c) Annex 1

	Key Concepts	Obligations for State Parties	Article
34	Reports of foreign public health risks	Inform WHO, as far as practical, within 24 hours of receipt of evidence of a public health risk identified outside the State's territory that may cause international disease spread. ¹²	5(1); 9(2); Annex 1
36	Verification of information	Verify and provide within 24 hours, an initial reply to, or acknowledgement of, WHO request for verification regarding events which may constitute a PHEIC, along with available public health information on the status of events referred.	10(2)(a-b)
37		On WHO request, provide information relevant to the assessment of identified events which may constitute a PHEIC. ¹³	10(2)(c)
38	Designate POE	Designate the airports, ports, and ground crossings ¹⁴ that shall develop the core capacities under IHR.	20(1); 21(1)
39	POE core capacities	Ensure that designated points of entry have access to appropriate medical services, equipment and trained personnel to develop their core capacities under IHR. ¹⁵	19(a); and Annex 1
40	Identify competent authorities	Identify competent authorities at each designated point of entry.	19(b)
41	Role and responsibilities of competent authorities¹⁶	Monitor baggage, cargo, containers, conveyances, goods, postal parcels and human remains departing and arriving from affected areas, so they are free of sources of infection or contamination.	22(1)(a)
42		Supervise derating, disinfection, disinsection, or decontamination of any baggage, cargo, containers, conveyances, goods, postal parcels and human remains, especially for affected conveyances using a technique with adequate level of control as determined by WHO or the competent authority. ¹⁷	22(1)(c); 27(1)(a-b)
43		Ensure sanitary condition of facilities used by travelers at points of entry and supervise sanitary measures for persons.	22(1)(b-c)
44		Advise conveyance operators of applied control measures and provide written information on methods employed.	22(1)(d)
45		Supervise removal and safe disposal of any contaminated water or food, human or animal dejecta, wastewater and any other contaminated matter from a conveyance	22(1)(e)

	Key Concepts	Obligations for State Parties	Article
46		Monitor and control the discharge by ships of sewage, refuse, ballast water and other potentially disease-causing matter which might contaminate waters of a port or waterway.	22(1)(f)
47		Supervise service providers at points of entry including inspections and medical examinations as necessary.	22(1)(g)
48		Create contingency arrangements to deal with unexpected public health event.	22(1)(i)
49		Communicate with National IHR Focal Point on relevant public health measures implemented.	22(1)(j)
50		Ensure conveyance operators permanently keep conveyances free of sources of infection or contamination, and otherwise comply with, and inform travelers of, the health measures recommended by WHO and adopted by the State Party, including for application on board as well as during embarkation and disembarkation.	24(1)
51		Inform the point of entry at destination of a suspect traveler placed under public health observation, but allowed to continue an international voyage, as he or she did not pose an imminent public health risk.	30
52		Ensure the Ship Declaration of Health conforms with Annex 8 of IHR ¹⁸ and inform shipping operators or their agents of the ship declaration of health requirements in place.	37(1-4)
53		Ensure the Health Part of the Aircraft General Declaration conforms with Annex 9 of IHR ¹⁹ , and inform aircraft operators or their agents of the Health Part of the Aircraft Declaration requirement in place.	38
54	Ship Sanitation Certificates	Ensure Ship Sanitation Control Certificates and Exemption Certificates conform with Annex 3 of IHR. ²⁰	20(2)
55		Send to WHO a list of ports authorized to offer the issuance of Ship Sanitation Control Certificates, issuance of Ship Sanitation Control Exemption Certificates only, services referred to in Annexes 1 and 3. Any changes to the status of the listed ports shall also be communicated.	20(3)
56	Control measures	Ensure local community levels and/or primary public health response levels prepare for the implementation of and immediately implement preliminary control measures.	5(1) and Annex 1

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57	Ensure intermediate public health response levels support or implement additional control measures.	
58	Determine rapidly the control measures required to prevent domestic and international spread of diseases.	13; Annex 1
59	Ensure local community levels and/or primary public health response levels prepare for the provision of, and facilitate access to health services necessary for responding to public health risks and events and engage relevant stakeholders, including communities, in preparing for and responding to public health risks and events.	Annex 1
60	Ensure intermediate public health response levels coordinate with and support the Local level in preventing, preparing for and responding to public health risks and events, including in relation to surveillance, on-site investigations, laboratory diagnostics and samples referral, implementation of control measures, access to health services and products, risk communication addressing misinformation and disinformation, and logistical assistance.	Annex 1
61	Coordination mechanism Ensure a coordination mechanism is in place for public health emergencies with direct operational links with senior health and other officials to approve containment and control measures, surveillance, provide support through specialized staff, laboratory analysis of samples, logistical assistance, and on-site assistance to supplement local investigations, guidance for clinical case management and infection prevention and control, access to health services and health products, risk communication addressing misinformation and disinformation. Such mechanism should be capable of coordinating activities nationally and supporting Local and Intermediate levels. Public health response capacities shall also be provided on a 24-hours basis. ²¹	13; Annex 1
62	Contingency plan at designated POEs Establish and maintain a public health emergency response and contingency plans, including the nomination of a coordinator and contact points for relevant point of entry and other agencies, and services, and the creation of multidisciplinary/multisectoral teams to respond to events that may constitute a PHEIC.	13; Annex 1
63	Assessment and care Provide assessment of and care for affected travelers or animals, including for their isolation, treatment and other support services that may be required. ²²	13; Annex 1

	Key Concepts	Obligations for State Parties	Article
64	Biological substances	Facilitate 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 the IHR.	46
65	Medical conditions of entry	Invasive medical examination, vaccination or other prophylaxis might <u>only</u> be applied as a condition of entry to travelers seeking temporary or permanent residence or when necessary to determine whether a public health risk exists, or otherwise imposed by additional health measures.	31(1)
66	Assessment and quarantine	Provide for the assessment and, if required, quarantine of suspect travelers for responding to events that may constitute a public health emergency of international concern, including a pandemic emergency. ²³	Annex 1
67	Health documents	Require no other health documents ²⁴ than those provided for under the IHR or in recommendations issued by WHO, unless the traveler is applying for temporary or permanent residence, or document requirements concerning the public health status of goods or cargo in international trade pursuant to applicable international agreements. Ensure that these health documents conform to Annexes 3, 6, 7, 8 and 9 and their authenticity is ascertainable.	35
68	Affected conveyances	Consider the conveyance as affected 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 ^{25, 26}	27(1)
69		Cease regarding a conveyance as affected when additional health measures have been effectively carried out and there are no conditions on board that could constitute a public health risk, the competent authority. ²⁷	27(3); Annex 5
70		Permit an affected conveyance that is allowed to depart without control measures to take on, under the supervision of the competent authority, fuel, water, food and supplies.	27(2)
71	Control measures²⁸	Indicate in writing measures applied to cargo, containers or conveyances, the parts treated, the methods employed, and the reasons for their application. ²⁹	Annex 4
72	Specific vector-borne diseases measures	Establish programs to control vectors that may transport an infectious agent that constitutes a public health risk to a minimum distance of 400 meters from those areas of points of entry that are used for operations involving travelers, conveyances, containers, cargo and postal parcels.	Annex 5
73		Apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods, or postal parcels. ³⁰	Annexes 1 and 5

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74	Containers and loading areas	Ensure as far as practical, that international traffic containers and loading areas are kept free from sources of infection or contamination, particularly during packing and (when the volume of container is sufficiently large) take all practicable steps to assess the sanitary condition of container loading areas and containers, including carrying out inspections, to ensure that IHR obligations are implemented.	34(1-3)
75	International traffic exemptions	Unless authorized by international agreements or additional health measures, refrain from applying health measures to: (1) a ship not coming from an affected area which passes through a maritime canal or waterway in the territory of a State Party on its way to a port in another State; (2) a ship which passes through without calling at a port or on a coast; and (3) an aircraft in transit within the jurisdiction of a State Party with no embarking, disembarking, loading or discharging. ³¹	25
76		Refrain from preventing a ship or an aircraft for public health reasons from calling at any point of entry, unless provided in applicable international agreement or additional health measures, or if the point of entry is not equipped for applying health measures and the ship or aircraft is able to proceed to the nearest suitable point of entry.	28(1)
77		Never refuse a ship or an aircraft <i>free pratique</i> ³² for public health reasons unless based on scientific principles, available scientific evidence of a risk to human health, available guidance or advice from WHO, and provided in applicable international agreements and additional health measures. ³³	28(1); 43(2)
78		Authorize the granting of <i>free pratique</i> by radio or other communication means to a ship or an aircraft when the State believes, based on received information, that the arrival will not result in the introduction or spread of disease. ³⁴	28(3)
79		Prohibit applying health measures to civilian lorry, train or coach not coming from an affected area which passes through a territory without embarking, disembarking, loading or discharging unless authorized by applicable international agreement or additional health measures.	26
80		Refrain from subjecting goods, other than live animals, in transit without transhipment, to health measures under IHR, or detaining them for public health purposes, unless authorized by applicable international agreements or subject to additional health measures.	33; 43(1)
81	Charges for travelers	Prohibit charges, except for travellers seeking temporary or permanent residence, for any medical or supplementary examination, any vaccination or other prophylaxis requirement that was published for less than ten days, appropriate isolation or quarantine requirements, certificates, and health measures applied to baggage accompanying the traveler.	40(1)

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82		Ensure any charge for other health measures : (a) conform to one single tariff published at least 10 days in advance; (b) not exceed the actual cost of the service rendered; and (c) are levied without distinction as to the nationality, domicile or residence of the traveler concerned. ³⁵	40(2-4)
83	Charges for conveyances and goods	Ensure any charge for health measures applied to baggage, cargo, containers, conveyances, goods or postal parcels (a) conform to one single tariff published at least 10 days in advance; (b) not exceed the actual cost of the service rendered; and (c) be levied without distinction as to nationality, flag, registry or ownership with particular care not to discriminate between nationals and foreigners.	41
84	Departure pending payment of charges	Refrain from prohibiting travelers and conveyance operators departure due to pending payment of the charges.	40(6)
85	Review	Review within three months additional health measures implemented considering WHO's advice or guidance, scientific principles, and available scientific evidence of a risk to human health.	43(6)
86	Mandatory vaccinations	Ensure any person employed at a point of entry where WHO has determined a risk of yellow fever transmission and every member of crew of conveyance using such point of entry possesses a valid certificate of yellow fever vaccination.	Annex 7(2)(g)
87	Suitability and quality	Ensure IHR-required vaccinations and prophylaxis are of suitable quality and approved by WHO. Provide, upon request, appropriate evidence of the suitability of vaccines and prophylaxis administered.	Annex 6(1) and 7(2)(e)
88	Yellow fever vaccination center(s)	Designate yellow fever vaccination center(s) within the State's territory and ensure quality and safety of the procedures and materials employed. ³⁶	Annex 7(2)(f)
89	Certificates	Provide persons undergoing vaccinations or other prophylaxis under IHR with an international certificate of vaccination or prophylaxis.	36(1); Annex 6
90		Ensure certificates of vaccinations or other prophylaxis (issued in a digital or non-digital format) administered pursuant to IHR: <ul style="list-style-type: none"> • follow the form specified in Annex 6³⁷ without amendment or erasure; • provide evidence of the suitability of the vaccine or prophylaxis used; • are signed in the hand of the medical practitioner or authorized health worker supervising the administration and borne the official stamp of the administrative center and 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 	36(1); Annexes 6 and 7

	Key Concepts	Obligations for State Parties	Article
		<p>overseeing the administering centre ;</p> <ul style="list-style-type: none"> • is fully completed in at least French or English; • is individual; <p>contain opinion underlying medical grounds contradiction for vaccination or prophylaxis, if any.</p>	
91	Health measures on arrival and departure (travelers)	States Parties may require for public health purposes, on arrival or departure, information concerning the traveler's destination and itinerary, review of health documents and/or a non-invasive medical examination which is the least intrusive that would achieve the public health objective.	23(1)(a)
92	Additional health measures on arrival or departure (travelers)	Based on evidence of a public health risk obtained through health measures on arrival and departure [Row 83], or through other means, States Parties may apply additional health measures with respect to a suspect or affected traveler, 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.	23(2)
93		In addition to potential vaccination or prophylaxis recommended by WHO under IHR, State Parties may require, as a condition of entry, vaccination against yellow fever from any traveler leaving an area where WHO has determined that a risk of yellow fever transmission is present. ³⁹	Annex 7
94		The competent authorities may request travelers to complete contact information forms and health questionnaires to determine if the travelers were in or near an affected area, possible contacts with infection or contamination prior to arrival, and to be able to contact the travelers.	35;23(1)
95	Health measures on arrival and departure (conveyances and goods)	States Parties may inspect for public health purposes, on arrival or departure, baggage, cargo, containers, conveyances, goods, postal parcels, and human remains. ⁴⁰	23(1)(b)
96	Implementing health measures	In accordance with their national law and international obligations, State Parties can implement health measures in response to specific public health risks or PHEIC ⁴¹ , which achieve the same or greater level of health protection than WHO recommendations or would be otherwise prohibited under IHR ⁴² , provided that such measures are not 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.	43(1)

1. Key IHR terms to be defined in legislation include but are not limited to event, disease, isolation, national IHR focal point, point of entry, public health emergency of international concern, including a pandemic emergency, public health observation, public health risk, quarantine, reservoir, surveillance, vector, WHO IHR Contact Point. When adopting new definitions, States Parties should be mindful of existing definitions in other legislation and avoid creating conflicts.
2. Neither Article 15 nor 16 include an explicit obligation for State Parties to implement non-binding recommendations issued by WHO, and IHR recognizes that States have the sovereign right to legislate and implement legislation in pursuance of their health policies (See IHR, Article 3(4)). Nevertheless, State Parties are under a general obligation to uphold the purpose of these Regulations. Therefore, State Parties should implement WHO recommendations unless doing so would impinge on their sovereign right to legislate.
3. This provision applies only to additional health measures taken by another State Party, as envisaged under Article 43 of IHR.
4. To implement health measures in respect with travelers' dignity, human rights and fundamental freedoms, States Parties shall (a) treat all travelers with courtesy and respect; (b) take into consideration the gender, sociocultural, ethnic or religious concerns of travelers; and (c) provide or arrange 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 travelers who are quarantined, isolated or subject to medical examinations or other procedures for public health purposes. (See IHR, Article 32)
5. When a traveler fails to consent to or refuse any medical examination, vaccination, prophylaxis or health measure lawfully required under IHR, States Parties may deny entry to that traveler. If there is evidence of an imminent public health risk, States Parties can compel that travel to undergo such measures (See IHR, Article 31(2))
6. For the purpose of Article 43 of the IHR, significant interference generally means refusal of entry or departure of international travelers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours. (See IHR, Article 43(3))
7. After assessing the information received, WHO may request the State Party to reconsider the application of those measures. (See IHR, Article 43(4))
8. Parties are expected to adjust their domestic legislative or administrative frameworks to fully designate or establish authorities defined by Article 4.
9. The reference is made here to public health information hailing from the State's surveillance system of events which may constitute a PHEIC, evidence of a public health risk identified outside the State's territory that might cause international disease spread, information required to verify information about such events, or health measures taken in responses to those events. (See IHR, Articles 6 to 12)
10. For the purposes of Annex 1 of the IHR, 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.
11. Public health information includes 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 PHEIC (See IHR, Articles 6 and 10)

12. A public health risk identified outside their territory that may cause an international disease spread would be manifested by exported or imported human cases; vectors which carry infection or contamination; or contaminated goods. (See IHR, Article 9(2))

13. See supra note 6.

14. To designate the ground crossings, States Parties shall take into account the volume and frequency of the various types of international traffic at the ground crossing which might be designated, as compared to other points of entry; and 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.

15. According to Annex 1, the capacities for points of entry include: "At all times (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 travelers, and (ii) adequate staff, equipment and premises; (b) to provide access to equipment and personnel for the transport of ill travelers to an appropriate medical facility; (c) to provide trained personnel for the inspection of conveyances; (d) to ensure a safe environment for travelers 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 programs, as appropriate; and (e) to provide as far as practicable program and trained personnel for the control of vectors and reservoirs in and near points of entry. For responding to events that may constitute a public health emergency of international concern, including a pandemic emergency (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 travelers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required; (c) to provide appropriate space, separate from other travelers, to interview suspect or affected persons; (d) to provide for the assessment and, if required, quarantine of suspect travelers, 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 travelers; and (g) to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travelers who may carry infection or contamination."

16. The requirements under Articles 24(1), 30, 37(1-4), and 38 of IHR are attributed to the State Parties under the Regulations. Albeit not being listed as role of competent authorities under Article 22 of IHR, these requirements have been included under this section as it is likely that States Parties will entrust their competent authorities at each point of entry with such responsibilities.

17. Disinsection, derating, disinfection, decontamination and other sanitary procedures shall be carried out 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 property. (See IHR, Article 22(3))

18. Please refer to Annex 8 and Article 37 of IHR for the exact content of such requirement.

19. Please refer to Annex 9 and Article 38 of IHR for the exact content of such requirement.

20. Please refer to Annex 3 and Article 39 of IHR for the exact content of such requirement.
21. In line with Annex 1 of IHR, States Parties shall provide, by the most efficient means of communication available, links with hospitals, clinics, airports, ports, ground crossings, laboratories and other key operational areas for the dissemination of information and recommendations received from WHO.
22. In line with Annex 1 of IHR, States Parties shall provide appropriate space, separate from other travelers, to interview suspect or affected persons. Arrangements with local medical and veterinary facilities and laboratories are also to be sought.
23. In line with Annex 6 of the IHR, health documents may be issued in non-digital format or digital format.
24. Quarantine of suspect travelers should preferably take place in facility away from the point of entry. (See IHR, Annex 1)
25. When the conveyance is considered as affected, the competent authority may disinfect, decontaminate, disinsect or derat the conveyance, as appropriate, or cause these measures to be carried out under its supervision; and decide in each case of the technique employed to secure adequate level of control of the public health risk as provided in IHR. Where they 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 IHR NFP. (See IHR, Article 27(1))
26. If the competent authority for the point of entry is not able to carry out the control measures required, the affected conveyance may nevertheless be allowed to depart, subject to the competent authority informing, at the time of departure, the competent authority of the next known point of entry of the evidence found and the control measures required. In case of a ship, these shall be noted in the Ship Sanitation Control Certificate. (See IHR, Article 27(2))
27. Aircrafts and ships should not be refused landing or berthing when disinsecting, derating, and other control measures for conveyances are applied by other States Parties in line with methods and materials advised by WHO. 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. 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. (See IHR, Annex 5)
28. Control measures applied to baggage, cargo, containers, conveyances and goods under IHR 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. (See IHR, Annex 4)
29. 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. (See IHR, Annex 4)
30. See Annexes 4 and 5 of IHR for the exact content of such requirement.

31. Any ship or aircraft in transit shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies. (See IHR, Article 25)
32. Free pratique means the 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 the permission for a ground transport vehicle, upon arrival, to embark or disembark, discharge or load cargo or stores. (See IHR, Article 1)
33. 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 derating, or other measures necessary to prevent the spread of the infection or contamination. (See IHR, Article 28(2))
34. In order to facilitate the granting of free pratique by radio or other communication means prior arrival, IHR requires officers in command of ships and pilots in commands of aircrafts or their agents to provide information on known public health risk on board. (See IHR, Article 28(4)) IHR also foresees specific measures when aircrafts or ships land or berth elsewhere than the ports or airports where they were due to land or berth as result of emergency measures or reasons beyond the control of the pilot in command of the aircraft or the officer in command of the ship. (See IHR, Article 28(5-6))
35. States Parties may, however, seek reimbursement for expenses incurred in providing the health measures in paragraph 1 of Article 40 of the IHR (a) from conveyance operators or owners with regard to their employees; or (b) from applicable insurance sources (See IHR, Article 40(5))
36. Please refer to Annexes 6 and 7 of IHR for the exact content of such requirement.
37. 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 6 if it embodies medical information substantially the same as that required by such form; and contains a statement in English or in French and where appropriate in another language in addition to English or French recording the nature and date of the vaccination or prophylaxis and to the effect that it is issued in accordance with this paragraph. (See IHR, Annex 6)
38. Under Article 13 of IHR, State Parties are committed to achieve the capacity to respond to public health risks, public health emergencies of international concern and pandemic emergencies promptly and effectively. Intrinsically, the Regulations cannot 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. The rights outlined below guide States Parties in adopting health measures that would achieve the desired public health objective while protecting travelers' rights and avoiding unnecessary interference with international traffic and trade.
39. Travelers in possession of a valid certificate of vaccination under IHR shall not be treated as suspect or 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 (See IHR, Article 36(2) and Annex 7(2)(d)). Travelers who are unable to produce a valid certificate of vaccination against yellow fever, possess a certificate not yet valid (less than 10 days from the date of vaccination), or possess an exemption from vaccination may nevertheless be allowed entry subject and may be quarantined until the certificate becomes valid or until a period of not more than six days from the date of last possible exposure. (See IHR, Annex 7(2)(b) and (h-i)). In the case of travelers with

exemption from yellow fever vaccination, information regarding protection from yellow fever vectors should be provided. Should the travelers not be quarantined, they may be required to report any feverish or other symptoms to the competent authority and placed under surveillance (See IHR, Annex 7(2)(i)).

40. Conveyance operators shall facilitate inspections of the cargo, containers and conveyances; medical examination of persons on board; application of other health measures under these Regulations; and provisions of relevant public health information requested by the State Party. Conveyances 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 IHR (See IHR, Annex 4A). If no valid Ship Sanitation Control Exemption Certificate or a Ship Sanitation Control Certificate is produced or evidence of a public health risk is found on board a ship, the State Party may consider it as affected conveyances as provided under Article 27(1) of IHR. (See IHR, Article 39(2))

41. In determining whether to implement additional health measures States must take into account: (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 (See IHR, Article 43(2)).

42. Prohibited under Articles 25, 26, 28(1-2), 30, 31(1)(c), and 33 of IHR.