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IMPLEMENTING THE INTERNATIONAL HEALTH REGULATIONS (2005) AMENDMENTS

As health emergencies become increasingly complex, severe and interconnected, urgent action is needed to implement the 2024 amendments to the International Health Regulations (2005), or IHR. Adopted by the Seventy-seventh World Health Assembly, these amendments represent a pivotal step towards a more equitable and effective global health security system. Implementing the amendments in a coherent, coordinated manner – alongside preparations to operationalize the new WHO Pandemic Agreement – is essential to enhance national capacities, reinforce regional resilience and enable collective preparedness to strengthen health security for the more than 2.2 billion people of the Western Pacific Region.

This draft implementation plan outlines priority actions for countries and areas in the Western Pacific Region to utilize the amended IHR as they work to strengthen regional operational readiness for public health emergencies and promote resilience, equity and solidarity. The implementation plan aligns with key developments in the global health architecture, as well as priorities set out in the regional vision, *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025–2029)* and the *Asia Pacific Health Security Action Framework*.

The Regional Committee for the Western Pacific is requested to consider for endorsement the draft *Implementing the International Health Regulations (2005) Amendments in the Western Pacific Region*.

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IMPLEMENTING THE INTERNATIONAL HEALTH REGULATIONS (2005) AMENDMENTS IN THE WESTERN PACIFIC REGION

1. BACKGROUND

Why health security matters more than ever

Health security has become increasingly critical as the world faces a convergence of threats – from pandemics and conflict-related health crises to the growing impact of climate-related hazards. In the Western Pacific Region, these challenges are compounded by rising population mobility, ageing demographics, urbanization, climate change and other factors. These intersecting dynamics create a complex environment that requires coordinated and cross-sectoral policy responses – guided by a One Health approach – to prevent, prepare for and respond to public health emergencies. Strengthening and coordinating these responses both within and across national borders are essential not only to save lives, but also to protect health systems, support economic stability and promote sustainable development.

The adoption of amendments to the International Health Regulations (2005), or IHR, in 2024 and the adoption earlier this year of the WHO Pandemic Agreement at the Seventy-eighth World Health Assembly mark a turning point in global health governance. These developments signal a shift towards stronger international coordination and cooperation for health security across key operational areas, contributing to a stronger and more resilient global health architecture for pandemic and health emergency prevention, preparedness and response.

IHR amendments and the WHO Pandemic Agreement: milestones for global health security

IHR, including the amendments adopted by the Seventy-seventh World Health Assembly, provide the international legal framework to prevent and respond to public health threats that have the potential to cross borders. They are an instrument of international law and legally binding on 196 States Parties, including all WHO Member States. A 2023 Report of the Review Committee regarding amendments to IHR noted that the COVID-19 pandemic revealed significant policy and operational gaps in the global health architecture – including IHR – highlighting the need to strengthen this architecture to ensure equitable preparedness and response to future public health emergencies.

WHO Member States led the process to address these gaps beginning in 2022 through the Working Group on Amendments to the International Health Regulations (2005). This process was conducted in parallel with the development of the WHO Pandemic Agreement, led by Member States

through the Intergovernmental Negotiating Body. In June 2024, World Health Assembly adopted a package of targeted amendments to IHR in resolution WHA77.17. These amendments will enter into force on 19 September 2025, thus States Parties need to prepare for implementation.

The WHO Pandemic Agreement, adopted by the Health Assembly in resolution WHA78.1, will be open for signature by States Parties following the finalization and adoption of an annex on Pathogen Access and Benefit Sharing (PABS), as described in Article 12 of the Agreement. To advance this work, the Assembly established an Intergovernmental Working Group (IGWG) tasked with drafting and negotiating the annex for submission to the Seventy-ninth World Health Assembly in 2026.

Key entities and mechanisms established under the WHO Pandemic Agreement and 2024 amendments to IHR include procedural and other matters related to the Conference of the Parties to the WHO Pandemic Agreement,[1] the Coordinating Financial Mechanism,[2] the Global Supply Chain and Logistics Network[3] and the States Parties Committee for the Implementation of the IHR. These entities and mechanisms will be operationalized after entry into force of each respective instrument. In the meantime, in accordance with resolution WHA78.1, the WHO Secretariat will commence preparatory activities on matters within its mandate in the WHO Pandemic Agreement, without prejudice to the future work of the Conference of the Parties.

2. PLAN OF WORK

2.1 Strengthening regional readiness and resilience in line with IHR amendments and the WHO Pandemic Agreement

The Western Pacific Region currently has a range of mechanisms to support coordinated responses to public health emergencies (Annex 1). These include regional early warning surveillance and risk assessments, strategic stockpiles of health products, regional social listening platforms, and mechanisms to deploy surge response workforce, such as Emergency Medical Teams (EMTs) and the Global Outbreak Alert and Response Network (GOARN). Despite these, emergencies such as COVID-19 and mpox have revealed persistent vulnerabilities, including fragmented surveillance systems, disruptions to logistics and supply chains, and overwhelming demand for limited health products.

To address these challenges, the Region can and must do more. Inspiration can be taken from successful models adopted in other regions to strengthen readiness and resilience, such as better

[1] WHO Pandemic Agreement, Articles 4, 10, 13, 18, 19, 21, 22, 27 and 29.

[2] Amended IHR (2005), Articles 44 and 44bis; WHO Pandemic Agreement, Article 18.

[3] WHO Pandemic Agreement, Articles 12 and 13.

coordinated emergency operations centres, the establishment of contingency funds, integrated surveillance and risk assessment networks, and advance purchase agreements and operational plans to secure health products for use at the time of an emergency (Annex 2). The adoption of the IHR amendments and the WHO Pandemic Agreement provide critical momentum to act, leading to the evolution of the global health architecture and introducing new measures and obligations that Member States have committed to translate into operational readiness.

For countries in the Western Pacific Region, these global developments present a timely and strategic opportunity to accelerate progress through a collaborative approach. By analysing existing capacities and addressing the full value chain of operational capabilities needed – including surveillance, emergency coordination, clinical care, access to health products and community protection – countries and areas can work together to build more cohesive, coordinated and equitable systems and capacities to guard against future public health threats.

The coordinated implementation of the IHR amendments, alongside preparations for the WHO Pandemic Agreement, is critical to strengthening health security across the Region. These efforts are closely aligned with the regional vision, *Weaving Health for Families, Communities and Societies in the Western Pacific Region (2025−2029)*, and the *Asia Pacific Health Security Action Framework* (APHSAF). As the endorsed platform for regional health security collaboration, APHSAF provides an established mechanism for consultation and coordinated action among Member States, WHO, technical experts and partners. Strengthening operational readiness is a key focus of APHSAF, particularly through its domain-based approach under the Readiness and Resilience domain and the Support and Enable domain.

This draft implementation plan, *Implementing the International Health Regulations (2005) Amendments in the Western Pacific Region,* outlines key actions for Member States: (1) to implement the IHR amendments; and (2) to identify priority measures to improve regional, collective readiness for public health emergencies.

2.2 Priority actions to implement the IHR amendments

The IHR amendments underscore the importance of multisectoral, One Health and whole-of-government engagement in global health security, grounded in principles of solidarity and equity. They also reaffirm the obligations of States Parties to establish, maintain and strengthen core capacities to detect, notify and respond rapidly to health emergencies, including new references to capacities such as

emergency coordination, risk communication, community engagement, and access to health services and products.[4]

To support effective implementation of the amendments, the following priority actions for Member States are proposed.

2.2.1 Designate a National IHR Authority to coordinate implementation of IHR Article 4

In designating a National IHR Authority, Member States may choose: (1) to designate the National IHR Focal Point (NFP) to also be the National IHR Authority; (2) to designate another entity as the National IHR Authority; or (3) create a new entity to be the National IHR Authority.

Member States may consider the following when designating their National IHR Authority:

- *Effective whole-of-government coordination.* Recognizing the multisectoral reach required for this role, the effectiveness of the designated entity[5] to coordinate IHR implementation would benefit from the entity having a mandate to coordinate whole-of-government, cross-sectoral action and oversee a multisectoral approach to IHR monitoring and evaluation. Existing entities with a similar mandate for whole-of-government and multisectoral coordination − such as national disaster management authorities or offices of heads of state − may be well placed to take on this role.
- *Technical coherence with other entities related to IHR.* The designated entity may be placed with an entity that already has a function to coordinate IHR implementation and/or health security action, such as the IHR NFP.
- *Non-disruption to functions of the IHR NFP.* The designation of an entity as National IHR Authority should not disrupt the functions of the IHR NFP.

2.2.2 Update national pandemic plans and relevant policy, contracts and agreements to integrate the newly defined "pandemic emergency" (Article 1) to trigger appropriate pandemic readiness and response actions

The IHR amendments include a new definition of a "pandemic emergency" as a public health emergency of international concern (PHEIC) caused by a communicable disease, which has a high risk of becoming, or has become, a pandemic (Annex 3). Determination of a pandemic emergency serves as the highest level of global alert for countries to initiate readiness and response actions. Authorities may

[4] Annex 1A. Core capacity requirements for prevention, surveillance, preparedness and response.

[5] The entity designated as the National IHR Authority may be a unit/centre or a person/individual. In the latter case, effective coordination of IHR (2005) implementation would benefit from the individual having a mandate to coordinate whole of government action.

use this definition in relevant plans and agreements to trigger interventions, such as the release of emergency funds, personnel and medical countermeasures.

2.2.3 Adjust national legislation, administrative arrangements, policy and resources to support multisectoral implementation of the amendments

To implement the amendments effectively, Member States may consider adjusting national legislation, administrative arrangements, policies and resource allocations to better enable coordinated, multisectoral, One Health action. This includes engagement from sectors such as human health, animal health, environmental health, finance, transport, trade and logistics, among others. Legal and administrative alignment is key to ensure that national health security systems can function rapidly, cohesively and in accordance with international obligations. Importantly, in making any adjustments Member States retain their sovereign right to enact and implement legislation in line with their national health policies. The need for any adjustments should be informed by comprehensive assessments. Member States are encouraged to utilize WHO tools and technical guidance to support this process, such as the IHR (2005) National Legislation Toolkit Series.

2.3 Priority actions to strengthen regional readiness and resilience

2.3.1 Identify priority measures to improve regional, collective readiness for future public health emergencies

The adoption of the amendments to IHR and the WHO Pandemic Agreement – including provisions emphasizing equity, solidarity and enhanced cooperation – mark a critical point to embed operational readiness at the core of resilient, regional health security. These landmark developments create momentum for the Western Pacific Region to strengthen collective operational readiness for future emergencies.

To build on this opportunity, Member States may undertake regional technical consultations, with coordination supported by WHO, to assess existing capacities and systems, and identify and support further measures to improve collective readiness for public health emergencies. These measures should consider the full chain of capacities needed to launch and sustain an operational emergency response – encompassing surveillance, emergency coordination, clinical care, access to health products and community protection.

Regional emergency capacities and systems must be fit-for-purpose and aligned with mechanisms established globally under the IHR amendments and the WHO Pandemic Agreement, such as the Coordinating Financial Mechanism and the Global Supply Chain and Logistics Network. They should also reflect the Region's diversity and promote regional collaboration and cohesion. In doing so,

they will directly contribute to advancing the "Resilient communities, societies and health systems for health security" vertical strand of the regional vision for health and its associated acceleration points.

To govern and facilitate this work, APHSAF provides an established platform to engage and consult with Member States, partners and experts – through annual APHSAF meetings and ad hoc technical meetings on specialized topics. Leveraging APHSAF networks – including GOARN, the Public Health Emergency Operations Centre Network (EOC-NET) and networks of EMTs, IHR NFPs, WHO collaborating centres, research and health product manufacturing networks, and national public health agencies – will ensure inclusivity and technical expertise in consultations, as well as coordination and pragmatism in implementation.

Any technical consultations undertaken will be conducted within the existing operating budget of the regional WHO Health Emergencies Programme. Member States and other stakeholders will be engaged and consulted through the APHSAF platform. Any subsequent work to support or implement new measures will take into account operational, policy and financial considerations – including sustainability and resource implications. Implementation of new measures will be informed by national priorities, needs and contexts, as well as global public health developments, relevant international agreements and existing operational mechanisms, including through regional entities.

WHO will report periodically on the progress of this work to Member States at sessions of the Regional Committee for the Western Pacific.

3. ROLE OF THE WHO SECRETARIAT

In line with APHSAF and the regional vision for resilient communities, societies and systems for health security, the WHO Secretariat will work with Member States and partners:

- to continue to provide technical assistance and support to States Parties to implement the IHR amendments, including tools and support to adapt national legislation and strengthen newly defined core capacities;
- to provide technical assistance and support to Member States to engage with the WHO Pandemic Agreement IGWG to prepare key instruments and mechanisms to implement the Pandemic Agreement;
- to serve as convenors of APHSAF meetings and technical consultations to assess existing systems and capacities, as well as identify and support measures that can further strengthen operational readiness and resilience;

- to expand IHR (2005) capacity monitoring, evaluation and learning, including supporting the States Parties Annual Self-Assessment Report (SPAR), the Joint External Evaluation (JEE) and other capacity assessments;
- to mobilize WHO collaborating centres, national public health agencies, relevant regional entities and partners to strengthen public health prevention, preparedness and response; and
- to support resource mobilization, such as applications to the Pandemic Fund, a multilateral financing mechanism dedicated to providing multi-year grants for enhancing pandemic preparedness in low- and middle-income countries.

4. MONITORING AND EVALUATION

Progress will be reported periodically to the Regional Committee and reviewed at annual APHSAF meetings. WHO will support Member States to continue to monitor and report on IHR core capacities through the IHR Monitoring and Evaluation Framework. This approach includes annual mandatory submissions of the IHR SPAR, voluntary JEEs, intra- and after-action reviews of public health emergency responses, and simulation exercises. Countries in the Western Pacific Region have a strong track record of utilizing these tools, including a 100% submission rate for the 2024 SPAR, 75% of countries completing at least one JEE, and participation in IHR Exercise Crystal, which is the annual IHR communication simulation exercise.

To track progress, WHO will support Member States to monitor progress against key indicators and targets, as outlined below.

Table 1. Core indicators and targets in the Western Pacific Region

Activity	Indicator	2025 baseline	Midterm target (2027)	2030 target
Designation or establishment of National IHR Authority	Number of States Parties that have designated or established a National IHR Authority and communicated contact details to WHO	0	14 (50%)	28 (100%)
Integration of "pandemic emergency" definition into national pandemic plans and relevant policy	Number of Member States that have developed or updated a pandemic preparedness plan inclusive of influenza	5	10	15
Submission of IHR SPAR	Number of States Parties that have submitted a SPAR	28 (100%)	28 (100%)	28 (100%)
Conduct of IHR JEE	Number of States Parties per year conducting a JEE	5	5	5
Genomic sequencing capacity	Proportion of countries with timely access to genomic sequencing for pathogens with pandemic and epidemic potential	100%	100% (sustained)	100% (sustained)

Participants at the APHSAF meeting, scheduled for November 2025, will discuss and share experiences in implementation of the IHR amendments and progress on the continuing work of the WHO Pandemic Agreement IGWG. The meeting will also serve to coordinate with Member States and partners to set the scope, scale and timeline of technical consultations to assess existing systems and capacities, and to identify further opportunities that strengthen the Region's operational readiness. WHO will report periodically to the Regional Committee on outcomes of these consultations, as well as on progress made in core indicators and targets.

5. CONCLUSIONS

The adoption of the IHR amendments marks a pivotal moment for global health security, reinforcing the collective responsibility of States Parties to detect, assess and respond to public health emergencies. For the Western Pacific Region, this is a critical opportunity to accelerate action, close capacity gaps and build a more resilient, equitable and cohesive regional health security architecture.

The COVID-19 pandemic and other recent emergencies have demonstrated the urgency of strengthening national and regional systems to act rapidly and decisively. Implementation of the IHR amendments and preparations for the WHO Pandemic Agreement are essential to achieving this effort. At the same time, analysing regional systems and capacities for health emergencies and identifying additional measures that can bolster operational readiness, modelled on successful initiatives in other regions, can ensure faster, more equitable access to critical intelligence and resources in times of emergency and increase regional resilience to public health threats. These efforts are expected to ensure that health security systems that are better coordinated, more agile and more equitable in individual countries and areas, as well as regionally.

This work is fully aligned with the ongoing goals of the Region's vision of weaving health for all and the global WHO *Fourteenth General Programme of Work (2025–2028),* which emphasize equity, resilience and stronger health systems. Reinforcing these commitments through the IHR amendments and the WHO Pandemic Agreement will not only safeguard health but also advance broader development, economic stability and regional cohesion.

With sustained collaboration, mutual accountability and regional solidarity, Member States in the Western Pacific can leverage the Region's collective strengths and serve as a global model for inclusive, forward-looking health security action. WHO stands ready to support Member States throughout this process.

Annexes

Annex 1. Progress and tools to strengthen IHR (2005) core capacities in the Western Pacific Region

Goddard L, Khut QY, Samaan G (2025). Exercise Crystal: simulations that drive National IHR Focal Point capacity strengthening. Western Pac Surveill Response J. 16(2):1−8 (https://ojs.wpro.who.int/ojs/index.php/wpsar/article/view/1240).

World Health Organization Regional Office for the Western Pacific (2025). IHR (2005) National Legislation Toolkit Series. Manila: World Health Organization Regional Office for the Western Pacific (https://iris.who.int/handle/10665/382205).

Xiao K, Khut QY, Nguyen PN, Ochirpurev A, Casey ST, Kayamori Lopes J, Samaan G (2025). Progress on International Health Regulations core capacities in WHO's Western Pacific Region. Western Pac Surveill Response J. 16(3):1−8 (https://ojs.wpro.who.int/ojs/index.php/wpsar/article/view/1245).

Annex 2. Examples of regional operational readiness strengthening measures

Strengthening operational readiness through regional mechanisms can ensure faster, more equitable access to critical resources during public health emergencies. The following examples from other WHO regions illustrate how such mechanisms can contribute to preparedness and response efforts.

Strategic Fund and PAHOGen, WHO Region for the Americas

In the WHO Region for the Americas, pooled procurement mechanisms for the Strategic Fund for Essential Health Medicines and Supplies and the Revolving Fund for Access to Vaccines enables 54 countries to negotiate better prices and volumes for 800 products, including emergency vaccines and therapeutics. During the COVID-19 pandemic, the Strategic Fund helped mitigate supply chain disruptions and stockouts, facilitating the procurement of over US$ 300 million in diagnostic tests, personal protective equipment and intensive care medicines, benefiting more than 40 million people. In 2024, the WHO Region for the Eastern Mediterranean partnered with the Region for the Americas to expand access to essential medicines and health supplies through the Strategic Fund for its 22 countries and areas.

The Region for the Americas also promotes and coordinates regional genomic surveillance through PAHOGen – a network encompassing emerging arboviruses, antimicrobial resistance and respiratory pathogen surveillance. This initiative supports efforts to improve laboratory sequencing capacity and generate timely data, contributing significantly to regional public health surveillance, risk assessment and response.

Health Emergency Preparedness and Response Authority (HERA), European Union

The European Commission established the Health Emergency Preparedness and Response Authority (HERA) in 2021 to enhance public health emergency readiness through intelligence-gathering and strengthening of response capacities. During preparedness phases, HERA works with Member States to gather epidemiological intelligence to serve as the basis for strategic readiness coordination. During emergencies, HERA carries out targeted response actions such as activating emergency measures to bolster research, funding and manufacturing capacity, and acting as a central purchasing body for medical countermeasures. For example, the agency's Joint Procurement Agreement now includes 36 signatory countries and areas, covering 470 million people. Advance purchase contracts with four manufacturers through the European Union FAB Network have established sufficient and agile manufacturing capacities for different vaccine types (mRNA-based, vector-based and protein-based). These capacities will be kept ready to ensure rapid activation to secure 325 million

doses per year during a public health emergency. At the onset of the mpox clade 1b PHEIC, HERA's mechanisms rapidly procured 350 000 vaccine doses for immediate use and secured an additional 2 million doses for stockpiling. HERA has also negotiated contracts to supply more than 110 million doses of pandemic influenza vaccine when needed.

South-East Asia Regional Health Emergency Fund, WHO Regional Office for South-East Asia

In the WHO South-East Asia Region, the South-East Asia Regional Health Emergency Fund was established to complement the global Contingency Fund for Emergencies by providing immediate life-saving support during the critical initial phase of health emergencies. Nine out of the ten countries in the Region have accessed this regionally governed fund to support responses to COVID-19, landslides, flash floods and other acute public health emergencies.

Annex 3. Definitions of Public Health Emergency of International Concern and Pandemic Emergency

IHR (2005) Amendments

Pandemic Emergency and Public Health Emergency of International Concern (PHEIC)