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# International Health Regulations (2005)

## Toolkit for implementation in national legislation

The National IHR Focal Point

January 2009

International Health Regulations  
Coordination



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International Health Regulations Coordination  
Health Security and Environment  
World Health Organization, Geneva, Switzerland  
[www.who.int/ihr](http://www.who.int/ihr)

With the assistance of the Health Legislation Unit  
Department of Ethics, Equity, Trade and Human Rights  
World Health Organization, Geneva, Switzerland

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## Contents

<b>Abbreviations.....</b>	<b>1</b>
<b>User's guide.....</b>	<b>2</b>
<hr/>	
<b>1 Introduction.....</b>	<b>5</b>
1.1 What are the IHR (2005)?.....	5
1.2 What is a National IHR Focal Point (NFP)?.....	7
1.3 Why are national legislation, regulations and other instruments relevant for NFP designation or establishment and functioning?.....	10
<hr/>	
<b>2 Model legislative texts for NFP designation or establishment.....</b>	<b>11</b>
2.1 Title and purpose of legislation.....	11
2.2 Preliminaries, including definitions.....	12
2.3 Organization of the NFP.....	14
2.4 Designation of the NFP.....	14
2.5 Functions of the NFP.....	16
2.6 Final clauses.....	21
<hr/>	
<b>Appendix 1</b>	
<b>Consolidated model legislative texts.....</b>	<b>22</b>
<b>Appendix 2</b>	
<b>Examples of legislation, regulations and other instruments adopted by States Parties concerning the NFP.....</b>	<b>26</b>
1. Australia.....	26
2. Belgium.....	36
3. Brazil.....	37
4. Colombia.....	38
5. Finland.....	39
6. Germany.....	39
7. Iceland.....	40
8. Norway.....	40
9. Peru.....	41
10. Spain.....	42
11. Sweden.....	42
12. Syrian Arab Republic.....	43
13. United Kingdom of Great Britain and Northern Ireland.....	45

## List of tables

Table 1	Texts of key IHR (2005) articles concerning the NFP...	8
Table 2	Summary descriptions of other IHR (2005) articles which refer to the NFP.....	9

## Abbreviations

IDHL	International Digest of Health Legislation of the World Health Organization
IHR (2005)	International Health Regulations (2005)
NFP	National IHR Focal Point
WHO	World Health Organization

## User's guide

The *International Health Regulations (2005) - Toolkit for implementation in national legislation: The National IHR Focal Point* was developed by the Secretariat of the World Health Organization (WHO) in response to requests for guidance on legislative implementation of the requirements concerning the designation or establishment and functioning of the National IHR Focal Point (NFP) under the International Health Regulations (2005) ("IHR (2005)" or "Regulations"). This toolkit complements other related legal guidance on the role and assessment of national legislation for IHR (2005) implementation, including the legislative reference and assessment tool and compilation of examples of legislation.<sup>1</sup> The *International Health Regulations (2005): Areas of work for implementation* and other guidance developed by the WHO Secretariat assist States Parties with the IHR (2005) implementation process.

In addition, other guidance documents on technical aspects of implementation are in preparation and will be available concerning development of national core public health capacities in surveillance and response (Annex 1A); ports, airports and ground crossings (Annex 1B); ship sanitation certification (Annex 3); and national public health laboratory capacities.<sup>2</sup>

Unless the context indicates otherwise, the term "legislation, regulations and other instruments" (at times shortened to "legislation") is used generally in this document to refer to the broad range of legal, administrative or other governmental instruments which may be available for States Parties to implement the IHR (2005). Such instruments may thus not be limited to those adopted by the legislature. More specifically, the term "legislation, regulations and other instruments" used in this document should be understood to include:

- *legally-binding instruments, including constitutions, legislation, decrees, acts, orders, ordinances, and regulations;*
- *legally non-binding instruments, which may include guidelines, standards, operating rules, or other non-binding administrative procedures or rules; and*
- *other types of instruments, which may not fall clearly in either above-mentioned category, such as governmental protocols,*

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<sup>1</sup> *International Health Regulations (2005). Toolkit for implementation in national legislation. Questions and answers, legislative reference and assessment tool and examples of national legislation.* Geneva: WHO, January 2009, available at <http://www.who.int/ihr/en/>.

<sup>2</sup> See at <http://www.who.int/ihr/en/>.

committee resolutions or other similar actions; and inter-sectoral, interdepartmental, interministerial, or intergovernmental agreements (i.e. agreements between or among sub-national (e.g. state, provincial, regional and local) authorities).

Note that the above descriptions and categories, and their relevant characteristics, will vary substantially among States Parties depending upon the particular governmental, legislative, administrative, and socio-political contexts.

The terms "national" or "domestic" in this document refer to *all* governmental levels (national and sub-national (e.g. state, provincial, regional, and local)), unless otherwise specified.

The information provided in this document includes:

- a brief overview of the IHR (2005), and the concept of the NFP;
- information on the relevance of national legislation for NFP designation or establishment and functioning;
- Consolidated model legislative texts that States Parties may find useful in designating or establishing their NFP, as well as for their functioning (Appendix 1); and
- Examples of instruments adopted by States Parties concerning the NFP (Appendix 2).

For practical information on the designation or establishment of NFPs the Users are advised to consult the *WHO National IHR Focal Point Guide: Designation or establishment of National IHR Focal Points* (WHO NFP Guide).<sup>3</sup>

It is recommended that this document be brought to the attention of key officials and legal advisers within the ministries and departments as well as other authorities with legislative or regulatory functions involving subject matters relating to the designation, establishment or functioning of the NFP. Since the scope of the IHR (2005) is very broad and cuts across a number of public health and legal subject areas (including events or risks which are biological, chemical or radio nuclear in nature),<sup>4</sup> officials working in all such areas should be involved.

As noted above, this toolkit provides guidance on the implementation of the NFP-related IHR requirements in national legislation. How the

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<sup>3</sup> *WHO National IHR Focal Point Guide: Designation or establishment of National IHR Focal Points* (WHO NFP Guide), available at <http://www.who.int/ihr/nfp/en/index.html>.

<sup>4</sup> For the scope of the IHR (2005), see below section 1.1 and Art. 2 of the IHR (2005).



requirements are to be implemented is up to each State Party in light of its own domestic legal and governance systems, socio-political contexts and policies. Each State Party should therefore decide the extent to which the different aspects of this toolkit, including the model legislative texts and examples of legislation, regulations and other instruments adopted by States Parties concerning the NFP, may be relevant or appropriate to their particular circumstances.

## 1. Introduction

### 1.1. What are the IHR (2005)?

The IHR (2005)<sup>5</sup> are the international legal instrument designed to help protect all States from the international spread of disease, including public health risks and public health emergencies.<sup>6</sup>

The initial WHO International Sanitary Regulations of 1951<sup>7</sup> were revised and renamed the International Health Regulations in 1969.<sup>8</sup> In response to the increased and changing risks of international transmission of disease, the Regulations were substantially revised over a 10-year process ending in 2005. The revised Regulations were adopted by the WHO Member States at the 58<sup>th</sup> World Health Assembly on 23 May 2005.<sup>9</sup> In accordance with the Constitution of WHO, the Regulations entered into force on 15 June 2007<sup>10</sup> and are currently legally binding upon 194 States Parties around the world (including all WHO Member States).<sup>11</sup>

The purpose and scope of the IHR (2005) are very broad, focusing upon almost all serious public health risks that might spread across international borders. According to Article 2, the purpose and scope of the Regulations are:

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<sup>5</sup> *International Health Regulations (2005)*. Second edition, WHO: Geneva 2008, available at [http://www.who.int/ihr/IHR\\_2005\\_en.pdf](http://www.who.int/ihr/IHR_2005_en.pdf).

<sup>6</sup> See, in general, [www.who.int/ihr/en/](http://www.who.int/ihr/en/).

<sup>7</sup> *International Sanitary Regulations*, adopted on 25 May 1951, reproduced in *World Health Organization Technical Reports Series* No. 41. WHO: Geneva, July 1951, available at [http://whqlibdoc.who.int/trs/WHO\\_TRS\\_41.pdf](http://whqlibdoc.who.int/trs/WHO_TRS_41.pdf).

<sup>8</sup> *International Health Regulations (1969)*, as amended in 1973 and 1981. Third annotated edition. WHO: Geneva 1983, available at <http://whqlibdoc.who.int/publications/1983/9241580070.pdf>.

<sup>9</sup> WHA58.3, adopted on 23 May 2005, available at [www.who.int/gb/ebwha/pdf\\_files/WHA58/WHA58\\_3-en.pdf](http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_3-en.pdf). See also Art. 21(a) of the WHO Constitution, reproduced in *Basic Documents*, Fifty-sixth ed., WHO: Geneva 2007, p. 1, available at <http://www.who.int/gb/bd>.

<sup>10</sup> According to Article 22 of the WHO Constitution, Regulations adopted by the Health Assembly “shall come into force for all Members after due notice has been given of their adoption by the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice.” *Ibid.*, Art. 22.

<sup>11</sup> A list of the States Parties to the IHR (2005) and related information is available at [http://www.who.int/ihr/states\\_parties/en/index.html](http://www.who.int/ihr/states_parties/en/index.html).

*"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."* (emphasis added)

To this end, the IHR (2005) contain rights and obligations for States Parties (and functions for WHO) concerning national and international surveillance; assessment and public health response; health measures applied by States Parties to international travellers, aircraft, ships, motor vehicles and goods; public health at international ports, airports and ground crossings (together referred to as "points of entry"); and many other subjects.

In light of the expansive definitions of "disease", "event", "public health risk"<sup>12</sup> and other relevant terms in the IHR (2005), the coverage of the Regulations includes much more than a list of specific infectious diseases. Accordingly, the IHR (2005) cover a wide range of public health risks of potential international concern:

- whether biological, chemical or radionuclear in origin or source, and
- whether potentially transmitted by:
  - persons (e.g. SARS, influenza, polio, Ebola),
  - goods, food, animals (including zoonotic disease risks),
  - vectors (e.g. plague, yellow fever, West Nile fever), or
  - the environment (e.g. radionuclear releases, chemical spills or other contamination).

Given the comprehensive scope of the IHR (2005), the range of national legal and administrative regimes which may be affected by the provisions in the IHR (2005) is similarly broad.

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<sup>12</sup> IHR (2005) definitions of "disease", "event" and "public health risk":

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

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

"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. (IHR (2005), Art. 1.1).

## 1.2. What is a National IHR Focal Point (NFP)?

The designation or establishment of an NFP and its proper functioning are among the key obligations of each State Party under the IHR (2005). An effectively functioning NFP network is essential to the successful implementation of the Regulations.

The NFP is a national centre, established or designated by each State Party.<sup>13</sup> The NFP must be accessible at all times (7 days a week, 24 hours a day and 365 days a year) for IHR (2005)-related communications with WHO IHR Contact Points. WHO has identified such a Contact Point at each of its six regional offices, available at all times for IHR communications. To date, 193 States Parties have designated an NFP.<sup>14</sup>

As described in detail in Section 2.5 below, the minimum mandatory functions of the NFPs can be summarized as:

- (1) sending to WHO IHR Contact Points urgent communications concerning IHR (2005) implementation; and
- (2) disseminating information to, and consolidating input from, relevant sectors of the administration within the country, including those responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals.<sup>15</sup>

While the majority of NFP communications are expected to relate to communicable disease outbreaks, the broad scope of the IHR (2005) may require the NFP to carry out activities with respect to events arising from non-communicable or unknown etiologies, including chemical or radionuclear. Accordingly, the required informational and communications functions and capacities must be established for these areas as well as those concerning communicable disease.

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<sup>13</sup> See the definition of NFP in Art. 1.1. of the IHR (2005) reproduced in Table 1 below.

<sup>14</sup> Number of NFP designations communicated to WHO as of 1 October 2008.

<sup>15</sup> See full text in Art. 4.2 of the IHR (2005), quoted below. For further information on the minimum mandatory and additional optional NFP functions, see below section 2.5 and *WHO NFP Guide*, note 4 above.

Table 1 below reproduces the texts of key IHR (2005) provisions concerning NFPs.<sup>16</sup>

### **Table 1**

#### **Texts of key IHR (2005) articles concerning the NFP**

##### **Definition**

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Art. 1.1 "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.

##### **Obligation to designate or establish**

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Art. 4.1 Each State Party shall designate or establish a National IHR Focal Point and the authorities responsible within its respective jurisdiction for the implementation of health measures under these Regulations.

##### **Accessibility and core functions**

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Art. 4.2 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.

##### **Obligation to provide and update contact details**

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Art. 4.4 States Parties shall provide WHO with contact details of their National IHR Focal Point and WHO shall provide States Parties with contact details of WHO IHR Contact Points. These contact details shall be continuously updated and annually confirmed.

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<sup>16</sup> The titles of sections in this Table (e.g. "Definition") have been drafted by the WHO Secretariat for Users' convenience.

In addition to the key articles reproduced above in Table 1, a number of other provisions of the Regulations expressly refer to the NFP. These other provisions are described below in Table 2.

**Table 2**  
**Summary descriptions of other IHR (2005) articles which refer to the NFP**

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**Notification**

Art. 6.1      Obligation to notify events to WHO by way of NFP.

---

**Consultation**

Art. 8      Option to consult with WHO by way of NFP in response to events not requiring notification.

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**Role of competent authorities**

Art. 22.1(i)      Competent authorities must communicate with the NFP on public health measures taken by the State Party pursuant to the Regulations.

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**Affected conveyances**

Art. 27.1      Additional health measures implemented by the competent authority to affected conveyances should be reported to the NFP.

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**Core capacity requirements for surveillance and response**

Annex 1A.6      Core capacity requirements for surveillance and response require the capacities to notify public health events to WHO as required.

### 1.3 Why are national legislation, regulations and other instruments relevant for NFP designation or establishment and functioning?

Note:  
The term "legislation, regulations and other instruments" (at times shortened to "legislation") is used in this document generally to refer to the broad range of legal, administrative or other governmental instruments which may be available for States Parties to implement the IHR (2005) and which are not necessarily limited to instruments adopted by the legislature. (see also User's guide above)

The IHR (2005) are legally binding on virtually all (i.e. 194) States worldwide, and impact governmental functions and responsibilities across many ministries, sectors and governmental levels. The Regulations also involve very specific operational functions, such as those of the NFP. While the IHR (2005) mandate that the NFP be designated or established, and that it function properly, *how* these requirements are to be implemented is up to each State Party in light of its own legislation, governmental structures and policies.<sup>17</sup> The effective implementation of these obligations, however, requires that an adequate legal framework is in place.

In some States, giving effect to the IHR (2005) within domestic jurisdiction and national law generally requires that the relevant authorities adopt implementing legislation. However, even where new or revised legislation, regulations or other instruments may not be explicitly required under the State Party's legal system, they may still be considered by the country in order to facilitate performance of IHR activities in a more efficient, effective or otherwise beneficial manner--including those relating to the NFP.

Since 2005, resolutions of the World Health Assembly (WHA) have emphasized the need to make legislative and administrative assessments to implement the revised Regulations.<sup>18</sup> The IHR (2005) require States Parties to collaborate with each other in developing national legal, regulatory and administrative provisions for implementation of the IHR (2005).<sup>19</sup>

Implementing legislation concerning the NFP can serve to institutionalize or strengthen the NFP and to facilitate its functioning within governmental structures. This may be particularly important where there are existing national health emergency or disaster

<sup>17</sup> On the role of national legislation in IHR (2005) implementation, see also Part I of *International Health Regulations (2005). Toolkit for implementation in national legislation. Questions and answers, legislative reference and assessment tool and compilation of examples of national legislation*. Geneva: WHO, January 2009, available at <http://www.who.int/ihr/en/>.

<sup>18</sup> WHA58.3, operative paragraph 5(4), available at [www.who.int/gb/ebwha/pdf\\_files/WHA58/WHA58\\_3-en.pdf](http://www.who.int/gb/ebwha/pdf_files/WHA58/WHA58_3-en.pdf) and WHA59.2, operative paragraph 4(11), available at [http://www.who.int/gb/ebwha/pdf\\_files/WHA59/WHA59\\_2-en.pdf](http://www.who.int/gb/ebwha/pdf_files/WHA59/WHA59_2-en.pdf).

<sup>19</sup> IHR (2005), Art. 44.1(d).

committees. Clearly established mechanisms within and outside the health sector for coordination with these bodies are often essential for proper functioning of the NFP.

Appendix 2 of this document contains examples of legal instruments concerning NFPs that have been adopted by States Parties. Some States Parties have in practice designated their NFPs through non-legislative means.

As noted above, both the examples of legal instruments and the model legislative texts for NFP designation or establishment below, are provided to States Parties for their information; each State Party needs to decide the extent to which different aspects of this toolkit, including the model texts and examples of legislation from other States Parties, may be relevant or appropriate to their particular circumstances.

It is important to bear in mind that each State Party has been responsible for complying fully with the IHR (2005) since they entered into force in 2007, irrespective of how the Regulations may or may not have been specifically incorporated into its national legislative order. There is no explicit requirement in the IHR (2005) that States Parties must adopt or revise domestic legislation relating to the Regulations, provided that they comply with their obligations thereunder.

## 2. Model legislative texts for NFP designation or establishment

The following model texts provide basic options for core terms in legislation designating or establishing an NFP, including its functions or terms of reference, for consideration by States Parties.

The following model legislative texts contain two alternatives to address different contexts:

- **Version 1** is applicable where the potential new legislation itself designates the government centre or office which will be the NFP.
- **Version 2** is applicable where this legislation only enables or authorizes another governmental body to take these steps.

As indicated by the text in brackets in the model, various titles or references will need to be adjusted to the specific national context (e.g.



[*Law/Act/Decree/Order/Decision*] or [*name of specific authority/Minister/agency*]).

Each model legislative text follows a brief commentary which explains the background or rationale of the model text.

## 2.1. Title and purpose of legislation

### Commentary

Legal instruments often contain a general statement of their purpose, setting a framework for the instrument in question. It may be of particular importance when applying or interpreting the instrument.

#### Model legislative texts

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<b>Title</b>	[ <i>Law/Act/Decree/Order/Decision</i> ] concerning designation of National IHR Focal Point in accordance with the International Health Regulations (2005).
<b>Purpose</b>	The purpose of this [ <i>Law/Act/Decree/Order/Decision</i> ] is to [ <i>designate</i> ] / [ <i>establish</i> ] the National IHR Focal Point in accordance with the International Health Regulations (2005).

## 2.2. Preliminaries, including definitions

### Commentary

Definitions are important in the interpretation and application of any legal instrument. Clear and unambiguous definitions will assist the efficient implementation of the instrument.

As concerns the designation or establishment of the NFP, the IHR (2005) leave the exact structure and organization of the NFP to the State Party. Given that NFPs must be available at all times, it is foreseen that NFPs will be offices rather than individuals. The functions and terms of reference of NFPs also guide their designation or establishment (see below section 2.5).

## Model legislative texts

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**Preliminaries, including definitions** This [*Law/Act/Decree/Order/Decision*] may be cited as the [*NFP Law/Act/Decree/Order/Decision*]. The definitions in this section apply to this [*Law/Act/Decree/Order/Decision*].

### **IHR (2005)**

"International Health Regulations (2005)" or "IHR (2005)" mean the revised International Health Regulations of the World Health Organization adopted by the World Health Assembly on 23 May 2005, and which entered into force on 15 June 2007.

### **National IHR Focal Point**

**Version 1**  
For legislation which directly designates the NFP  
"*[Name of designated or established Focal Point]*" means the [*national centre/office/agency/institution*] designated in this [*Law/Act/Decree/Order/Decision*] to fulfil the functions of the National IHR Focal Point in accordance with the IHR (2005) [*and any additional functions as provided in this Law/Act/Decree/Order/Decision*].

**Version 2**  
For legislation which enables or authorizes designation of the NFP by a specific ministry/agency/other authority  
"National IHR Focal Point" or "NFP" means the [*national centre/office/agency/institution*] designated by the [*name of specific authority/Minister/agency*] pursuant to this [*Law/Act/Decree/Order/Decision*] and the IHR (2005).

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"WHO" means the World Health Organization.

## 2.3. Organization of the NFP

### Commentary

Depending on the national context, it may be necessary or desirable to provide for a delegation of authority to determine the operational structure and procedures for the NFP and to adopt any IHR (2005) implementation measures. Delegating such authority to the designated national centre, agency, institution or office, or the NFP, may, for example, have the benefit of expediting the adoption of measures necessary for IHR (2005) implementation.

### Model legislative texts

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<b>Organization of the NFP</b>	The [ <i>name of national centre/agency/institution/office designated or the NFP</i> ] shall determine the operational structure and procedures for the NFP and adopt any necessary measures for implementation of the IHR (2005).
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## 2.4. Designation of the NFP

### Commentary

There are two main approaches to the designation or establishment of an NFP in legislative texts:

1. *Direct* designation or establishment of the NFP (see model legislative texts, version 1 below).

The direct designation or establishment of the NFP provides for an authoritative and relatively stable institutional and normative basis for the NFP since adopting new legislation having the same authority would be required for changing the designation or otherwise modifying the status of the NFP.

2. *Authorizing* the designation or establishment of the NFP by another body (a specific authority, minister or agency) (see model legislative texts, version 2 below).

Under this approach, the instrument actually designating or establishing the NFP (e.g. decree, regulation) is of lower normative status than the instrument providing the authorization. Authorizing the designation or

establishment of the NFP by another body may be beneficial for example when the NFP is intended to function within or using the operational structures of the authorized body.

The model legislative texts below provide further options under these two main approaches:

### Model legislative texts

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#### Designation

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**Version 1**  
For legislation in which the NFP is designated or established directly

The [*name of national centre /agency /institution/ office*] is hereby designated as the national [*centre/agency/institution/office*] that shall constitute the National IHR Focal Point in accordance with the IHR (2005).

**OR**

The National IHR Focal Point within the meaning of Article 4, para. 1 of the IHR (2005) shall be the [*national centre/agency/institution/office*] of the [*title of other specific authority*].

---

**Version 2**  
For legislation authorizing designation by another body

The [*title of Minister or other specific authority*] shall establish [*by order/ordinance/decree/regulation*] a National IHR Focal Point, by designating or establishing an appropriate national [*centre/agency/institution/office*] in accordance with the IHR (2005).

**OR**

The [*title of Minister or other specific authority*] is authorized to designate by [*order/ordinance/decree/regulation*] the national [*centre/agency/institution/office*] that shall constitute the National IHR Focal Point in accordance with the IHR (2005).

## 2.5. Functions of the NFP

### Commentary

As indicated in this section below, NFP functions may be divided into:

- A. minimum core mandatory functions under the IHR (2005), and
- B. additional optional functions which the national authority may elect to carry out through the NFP.

#### A. Minimum mandatory NFP functions

The following functions printed in bold are derived directly from the IHR (2005) and can be considered mandatory components of terms of reference for NFPs:

1) **Remaining accessible at all times for communications with WHO IHR Contact Points** (via e-mail, telephone and/or fax): In order to ensure coverage of the post around the clock, it is envisioned that NFPs will be offices rather than individuals, including potentially a designated government position supported by a functional structure. It is critical that the NFP be available at all times, and it will not be possible for a single individual to carry out this function. Functional and reliable telephone, e-mail and fax lines are essential. The NFP should be contactable by direct telephone or fax and via a generic institutional e-mail address, preferably one indicating its affiliation with the IHR (2005) (i.e. IHRNFP@gov.state). Private e-mail addresses should not be used.

2) **On behalf of the State Party concerned, sending to WHO IHR Contact Points urgent communications arising from IHR (2005) implementation, in particular under Articles 6-12 of IHR (2005):** In summary, Articles 6-12 cover the following communications:

- i) *Notification (Article 6)*: Notifying WHO of all events which may constitute a public health emergency of international concern within a State Party's territory in accordance with the Annex 2 decision instrument, as well as any health measure implemented in response. Following notification, the State Party must continue to provide WHO public health information about the notified event;
- ii) *Information-sharing during unexpected or unusual public health events (Article 7)*: Providing all relevant public health

information if there is evidence of an unexpected or unusual public health event within a State Party's territory which may constitute a public health emergency of international concern;

iii) *Consultation (Article 8)*: If the State Party so chooses, keeping WHO advised on events occurring within a State Party's territory which do not require notification, and consulting with WHO on appropriate health measures;

iv) *Other reports (Article 9)*: Informing WHO of receipt of evidence of a public health risk identified outside the State Party's territory that may cause international disease spread, evidenced by imported/exported human cases, or contaminated vectors or products;

v) *Verification (Article 10)*: Responding to WHO requests for verification 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;

vi) *Provision of information by WHO (Article 11)*: Serving as focal point for information sent by WHO under Article 11.1, and consulting with WHO as to making information available under this article;

vii) *Determination of a public health emergency of international concern (Article 12)*: Consulting with the WHO Director-General on determination and termination of a public health emergency of international concern under this article.

**3) Disseminating information to 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:** NFPs will ensure that all relevant sectors are provided with information received that is necessary for performance of the State Party's functions under the IHR (2005). Such information includes information on public health risks, events potentially constituting public health emergencies of international concern, temporary and standing recommendations, as well as other information provided by WHO under the IHR (2005).

**4) 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:** NFPs will need to identify relevant sectors of the administration within their countries, and to establish efficient and functional channels of communication in order to receive and consolidate input that is necessary for the analysis of national public health events and risks.

## **B. Additional optional NFP functions**

In addition, the national authority may choose to carry out additional or optional functions through the NFP, although not specifically required for the NFP under the IHR (2005). These functions are essential for effective implementation of the Regulations. They are set out in detail in the Appendix to the *WHO NFP Guide*<sup>20</sup>, and summarized below.

If these functions are to be carried out by the NFP, they should be expressly included in the NFP's terms of reference; if not implemented by the NFP, States Parties should consider how they will otherwise be carried out.

- 1) **Engaging in collaborative risk assessment with WHO** regarding public health events, risks and public health emergencies of international concern.
- 2) **Disseminating information (in addition to that indicated above) to relevant government sectors**, including for example basic requirements and procedures under the IHR (2005).
- 3) **Liaising with relevant authorities on points of entry** (under Articles 20 and 21), including the designation of international ports, airports and ground crossings as having core public health capacities and the identification of ports authorized to offer Ship Sanitation Certificates.
- 4) **Coordinating analysis of national public health events and risks**, including whether they need to be notified or reported to WHO.
- 5) **Coordinating closely with the national emergency response systems.**
- 6) **Providing advice to senior health and other government officials on notifications to WHO and any further developments such as the determination of a public health emergency of international concern.**

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<sup>20</sup> See note 4 above.

- 7) **Providing advice to senior health and other government officials on the implementation of WHO recommendations to prevent international disease spread issued under the IHR (2005) Articles 15 (in the context of a public health emergency of international concern) and 16 (for routine or periodic application).**
- 8) **Ensuring the assessment of existing surveillance and response capacity and identification of improvement/development needs are carried out in a timely manner, in accordance with IHR (2005), Annex 1A.**
- 9) **Cooperating with WHO to provide support to intervention programmes that prevent or respond to epidemics and other public health emergencies, such as facilitating, for example, clearances for the field team.**
- 10) **Reporting on progress with assessment, planning and establishment of IHR (2005) capacities.**
- 11) **Coordinating the provision of public messages by WHO and national authorities.**
- 12) **Intercountry or regional coordination and information exchange.**

The minimum required and additional optional NFP functions may be provided for in legislation as suggested in the following model legislative texts:

### **Model legislative texts**

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**Functions**      The [*NFP/specified centre/institution/office*] shall be accessible at all times and have the following functions:

**Texts for the minimum required NFP functions:**

- (a) liaise and communicate on behalf of the government with the WHO concerning any public health events which may require urgent communication with the WHO in accordance with the IHR (2005), including any such events which may be notifiable or reportable to the WHO thereunder;



- (b) disseminate information to, and consolidate input from all government sectors relevant to implementation of the IHR (2005), including those responsible for surveillance and reporting of public health events; international ports, airports and land borders; public health services, clinics and hospitals; and
- (c) such other and additional functions relating to implementation of the IHR (2005) or otherwise as duly authorized by [*Minister or other specific authority*].

**OR**

- (a) to liaise with responsible [*state/provincial/local/territorial bodies*]:
  - (1) in relation to public health events of national significance; and
  - (2) otherwise for the purpose of giving effect to the IHR (2005);
- (b) to liaise with the WHO for the purposes of giving effect to the IHR (2005) in addition to the communications identified in subparagraph (a);
- (c) any other functions given to the NFP under:
  - (1) this [*Law/Act/Decree/Order/Decision*] or the regulations; or
  - (2) any other [*Law/Act/Decree/Order/Decision*].

**Texts for additional / optional functions for NFP:**

- (d) to liaise with responsible [*State/Provincial/Local/Territorial*] bodies in relation to public health events of national significance.

[( )-(\_) *See extensive list of additional functions above and in the WHO NFP Guide*]

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## 2.6. Final clauses

### Commentary

The instrument should provide for its entry into force and authentication in accordance with domestic legislative procedures of the country in question.

### Model legislative texts

This [*Law/Act/Decree/Order/Decision*] shall enter into force [*specify time period in accordance with legislative procedure*].

[*Place and date*]  
[*Name of the State Party's President/Prime Minister/King*]

[*Countersigned*]  
[*Name and function*]

## Appendix 1.

### Consolidated model legislative texts

Please note:

**Version 1** is applicable where this legislation itself designates the government centre which will be the NFP.

**Version 2** is applicable where this legislation enables or authorizes another governmental body to take these steps.

Components and/or references to be adjusted to the specific national context are indicated in the model texts within brackets with possible options or guidance printed in italics (e.g. [*Law/Act/Decree/Order/Decision*] or [*name of specific authority/Minister/agency*]).

### Law/Act/Decree/Order/Decision concerning designation of National IHR Focal Point in accordance with the International Health Regulations (2005)

#### Section 1. Purpose

The purpose of this [*Law/Act/Decree/Order/Decision*] is to [*designate*] / [*establish*] the National IHR Focal Point in accordance with the International Health Regulations (2005).

#### Section 2. Preliminaries, including definitions

This [*Law/Act/Decree/Order/Decision*] may be cited as the [*NFP Law/Act/Decree/Order/Decision*].

The definitions in this Article apply to this [*Law/Act/Decree/Order/Decision*].

*International Health Regulations (2005)* or *IHR (2005)* mean the revised International Health Regulations of the World Health Organization adopted by the World Health Assembly on 23 May 2005, and which entered into force on 15 June 2007.

### *National IHR Focal Point*

#### **Version 1: For legislation which directly designates the NFP**

*[Name of designated or established NFP]* means the *[national centre/office/agency/institution]* designated in this *[Law/Act/Decree/Order/Decision]* to fulfil the functions of the National IHR Focal Point in accordance with the IHR (2005) *[and any additional functions as provided in this Law/Act/Decree/Order/Decision]*.

#### **Version 2: For legislation which enables or authorizes designation of the NFP by a specific ministry/agency/other authority**

*National IHR Focal Point* or *NFP* means the *[national centre/office/agency/institution]* designated by the *[name of specific authority/Minister/agency]* pursuant to this *[Law/Act/Decree/Order/Decision]* and the IHR (2005).

*WHO* means the World Health Organization.

### **Section 3. Organization of the NFP**

The *[name of national centre/agency/institution/office designated or the NFP]* shall determine the operational structure and procedures for the NFP and adopt any necessary measures for implementation of the IHR (2005).

### **Section 4. Designation of the NFP**

#### **Version 1: For legislation in which the NFP is designated or established directly**

The *[name of national centre/agency/institution/office]* is hereby designated as the national *[centre/agency/institution/office]* that shall constitute the National IHR Focal Point in accordance with the IHR (2005).

**OR**

The National IHR Focal Point within the meaning of Article 4, para. 1 of the IHR (2005) shall be the [*national centre/agency/institution/office*] of the [*title of other specific authority*].

**Version 2: For legislation authorizing designation by another body**

The [*title of Minister or other specific authority*] shall establish [*by order/ordinance/decree/regulation*] a National IHR Focal Point, by designating or establishing an appropriate national [*centre/agency/institution/office*] in accordance with the IHR (2005).

**OR**

The [*title of Minister or other specific authority*] is authorized to designate by [*order/ordinance/decree/regulation*] the national [*centre/agency/institution/office*] that shall constitute the National IHR Focal Point in accordance with the IHR (2005).

**Section 5 Functions**

The [*NFP/specified centre/institution/office*] shall be accessible at all times and have the following functions:

**Texts for the minimum mandatory NFP functions:**

- (a) liaise and communicate on behalf of the government with the WHO concerning any public health events which may require urgent communication with the WHO in accordance with the IHR (2005), including any such events which may be notifiable or reportable to the WHO thereunder;
- (b) disseminate information to, and consolidate input from, all government sectors relevant to implementation of the IHR (2005), including those responsible for surveillance and reporting of public health events; international ports, airports and land borders; and public health services, clinics and hospitals; and
- (c) such other and additional functions relating to implementation of the IHR (2005) or otherwise as duly authorized by [*Minister or other specific authority*].

**OR**

- (a) to liaise with responsible [*state/provincial/local/territorial bodies*]:
  - (1) in relation to public health events of national significance; and
  - (2) otherwise for the purpose of giving effect to the IHR (2005)
- (b) to liaise with the WHO for the purposes of giving effect to the IHR (2005) in addition to the communications identified in subparagraph (a)
- (c) any other functions given to the NFP under:
  - (1) this [*Law/Act/Decree/Order/Decision*] or the regulations; or
  - (2) any other [*Law/Act/Decree/Order/Decision*].

**Texts for additional optional functions for the NFP:**

- (d) to liaise with responsible [*state/provincial/local/territorial*] bodies in relation to public health events of national significance;
- [(e)-( ) See extensive list of additional functions in the WHO NFP Guide<sup>21</sup>].

**Section 6 Final Clauses**

This [*Law/Act/Decree/Order/Decision*] shall enter into force [*specify time period in accordance with legislative procedure*].

[*Place and date*]

[*Name of the State Party's President/Prime Minister/King*]

[*Countersigned*]

[*Name and function*]

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<sup>21</sup> See note 4 above.

## Appendix 2

### Examples of legislation, regulations and other instruments adopted by States Parties concerning the NFP

The following materials include examples of legislation, regulations and other instruments adopted by States Parties which explicitly refer to implementation of the IHR (2005) and the NFP.<sup>22</sup>

References to particular national instruments in this document do not imply approval or endorsement by WHO, but are provided for information only to State Party officials when making their own determinations on what is necessary and appropriate for their own national contexts. Furthermore, the summary descriptions of instruments below contain terminology used by States Parties as appropriate for their national contexts and do not necessarily reflect the terminology used in the IHR (2005). States Parties wishing to explore further any particular samples of legal instruments adopted by other States Parties may consider contacting the relevant State Party directly, in accordance with IHR (2005) provisions on collaboration concerning these issues.<sup>23</sup>

#### 1 Australia

##### **National Health Security Act, 2007: An Act to Provide National Health Security, and for other related purposes, No. 174, 2007,**

Available in English at

[http://www.comlaw.gov.au/ComLaw/Legislation/Act1.nsf/0/FA5EDC875613965ACA25736A00133F60/\\$file/1742007.pdf](http://www.comlaw.gov.au/ComLaw/Legislation/Act1.nsf/0/FA5EDC875613965ACA25736A00133F60/$file/1742007.pdf)

##### **Excerpts from the text of the Act:**

Division 4 - National Focal Point

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9. Meaning of National Focal Point

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<sup>22</sup> Most texts of national legislation, regulations and other instruments referencing the IHR (2005) included in this document are summarized and published in the WHO International Digest of Health Legislation (IDHL), available at [www.who.int/legislation](http://www.who.int/legislation). For possible updates of such instruments, see IDHL (search by keyword "IHR"). The text in the language version(s) published officially by the government from which it originates should be considered as authentic. References to selected national legislation and other instruments in this document are limited to those adopted or otherwise which the WHO Secretariat understands to be conclusively approved by relevant national authorities and available to the Secretariat prior to June 30, 2008.

<sup>23</sup> See IHR (2005), Article 44.1(d).

The National Focal Point means:

- (a) the Secretary; and
- (b) the persons, offices or positions (if any) nominated in writing by the Secretary for the purposes of this section.

#### 10. Functions of the National Focal Point

The functions of the National Focal Point are the following:

- (a) to liaise with responsible Commonwealth, State or Territory bodies in relation to public health events of national significance;
- (b) to liaise with and be accessible to the World Health Organization and States Parties at all times for the purposes of giving effect to the International Health Regulations;
- (c) to liaise with responsible Commonwealth, State or Territory bodies for the purposes of giving effect to the International Health Regulations;
- (d) any other functions given to the National Focal Point under:
  - (i) this Act or the regulations; or
  - (ii) any other Act.

\* \* \* \*

#### 14. Receipt of information or recommendation from the World Health Organization

(1) This section applies if the Minister receives:

- (a) a recommendation from the World Health Organization under Part III of the International Health Regulations; or
- (b) information provided by the World Health Organization, or any other State Party, under the International Health Regulations.

(2) After receiving the recommendation or information, the Minister may:

- (a) inform one or more responsible Commonwealth, State or Territory bodies of the recommendation; or
- (b) give one or more responsible Commonwealth, State or Territory bodies the information.

(3) The Minister may give to the World Health Organization, or any other State Party, any additional information that is available to the Minister in relation to the recommendation or the information provided by the World Health Organization.

Note: If the Minister discloses personal information to a State Party, the Minister must also give a notice specifying the purposes for which the information may be used: see subsection 27(1).

\*\*\*\*

#### 16. National Focal Point notified of incoming traveller who is under public health observation

If the National Focal Point is notified that a traveller who has entered, or will enter, Australia is under public health observation, then:

- (a) the National Focal Point must notify a responsible Commonwealth, State or Territory body to identify and make contact with the traveller; and



(b) the body must identify and make contact with the traveller.

#### 17. Incoming travellers who are placed under public health observation

(1) This section applies if:

- (a) a traveller enters Australia; and
- (b) a responsible Commonwealth, State or Territory body places the traveller under public health observation; and
- (c) the traveller is in transit while in Australia; and
- (d) after leaving Australia, the traveller is travelling to a port or airport outside Australia.

(2) The responsible Commonwealth, State or Territory body must notify the National Focal Point of the following information:

- (a) the name, address and date of birth of the person;
- (b) that the person is under public health observation;
- (c) the reason for the person being under public health observation;
- (d) the name of the ship or flight on which the traveller is travelling after leaving Australia, and the expected time that the ship or flight will arrive at the first port or airport outside Australia;
- (e) the name of the ship or flight on which the person left the last port or airport outside Australia, and the time that the ship or flight left that port or airport;
- (f) any other information prescribed by the regulations for the purposes of this section.

(3) If the person's first port or airport of arrival outside Australia is in a State Party, the National Focal Point must notify one of the following entities of the information referred to in subsection (2):

- (a) the first port or airport outside Australia;
- (b) if that is not reasonably practicable—the State Party's National IHR Focal Point (within the meaning of the International Health Regulations).

Note: The National Focal Point must also give a notice specifying the purposes for which the information referred to in subsection (2) may be used: see subsection 27(1).

(4) If the person's first port or airport of arrival outside Australia is not in a State Party, the National Focal Point may notify that port or airport of the information referred to in subsection (2).

Note: The National Focal Point must also give a notice specifying the purposes for which the information referred to in subsection (2) may be used: see subsection 27(3).

(5) The National Focal Point may notify the last port or airport outside Australia that the person left before arriving in Australia of the information referred to in subsection (2).

#### 18. Definition of protected information for the purposes of Part 2

In this Part:

protected information is personal information that:

- (a) is obtained under, or in accordance with, this Part by the Minister or the National Focal Point; or
- (b) is obtained under, or in accordance with, this Part directly from the Minister or the National Focal Point; or
- (c) is derived from a record of the information made under, or in accordance with, this Part by the Minister or the National Focal Point; or
- (d) is derived from a disclosure or use of the information under, or in accordance with, this Part by the Minister or the National Focal Point.

19. Authorisation to use information for permissible purposes Use by persons in performing functions or duties or exercising powers

(1) A person may do one or both of the following, in the performance of the person's functions or duties, or the exercise of the person's powers, for a permissible purpose:

- (a) disclose information (including personal information), on behalf of a responsible Commonwealth, State or Territory body, to the National Focal Point;
- (b) make a record of, or disclose or otherwise use, protected information in accordance with Division 6 or 7 of this Part.

Note: This subsection constitutes an authorisation for the purposes of other laws, such as paragraph (1)(d) of Information Privacy Principle 11 in section 14 of the Privacy Act 1988.

(2) A person may make a record of, or disclose or otherwise use, protected information if:

- (a) the person is:

- (i) an officer or employee of the Commonwealth, a State, the Australian Capital Territory, the Northern Territory or Norfolk Island; or
- (ii) an officer or employee of an agency or instrumentality of the Commonwealth, a State, the Australian Capital Territory, the Northern Territory or Norfolk Island; or
- (iii) a person engaged by the Commonwealth, a State, the Australian Capital Territory, the Northern Territory or Norfolk Island, to perform public health work; or
- (iv) a person engaged by an agency or instrumentality of the Commonwealth, a State, the Australian Capital Territory, the Northern Territory or Norfolk Island, to perform public health work; and

- (b) the person makes the record of, or discloses or otherwise uses, the information:

- (i) in the performance of the person's functions or duties, or the exercise of the person's powers; and
- (ii) for a permissible purpose.

Note: This subsection constitutes an authorisation for the purposes of other laws, such as paragraph (1)(d) of Information Privacy Principle 11 in section 14 of the Privacy Act 1988.

(3) In determining the scope of a person's functions, duties or powers for the purposes of subsection (1) or (2), disregard any provision of an enactment that restricts or prohibits the making of records, or the disclosure or use, of information.

Note 2: This subsection constitutes an authorisation for the purposes of other laws, such as paragraph (1)(d) of Information Privacy Principle 11 in section 14 of the Privacy Act 1988.

Note 3: If the Minister discloses personal information to another country, the Minister must also give a notice specifying the purposes for which the information may be used: see section 27.

\* \* \* \*

Division 9—Miscellaneous

27. Notice to other countries about further use of information

(1) If, under Division 6, 7 or 8, the Minister or the National Focal Point gives personal information to a State Party for the purposes of giving effect to the International Health Regulations, the Minister or the National Focal Point must give the State Party, at the

same time as giving the information, a written notice specifying that a record may be made of the information, or the information may be used or disclosed, only for the purposes of, and subject to the requirements of Article 45 of, the International Health Regulations.

(2) If, under Division 8, the Minister gives personal information to a State Party but not for the purposes of giving effect to the International Health Regulations, the Minister must give the State Party, at the same time as giving the information, a written notice specifying the purposes for which:

- (a) a record may be made of the information; or
- (b) the information may be used or disclosed.

(3) If, under Division 7 or 8, the Minister or the National Focal Point gives personal information to a country that is not a State Party, the Minister or the National Focal Point must give the country, at the same time as giving the information, a written notice specifying the purposes for which:

- (a) a record may be made of the information; or
- (b) the information may be used or disclosed.

(4) To avoid doubt, personal information is given to another country if the information is given to a port or airport in the other country or to the other country's National IHR Focal Point (within the meaning of the International Health Regulations).

## 28. Delegation

(1) The Minister may delegate any of his or her functions or powers under this Part to an SES employee, or an acting SES employee, of the Department.

(2) In performing a delegated function or exercising a delegated power, a delegate must comply with any written directions of the Minister.

## **The National Health Security Agreement, signed on 18 April 2008.**

Available in English at

[http://www.health.gov.au/internet/main/publishing.nsf/Content/0DA6B6F12E71AE2ACA2573CC00819A45/\\$File/080418%20Agreement%20-%20National%20Health%20Security%20Agreement%20-%20final.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/0DA6B6F12E71AE2ACA2573CC00819A45/$File/080418%20Agreement%20-%20National%20Health%20Security%20Agreement%20-%20final.pdf)

### **Summary description (from the website of the Australian Department of Health and Ageing):**

The Agreement establishes a framework for decision making to support a coordinated national response to public health emergencies. The Agreement was developed to support the practical operation of the National Health Security Act 2007 and enhances communicable disease surveillance systems. It also provides criteria to identify events to be reported to the Commonwealth to assess if they require a coordinated national response or referral to the WHO as potential emergencies of international concern.

### **Excerpts from the text of the Agreement:**

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## Part 2 - Communicable Disease Surveillance

3. This Agreement acknowledges that communicable disease surveillance in Australia operates at the national, state and local levels, with the States and Territories having primary responsibility for the public health response to events identified by that surveillance.

4. At a national level, the Commonwealth's communicable disease surveillance responsibilities include:

- (a) detecting outbreaks and identifying national trends;
- (b) guiding policy development and resource allocation at a national level;
- (c) monitoring the need for and impact of national disease control programs;
- (d) coordinating a response to national or multi-jurisdictional outbreaks;
- (e) providing descriptions of the epidemiology of rare diseases that may occur infrequently at State and Territory levels;
- (f) complying with international reporting requirements, including the provision of disease statistics to the WHO; and
- (g) supporting quarantine activities, which are the responsibility of the Commonwealth.

5. The States and Territories will:

- (a) collect notifications of communicable diseases in accordance with relevant public health legislation; and
- (b) forward to the Commonwealth, de-identified data on the national set of communicable diseases for the purposes of national communicable disease surveillance

6. The States and Territories will provide data on communicable diseases on the NNDL that are nationally notifiable and reported within their jurisdiction.

7. Data will be provided to the Commonwealth's NNDSS [National Notifiable Disease Surveillance System] daily, or otherwise as agreed by the Parties.

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11. Information from the communicable disease surveillance arrangements described in this Part will be disseminated through agreed dissemination arrangements, including:

- (a) meetings of the CDNA [Communicable Disease Network Australia];
- (b) the DoHA [Department of Health and Ageing] website;
- (c) CDI [Communicable Disease Intelligence] quarterly journal; and
- (d) in response to requests, with the agreement of the CDNA.

\*\*\*\*

## Part 3 - Public Health Event of National Significance to be Reported to the NFP

### National Coordination Framework

13. A coordinated national health sector response will only be required in relation to a Public Health Event of National Significance to be Reported to the NFP. This Part will

operate in addition to, and does not replace, the routine reporting arrangements described in Part 2 of this Agreement.

14. A national health sector response will occur at the request of an affected, or potentially affected, State or Territory.

15. The Commonwealth will act unilaterally only in the national interest. It will advise the affected State or Territory and the AHPC [Australian Health Protection Committee], or its designated sub-committee, as soon as practicable of the event and action taken. The consultation and decision-making processes set out in this Agreement will commence as soon as practicable thereafter.

16. The AHPC will coordinate a national health sector response under the guidance of relevant sub committees and relevant technical advisory committees.

17. The national health sector response will be coordinated in accordance with relevant Commonwealth, State and Territory legislation and established national plans and protocols.

18. The level at which national decisions will be made, and the response required, will depend on the nature of the incident and the particular issues to be addressed. The AHPC will include decision-making criteria in operational protocols developed for implementation of the Agreement.

19. Where a public health event involves issues beyond the responsibilities of the signatories to this Agreement, consultation will also be undertaken with relevant agencies and organisations by the NFP and/or AHPC via established consultation mechanisms.

20. Parallel to national coordinating activities, each State and Territory will undertake its own jurisdictional coordinating processes.

21. This Agreement recognises that the States and Territories have responsibility for responding to significant public health events within their jurisdictions. The framework to be used for national coordination of health sector responses to a Public Health Event of National Significance or a Public Health Emergency of International Concern or Overseas Mass Casualty Events augments arrangements under which the States and Territories have the primary responsibility for:

- (a) detecting and reporting events and providing data to the Commonwealth to support a national or international response, if required; and
- (b) responding to public health threats, and other emergency situations, within their jurisdictions in accordance with their own public health and emergency legislation and plans; and
- (c) responding to cross-border events which can be managed on a cooperative basis with neighbouring jurisdictions.

22. This Agreement recognises the Commonwealth has primary responsibility for international border surveillance and responding to public health events occurring at international borders. The national coordination framework is intended to facilitate consultation with the States and Territories and to support a national response if required.

\*\*\*\*

#### Part 4 - Role of the States

25. The States and Territories will:

- (a) Develop, strengthen, and maintain the capacity of the health sector to detect, report, and respond to public health events.
- (b) Develop and maintain communication networks with agencies and organisations within their jurisdictions to ensure an effective response to public health events.
- (c) Develop and maintain arrangements with other agencies and organisations within their jurisdictions to receive information about events requiring a nationally coordinated public health response and forward that information to the NFP.
- (d) Request a nationally coordinated response to an event which is likely to overwhelm the resources of the affected, or potentially affected, State or Territory or requires activation or delegation of existing Commonwealth powers.
- (e) Designate Responsible Bodies for communicating with the NFP during a potential Public Health Event of National Significance or a Public Health Emergency of International Concern, or an Overseas Mass Casualty Event.
- (f) Notify the NFP of Public Health Events of National Significance to be Reported to the NFP, including a potential Public Health Emergency of International Concern, as defined in this Agreement, as soon as practicable, but within 12 hours of becoming aware of them.
- (g) Provide information about each event that will include:
  - (i) location;
  - (ii) date and time;
  - (iii) nature of the event;
  - (iv) details of persons affected, including personal information if required;
  - (v) nature of the medical condition(s) occurring or that will potentially result from the event;
  - (vi) number of known cases or description of the area where people are potentially exposed to illness or disease as a result of the event;
  - (vii) a statement that the event involves death or illness at a level higher than expected for the time and place, together with the reasons;
  - (viii) potential impact on other States of Territories;
  - (ix) summary of the response undertaken to date; and
  - (x) nature of additional response elements that may be required.
- (h) Provide personal information in accordance with the Act [National Health Security Act 2007].
- (i) Respond to requests from the NFP for any additional information that is required to assess whether a reported event is of national significance or international concern.
- (j) This Agreement is not intended to over-ride existing communication networks.

#### Part 5 - Role of the Commonwealth - National Focal Point

26. The Commonwealth will:

- (a) Establish within the Commonwealth Department of Health and Ageing the NFP, able to perform designated functions in accordance with the Act and (if required) support a coordinated health sector response by the AHPC to public health events 24 hours per day, 7 days per week, 52 weeks a year.
- (b) Equip the NFP to perform the following functions:

- (i) Collect information relating to public health events that are potentially of national significance or international concern.
- (ii) Assess information collected to determine if the event may constitute a public health event requiring a national or international response in conjunction with the AHPC and affected States and Territories.
- (iii) Facilitate the exchange of information with Responsible Bodies within Australia in relation to public health events requiring a national response, and with the WHO and other countries in relation to events requiring an international response.
- (iv) Activate the NIR to support the AHPC in providing a coordinated national response to public health or Overseas Mass Casualty Events, where required.
- (v) Assist the WHO with the operation of the IHR including by the provision of reports on the operation of the IHR and nomination of Australian experts to committees established by the Director-General for the purposes of the IHR.
- (vi) Prepare an annual report on the use of personal information under this Agreement.
- (c) Where the functions of the NFP involve the exchange of personal information, ensure that it is handled in accordance with the Act and treated appropriately.
- (d) Ensure that appropriate protocols and procedures are in place to enable the NFP to perform its functions effectively in collaboration with Responsible Bodies and other relevant agencies and organisations within Australia and internationally.

#### 5.1 Collecting information

27. The NFP will receive information relating to public health events that are of national significance or a potential Public Health Emergency of International Concern as defined in this Agreement. Potential sources include:

- (a) the States and Territories in relation to communicable diseases provided in a de-identified form via the surveillance arrangements described in Part 2 of this Agreement;
- (b) the States and Territories in relation to Public Health Events of National Significance to be Reported to the NFP, as defined in this Agreement;
- (c) Commonwealth Government agencies in relation to particular public health events;
- (d) the WHO or other countries; and
- (e) other informal sources.

#### 5.2 Assessing information

28. The NFP will assess information, in consultation with an affected State or Territory, to determine if a reported public health event may be of national significance as defined in this Agreement and require a national response.

29. The NFP will assess information reported, in consultation with an affected State or Territory, to determine if a notified public health event may constitute a Public Health Emergency of International Concern. The assessment will be made in accordance with Annex 2 of the IHR: *Decision Instrument for the Assessment and Notification of Events that May Constitute a Public Health Emergency of International Concern* and any other criteria agreed by the AHPC and set out in the NFP Protocols.

30. In both cases the assessment will be made in consultation with the AHPC, or designated sub-committee, or other body agreed by the AHPC.

31. Where a public health event involves issues beyond the responsibilities of the Parties to this Agreement, consultation will also be undertaken by the NFP with relevant agencies and organisations via established consultation mechanisms.

32. Where time or circumstances do not permit consultation, the NFP will make an assessment and advise the AHPC as soon as practicable. In making an assessment, the NFP will consult affected Parties and AHPC members informally.

33. The consultation and decision-making procedures will be set out in the NFP Protocols agreed by the AHPC.

### 5.3 Exchanging information

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#### 5.3.2 Public Health Emergency Of International Concern

35. Where the NFP determines that a reported public health event is a potential Public Health Event of International Concern, the NFP will:

(a) Notify the WHO and affected countries within 24 hours of assessment of that event and furnish any information required by the WHO to assist the WHO to assess whether that event is a Public Health Emergency of International Concern. The information to be provided to the WHO will include details of any health measures taken in response to that event.

(b) Immediately after receipt of information, provide to the States and Territories details of any recommendations made by the WHO, and any other information received from the WHO and/or other Member States that the Commonwealth considers necessary to support the response by the States and Territories to a Public Health Emergency of International Concern.

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### Part 7 - Complying with Australia's IHR Obligations

40. The Commonwealth will use existing structures and resources to meet IHR core capacity requirements for surveillance, reporting, notification, verification, response and collaboration activities, and assess the ability of existing structures and resources to meet the minimum requirements of the IHR. It will report to the WHO on these matters as required by the IHR.

41. The States and Territories will continue to work cooperatively towards protection of public health nationally and Australia's compliance with the IHR."



## 2 Belgium

### **Protocol of Agreement of 11 December 2006 between the Federal Government and the authorities referred to in Articles 128, 130, and 135 of the Constitution concerning the NFP**

Published in *Moniteur belge*, 19 July 2007, No. 183, pp. 38876-38878, available in French and Dutch at [http://www.ejustice.just.fgov.be/mopdf/2007/07/19\\_1.pdf#Page16](http://www.ejustice.just.fgov.be/mopdf/2007/07/19_1.pdf#Page16).

#### **Summary description:**

The Interministerial Conference approves, through this Agreement, the proposal submitted by the Working Group on the IHR (2005) concerning the designation and operation of the NFP, which is set out in the Annex to this Agreement. The Working Group is to monitor and evaluate this Agreement and is to report back at the next Interministerial Conference.

The Annex draws attention to the fact that the European Union requires the establishment of a single focal point for the IHR (2005) and its Early Warning and Response System (EWRS) and that the Commission has a Health Security Committee.

It defines "focal point" as the contact point within the Federal Public Service (Public Health) for international, Federal, Community, and Regional authorities in matters concerning health risks, in accordance with the tasks of the IHR (2005) and the EWRS. The focal point may be alerted: (1) by international authorities in the case of alerts abroad; and (2) by Community, Regional, or Federal health inspectors in the case of alerts in Belgium. The focal point is to inform Community, Regional, or Federal health inspectors immediately of international health threats.

The focal point is to comprise a Risk Management Steering Group and a Risk Analysis Steering Group. *The Risk Management Steering Group* is an instrument for the operation of the focal point and is composed of members from the Communities/Regions, the Federal Government, and the Scientific Institute of Public Health (ISP). It is a forum for decisions in the event of (inter)national health threats, decisions being taken by consensus in accordance with the IHR (2005) and agreements between the Communities/Regions concerning the level of crisis. It is the starting point for coordinated (inter)national risk management, if necessary. The decision as to whether or not to initiate coordinated risk management at national level in the event of (imminent) disasters, on the basis of the respective areas of competence of Federal entities, has yet to be worked out in detail. The Group is responsible for its practical organization and administrative support. The details of the Group's representation, based on the various areas of competence of its members, have yet to be worked out.

*The Risk Analysis Steering Group* is a unit within the ISP made up of specialists from the Communities/Regions, Federal Government, and the ISP. It is the central point for the reception of national information from the health inspection services and other services competent in the field of health risks. It is a contact point for risks within a

Community/Region likely to constitute a risk for another Community/Region or at Federal level.

### 3 Brazil

#### **Order No. 1865 of 10 August 2006 designating the Secretariat of Health Surveillance as the NFP for the IHR (2005)**

Published in *Diário Oficial da União*, 11 August 2006, No. 154, available in Portuguese at [http://portal.in.gov.br/imprensa/pesquisa\\_destaque](http://portal.in.gov.br/imprensa/pesquisa_destaque).

##### **Summary description:**

The Order designates the Secretariat of Health Surveillance as the NFP for the purposes of the IHR (2005). It is to determine the basic operational structure for the NFP and adopt the necessary measures for the implementation of the IHR (2005) at all levels of the management of the Unified Health System [Sistema Único de Saúde].

As NFP, the Secretariat is required:

--to monitor and respond to events likely to give rise to a public health emergency of international importance; to provide WHO, by means of contact points designated by it, with information relating to the IHR (2005), in particular details concerning notification, information exchange, consultations, reports, and the verification and assessment of events that might give rise to a public health emergency of international importance;

--to collect, consolidate, and disseminate information relating to the IHR (2005) received from the various sectors of Federal public administration (including services concerned with epidemiological surveillance in, inter alia, ports, airports, frontier posts, clinics, and hospitals);

--to set up working groups, commissions, and committees to develop the necessary activities for the NFP's full operation;

--to coordinate and monitor measures taken for the implementation of the IHR (2005), within the scope of the Ministry of Health; after appraisal by the Minister of Health, to guide the drawing up of reports and proposals relating to the implementation of the IHR (2005) in the country and to give notice of WHO recommendations with a view to their adoption throughout the national territory;

--to determine and provide the technical coordination of the international cooperation requested by PAHO, WHO, and other countries in connection with the implementation of the IHR (2005);

--to identify and update the personal contact data held by WHO (night-time, weekends, and public holidays included); and

--to adopt the necessary measures and issue rules for the implementation of the provisions of this Order.

**Order No. 33 of 17 August 2006 establishing a Permanent Committee for the implementation and monitoring of activities relating to the IHR (2005) within the scope of the Unified Health System – SUS**

Published in *Diário Oficial da União*, Section 1, 18 August 2006, No. 159, p. 42, available in Portuguese at [http://portal.in.gov.br/imprensa/pesquisa\\_destaque](http://portal.in.gov.br/imprensa/pesquisa_destaque).

**Summary description:**

This Order has been made with reference to, inter alia, Order No. 1865 of 10 August 2006, which designated the Secretariat of Health Surveillance as the NFP for the IHR (2005).

Sec. 1 establishes the above-mentioned Committee, as a consultative body, with the object of implementing and monitoring activities relating to the IHR (2005) within the scope of the Unified Health System.

Under Sec. 2, the Committee's functions are: to support, supervise, and advise the Secretariat in the implementation of the IHR (2005); and to suggest mechanisms to realize their full implementation.

Sec. 3 provides that the Committee is to be made up of representatives from the following bodies of the Ministry of Health and allied institutions: the Secretariat of Health Surveillance; the Secretariat of Health Care; the Secretariat of Employment and Education Management in Health; the Secretariat of Science, Technology and Strategic Supplies; the Secretariat of Participatory Management; the Executive Secretariat of the Integrated System for Frontier Health; the Advisory Office for International Health Matters; the National Health Surveillance Agency; the National Council of State Health Secretaries; the National Council of Municipal Health Secretaries; the National Coordinating Body for the MERCOSUR Working Subgroup-II on "Health"; and the Bahia Community Health Institute as the collaborating centre for the Secretariat of Health Surveillance. The Committee may enlist the participation of other members as technical advisers, provided that there is no conflict of interest.

Secs. 4-7 provide details of the Committee's working procedures.

#### **4 Colombia**

**Decree No. 3518 of 9 October 2006 establishing and regulating the Public Health Surveillance System and laying down other provisions**

Published in *Diario Oficial*, 10 October 2006, Vol. CXLII, No. 46417, pp. 6-12, available in Spanish at [http://www.imprenta.gov.co/print-int/HTML/frameset/inter\\_diariofi.htm](http://www.imprenta.gov.co/print-int/HTML/frameset/inter_diariofi.htm).

**Summary description:**

Sec. 34 designates the Ministry of Social Protection, operating through its Directorate-General of Public Health or the entity acting on its behalf, as the National IHR Focal

Point for the purposes of exchanging information with WHO and other international health bodies. The Ministry is to regulate the organization and operation of the Focal Point.

## 5 Finland

### **Act No. 254 of 2 March 2007 on the implementation of the provisions of the IHR (2005) falling within the scope of legislation**

Published in *Suomen Säädoskokoelma/ Finlands Författningssamling* No. 50/2007, 15 March 2007, Nos. 253-259, p. 857, available in Finnish at <http://www.finlex.fi/fi/laki/kokoelma/2007/20070042.pdf>.

#### **An excerpt from the text of Section 2 of the Act:**

The National IHR Focal Point referred to in Article 4 of the International Health Regulations (2005) is the National Public Health Institute of Finland.<sup>24</sup>

## 6 Germany

### **Law of 20 July 2007 on the IHR (2005) of 23 May 2005**

Published in *Bundesgesetzblatt*, II, 27 July 2007, No. 23, pp. 930-994, available in German at <http://frei.bundesgesetzblatt.de/pdf/bgbl2/bgbl207s0930.pdf>.

#### **Excerpts from the text of the Law:**

##### *Article 2*

The National IHR Focal Point within the meaning of Article 4, para. 1 of the IHR (2005) shall be the situation centre of the Federal Ministry of the Interior. It shall perform the functions cited in Article 4, para. 2 IHR (2005), in cooperation with the national authorities and institutions which are responsible for preventing and controlling the health risks covered by the IHR (2005), in particular with the Robert Koch Institute as regards preventing and controlling communicable diseases.

##### *Article 3*

Section 12, para. 1 of the Protection Against Infection Act of 20 July 2000 (BGBl. I, p. 1045), last amended by Article 57 of the Ordinance of 31 October 2006 (BGBl. I, p. 2407), shall be amended as follows:

1. Sentences 1 and 2 shall read as follows:

"Without delay, the local public health office shall notify the competent [German] Land authority, which shall in turn notify the Robert Koch Institute, of the following:

1. the occurrence of a communicable disease, circumstances which point to the occurrence of a communicable disease, or circumstances which may lead to the

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<sup>24</sup> Unofficial English translation provided by the Government of Finland.

occurrence of a communicable disease, if, pursuant to Annex 2 of the International Health Regulations (2005) (IHR) of 23 May 2005 (BGBl. 2007 II, p. 930), the communicable disease might constitute a public health emergency of international concern within the meaning of Article 1, para. 1 IHR,

2. the measures taken,

3. other information which is significant for assessing the circumstances and for preventing and controlling the communicable disease.

The Robert Koch Institute shall assess the received information pursuant to Annex 2 IHR and, in accordance with the requirements of the IHR, shall arrange for the communications with the World Health Organization via the National IHR Focal Point."<sup>25</sup>

## 7 Iceland

### **Act No. 19/1997 on Health Security and Communicable Diseases communicable diseases as last amended by Act No. 43 of 2007**

Enacted 1 January 1998. Amended by Act 90/2000 (enacted 1 September 2000), Act 74/2002 (enacted 17 May 2002), Act 93/2002 (enacted 31 May 2002), Act 164/2002 (enacted 1 January 2003), Act 55/2004 (enacted 14 June 2004), Act 76/2005 (enacted 1 January 2006), and Act 43/2007 (enacted 31 March 2007).

Available in English at [http://eng.heilbrigdisraduneyti.is/media/Reglugerdir-enska/Act\\_on\\_Communicable\\_Diseases\\_2007.pdf](http://eng.heilbrigdisraduneyti.is/media/Reglugerdir-enska/Act_on_Communicable_Diseases_2007.pdf)

#### **Summary description:**

This consolidated version of Act No. 19/the 1997 text incorporates amendments to implement consistent with the IHR (2005).

Article 13 of the Act reads as follows:

With regard to measures to be applied in the case of a risk of an epidemic reaching Iceland from abroad, or spreading from Iceland to other countries, regulations shall be drawn up consistent with the content of those international treaties to which Iceland is a party, such as the International Health Regulations of the World Health Organization. The Chief Epidemiologist is the Icelandic National Focal Point relating to the corresponding WHO Focal Point according to the International Health Regulations.

## 8 Norway

### **Regulations No. 1573 of 21 December 2007 on the notification of, and measures to be taken in the event of, serious events of significance for international public health (the IHR Regulations)**

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<sup>25</sup> Unofficial English translation provided by the Government of Germany.

Available in Norwegian at  
<http://www.lovdata.no/cgi-wift/ldles?doc=/sf/sf/sf-20071221-1573.html>.

**Summary description:**

The Regulations are arranged under the following Chapters:

*1. Introductory provisions* (Secs. 1-3. Sec. 3 designates the Norwegian Institute of Public Health as the NFP, which is to be available at all times for communication with WHO's IHR Contact Points and relevant authorities in Norway);

*2. Notification and follow-up* (comprising the following Sections: 4. Notification duty of health personnel and other authorities; 5. Notification duty of officers in charge of ships, aircraft and other means of transport; 6. Content of notification; 7. Notification to the World Health Organization; 8. Follow-up to notification to the World Health Organization; 9. Communication from the World Health Organization on a potentially serious event in Norway; 10. Notification from the World Health Organization concerning a serious event abroad; 11. Reporting to the World Health Organization concerning a potential serious event abroad; and 12. Processing of personal data);

*3. Interim measures to limit the harmful effects of a serious event of significance for international public health* (comprising the following Sections: 13. Recommendations from the World Health Organization concerning interim measures; 14. Measures in respect of persons; 15. Measures in respect of luggage, cargo, containers, means of transport, postal parcels, human biological material and goods; 16. Exemptions for means of transport and goods in transit; and 17. Ships, aircraft and other means of transport at points of entry);

*4. Permanent measures to prevent and limit the harmful effects of a serious event of significance for international public health* (comprising the following Sections. 18. Recommendations from the World Health Organization on permanent measures; 19. Designated ports, airports and ground crossings; 20. Health declarations; 21. Ship sanitation certificates; and 22. Fees and the covering of expenditure); and *5. Final provisions* (Secs. 23-26).

## 9 Peru

### **Ministerial Resolution No. 793-2006/MINSA of 17 August 2006 establishing the NFP for the IHR (2005)**

Published in *El Peruano*, 20 August 2006, Vol. XXIII, No. 9564, p. 326634, available in Spanish at <http://www.elperuano.com.pe/>.

**Summary description:**

The Directorate-General for Epidemiology is designated as the NFP. It is responsible for: (a) sending to WHO IHR Contact Points urgent communications, in particular those referred to in Articles 6 to 12 of the IHR (2005); and (b) disseminating information to, and receiving information from, the entities involved in the National

Epidemiological Surveillance System, including those responsible for surveillance, reporting, points of entry, public health services, clinics and hospitals, inter alia.

## 10 Spain

### **Order No. SCO/3870 of 15 December 2006 designating the NFP and supplementing the provisions of the National Epidemiological Surveillance Network for the purpose of implementing the IHR (2005) with regard to the compulsory and emergency declaration of human cases of avian influenza**

Published in *Boletín Oficial del Estado*, 21 December 2006, No. 304, pp. 45198-45199, available in Spanish at <http://www.boe.es/boe/dias/2006/12/21/pdfs/A45198-45199.pdf>.

#### **Summary description:**

The Order, inter alia, designates the Directorate-General for Public Health of the Ministry of Health and Consumer Affairs as the NFP, in accordance with Article 4 of the IHR (2005).

## 11 Sweden

### **Law No. 1570 of 21 December 2006 on protection against international threats to human health**

Original text published in *Svensk författningssamling* (SFS) no 2006:1570, available in Swedish at <http://www.riksdagen.se/webbnav/index.aspx?nid=3911&bet=2006:1570>.

#### **Summary description:**

This Law, effective as of 15 June 2007, designates the National Board of Health and Welfare as the NFP for the purposes of the IHR (2005) and is responsible for the fulfilment of the tasks required by this Law and any regulations made thereunder.

#### *Duty to provide notification and information* (Secs. 10-13)

If municipal, county, or other authorities receive information concerning a suspected international threat to human health, they are to immediately notify the National Board of Health and Welfare. Such notification must contain the necessary information for the Board to assess whether such a threat exists. Upon request, the authorities concerned are to provide the Board as promptly as possible with the information it requires in order to fulfil its duty of informing WHO. The authorities concerned are to inform the Board of the measures that have been taken or that will be taken under this Law. The Board is to provide information on the measures to these authorities. If the Board receives information concerning a suspected threat to human health, it is to inform WHO promptly and at the latest within 24 hours. If WHO receives information concerning a suspected threat to human health in Sweden, the Board is to provide

WHO, upon request and within 24 hours at the latest, with information on the health situation in the country. The Board is to provide information on a suspected threat to human health to the municipal, county, and other authorities concerned.

If deemed necessary in order to protect against an international threat to human health, the Board and the authorities concerned are to provide information to WHO as well as to the foreign authorities concerned, even if such data are subject to the Secrecy Law (No. 100) of 20 March 1980. Notwithstanding the provisions of the Personal Data Law (No. 204) of 1998, personal data may be transmitted to WHO and third countries in order to fulfil the information requirement of the present Law. If an area within the country or abroad has been affected by an international threat to human health, the Board is to declare that area as being so affected. The area is to be considered as affected until the Board declares it to be free from the threat.

## 12 Syrian Arab Republic

### **Regulatory decree No. 34 of 19 July 2007 concerning the creation and functions of a centre (known as the National Centre for the IHR (2005))**

**Summary description** (based on English translation of the original Arabic provided by the Permanent Mission of the Syrian Arab Republic to the United Nations, Geneva):

*Sec. 1* provides for the establishment of the above-mentioned Centre.

Under *Sec. 2*, the Centre's functions are as follows:

- to act as the single competent information authority for emergency situations and emergencies concerning public health and emerging diseases;
- to issue directives for the application of Regulatory Decree No. 29 concerning the implementation and follow-up of the IHR (2005) within the Syrian territories;
- to establish a national network of IHR (2005) focal points in different health administrations and border crossing points, the network having the task of informing the Centre directly of any health emergency that might cause a threat to public health;
- to develop an emergency plan for rapid response to communicable and emerging diseases in accordance with the approved health regulations;
- to set up a system for the surveillance of communicable and emerging diseases in accordance with the IHR (2005);
- to develop public health laboratories and build the necessary capacities for the implementation of the IHR (2005);
- to convene National Committee meetings and make every effort to implement the IHR (2005) in cooperation with all concerned Ministries;



--to mobilize the material resources needed for training, organizing workshops, and supervising the implementation process;

--to respond to the Organization's requests as regards the verification of third party reports, other than notifications and consultations, in relation to events that may constitute a public health emergency of international concern allegedly occurring within the national territories;

--to disseminate information to the national administrations concerned, including those responsible for monitoring and reporting, points of entry, public health departments, clinics, hospitals, and other governmental departments;

--to collect information from relevant national administrative sectors, including those responsible for surveillance and reporting, points of entry, public health departments, clinics, hospitals, and other governmental departments;

--to communicate with the relevant authorities at points of entry in accordance with Articles 20 and 21 of the IHR (2005);

--to correspond with Ministries concerned with the implementation of the IHR (2005); to supervise the implementation of the IHR (2005) at different crossing points and to coordinate implementation with other Ministries;

--to communicate on a permanent and continuing basis with WHO Contact Points concerned with the IHR (2005); to receive communications from National IHR Focal Points in different governorates and border crossing points;

--to forward urgent communications to WHO contact points as regards IHR (2005) implementation; to prepare bilateral agreements with neighbouring countries;

--to implement the provisions of the IHR (2005) in general; and to implement new directives and guidelines communicated by WHO regarding the IHR (2005).

*Sec. 3(a)* provides for the establishment and composition of a Central Committee within the Ministry of Health.

*Sec. 3(b)* defines the functions of the Committee's Chairman (Director of the IHR (2005) Programme) and its other members (namely, the Director of Legal Affairs, the Director of the Environmental and Chronic Diseases Department, the Director of the Epidemiological Monitoring Department, and the Director of the Emergency Programme).

*Sec. 3(c)* provides that the Central Committee may recruit assistance from whoever it deems capable of carrying out the Committee's functions in accordance with the provisions of this Regulatory Decree.

Under *Sec. 4*, the Centre's functions are to be carried out by the Director of the Centre (i.e. the Director of the IHR (2005) Programme), the Central Committee, and the Secretariat of the new Centre.

### 13 United Kingdom of Great Britain and Northern Ireland

#### **The Health Protection Agency (Amendment) Regulations 2007. S.I. 2007/1624. Dated 7 June 2007**

Available in English at <http://www.opsi.gov.uk/si/si2007/20071624.htm>.

Entry into force: 6 July 2007.

#### **The text of the Health Protection Agency (Amendment) Regulations, not including footnotes:**

The Secretary of State for Health makes the following Regulations in exercise of the powers conferred by section 2(2)(a) of the Health Protection Agency Act 2004  
In accordance with section 2(2)(a) of that Act she has consulted with the Welsh Ministers

#### *Citation, commencement and interpretation*

1.—(1) These Regulations may be cited as the Health Protection Agency (Amendment) Regulations 2007 and shall come into force on 6th July 2007.

(2) In these Regulations “the principal Regulations” means the Health Protection Agency Regulations 2005

#### *Amendment of regulation 1 of the principal Regulations*

2. In regulation 1(3) of the principal Regulations (citation, commencement and interpretation)—

(a) after the definition of “the chairman” insert—

““competent authority” means a competent authority identified in accordance with Article 19 of the IHR (general obligations) and with a role as described at Article 22 of the IHR (role of competent authorities);

“government department” for the purposes of these Regulations includes the Scottish Executive and the Welsh Ministers;”;

(b) after the definition of “health service body” insert—

““the IHR” means the International Health Regulations (2005) of the WHO adopted by the fifty-eighth World Health Assembly on 23rd May 2005;

“National IHR Focal Point” means the national centre, designated by a State Party to the IHR, which shall be accessible at all times for communications with the WHO IHR Contact Point under the IHR;”;

(c) after the definition of “primary care list” add—

““World Health Assembly” has the meaning set out in the Constitution of the World Health Organization adopted by the International Health Conference held in New York from 19th June to 22nd July 1946 and signed on 22nd July 1946;

“WHO” means the World Health Organization, a specialised agency within the terms of Article 57 of the Charter of the United Nations, established by the Constitution of the World Health Organization;

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

*Amendment of regulation 7 of the principal Regulations*

3. In regulation 7 of the principal Regulations (directions – health functions), for paragraph (a) substitute—

“(a) to undertake in England the function of arranging for administering centres to—  
(i) vaccinate or revaccinate against yellow fever with a vaccine approved by WHO and in accordance with Annex 7 to the IHR, and  
(ii) provide persons undergoing such vaccination or revaccination with a certificate in the form specified in Annex 6 to the IHR reproduced at the Schedule to these Regulations certifying that the person has been so vaccinated; and”.

*Directions*

4.—(1) After regulation 7 of the principal Regulations (directions – health functions) add—

“Directions – International Health Regulations

8.—(1) The Secretary of State directs the Agency to act as a National IHR Focal Point for the United Kingdom, the Isle of Man, each of the Channel Islands and each British Overseas Territory except in relation to Scotland in relation to matters which are within devolved competence (within the meaning of the Scotland Act 1998 and Northern Ireland in relation to a transferred matter (within the meaning of section 4(1) of the Northern Ireland Act 1998).

(2) Accordingly, the HPA shall exercise the following functions in particular—

- (a) to be accessible at all times for communication with the WHO IHR Contact Point (Article 4(2) of the IHR);
- (b) to send to the WHO IHR Contact Point urgent communications concerning the implementation of the IHR, in particular under Articles 6 to 12 of the IHR (Article 4(2)(a) of the IHR);
- (c) to disseminate information to, and consolidate information from, relevant sectors of the administration within the United Kingdom, the Isle of Man, each of the Channel Islands and each British Overseas Territory including sectors responsible for surveillance and reporting, points of entry, public health services, clinics and hospitals and government departments (Article 4(2)(b) of the IHR);
- (d) to communicate with competent authorities in the United Kingdom, the Isle of Man, each of the Channel Islands and each British Overseas Territory on the relevant public health measures taken pursuant to the IHR (Article 22(1)(i) of the IHR);
- (e) to receive reports from competent authorities in the United Kingdom, the Isle of Man, each of the Channel Islands and each British Overseas Territory on implementation of necessary additional health measures including isolation of conveyances to prevent the spread of disease (Article 27(1) of the IHR).

(3) The Agency has the following additional functions (in relation to the same territories and to the same extent specified in paragraph (1))—

- (a) to provide WHO with its contact details, to continuously update WHO in relation to any changes to its contact details, and to confirm its contact details to WHO annually (Article 4(4) of the IHR); and
- (b) to provide to WHO—
- (i) a list of bodies authorised to issue or extend the validity of Ship Sanitation Control Certificates or Ship Sanitation Control Exemption Certificates in the United Kingdom, the Isle of Man, each of the Channel Islands and each British Overseas Territory; and
- (ii) information on any changes which may occur to the status of the listed bodies (Article 20(3) of the IHR).”

### **Health Protection Agency Order (Northern Ireland) 2007 No. 331. Dated 10 July 2007**

Available in English at [http://www.bailii.org/nie/legis/num\\_reg/2007/20070331.html](http://www.bailii.org/nie/legis/num_reg/2007/20070331.html).  
Entry into force: 31 July 2007.

#### **The text of the Health Protection Agency Order (Northern Ireland), not including footnotes:**

The Department of Health, Social Services and Public Safety makes the following Order in exercise of the powers conferred by section 2(10) of the Health Protection Agency Act 2004.

In accordance with section 2(11)(a) of that Act, it has obtained the agreement of the Secretary of State.

#### *Citation and commencement*

1. This Order may be cited as the Health Protection Agency Order (Northern Ireland) 2007 and shall come into operation on 31st July 2007.

#### *Interpretation*

2. (1) The Interpretation Act (Northern Ireland) 1954 shall apply to this Order as it applies to an Act of the Assembly.

(2) In this Order "the competent IHR authority in Northern Ireland" means the Department of Health, Social Services and Public Safety;

"the IHR" means the International Health Regulations (2005) of WHO adopted by the fifty-eighth World Health Assembly on 23rd May 2005;

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

"public health emergency of international concern" has the meaning set out in Article 1 of the IHR;

"World Health Assembly" has the meaning set out in the Constitution of the World Health Organization adopted by the International Health Conference held in New York from 19th June to 22nd July 1946 and signed on 22nd July 1946;

"WHO" means the World Health Organization, a specialised agency within the terms of Article 57 of the Charter of the United Nations, established by the Constitution of the World Health Organization; and

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

*Functions*

3. (1) There are conferred on the Health Protection Agency the following functions—
- (a) the assessment under and in accordance with Article 6.1 of the IHR of events in Northern Ireland that may constitute a public health emergency of international concern;
  - (b) acting, in relation to Northern Ireland, as a National IHR Focal Point as described in the IHR, in particular
    - (i) to be accessible at all times for communication with the WHO IHR Contact Point;
    - (ii) to send to the WHO IHR Contact Point urgent communications concerning the implementation of the IHR, in particular under Articles 6 to 12 of the IHR;
    - (iii) to disseminate information to, and consolidate information from, the competent IHR authority in Northern Ireland;
    - (iv) to communicate with the competent IHR authority in Northern Ireland on the relevant public health measures taken pursuant to the IHR; and
    - (v) to receive reports from the competent IHR authority in Northern Ireland on implementation of necessary additional health measures including isolation of conveyances to prevent the spread of disease in accordance with Article 27.1 of the IHR;
  - (c) in relation to Northern Ireland and its role as National IHR Focal Point, the provision to WHO of contact details and thereafter:
    - (i) continuously updating WHO in relation to any changes to such contact details; and
    - (ii) confirming such contact details to WHO annually; and
  - (d) the provision to WHO, in accordance with the function described at Article 20.3 of the IHR, of
    - (i) a list of bodies authorised to issue or extend the validity of Ship Sanitation Control Certificates or Ship Sanitation Control Exemption Certificates in Northern Ireland; and
    - (ii) information on any changes which may occur to the status of the listed bodies.”

**The Health Protection Agency (Scottish Health Functions) Amendment Order 2007.  
S.S.I. 2007/316. Dated 6 June 2007**

Available in English at

[http://www.opsi.gov.uk/legislation/scotland/ssi2007/ssi\\_20070316\\_en\\_1](http://www.opsi.gov.uk/legislation/scotland/ssi2007/ssi_20070316_en_1).

Entry into force: 6 July 2007.

**The text of the Health Protection Agency (Scottish Health Functions) Amendment Order, not including footnotes:**

“The Scottish Ministers make the following Order in exercise of the powers conferred by section 2(7) of the Health Protection Agency Act 2004 and all other powers enabling them to do so.

In accordance with section 2(8)(a) of that Act, they have secured the agreement of the Secretary of State.

*Citation, commencement and interpretation*

1.—(1) This Order may be cited as the Health Protection Agency (Scottish Health Functions) Amendment Order 2007 and shall come into force on 6th July 2007.

(2) In this Order “the principal Order” means the Health Protection Agency (Scottish Health Functions) Order 2006.

*Amendment of article 1 of the principal Order*

2. In article 1(2) of the principal Order (citation, commencement and interpretation)—

(a) after the definition of “chemicals authority” insert—

““Common Services Agency” means the Common Services Agency of the Scottish Health Service;

“competent IHR authorities in Scotland” means—

(a) the Scottish Ministers; and

(b) the Common Services Agency;”;

(b) after the definition of “health care professional” insert—

““the IHR” means the International Health Regulations (2005) of the WHO adopted by the Fifty eighth World Health Assembly on 23rd May 2005;

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

(c) after the definition of “public health authority” insert—

““public health emergency of international concern” has the meaning set out in Article 1 of the IHR;

“World Health Assembly” has the meaning set out in the Constitution of the World Health Organization adopted by the International Health Conference held in New York from 19th June to 22nd July 1946 and signed on 22nd July 1946;

“WHO” means the World Health Organization, a specialised agency within the terms of Article 57 of the Charter of the United Nations, established by the Constitution of the World Health Organization; and

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

*Amendment of article 2 of the principal Order*

3. In article 2 of the principal Order (additional functions), after paragraph (e) insert—

“(f) the assessment under and in accordance with Article 6.1 of the IHR of events in Scotland that may constitute a public health emergency of international concern;

(g) acting, in relation to Scotland, as a National IHR Focal Point as described in the IHR, in particular—

(i) to be accessible at all times for communication with the WHO IHR Contact Point;

(ii) to send to the WHO IHR Contact Point urgent communications concerning the implementation of the IHR, in particular under Articles 6 to 12 of the IHR;

(iii) to disseminate information to, and consolidate information from, competent IHR authorities in Scotland;

- (iv) to communicate with competent IHR authorities in Scotland on the relevant public health measures taken pursuant to the IHR; and
- (v) to receive reports from competent IHR authorities in Scotland on implementation of necessary additional health measures including isolation of conveyances to prevent the spread of disease in accordance with Article 27.1 of the IHR;
  
- (h) in relation to Scotland and its role as National IHR Focal Point, the provision to WHO of contact details and thereafter–
  - (i) continuously updating WHO in relation to any changes to such contact details; and
  - (ii) confirming such contact details to WHO annually; and
  
- (i) the provision to WHO, in accordance with the function described at Article 20.3 of the IHR, of–
  - (i) a list of bodies authorised to issue or extend the validity of Ship Sanitation Control Certificates or Ship Sanitation Control Exemption Certificates in Scotland; and
  - (ii) information on any changes which may occur to the status of the listed bodies.”