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Domestic Understanding of the Revised International Health Regulations comprehensive review

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Abstract

The Revised International Health Regulations (IHR), established by the World Health Organization (WHO), are a critical component in global health governance, designed to enhance the capacity of countries to prevent, detect, and respond to public health risks that have international implications. The 2005 revision of the IHR introduced significant changes to public health preparedness and response frameworks, especially concerning the management of disease outbreaks, emergency preparedness, and international coordination. This comprehensive review provides a domestic understanding of the Revised IHR, exploring the regulatory framework, implementation at the national level, and the key challenges and successes in meeting IHR requirements. It highlights the roles of national

health authorities, the legal and institutional mechanisms for IHR implementation, and the impact on domestic public health policies. The review concludes with an analysis of how domestic health systems can further align with the global public health agenda, offering recommendations for strengthening national compliance and improving the global health security framework.

1. Introduction

The International Health Regulations (IHR) were first established in 1969 by the World Health Organization (WHO) to respond to the spread of infectious diseases across national borders(1). However, the 2005 revision significantly expanded the scope and applicability of the regulations. The Revised IHR (2005) not only focus on the management of disease outbreaks but also emphasize national preparedness,

capacity building, and transparency in health data reporting .These regulations are crucial in the fight against public health threats that can cross borders, such as pandemics, bioterrorism, and environmental hazards. This review examines the domestic understanding of the Revised IHR, emphasizing their application, challenges in implementation, and their impact on public health systems within countries.

2. Overview of the Revised International Health Regulations (2005)

2.1 Goals of the Revised IHR

The primary objective of the Revised IHR is to ensure that countries have the necessary capacity to prevent, detect, and respond to public health threats. This includes improving early warning systems, enhancing disease surveillance, and ensuring prompt and transparent communication during international health emergencies. The revised regulations extend beyond communicable diseases to include events of public health concern that might pose a risk to international health, such as chemical, biological, and radiological events.

2.2 Legal Obligations for Countries

Under the Revised IHR, all 196 WHO member states are legally bound to build and maintain national capacity for surveillance, reporting, and emergency response. This includes establishing national focal points for IHR communication and ensuring that health systems are prepared to manage and respond to public health emergencies. The regulations mandate transparency, requiring countries to report public health emergencies of international concern (PHEICs) to WHO, thereby enabling the organization to coordinate a global response(2).

2.3 Key Components of the Revised IHR

Some key components of the Revised IHR include:

- **Health Surveillance and Risk Assessment:** Strengthening systems for surveillance of infectious diseases and environmental hazards.
- **Public Health Emergency Preparedness and Response:** Developing mechanisms to ensure rapid response to health emergencies.
- **Capacity Building:** Ensuring that domestic health systems are equipped to meet the requirements of the IHR through infrastructure, workforce training, and technology.

- **Collaboration with International Health Systems:** Promoting transparency in sharing health data and collaborating with international partners to manage health risks .

3. Domestic Implementation of the Revised IHR

3.1 National Focal Points and Coordination Mechanisms

The Revised IHR mandates that each country designate a National IHR Focal Point (NFP), which serves as the primary contact for IHR-related communications with WHO and other countries. The NFP plays a crucial role in monitoring public health risks, coordinating response efforts, and ensuring compliance with IHR requirements (Lee & Fidler, 2006). Additionally, domestic health systems must integrate IHR guidelines into national emergency response plans and public health frameworks, with coordination often facilitated by national public health authorities.

3.2 Legal and Institutional Mechanisms for Compliance

Countries are required to update their domestic laws to reflect the obligations set out by the IHR. This often involves the revision of existing public health laws or the enactment of new legislation to ensure that the legal framework aligns with IHR standards(3). This may include mechanisms for quarantines, disease reporting, and international collaboration during emergencies. Institutions such as ministries of health, national public health institutes, and emergency response agencies are typically tasked with overseeing IHR implementation.

3.3 Integration of IHR into National Health Policy

The Revised IHR are intended to be fully integrated into national health policy. Governments are expected to incorporate IHR-related goals into their national health strategies, ensuring that health systems are capable of managing international health risks. This includes improving surveillance infrastructure, ensuring the availability of appropriate medical countermeasures, and investing in workforce training . National strategies for pandemic preparedness and response must align with IHR standards to strengthen both domestic and international health security(4)(5).

4. Challenges in Domestic Implementation of the IHR

4.1 Capacity Constraints

A major challenge in implementing the IHR at the national level is the lack of capacity in many countries, particularly in low- and middle-income nations. Limited resources for infrastructure development, surveillance systems, and workforce training can hinder the effective application of IHR requirements. The WHO provides technical support and guidance, but without adequate national investment, the implementation of IHR may fall short in some countries.

4.2 Political and Legal Challenges

Domestic legal systems may struggle with the rapid adaptation required to comply with IHR provisions. Some countries face political resistance to the transparency requirements, particularly in terms of reporting public health emergencies. Legal frameworks in many nations may also be outdated and need significant reform to handle the complexities of international health governance. Furthermore, national sovereignty concerns sometimes affect a country's willingness to cooperate fully with international surveillance and reporting requirements.

4.3 Weak Surveillance and Reporting Systems

For IHR to be effective, countries must have robust surveillance and risk assessment systems in place. Many nations, particularly those with weak public health infrastructures, may face difficulties in gathering accurate data, conducting risk assessments, and maintaining transparent reporting mechanisms. This can delay the identification of emerging threats, undermining the IHR's effectiveness in preventing the spread of diseases across borders(6).

5. Successes and Positive Outcomes of IHR Implementation

5.1 Strengthened Global Coordination

Since the implementation of the Revised IHR, countries have made notable strides in coordinating responses to public health emergencies. One key example is the global response to the 2009 H1N1 influenza pandemic, where the IHR provided a structured framework for information sharing and international collaboration. Similarly, during the Ebola outbreak in West Africa (2014–2016), the IHR allowed for the

timely sharing of information, coordination of responses, and global mobilization of resources.

5.2 Improved Domestic Preparedness

Many countries have used the IHR as a catalyst for improving their domestic preparedness and response systems. For example, the United States and European Union member states have significantly upgraded their surveillance systems and emergency response frameworks in response to IHR mandates. Additionally, countries with previously underdeveloped public health systems have received support from WHO, resulting in improved disease detection and response capacities.

6. Recommendations for Strengthening Domestic IHR Implementation

6.1 Increased Investment in Health Infrastructure

Countries should prioritize investment in health infrastructure, particularly in surveillance and response systems, to ensure compliance with IHR standards. International organizations, including the WHO, can provide technical assistance, but sustained national investment is essential for long-term success.

6.2 Enhanced Training and Capacity Building

Continuous workforce development is crucial for the successful implementation of IHR. Training programs for public health professionals in areas such as disease surveillance, emergency response, and international collaboration will strengthen the overall capacity to comply with IHR.

6.3 Strengthened Legal and Policy Frameworks

Countries must update their legal and policy frameworks to better align with the Revised IHR. This involves revising public health laws, improving international cooperation mechanisms, and ensuring that the legal systems are adaptable to the evolving landscape of global health risks.

7. Conclusion

The Revised International Health Regulations represent a critical step in ensuring global health security. While challenges in domestic implementation persist, many countries have made substantial progress in aligning their health systems with IHR requirements. The integration of IHR

into national health policies has enhanced both preparedness and responsiveness to international health threats. Moving forward, greater investment in infrastructure, workforce development, and legal frameworks is essential for ensuring that the IHR continue to contribute to the global fight against public health emergencies.

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