

Reforming the International Health Regulations: A summary of key issues from the second meeting of the IHR Amendments Working Group (WGIHR/2)

PHM Global Health Governance Dispatches

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*Our international systems of global health emergency response and pandemic preparedness are being reformed. An International Negotiating Body (INB) has been convened to facilitate discussions on a new pandemic treaty, while a Working Group on Amendments to the International Health Regulations (WGIHR) is debating proposed reforms to the IHR (2005), the legally-binding instrument defining the rights and obligations of countries during global public health emergencies. Both the INB and WGIHR processes will culminate in recommendations for the consideration of the 77th World Health Assembly in May, 2024. The People's Health Movement (PHM) is following both processes. The purpose of these **Global Health Governance Dispatches** is to keep our partners and friends updated on developments in the pandemic accord and IHR negotiations, and to facilitate progressive advocacy as we approach this new era of global health governance.*



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Background

The carnage of COVID-19, and the perceived failures of the international community to respond to the pandemic in an effective and coordinated fashion, has sparked discussion and debate on the adequacy of the [International Health Regulations 2005 \(IHR 2005\)](#). In January, 2022, the United States submitted for the consideration of the World Health Assembly (WHA) [a set of detailed proposals to reform the IHR](#). In May of the same year, WHA75 adopted [Decision WHA75\(9\)](#), agreeing to establish a Working Group on Amendments to the International Health Regulations 2005 (WGIHR), mandated to “work exclusively on consideration of proposed targeted amendments to the [IHR] (2005) [...] for consideration by the Seventy-seventh World Health Assembly in 2024.” By early-2023, [307 separate amendments to the IHR had been proposed by 15 States Parties](#) (four of which were on behalf of regional and/or economic blocs, including WHO Member States from the African Union and the European Union).

From February 20th to 24th, the WGIHR held its second meeting, which constituted the first formal discussion of the proposed amendments amongst working group members. This edition

Key points from the second meeting of WGIHR

- **Some Member States report struggling with the tight timeline for negotiations.**
- **Equity-related proposals were sidelined by the IHR Review Committee.**
- **The WHO Secretariat was asked to publish a reference document showing proposed amendments alongside technical recommendations made by the Review Committee.**
- **Member States agreed to cluster countries' IHR amendment proposals and move forward with text-based negotiations.**
- **WGIHR/3 will discuss the establishment of an Implementation Committee, specifics related to public health response and core capacities, and mechanisms for collaboration and coordination, including a new financing mechanism.**

of the **PHM IHR Amendments Dispatches Dispatches** summarizes the discussions that took place at WGIHR/2, highlighting points of particular importance for civil society actors and progressive health equity activists.

Summary of WGIHR/2

The second meeting of the WGIHR (WGIHR/2) took place between February 20th to 24th, 2023. The meeting started with discussions on Agenda item 3, which focused on the [timeline](#) for the work of the WGIHR and on the Working Group's coordination with the Intergovernmental Negotiating Body (INB), which is currently in the midst of negotiations for a new convention or other international instrument to govern pandemic prevention, preparedness and response. Some countries expressed concerns about the proposed meeting dates and timeline. Other topics discussed include objections to making weekends and holidays a norm in WHO meetings outside of the Executive Board (EB) and the World Health Assembly (WHA), objections to the planned April meetings coinciding with Eid al-Fitr, and the need to prioritize the mental health of delegates and staff members. The Chair reminded member states that the deadlines for the meetings were set by the decision [WHA75\(9\)](#). He also suggested that member states needed to be focused on grouping proposals into themes or areas during the meetings in order to use the meeting time efficiently.

Report of the Review Committee on Amendments to the IHR 2005

Moving on to Agenda Item 4, the [report](#) of the Review Committee on the Amendments to the IHR 2005 was presented by Dr. Clare Wenham, the rapporteur of the Committee. The report contained essential points on the 307 proposed amendments to the IHR and 6 of the 9 annexes, including new articles and

technical posts. The proposed amendments can be categorized into technical and political, although the Committee did not indicate which is which. However, there seems to be a distinction between proposals aimed at enhancing information sharing and surveillance and those concerning other issues. The Committee provided its advice based on the current IHR Article 2 or 3, depending on the proposed amendment's scope and principles. All countries indicated that they wished to promote principles of equity, solidarity, international cooperation, trust, transparency, and sovereignty. Nevertheless, there was a major divide between the Global North and Global South in terms of priorities. Countries like Botswana, Kenya, Eswatini, and Peru proposed expanding the scope of IHR 2005 provided in Article 2 to include solidarity, equity, and strengthening health systems. Currently, Article 2 of the IHR 2005 states that the regulations set out in it are to prevent, control and respond to risks of international disease spread "in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade." Changing the IHR to include environmental risks and/or provision to put public health interests over commercial interests, for example, is arguably beyond the scope of Article 2. Generally speaking, Global North countries opposed all proposals under Article 2. The committee urged careful consideration of whether such proposed amendments fit within the overall scope of the IHR. Member States have proposed amendments to the IHR, with a focus on modernizing regulations, prioritizing public health over commercial interests, and

embedding equity elements. Countries have different views on the scope of the IHR, information sharing, access and benefit sharing, the applicability of the principle of common but differentiated responsibilities (CBDR), how [core capacities](#), including national legislation and outbreak surveillance and response infrastructures, should be financed, and issues related to sovereignty. The IHR amendment is a Member State-led process, but there are concerns about transparency, inclusivity, and previous recommendations. The Vice-Chair of the IHR 2005 Review Committee stressed the importance of dialogue and cooperation to find solutions to differences, while the Rapporteur emphasized the need for equity, solidarity, and international cooperation for global health security.

Global North and Global South divide in the proposed amendments

Upon discussing [proposals and recommendations](#) made by different countries regarding the IHR and their possible amendments. Global South countries, chiefly the African Group, proposed adding specific issues such as equity and technological developments, strengthening core capacities of State Parties, surveillance and response, data coherence, objective risk assessment and early warning criteria, equitable access and distribution of medical countermeasures, establishment of a digital global health information management system, harmonization of travel documents, and greater accountability of state parties and WHO. Others, chief among them the USA, suggested adding regional and intermediate alerts to the current PHEIC determination,

reevaluating the notification criteria, expanding the scope of parameters related to the public health response, including genetic sequence data and information, and proposing new articles for equitable access to health products and benefit sharing mechanisms. Some recommendations focused on prioritizing specific technical issues, while others suggested positive incentives for countries and flexible, open, and operable amendments. Finally, some countries emphasized the need to consider issues related to availability and access to health products, manufacturing, and production, and not increasing the burden on States, particularly Global South countries. There are differing opinions among Member States regarding the scope of the proposed amendments. Global North proposals lack provisions for achieving equity, unlike the proposals from developing countries. This is in line with the USA and EU's policy of applying equity principles only during pandemic-scale health emergencies, hence these countries often requested to move equitable access matters to the INB discussion. Moreover, their proposals aim to emphasize information sharing obligations and promote a securitization agenda. In contrast, the Global South proposals aim to ensure equity in health emergency preparedness and response comprehensively. A more detailed analysis of the 55 developing countries' proposals on equity has been published by [Third World Network \(TWN\)](#) and [Knowledge Ecology International \(KEI\)](#). Their proposals include fair access to health products and technologies, health systems strengthening, and intellectual property rights exemptions during a public health emergency. The WHO Africa region,

India, Bangladesh, and Malaysia have requested amendments to Article 3 of the IHR, which currently only directs the regulations to adhere to the UN Charter, international law, and sovereign rights, to also include equity and solidarity principles. Brazil suggested that political choices may be necessary for proposals that are not purely technical, but Pakistan warned of prolonging the already lengthy and intense negotiations.

WHO to publish a guiding document

On Day 5 of the meeting, the Chair read out the draft report and invited Member States to provide edits. The working group approved an updated list of relevant stakeholders and agreed to a provisional timeline that includes adjusting the dates of the third meeting and including the sixth meeting. The Secretariat also agreed to organize a document showing proposed amendments alongside technical recommendations made by the Review Committee to be shared with Member States the following week.

During the discussion, Member States expressed differing views on the document, with Nigeria requesting a timeframe for preparation and circulation, India seeking clarification on the document's legal status, and Bangladesh preferring the document to remain an information document without any influence on the discussion or other documents. Monaco, the USA, and Argentina argued that the document should be treated as an official document for consultative purposes, while Brazil considered it a reference document. Mexico emphasized the importance

of translating the document into all six official languages.

Debate over the term “Package”

There was also debate over whether the IHR amendments should be examined holistically as a package, with Brazil proposing it initially, but later retracting the suggestion. The USA objected to this proposal, and the EU also objected to examining amendments as a package, suggesting that each amendment should be examined individually. A compromise was eventually reached, where each amendment would be examined individually, with the final outcome of negotiations presented as a package.

Conclusion

The Secretariat confirmed that the upcoming document will be circulated the following week after translation and will serve as an information document for reference, not a legal document for the Assembly. The document has now been made available for the public [here](#). The revised timeline for the WGIHR and INB meetings which accommodate Eid al-Fitr celebration on April 21st is available [here](#).

The draft [report](#) was adopted with some amendments, but unresolved issues remained, including the request for a two-day pause between IHR and INB meetings in December, clarification on which relevant stakeholders will possibly be allowed to observe the proceedings, and the need for interpretation in all WHO official languages. The WHO has now published a list of [relevant stakeholders](#). The meeting ended with a discussion on Russia's invasion of Ukraine, which resulted in

heated debate among Member States. The Chair asked Member States to be more effective and efficient in their discussions and not bring up political matters in technical meetings.

Looking ahead: WGIHR/3 and beyond

WGIHR/3 will be held from April 17th to 20th, 2023. During the closed session of WGIHR/2, there was a discussion and a consensus to cluster countries' proposals (see ANNEX 1 of report). We can only hope that

the next negotiation will be more substantive and not reduced to a simple exercise of twisting language. WGIHR/3 will discuss three clusters which are the establishment of an Implementation Committee, specifics in public health response and core capacities, and mechanisms for collaboration and coordination including a new mechanism for financing. In the meantime, there will be two INB negotiations to determine if the call for greater equity and solidarity will be further discussed.

