4. Documents from Other International Organizations

States Parties to the CWC are joined in their efforts to govern chemical weapons by a number of other international organizations that have interests in relevant issues that fall within their respective mandates. Documents emanating from these organizations are included in this section. The activities and initiatives of these organizations also serve to strengthen the international norm against the misuse of chemistry and promote the sound management of chemicals.

4.1 International Committee of the Red Cross

The International Committee of the Red Cross (ICRC) is an independent, neutral organization ensuring humanitarian protection and assistance for victims of war and armed violence. Established in 1863, the ICRC is headquartered in Geneva with delegations in around 80 countries and it has more than 12,000 staff. The ICRC's involvement in preventing the hostile application of poisons and disease is long standing, for example, it issued an appeal against the use of poison gas during the First World War. Regarding the use of these weapons as abhorrent, the ICRC has argued that 'the use of such weapons would contravene existing international treaties and many of the fundamental norms of international humanitarian law'.

More recently, the ICRC has held a series of international meetings to look at incapacitating chemical agents and, amongst other things, the political and legal ramifications of their use. Following on from these meetings the ICRC has produced a six page synthesis of the subject which concludes that the Third CWC Review Conference 'provides an important opportunity to build and shape international consensus' on issues related to incapacitating chemical agents. The synthesis document is included in the *Resource Guide*, with further information available from the ICRC's Arms Unit, which forms part of the Legal Division, via http://www.icrc.org/eng/war-and-law/weapons/chemical-biological-weapons/index.jsp.

4.2 United Nations Environment Programme

The United Nations Environment Programme (UNEP) is the designated authority of the UN system for environmental issues at the global and regional level. Its mandate is to coordinate the development of environmental policy consensus by keeping the global environment under review and bringing emerging issues to the attention of governments and the international community for action.

UNEP administers a number of multilateral environmental agreements dealing with toxic chemicals including: the 1989 Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal; the 1998 Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade; and the 2001 Stockholm Convention on Persistent Organic Pollutants. Space limitations preclude including these agreements in the *Resource Guide*, but more information can be found on their respective websites: www.basel.int; www.pic.int; and www.pops.int.

The International Conference on Chemicals Management in Dubai in February 2006 adopted the Strategic Approach to International Chemicals Management (SAICM). The Strategic Approach was mandated by UNEP and endorsed by the World Summit on Sustainable Development in 2002 and the World Summit in 2005. Developed by a multi-stakeholder and multi-sectoral Preparatory Committee, the Strategic Approach supports the achievement of the goal agreed at the World Summit on Sustainable Development of ensuring that, by the year 2020, chemicals are produced and used in ways that minimize

significant adverse impacts on the environment and human health. The UNEP document Strategic Approach to International Chemicals Management (SAICM), including the Dubai Declaration, is included for this reason.

UNEP also coordinates the Green Customs Initiative in which many other international organizations (including the OPCW, the World Customs Organization and Interpol) participate. The initiative offers information and training materials for customs officials to combat illegal trade in commodities of environmental concern, such as ozone depleting substances, toxic chemicals, hazardous wastes and endangered species. Space again precludes inclusion of the Green Customs Initiative background documents, but more details can be found at http://www.greencustoms.org.

4.3 World Health Organization

The World Health Organization (WHO) is the United Nations specialized agency for health established in April 1948 and based in Geneva. It is governed by its 194 Member States through the World Health Assembly. The WHO has long been concerned with preventing the hostile exploitation of chemistry and biology. In 1969, the World Health Assembly, requested the WHO Director-General to continue to cooperate with the United Nations Secretary-General on the issue of chemical and biological weapons and the consequences of their possible use. The 1970 WHO report on *Health Aspects of Chemical and Biological Weapons: Report of a WHO Group of Consultants* was the result of that work.

In May 2002, the World Health Assembly adopted resolution WHA 55.16 defining a role for WHO in responding to the 'natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health'. In 2004, it published *Public Health Response to Biological and Chemical Weapons—WHO Guidance* (see http://www.who.int/csr/delibepidemics/biochemguide/en/index.html), a revised and updated version of its 1970 report.

The WHO also supports the implementation of the revised International Health Regulations (2005), a legally binding agreement that entered into force in 2007 and provides 'a new framework for the coordination of the management of events that may constitute a public health emergency of international concern'. IHR considers a range of public health risks that affect human health regardless of the source, including the deliberate release of toxic chemical substances, and for this reason the IHR are included in this guide. The implementation of IHR (2005) is monitored and summarised in States Parties' report on IHR core capacity implementation which includes assessment of the development of capacities for four IHR-relevant hazards including chemical events further details of these reports is available from: http://www.who.int/ihr/en/.

TOXIC CHEMICALS AS WEAPONS FOR LAW ENFORCEMENT:
A threat to life and international law?

SYNTHESIS

Introduction

During the past ten years there has been much discussion and analysis of so called "incapacitating chemical agents" and of the use of these toxic chemicals as weapons for law enforcement. The International Committee of the Red Cross (ICRC) has raised concerns and highlighted significant risks associated with the development and use of these weapons. A small number of countries have raised their own concerns at meetings of States party to the Chemical Weapons Convention.

The ICRC has held two international expert meetings on "incapacitating chemical agents", involving government and independent experts. The first meeting, in March 2010, explored a range of issues, including: the history of interest and use; human impact and technical feasibility; ethical issues; operational contexts of use; and implications for international law. The second meeting, in April 2012, incorporated perspectives from law enforcement, human rights law, drug control law, as well as a wide ranging discussion of potential policy choices. In September 2011 the Swiss and Finnish governments held a technical workshop focusing on the underlying scientific and technical questions. Relevant reports and analyses have also been published by international experts and eminent organisations such as the British Medical Association and the Royal Society.

From the ICRC's perspective, the main dimensions of this subject – scientific and technical, operational, legal, and policy – have now been explored in detail in these settings.

This document is the ICRC's synthesis of the subject. (A two-page summary is also available). It summarises the issue and describes the toxic chemicals in question, the relevant international law, the main risks, and the broad policy choices available to States. It is intended to inform and encourage national policy development, and to raise broader awareness of the ICRC's concerns.[1]

What is the issue?

There has been continued interest in some countries in the development and use of certain toxic chemicals as weapons for law enforcement. This interest has focused on toxic chemicals that incapacitate through causing sedation or unconsciousness. These weapons have been described as "incapacitating chemical agents", "incapacitating agents", "knock-out gas", "calmatives", "pharmacological weapons", and "drugs as weapons".

Past military chemical weapons programmes weaponised a range of toxic chemicals as weapons to cause incapacitation or death, including nerve agents (e.g. sarin), blister agents (e.g. mustard gas), blood agents (e.g. cyanide), choking agents (e.g. phosgene), and incapacitating agents (e.g. BZ).

From the late 1940's onwards weapons researchers sought to develop these "incapacitating agents" as chemical weapons that would incapacitate the victims for hours or days but with a relatively low risk of death. The focus throughout was on chemicals that altered or impaired the functioning of the brain. However, the search was an unsuccessful one. Hallucinogenic agents such as LSD and deliriant chemicals such as BZ were ultimately excluded because of their ineffectiveness and unpredictable effects. Toxic chemicals which were effective at causing incapacitation in small 'doses', such as derivatives of the powerful anaesthetic drug fentanyl, were excluded because they were too dangerous.

In 1993 the Chemical Weapons Convention was adopted. It banned the development, production, stockpiling and use of chemical weapons. However, the convergence of military and police operational requirements – military forces taking on more policing-type roles and police forces taking on counter-terrorism missions – provided a context for the development of toxic chemicals as weapons to continue, with focus again on dangerous anaesthetic and sedative drugs, but for use in law enforcement.

The development and use of so called "incapacitating chemical agents" as weapons raises a contradiction that has not been adequately addressed by government policy makers. On the one hand, in agreeing the Chemical Weapons Convention, States are "determined for the sake of all mankind, to exclude completely the possibility of the use of chemical weapons". On the other hand, the development of toxic chemicals as weapons for use in law enforcement has continued.

Which toxic chemicals?

Toxic chemicals

The toxic chemicals in question, and that have been considered or used as weapons for law enforcement in recent years, are mostly powerful anaesthetic and sedative chemicals that degrade the functioning of the brain. In developing these as weapons for law enforcement the aim has been to acquire a capability to cause mass anaesthesia or sedation in certain tactical situations.

[1] This document is not a report of the April 2012 ICRC expert meeting, which will be published separately.

The opioid chemical fentanyl and its variety of similar derivatives have been subject of most attention, as well as benzodiazepines such as midazolam, and alpha-2 adrenergic agonists such as dexmedetomidine. The effects of these toxic chemicals on humans are to cause sedation, unconsciousness and death by severely impairing the functioning of the brain. The severity of the effects is dependent on the 'dose' to which a person is exposed, which is an important concept in both pharmacology and toxicology. Victims will generally require medical attention to recover.

There is no dividing line, on a technical basis, between the types of toxic chemicals considered as "incapacitating chemical agents" for law enforcement and the toxic chemicals developed and used as "lethal" chemical warfare agents in past conflicts to incapacitate and kill. When used as weapons, some of the toxic chemicals considered for law enforcement can exert a potentially lethal effect in similarly small quantities to chemical warfare agents.

Not riot control agents

It is important to be clear that this issue is not about riot control agents such as CS, CN, OC or 'pepper spray', and PAVA, which are often referred to collectively as 'tear gas' and have long been considered legitimate means for law enforcement. They are in widespread use both in hand-held spray devices targeted at individuals and in larger dispersal devices which are targeted at groups of people.

These irritant chemicals cause rapid irritation and pain in the eyes, respiratory tract, and skin, which lasts for a relatively short duration (15 to 30 minutes) after exposure. Their use is not without risks but, unlike many anaesthetic and sedative chemicals, there is a large difference between the 'dose' of a riot control agent that will cause pain and irritation and the amount that will be fatal. Medical attention is normally not required for victims to recover.

Put simply, riot control agents cause people to flee or to be temporarily compromised by the pain caused whereas toxic chemicals described as "incapacitating chemical agents" cause people to collapse and become extremely vulnerable to suffocation and further injury, whether intentional or unintentional. Riot control agents tend to be used where the use of conventional force is not appropriate or as an alternative to it, whereas "incapacitating chemical agents" are sometimes promoted as enablers for subsequent use of conventional force.

What is the applicable legal framework?

Deliberate poisoning has long provoked public abhorrence. This abhorrence has spanned several millennia as even ancient civilisations banned poisoning in warfare. It was first codified in modern international law in 1899 when countries met in The Hague to prohibit "poison or poisoned arms" including "projectiles, the only object of which is the diffusion of asphyxiating or deleterious gases".

After the First World War, with vivid images of the horrors of chemical warfare fresh in their minds, the international community sought to reinforce and expand the prohibition. Countries agreed the 1925 Geneva Protocol, which banned the use of chemical and biological weapons.

In armed conflict there is an absolute prohibition on the use of toxic chemicals as weapons under the 1925 Geneva Protocol, the 1993 Chemical Weapons Convention, and customary international humanitarian law. This includes a prohibition on the use of riot control agents as a method of warfare.

Outside armed conflict, the diverse legal framework of the Chemical Weapons Convention, the 1972 Biological Weapons Convention, international human rights law, and international drug control law regulates any use of toxic chemicals as weapons for law enforcement.

Chemical Weapons Convention

The Chemical Weapons Convention prohibits the development, production, stockpiling and use of chemical weapons, and makes provisions for the destruction of existing weapons stockpiles. Even though eight countries remain outside the Convention, customary international humanitarian law prohibits the use of chemical weapons by any party to an armed conflict.

Under the Convention, a specific provision is made for "law enforcement including domestic riot control" as one of the "purposes not prohibited". However, there is ambiguity on which toxic chemicals may be used as weapons for law enforcement and which "types and quantities" are consistent with these purposes.

Riot control agents are defined under the Convention[2] and are clearly permitted for law enforcement. However there is no other category of chemicals defined specifically. For the purposes of the Convention, all other chemicals, whether used to cause temporary incapacitation or to kill, are grouped together as toxic chemicals.[3]

The Convention does not make explicit which toxic chemicals other than riot control agents, if any at all, may be used as weapons for law enforcement. As a result, there remain differing interpretations of what this provision allows. Some take the view that only riot control agents may be used for this purpose. Others argue that an unspecified wider range of toxic

[2] The Chemical Weapons Convention defines riot control agents as: "Any chemical not listed in a Schedule, which can produce rapidly in humans sensory irritation or disabling physical effects which disappear within a short time following termination of exposure."
[3] The Chemical Weapons Convention defines a toxic chemical as: "Any chemical which through its chemical action on life processes can cause death, temporary incapacitation or permanent harm to humans or animals."

chemicals may be used, up to but not including toxic chemicals on Schedule 1 of the Convention.

Biological and Toxin Weapons Convention

The Biological and Toxin Weapons Convention prohibits the development, production and stockpiling of biological and toxin weapons. Unlike the Chemical Weapons Convention, there is no provision permitting the use of any biological agents as weapons for law enforcement. Given suggestions that some biological agents, such as peptides, might be considered as "incapacitating agents" for law enforcement, it is important to recall the comprehensive nature of this prohibition.

International human rights law

International human rights law is the primary area of law constraining the use of force and weapons for law enforcement. It safeguards the right to life by placing strict constraints on the use of force and weapons that are 'potentially lethal'.

Under international human rights law, the toxic chemicals that have been described as "incapacitating chemical agents" must be considered as potentially lethal given current knowledge about their effects on humans and the significant risk of death and permanent disability.

Under human rights law the use of potentially lethal force should be avoided. It is a measure that must be absolutely necessary, meaning a measure of last resort, and strictly unavoidable to protect life or physical integrity. It must be preceded by other measures, following an escalation of force procedure. It must be proportionate to the aim pursued.

In the scenarios in which these toxic chemicals have been proposed for use, as weapons to incapacitate groups of people, it is not possible to control their effects or to target them solely at the persons who are threatening life. In these situations, such as hostage scenarios, the toxic chemicals will pose the same risks of death and permanent disability to aggressors and innocent bystanders alike (see below under "What are the risks for life?").

In light of the certainty that bystanders will also come to harm, the question to be asked is whether such a means is absolutely necessary to save the lives of those who are threatened, that is whether there are any other means available that would achieve the same aim while posing less of a danger to life; and whether this is an unavoidable measure of last resort, the State having exhausted all feasible less harmful means before it resorts to this means.

The only legal case decided to date relating to the use of these types of toxic chemicals as weapons for law enforcement is that of *Finogenov and others vs Russia* at the European Court of Human Rights. This case relates to the Moscow theatre siege incident of 2002, where Russian special forces pumped toxic chemicals into a theatre auditorium to incapacitate hostage takers and hostages alike in an attempt to resolve this difficult situation.

In 2011 the European Court of Human Rights found that the Russian government violated the right to life of the hostages through inadequate planning and implementation of the rescue operation. However, it judged that use of the toxic chemicals itself did not violate the right to life, accepting the argument that they were not intended to kill.

There are a number of open questions about this judgement. For example, the Court was not provided information about the specific toxic chemicals used and thus was in a difficult position to judge whether the adverse effects of their use should have been foreseen. The dangerous effects of anaesthetic and sedative chemicals are well known, and were illustrated by the deaths of 129 hostages in this incident and permanent disabilities suffered by survivors. In addition, it is evident that the 'dose' of a chemical delivered cannot be controlled in such a tactical situation and that it is extremely difficult, if not impossible, in such situations to provide the immediate medical care that might be characterised as adequate to protect life.

International drug control law

The international drug control treaties are another area of international law that governs the uses of certain toxic chemicals. The 1961 Single Convention on Narcotic Drugs and the 1971 Convention on Psychotropic Substances place strict controls on certain toxic chemicals with few exceptions.

The lists of drugs controlled under these two treaties include some of the toxic chemicals that have been considered as weapons for law enforcement. Fentanyl and many of its derivatives are among the list of controlled substances under the 1961 treaty and many benzodiazepines are among the list of controlled substances under the 1971 treaty.

Article 4 of the 1961 Convention and article 5 of the 1971 Convention require that the production, manufacture, export, import, distribution of, trade in, use and possession of controlled drugs must be limited exclusively to "medical and scientific purposes".

In summary, this overlapping legal framework leaves little room, if any, for the legitimate use of toxic chemicals – other than riot control agents – as weapons for law enforcement under international law.

What are the risks to life?

There is no such thing as a safe "incapacitating chemical agent" used as a weapon, and this will not change with foreseeable advances in science and technology. Sedative and anaesthetic chemicals are used safely as drugs in medicine. However, the use of these toxic chemicals as weapons to cause effective incapacitation of a group of people will inevitably cause deaths and serious injuries among some, including permanent disabilities and other long term effects. In

theory, the user of these toxic chemicals as a weapon would seek to render all those targeted temporarily unconscious and then enable them to make a full recovery. In reality, it is not possible to carry out this mass anaesthesia safely in a tactical situation.

In a medical setting these chemicals are administered by consent on an individual basis by medical professionals, and in a highly controlled environment. Precautions are necessary to limit the risk of death and other adverse health effects. The dose of a chemical used is calculated and administered precisely according to the individual characteristics of the patient (e.g. age, weight, health, and existing medication). While a person is unconscious their vital signs are monitored and their breathing is supported because it can often be impaired during anaesthesia. Even then the risks cannot be eliminated.

In a tactical situation, when the same types of chemicals are used as weapons against a group of people without their consent, none of these safeguards are feasible. It is not possible to control the 'dose' of the chemical that each victim is exposed to, let alone make adjustments for wide variations in effects due to differences in age, weight and health among those targeted. It is extremely difficult, if not impossible, to provide the necessary immediate medical care including support for breathing, which is often impaired during anaesthesia.

The risks of death and permanent disability are greatly increased due to this inability to prevent overdose or to ensure breathing and other vital signs are monitored and supported. Secondary risks to life and health arise due to airway obstruction, the impact of falling, and the inability of those rendered unconscious to protect themselves from other dangers in the surrounding environment.

The tactical utility of using these toxic chemicals as weapons for law enforcement is also questionable. It is a common misconception that incapacitation can ever be instant. Even an intravenous injection of an anaesthetic in a consensual medical setting will take 15 to 30 seconds to have effect. In a tactical situation, when such a chemical is delivered through the air as a weapon it will take at least several minutes to cause complete incapacitation in all those targeted. Therefore, their use will never immediately prevent aggressors from using force. The ease of countermeasures may also be overlooked. Gas masks and antidotes for certain toxic chemicals may be available to aggressors for protection but not to innocent bystanders.

What are the other potential risks, in particular to international law?

Erosion of the prohibitions of chemical and biological weapons

A major risk to upholding international law is that the development and use of these toxic chemicals as weapons for law enforcement will erode the historic prohibition of poisoning and the specific prohibition of chemical weapons set out in the Chemical Weapons Convention. The Convention is the result of international political decisions forgoing weapons deemed abhorrent to the public conscience. It is the foundation for ensuring that the ban on chemical weapons endures, and continuing interest in the use of toxic chemicals as weapons for law enforcement endangers its integrity.

With increasing convergence of chemistry and biology, and any consideration of biological agents, such as peptides, as "incapacitating agents", this erosion could also extend to the prohibition of biological weapons as well.

Proliferation

The continued development and use of toxic chemicals as weapons for law enforcement is likely to present broad and unpredictable risks for security, including inevitable proliferation. Research, development, production, stockpiling and use of toxic chemicals as weapons that are prohibited in warfare will proceed within a law enforcement framework. Acquisition of weapons by specialised police units or special forces, and even by military forces in international operations such as peacekeeping, could be expected. Use of these weapons, or demand for such use, may range from limited domestic law enforcement scenarios to wider military operations in which the boundaries between law enforcement and conduct of hostilities in armed conflict can become blurred.

Proliferation will likely occur among different forces within countries and among a growing circle of countries. This spread will be unpredictable and is unlikely to be uniform. Different countries may develop different toxic chemicals with different effects as weapons for use in a variety of circumstances. Such proliferation could be expected over time to extend to non-state and criminal groups.

Depending on the extent of proliferation there could be the risk of an "arms race" of new chemical weapons and defensive countermeasures, which would be accentuated by any military acquisition of these weapons. Those without access to new chemical agents may revert to traditional chemical warfare agents as chemical weapons are seemingly re-legitimised. It is likely perceptions would emerge that acquisition of chemical weapons for a wide range of law enforcement operations was being used to justify military acquisition, or even as a cover for wider military chemical weapons programmes.

Hostile exploitation of 'dual-use' science and technology

Any continuing programmes to develop and weaponise toxic chemicals for law enforcement are likely, by default, to establish a pathway for the application of advances in science and technology to the development of new chemical weapons.

Developments in legitimate scientific research, in particular those in the pharmaceutical health sector, might be explored for weapons applications. Concerns over the misuse of legitimate 'dual-use' science and technology might become reality as new drugs developed to facilitate medical treatment become candidates for weapons development.

Contemporary interest in toxic chemicals as weapons for law enforcement has focused on using anaesthetic chemicals to cause unconsciousness. However, incapacitation can be achieved through manipulating or impairing various processes in the body, or through causing effects such as convulsions. If programmes to develop toxic chemicals as weapons for law enforcement are established and expand, there is a risk that a range of toxic chemicals would be explored and weaponised with various adverse effects on human metabolism, consciousness, behaviour, and identity. A desire to attempt temporary incapacitation may not be sought by all weapons developers. Some could exploit this to focus on new highly "lethal" agents, or chemicals that cause long term injury or disabilities.

A 'slippery slope' back to chemical warfare

The development and use of toxic chemicals as weapons for law enforcement creates a 'slippery slope' that will increase the likelihood that chemical weapons could be reintroduced to armed conflicts. Although current interest in these weapons is for certain law enforcement operations, if acquired and used by special forces or military forces for law enforcement operations, it might generate an interest to use such means for law enforcement within the context of an armed conflict, possibly even in the conduct of hostilities. Several trends could accentuate the risk of their use during the conduct of hostilities.

Firstly, particularly within non-international armed conflicts that are the prevalent types of armed conflict today, there will be operations that amount to conduct of hostilities and others that are part of law enforcement and such situations may change rapidly, leading to an increased blurring of lines. Secondly, there will be situations where it is difficult to establish with precision when the threshold to an armed conflict is crossed. Thirdly, there may be situations in which the existence of an armed conflict is denied by a party to a conflict. And, lastly, the notion of law enforcement can carry different meanings for different actors.

If the use of these toxic chemicals as weapons in armed conflict did occur then there may be an additional risk of retaliation and escalation to other chemical weapons, as occurred in many previous incidences of chemical warfare. The initial use and any retaliation would constitute unambiguous violation of the Chemical Weapons Convention. The regime "to exclude completely the possibility of the use of chemical weapons", which took most of the 20th century to construct, would have been breached, perhaps irreparably.

What are the policy choices for States?

There are four broad policy choices that can be envisaged. The first two assume that it can be legitimate under international law to use certain toxic chemicals – other than riot control agents – as weapons for law enforcement in some circumstances; a subject on which there remain differing views. The second two approaches can be taken independently of whether the use of toxic chemicals as weapons for law enforcement is assessed to be legitimate or not under international law:

- **Continuing ambiguity** on the use of toxic chemicals as weapons for law enforcement.
- **Regulation** of the use of toxic chemicals as weapons for law enforcement.
- **Moratorium** on the use of toxic chemicals as weapons for law enforcement.
- **Prohibition** of the use of toxic chemicals as weapons for law enforcement.

In reviewing policy choices individual States will first need to recall their existing legal responsibilities and obligations. They will also need to assess the risks to life, the risks to international law, and the risks to security against any perceived benefits of developing and using toxic chemicals as weapons for law enforcement. In particular, States will need to consider the potential implications of their policy choices on reducing or increasing these risks.

Continuing ambiguity

This is the approach currently being implemented where ambiguity remains on which toxic chemicals are permitted as weapons for law enforcement, and in which circumstances. In the absence of national policy decisions, there is room for different interpretations among countries. State practice in response to a variety of unpredictable events will determine what is acceptable, and the extent of the resulting risks.

A variation of this approach is to attempt further clarification of ambiguities through continued discussion among a wider group of actors and States. However, it is submitted that the existing body of analysis provides sufficient information to make informed policy decisions.

Regulation

This approach would aim to set internationally agreed boundaries on the types and quantities of toxic chemicals and their means of delivery that would be considered acceptable as weapons for law enforcement, or at least to increase transparency about States' views in this regard, including any current holdings of such weapons.

Defining these boundaries would require a degree of international negotiation and the development of a consensus that does not currently exist. Since there is no dividing line, on a technical basis, between the toxic chemicals proposed as "incapacitating chemical

agents" and those developed as "lethal" chemical warfare agents, from a practical perspective it may not be possible to set meaningful boundaries about what is acceptable.

Moratorium

This approach would involve States enacting a moratorium on the research, development, stockpiling and use of toxic chemicals (other than riot control agents) as weapons for law enforcement. A moratorium would provide a means of temporarily limiting the risks posed by continuing ambiguity. It would be an intermediate measure that could lead either to prohibition or to regulation.

A moratorium would provide time for a wider variety of States, particularly those that have not been involved in discussions to date, to understand the issues at hand and to develop longer term decisions on national policy while at the same time demonstrating recognition of the risks of continuing ambiguity. Any moratorium would need to be accompanied by a process within and among States to clarify existing legal constraints, assess risks and benefits, and either to decide on prohibition or regulation.

An internationally agreed moratorium could be more effective due to wider participation. However, individual States or like-minded groups could enact moratoria independently as a means of acknowledging the risks and highlighting these to other States.

Prohibition

This approach would involve States enacting a prohibition on the research, development, stockpiling and use of toxic chemicals (other than riot control agents) as weapons for law enforcement. It would clarify that only riot control agents would be used for these purposes. National prohibitions could be established independently as a matter of national policy, and without the need for international agreement, as at least one State has already done.[4] As more States enacted prohibitions, either individually or as a like-minded group, they would set an example for others in responding to the risks associated with the use of toxic chemicals as weapons for law enforcement.

For States that have concerns about the development of toxic chemicals as weapons for law enforcement, and that have no intention of pursuing such weapons themselves, enacting an explicit national prohibition would contribute to lessening the risks associated with continuing ambiguity.

Ultimately an international prohibition could be agreed at the multilateral level that either clarified an existing prohibition under international law, or developed the existing legal framework to exclude current ambiguity.

[4] Germany (1994) *German CWC Implementation Act (Ausführungsgesetz zum Chemiewaffenübereinkommen – CWÜAG)* 2 August 1994, amended 11 October 2004.

What action is needed?

There is an absolute prohibition on the use of chemical weapons in armed conflict. However, it has been a subject of debate whether the use of toxic chemicals as weapons for law enforcement is desirable, and whether it could be consistent with international law. A lack of clarity on this issue over the past ten years presents serious risks to life, to international law, and to security.

Significant efforts have been made to examine relevant scientific and technical, operational, legal, and policy issues, including during two expert meetings held by the ICRC. States that have been involved in these discussions[5] now have the information required to make informed policy decisions. Leadership is needed from individual States – or a like-minded group – to take national policy decisions and promote them at the multilateral level.

At a time when attention is turning from completing chemical disarmament to preventing the re-emergence of chemical weapons, policy development on the issues raised here should be a high priority. In addition, the third Review Conference of the Chemical Weapons Convention in April 2013 provides an important opportunity to build and shape international consensus.

International Committee of the Red Cross
Geneva, September 2012[*]

Further reading

International Committee of the Red Cross, Geneva (forthcoming, 2012) *Report of an Expert Meeting. "Incapacitating chemical agents": law enforcement, human rights law, and policy perspectives.*

Spiez Laboratory, Swiss Federal Office for Civil Protection (2012) *Report of a technical workshop on incapacitating chemical agents*.

The Royal Society, London (2012) *Brain Waves 3: Neuroscience, conflict and security*.

International Committee of the Red Cross, Geneva (2010) *Report of an Expert Meeting. "Incapacitating chemical agents": implications for international law.*

British Medical Association (2007) *The use of drugs as weapons: the concerns and responsibilities of healthcare professionals.*

[5] States that participated in one or both ICRC Expert Meetings are: Australia, China, Czech Republic, Finland, France, Germany, India, Norway, Pakistan, Russia, South Africa, Switzerland, United Kingdom, and United States.

[*] For further information please contact the Arms Unit, Legal Division, International Committee of the Red Cross.

Strategic Approach to International Chemicals Management

Comprising the Dubai Declaration
on International Chemicals Management,
the Overarching Policy Strategy
and the Global Plan of Action

Resolutions of the International Conference
on Chemicals Management

At its first session, held in Dubai, United Arab Emirates, from 4 to 6 February 2006, the International Conference on Chemicals Management adopted the Dubai Declaration on International Chemicals Management and the Overarching Policy Strategy. The Conference also recommended the use and further development of the Global Plan of Action as a working tool and guidance document. Together these three documents constitute the Strategic Approach to International Chemicals Management.

The first session of the Conference and the process to develop the Strategic Approach to International Chemicals Management were co-convened by the United Nations Environment Programme (UNEP), the Inter-Organization Programme for the Sound Management of Chemicals (IOMC) and the Intergovernmental Forum on Chemical Safety (IFCS). The participating organizations of IOMC are the Food and Agriculture Organization of the United Nations (FAO), the International Labour Organization (ILO), the Organisation for Economic Co-operation and Development (OECD), UNEP, the United Nations Industrial Development Organization (UNIDO), the United Nations Institute for Training and Research (UNITAR) and the World Health Organization (WHO). The Global Environment Facility, the United Nations Development Programme (UNDP) and the World Bank joined the IOMC participating organizations and IFCS in a steering committee established to oversee the Strategic Approach development process.

In its resolution I/1, the International Conference on Chemicals Management commended the Strategic Approach to the attention of the governing bodies of relevant organizations and encouraged them to endorse or otherwise appropriately acknowledge the Strategic Approach with a view to incorporating its objectives into their programmes of work within their mandates. In addition, the Conference requested UNEP to establish and assume overall administrative responsibility for the Strategic Approach secretariat. Both UNEP and WHO have lead roles in the secretariat in their respective areas of expertise.

Foreword

The Strategic Approach to International Chemicals Management is a landmark initiative in international cooperation to protect human health and the environment. Its development was endorsed by Heads of State and Government at their summits in Johannesburg in 2002 and in New York in 2005. Adoption of the Strategic Approach by the International Conference on Chemicals Management in Dubai, United Arab Emirates, on 6 February 2006 followed a consultative process involving representatives of Governments, intergovernmental organizations and civil society from all relevant sectors, including agriculture, environment, health, industry and labour.

The Strategic Approach provides a policy framework to guide efforts to achieve the Johannesburg Plan of Implementation goal that, by 2020, chemicals will be produced and used in ways that minimize significant adverse impacts on the environment and human health. It acknowledges the essential contribution made by chemicals to modern societies and economies while at the same time recognizing the potential threat to sustainable development if chemicals are not managed soundly.

In presenting the texts of the Strategic Approach and the resolutions of the International Conference on Chemicals Management, we should like to express our thanks and congratulations to all those who contributed to their development. The Strategic Approach represents a global commitment to protect our environment and future generations from chemical hazards. It now remains for all stakeholders to ensure that the aspirations of the Strategic Approach are fulfilled in its implementation. We wish them every success in this important endeavour.

H. E. Mariano Arana,
President of the International Conference on Chemicals Management,
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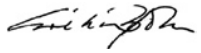

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Dubai Declaration on International Chemicals Management

We, the ministers, heads of delegation and representatives of civil society and the private sector, assembled at the International Conference on Chemicals Management in Dubai from 4 to 6 February 2006, declare the following:

1. The sound management of chemicals is essential if we are to achieve sustainable development, including the eradication of poverty and disease, the improvement of human health and the environment and the elevation and maintenance of the standard of living in countries at all levels of development;

2. Significant, but insufficient, progress has been made in international chemicals management through the implementation of chapter 19 of Agenda 21[1] and International Labour Organization Conventions No. 170 on Safety in the Use of Chemicals at Work and No. 174 on the Prevention of Major Industrial Accidents and the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal, as well as in addressing particularly hazardous chemicals through the recent entry into force of the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade and the Stockholm Convention on Persistent Organic Pollutants and the adoption of the Globally Harmonized System for the Classification and Labelling of Chemicals;

3. The private sector has made considerable efforts to promote chemical safety through voluntary programmes and initiatives such as product stewardship and the chemicals industry's Responsible Care programme;

4. Non-governmental public health and environmental organizations, trade unions and other civil society organizations have made important contributions to the promotion of chemical safety;

5. Progress in chemicals management has not, however, been sufficient globally and the environment worldwide continues to suffer from air, water and land contamination, impairing the health and welfare of millions;

6. The need to take concerted action is accentuated by a wide range of chemical safety concerns at the international level, including a lack of capacity for managing chemicals in developing countries and countries with economies in transition, dependency on pesticides in agriculture, exposure

[1] *Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3 14 June 1992* (United Nations publication, Sales No. E.93.I.8 and corrigenda), vol. I: Resolutions adopted by the Conference, resolution 1, annex II.

of workers to harmful chemicals and concern about the long-term effects of chemicals on both human health and the environment;

7. The global production, trade and use of chemicals are increasing, with growth patterns placing an increasing chemicals management burden on developing countries and countries with economies in transition, in particular the least developed among them and small island developing States, and presenting them with special difficulties in meeting this challenge. As a result, fundamental changes are needed in the way that societies manage chemicals;

8. We are determined to implement the applicable chemicals management agreements to which we are Party, strengthen the coherence and synergies that exist between them and work to address, as appropriate, existing gaps in the framework of international chemicals policy;

9. We commit ourselves in a spirit of solidarity and partnership to achieving chemical safety and thereby assisting in fighting poverty, protecting vulnerable groups and advancing public health and human security;

10. We commit ourselves to respecting human rights and fundamental freedoms, understanding and respecting ecosystem integrity and addressing the gap between the current reality and our ambition to elevate global efforts to achieve the sound management of chemicals;

11. We are unwavering in our commitment to promoting the sound management of chemicals and hazardous wastes throughout their life-cycle, in accordance with Agenda 21 and the Johannesburg Plan of Implementation,[2] in particular paragraph 23. We are convinced that the Strategic Approach to International Chemicals Management constitutes a significant contribution towards the internationally agreed development goals set out in the Millennium Declaration. It builds upon previous international initiatives on chemical safety and promotes the development of a multi- and cross-sectoral and participatory strategic approach;

12. We therefore adopt the Overarching Policy Strategy, which, together with the present declaration, constitutes our firm commitment to the Strategic Approach and its implementation;

13. We recommend the use and further development of the Global Plan of Action, to address current and ever-changing societal needs, as a working tool and guidance document for meeting the commitments to

[2] *Report of the World Summit on Sustainable Development, Johannesburg, South Africa, 26 August 4 September 2002* (United Nations publication, Sales No. E.03.II.A1 and corrigendum), chap. I, resolution 2, annex.

chemicals management expressed in the Rio Declaration on Environment and Development,[3] Agenda 21, the Bahia Declaration on Chemical Safety,[4] the Johannesburg Plan of Implementation, the 2005 World Summit Outcome[5] and this Strategic Approach;

14. We are determined to realize the benefits of chemistry, including green chemistry, for improved standards of living, public health and protection of the environment, and are resolved to continue working together to promote the safe production and use of chemicals;

15. We are committed to strengthening the capacities of all concerned to achieve the sound management of chemicals and hazardous wastes at all levels;

16. We will continue to mobilize national and international financing from public and private sources for the life-cycle management of chemicals;

17. We will work towards closing the gaps and addressing the discrepancies in the capacity to achieve sustainable chemicals management between developed countries on the one hand and developing countries and countries with economies in transition on the other by addressing the special needs of the latter and strengthening their capacities for the sound management of chemicals and the development of safer alternative products and processes, including non-chemical alternatives, through partnerships, technical support and financial assistance;

18. We will work towards effective and efficient governance of chemicals management by means of transparency, public participation and accountability involving all sectors of society, in particular striving for the equal participation of women in chemicals management;

19. We will engage actively in partnerships between Governments, the private sector and civil society, including strengthening participation in the implementation of the Strategic Approach by small and medium-sized enterprises and the informal sector;

20. We stress the responsibility of industry to make available to stakeholders such data and information on health and environmental effects of chemicals as are needed safely to use chemicals and the products made from them;

[3] *Report of the United Nations Conference on Environment and Development, Rio de Janeiro, 3 14 June 1992*, vol. I, *Resolutions Adopted by the Conference* (United Nations publication, Sales No. E.93.I.8 and corrigendum), resolution 1, annex I.

[4] Intergovernmental Forum on Chemical Safety, third session, Forum III final report (IFCS/Forum III/23w), annex 6.

[5] General Assembly resolution 60/1 of 16 September 2005.

21. We will facilitate public access to appropriate information and knowledge on chemicals throughout their life cycle, including the risks that they pose to human health and the environment;

22. We will ensure that, when information is made available, confidential commercial and industrial information and knowledge are protected in accordance with national laws or regulations or, in the absence of such laws and regulations, are protected in accordance with international provisions. In making information available, information on chemicals relating to the health and safety of humans and the environment should not be regarded as confidential;

23. We recognize the need to make special efforts to protect those groups in society that are particularly vulnerable to risks from hazardous chemicals or are highly exposed to them;

24. We are determined to protect children and the unborn child from chemical exposures that impair their future lives;

25. We will endeavour to prevent illegal traffic in toxic, hazardous, banned and severely restricted chemicals and chemical products and wastes;

26. We will promote the sound management of chemicals and hazardous waste as a priority in national, regional and international policy frameworks, including strategies for sustainable development, development assistance and poverty reduction;

27. We will strive to integrate the Strategic Approach into the work programmes of all relevant United Nations organizations, specialized agencies, funds and programmes consistent with their mandates as accorded by their respective governing bodies;

28. We acknowledge that as a new voluntary initiative in the field of international management of chemicals, the Strategic Approach is not a legally binding instrument;

29. We collectively share the view that implementation and taking stock of progress are critical to ensuring success and that, in this regard, a stable and long-term fully participatory and multi-sectoral structure for guidance, review and operational support is essential;

30. We are determined to cooperate fully in an open, inclusive, participatory and transparent manner in the implementation of the Strategic Approach.

Overarching Policy Strategy

I. Introduction

1. The present Overarching Policy Strategy flows from the commitments expressed in the Dubai Declaration on International Chemicals Management developed in the context of the Rio Declaration, Agenda 21 and the Johannesburg Plan of Implementation. The structure of the strategy is as follows:

2. The involvement of all relevant sectors and stakeholders, including at the local, national, regional and global levels, is seen as key to achieving the objectives of the Strategic Approach, as is a transparent and open implementation process and public participation in decision-making, featuring in particular a strengthened role for women. The main stakeholders in the Strategic Approach are understood to be Governments, regional economic integration organizations, intergovernmental organizations, non-governmental organizations and individuals involved in the management of chemicals throughout their life-cycles from all relevant sectors, including, but not limited to, agriculture, environment, health, industry, relevant economic activity, development cooperation, labour and science. Individual stakeholders include consumers, disposers, employers, farmers, producers, regulators, researchers, suppliers, transporters and workers.

II. Scope

3. The Strategic Approach has a scope that includes:

   a. Environmental, economic, social, health and labour aspects of chemical safety,

   b. Agricultural and industrial chemicals, with a view to promoting sustainable development and covering chemicals at all stages of their life-cycle, including in products.[1]

4. The Strategic Approach should take due account of instruments and processes that have been developed to date and be flexible enough to deal with new ones without duplicating efforts, in particular the efforts of forums dealing with the military uses of chemicals.

III. Statement of needs

5. A major driving force for the establishment of the Strategic Approach has been the recognition of the growing gaps between the capacities of different countries to manage chemicals safely, the need to improve synergies between existing instruments and processes and the growing sense of urgency regarding the need to assess and manage chemicals more effectively to achieve the 2020 goal articulated in paragraph 23 of the Johannesburg Plan of Implementation.[2] There is also the need for countries to have more effective governance structures to help make the Strategic Approach a lasting success.

6. Since the United Nations Conference on Environment and Development in Rio de Janeiro in 1992, at which the Rio Declaration and Agenda 21 were adopted, much has been done to improve chemicals management. Regulatory systems have been introduced or strengthened; much more information has been made available about chemicals; many chemicals have been assessed at the national level and internationally; a wide range of risk management measures have been introduced; and new tools such as the Globally Harmonized System of Classification and Labelling of Chemicals and pollutant release and transfer registers have been taken up and developed. New international instruments and programmes have been created. Industry has developed and extended its own programmes to contribute to better chemicals management, and there are now in many countries active and well informed public interest

[1] The Strategic Approach does not cover products to the extent that the health and environmental aspects of the safety of the chemicals and products are regulated by a domestic food or pharmaceutical authority or arrangement.

[2] A copy of paragraph 23 is set out in the appendix.

movements promoting awareness and good practices with regard to chemicals. It is, however, recognized that:

   a. The existing international policy framework for chemicals is not completely adequate and needs to be further strengthened;

   b. Implementation of established international policies is uneven;

   c. Coherence and synergies between existing institutions and processes are not completely developed and should be further improved;

   d. There is often limited or no information on many chemicals currently in use and often limited or no access to information that already exists;

   e. Many countries lack the capacity to manage chemicals soundly at the national, subregional, regional and global levels;

   f. There are inadequate resources available to address chemical safety issues in many countries, particularly to bridge the widening gap between developed countries on the one hand and developing countries and countries with economies in transition on the other.

7. Risk reduction (including preventing, reducing, remediating, minimizing and eliminating risks) is a key need in pursuing the sound management of chemicals throughout their entire life cycle including, where appropriate, products and articles containing chemicals. It is recognized that:

   a. Risk assessment and management strategies, supported by improved scientific understanding of the role and behaviour of substances, addressing product life-cycles, are central to achieving risk reduction;

   b. Risk reduction measures, appropriately informed by scientific methods and consideration of social and economic factors, are needed to reduce or eliminate the harmful effects of chemicals and their inappropriate uses;

   c. Risk reduction measures need to be improved to prevent the adverse effects of chemicals on the health of children, pregnant women, fertile populations, the elderly, the poor, workers and other vulnerable groups and susceptible environments;

d. The development of safer alternatives, including alternatives to chemicals of concern, and affordable sustainable technologies should be accelerated;

e. Developing countries and countries with economies in transition need better access to affordable, safer technologies and alternatives, which will also assist in reducing illegal traffic in hazardous chemicals.

8. Knowledge, information and public awareness are basic needs for decision-making for the sound management of chemicals, including products and articles containing chemicals. It is recognized that:

a. Technological information, the results of hazard and risk assessments, socio-economic methodologies and the tools to develop and apply science-based standards, harmonized risk assessment and management principles are not available to all actors, and the pace of scientific research in these areas needs to be accelerated;

b. There is a lack of clear, accessible, timely and appropriate information on chemicals for ready use by local populations.

9. Governance is an important issue that needs to be addressed through a multi-sector and multi-stakeholder approach in pursuing the sound management of chemicals. There is therefore a need to recognize:

a. That in many countries some stakeholders, particularly women and indigenous communities, still do not participate in all aspects of decision-making related to the sound management of chemicals, a situation which needs to be addressed;

b. That implementation of the present international regime for the sound management of chemicals, including binding instruments and other relevant initiatives, is uneven, a situation which needs to be addressed. There are gaps, overlaps and duplication in chemicals management activities and there is a need in many countries for enhanced coherence, consistency and cooperation to ensure efficient and effective use of available resources at the national, regional, and international levels. Many countries have not ratified or implemented regional and global legally binding instruments and other relevant initiatives, addressed gaps in national chemicals regimes or developed national mechanisms for coordinating chemicals activities;

c. That the mechanisms used to address the social and economic impacts of chemicals on human health, society and the

environment, including liability, compensation and redress, need to be improved in some countries;

d. That chemicals issues are only sometimes featured in relevant national policy documents, including development assistance plans or strategies, sustainable development strategies and, as appropriate, poverty reduction strategies;

e. That there is a need to promote the role of all sectors of civil society and the private sector in the implementation of the Strategic Approach.

10. Capacity-building and technical assistance in relation to all aspects of the sound management of chemicals are among the essential elements for the successful implementation of the Strategic Approach:

a. The widening gap in capacity between developed countries on the one hand and developing countries and countries with economies in transition on the other should be bridged in order to make progress towards the goal articulated in paragraph 23 of the Johannesburg Plan of Implementation. Some developed countries, however, also face capacity issues in striving to meet this goal;

b. There is a need for enhanced cooperation aimed at strengthening the capacities of developing countries and countries with economies in transition for the sound management of chemicals and hazardous wastes and promoting adequate transfer of cleaner and safer technology to those countries.

11. Illegal international traffic in hazardous substances and dangerous products is a pressing problem for many countries, especially for developing countries and countries with economies in transition.

12. One of the challenges that will be faced by many countries, in particular developing countries and countries with economies in transition, in pursuing the goal articulated in paragraph 23 of the Johannesburg Plan of Implementation is to obtain access to the considerable financial and other resources needed to achieve the sound management of chemicals.

IV. Objectives

13. The overall objective of the Strategic Approach is to achieve the sound management of chemicals throughout their life-cycle so that, by 2020, chemicals are used and produced in ways that lead to the minimization of significant adverse effects on human health and the

environment. The objective will be achieved, among other ways, through the implementation of activities set out in the Global Plan of Action.

A. Risk reduction

14. The objectives of the Strategic Approach with regard to risk reduction are:

a. To minimize risks to human health, including that of workers, and to the environment throughout the life cycle of chemicals;

b. To ensure that humans and ecosystems and their constituent parts that are especially vulnerable or especially subject to exposure to chemicals that may pose a risk are taken into account and protected in making decisions on chemicals;

c. To implement transparent, comprehensive, efficient and effective risk management strategies based on appropriate scientific understanding, including of health and environmental effects, and appropriate social and economic analysis aimed at pollution prevention, risk reduction and risk elimination, including detailed safety information on chemicals, to prevent unsafe and unnecessary exposures to chemicals;

d. To ensure, by 2020:

i. That chemicals or chemical uses that pose an unreasonable and otherwise unmanageable risk to human health and the environment[3] based on a science-based risk assessment and taking into account the costs and benefits as well as the availability of safer substitutes and their efficacy, are no longer produced or used for such uses;

ii. That risks from unintended releases of chemicals that pose an unreasonable and otherwise unmanageable risk to human health and the environment[3] based on a science-based risk assessment and taking into account the costs and benefits, are minimized;

[3] Groups of chemicals that might be prioritized for assessment and related studies include: persistent, bioaccumulative and toxic substances (PBTs); very persistent and very bioaccumulative substances; chemicals that are carcinogens or mutagens or that adversely affect, inter alia, the reproductive, endocrine, immune, or nervous systems; persistent organic pollutants (POPs), mercury and other chemicals of global concern; chemicals produced or used in high volumes; those subject to wide dispersive uses; and other chemicals of concern at the national level.

e. Appropriately to apply the precautionary approach, as set out in Principle 15 of the Rio Declaration on Environment and Development, while aiming to achieve that chemicals are used and produced in ways that lead to the minimization of significant adverse effects on human health and the environment;

f. To give priority consideration to the application of preventive measures such as pollution prevention;

g. To ensure that existing, new and emerging issues of global concern are sufficiently addressed by means of appropriate mechanisms;

h. To reduce the generation of hazardous waste, both in quantity and toxicity, and to ensure the environmentally sound management of hazardous waste, including its storage, treatment and disposal;

i. To promote the environmentally sound recovery and recycling of hazardous materials and waste;

j. To promote and support the development and implementation of, and further innovation in, environmentally sound and safer alternatives, including cleaner production, informed substitution of chemicals of particular concern and non-chemical alternatives.

B. Knowledge and information

15. The objectives of the Strategic Approach with regard to knowledge and information are:

a. To ensure that knowledge and information on chemicals and chemicals management are sufficient to enable chemicals to be adequately assessed and managed safely throughout their life cycle;

b. To ensure, for all stakeholders:

i. That information on chemicals throughout their life cycle, including, where appropriate, chemicals in products, is available, accessible, user friendly, adequate and appropriate to the needs of all stakeholders. Appropriate types of information include their effects on human health and the environment, their intrinsic properties, their potential uses, their protective measures and regulation;

ii. That such information is disseminated in appropriate languages by making full use of, among other things, the media, hazard communication mechanisms such as the Globally Harmonized System of Classification and Labelling of Chemicals and relevant provisions of international agreements;

c. To ensure that, in making information available in accordance with paragraph 15 (b), confidential commercial and industrial information and knowledge are protected in accordance with national laws or regulations or, in the absence of such laws or and regulations, are protected in accordance with international provisions. In the context of this paragraph, information on chemicals relating to the health and safety of humans and the environment should not be regarded as confidential;

d. To make objective scientific information available for appropriate integration into risk assessments and associated decision-making relating to chemicals policy, including in relation to assessment of chemical hazards and risks to human health, especially vulnerable sub-populations such as children, and to the environment, particularly vulnerable ecosystems;

e. To ensure that science-based standards, risk assessment and management procedures and the results of hazard and risk assessments are available to all actors;

f. To make objective scientific methods and information available to assess the effects of chemicals on people and the environment, particularly through the development and use of indicators;

g. To accelerate the pace of scientific research on identifying and assessing the effects of chemicals on human beings and the environment, including emerging issues, and to ensure that research and development are undertaken in relation to chemical control technologies, development of safer chemicals and cleaner technologies and non-chemical alternatives and technologies;

h. To promote implementation of the common definitions and criteria contained in the Globally Harmonized System of Classification and Labelling of Chemicals;

i. To make widely available, for consideration and implementation, the range of existing risk reduction and other tools from various participating organizations of the Inter-Organization Programme

for the Sound Management of Chemicals (IOMC)[4] such as the Mutual Acceptance of Data system of the Organisation for Economic Co-operation and Development (OECD) and the International Programme on Chemical Safety (IPCS) database on chemical safety information from intergovernmental organizations (INCHEM), in order to promote best practices in chemicals management, harmonization and burden-sharing;

j. To develop knowledge and information on the estimated current and projected financial and other impacts on sustainable development associated with the unsound management of chemicals of concern on a global basis.

C. Governance

16. The objectives of the Strategic Approach with regard to governance are:

a. To achieve the sound management of chemicals throughout their life cycle by means of appropriate national, regional and international mechanisms, as needed, that are multi-sectoral, comprehensive, effective, efficient, transparent, coherent and inclusive and ensure accountability, taking into account the circumstances and needs of countries, especially developing countries and countries with economies in transition;

b. To promote the sound management of chemicals within each relevant sector and integrated programmes for sound chemicals management across all sectors;

c. To provide guidance to stakeholders in identifying priorities for chemicals management activities;

d. To strengthen enforcement and encourage the implementation of national laws and regulations regarding chemicals management, including those that serve to implement international agreements;

e. To promote relevant codes of conduct, including those relating to corporate environmental and social responsibility;

f. To promote close international cooperation among concerned institutions, including among customs services, in different countries for the exchange of relevant information aimed at

[4] The participating organizations of IOMC are the Food and Agriculture Organization of the United Nations, the International Labour Organization, the Organisation for Economic Co-operation and Development, the United Nations Environment Programme, the United Nations Industrial Development Organization, the United Nations Institute for Training and Research and the World Health Organization.

preventing all illegal international traffic in dangerous chemical products;

g. To promote and support meaningful and active participation by all sectors of civil society, particularly women, workers and indigenous communities, in regulatory and other decision-making processes that relate to chemical safety;

h. To ensure equal participation of women in decision-making on chemicals policy and management;

i. To ensure that national institutional frameworks address the prevention of illegal international traffic in chemicals;

j. To support coordinated assistance activities at the international level in accordance with the implementation of the Strategic Approach;

k. To promote mutual supportiveness between trade and environmental policies;

l. To provide and support enabling frameworks for businesses to develop and improve products that advance the objectives of the Strategic Approach;

m. To enhance synergies between the activities of Governments, international institutions, multilateral organization secretariats and development agencies in pursuit of the sound management of chemicals;

n. To enhance cooperation on the sound management of chemicals between Governments, the private sector and civil society at the national, regional and global levels.

D. Capacity-building and technical cooperation

17. The objectives of the Strategic Approach with regard to capacity-building and technical cooperation are:

a. To increase the capacity for the sound management of chemicals throughout their life cycle in all countries as needed, especially in developing countries and countries with economies in transition;

b. To narrow the widening gap in capacities between developed countries on the one hand and developing countries and countries with economies in transition on the other hand;

c. To establish or strengthen partnerships and mechanisms for technical cooperation and the provision of appropriate and clean technology to and among developing countries and countries with economies in transition, maximizing synergies with the Bali Strategic Plan for Technology Support and Capacity-building;

d. To develop and implement sustainable capacity-building strategies in developing countries and countries with economies in transition and to promote cooperation among all countries;

e. To promote coordination of and access to information on capacity-building for the sound management of chemicals and to enhance transparency and accountability;

f. To include capacity-building for the sound management of chemicals as a priority in social and economic development strategies, including national sustainable development strategies, poverty reduction strategy papers and country assistance strategies, and to make chemicals an important part of national policy;

g. To encourage stakeholders to develop and promote programmes on chemical safety and scientific research and analysis and to assist with capacity-building programmes in developing countries and countries with economies in transition;

h. To encourage and facilitate appropriate use by developing countries and countries with economies in transition of work already done and chemicals management models already established by other countries and international organizations;

i. To promote the awareness of donors, multilateral organizations and other relevant actors of the relevance of chemical safety for poverty reduction and sustainable development.

E. Illegal international traffic

18. The objectives of the Strategic Approach with regard to illegal international traffic are:

a. To prevent illegal international traffic in toxic, hazardous, banned and severely restricted chemicals, including products incorporating these chemicals, mixtures and compounds and wastes;

b. To strengthen mechanisms and domestic and regional implementation supporting existing multilateral agreements that

contain provisions relating to the prevention of illegal international traffic;

c. To promote information sharing and to strengthen the capacity of developing countries and countries with economies in transition at the national and regional levels for the prevention and control of illegal international traffic.

V. Financial considerations

19. The Strategic Approach should reflect national, regional and global efforts to advance the sound management of chemicals recognizing Principle 7 of the Rio Declaration on Environment and Development. The Strategic Approach should call upon existing and new sources of financial support to provide additional resources and should build upon, among other things, the Bali Strategic Plan for Technology Support and Capacity-building. It should also include the mobilization of additional national and international financial resources, including through the Quick Start Programme and other measures set out in this paragraph, to accelerate the strengthening of capabilities and capacities for the implementation of the Strategic Approach objectives. The extent to which developing countries, particularly least developed countries and small island developing States, and countries with economies in transition can make progress towards reaching the 2020 goal depends, in part, on the availability of financial resources provided by the private sector and bilateral, multilateral and global agencies or donors. Financial arrangements for the Strategic Approach include, among other things:

a. Actions at the national or sub-national levels to support financing of Strategic Approach objectives, including by:

i. Integrating Strategic Approach objectives in relevant programmes, plans and/or strategies at various levels;

ii. Assessing current laws, policies and regulations to identify changes that may be needed to advance implementation of the Strategic Approach objectives, including an assessment of funding needs where appropriate;

iii. Assessing and where necessary adopting appropriate policies at the national and sub-national levels, which could include economic instruments, that can help to cover the cost of sound chemicals management;

iv. Where appropriate, assessing and adopting at the national and sub-national levels economic instruments intended to internalize the external costs of chemicals, bearing in mind that such instruments need careful design, especially in developing countries and countries with economies in transition;

v. Governments and other stakeholders exchanging information on experience and studies in the national use of economic instruments and submitting such information to the United Nations Environment Programme (UNEP) to make it broadly available;

b. Enhancing industry partnerships and financial and technical participation in the implementation of Strategic Approach objectives, including by inviting industry:

i. To review and strengthen current voluntary industry initiatives to address the considerable challenges associated with the implementation of Strategic Approach objectives;

ii. To develop new initiatives, including in partnership with foundations, academia and non-governmental organizations, for the implementation of Strategic Approach objectives;

iii. To provide resources, including in-kind contributions, for the implementation of Strategic Approach objectives, continuing and building upon its initiatives on good corporate social and environmental responsibility;

c. Integration of the Strategic Approach objectives into multilateral and bilateral development assistance cooperation, including by:

i. Developing countries and countries with economies in transition, where necessary with the technical support of donors, considering the integration of Strategic Approach objectives into relevant national documents that influence development assistance cooperation;

ii. Donors responding to requests by, and working in partnership with, developing countries and countries with economies in transition by recognizing Strategic Approach objectives as an important element of bilateral aid agency cooperation in support of sustainable development;

iii. Inviting United Nations specialized agencies, funds and programmes and other intergovernmental organizations to include Strategic Approach objectives within their activities, as appropriate;

d. Making more effective use of and building upon existing sources of relevant global funding, including by inviting the Global Environment Facility and the Montreal Protocol on Substances that Deplete the Ozone Layer and its Multilateral Fund for the Implementation of the Montreal Protocol within their mandates to consider whether and how they might support implementation of appropriate and relevant Strategic Approach objectives and to report;

e. Supporting initial capacity-building activities for the implementation of Strategic Approach objectives by establishing a programme to be called the Quick Start Programme. The Programme will contain a voluntary, time-limited trust fund and may include multilateral, bilateral and other forms of cooperation. The trust fund will be administered by UNEP;

f. Inviting Governments and other stakeholders to provide resources to enable the secretariat of the Strategic Approach to fulfil the tasks set out in paragraph 28, including by:

i. Inviting UNEP to arrange for the adaptation and reinforcement of the existing voluntary trust fund to support these tasks;

ii. Inviting all countries and regional economic integration organizations to contribute;

iii. Inviting the private sector, including industry, foundations and other non-governmental organizations, to also contribute.

VI. Principles and approaches

20. In developing and implementing the Strategic Approach and the Global Plan of Action, Governments and other stakeholders should be guided by:

a. Principles and approaches in the following:

i. Stockholm Declaration on the Human Environment, in particular Principle 22;

ii. Rio Declaration on Environment and Development;

iii. Agenda 21, in particular chapters 6, 8, 19 and 20;

iv. United Nations Millennium Declaration;

v. Bahia Declaration on Chemical Safety;

vi. Johannesburg Plan of Implementation; and

b. The following agreements, where applicable to them:

i. Montreal Protocol on Substances that Deplete the Ozone Layer;

ii. Basel Convention on the Control of Transboundary Movement of Hazardous Wastes and their Disposal;

iii. Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade;

iv. Stockholm Convention on Persistent Organic Pollutants;

v. ILO Convention No. 170 concerning safety in the use of chemicals at work.

VII. Implementation and taking stock of progress

21. Institutional arrangements to support implementation and taking stock of progress on the Strategic Approach will include national coordination and, as appropriate, regional processes and, at the international level, a periodic review process facilitated by a secretariat.

22. Implementation of the Strategic Approach could begin with an enabling phase to build necessary capacity, as appropriate, to develop, with relevant stakeholder participation, a national Strategic Approach implementation plan, taking into consideration, as appropriate, existing elements such as legislation, national profiles, action plans, stakeholder initiatives and gaps, priorities, needs and circumstances. Strategic Approach regional implementation plans may be developed, as appropriate, in a similar fashion. Subsequent implementation phases should focus on implementing specific action plans. In parallel, intergovernmental organizations, international financial institutions and private actors are encouraged to support these activities and to consider the development of their own action plans as appropriate. Partnerships among stakeholders should be pursued in support of implementation.

23. To sustain an integrated approach to managing chemicals, each Government should establish arrangements for implementing the Strategic Approach on an inter-ministerial or inter-institutional basis so that all concerned national departmental and stakeholder interests are represented and all relevant substantive areas are addressed. To facilitate communication, nationally and internationally, each Government should

designate a Strategic Approach national focal point to act as an effective conduit for communication on Strategic Approach matters, including invitations to participate in meetings and information dissemination. The Strategic Approach national focal point should be a representative of the country's inter-ministerial or inter-institutional arrangements, where such arrangements exist.

24. The International Conference on Chemicals Management (hereafter referred to as the Conference) will undertake periodic reviews of the Strategic Approach. The functions of the Conference will be:

a. To receive reports from all relevant stakeholders on progress in implementation of the Strategic Approach and to disseminate information as appropriate;

b. To evaluate the implementation of the Strategic Approach with a view to reviewing progress against the 2020 target and taking strategic decisions, programming, prioritizing and updating the approach as necessary;

c. To provide guidance on implementation of the Strategic Approach to stakeholders;

d. To report on progress in implementation of the Strategic Approach to stakeholders;

e. To promote implementation of existing international instruments and programmes;

f. To promote coherence among chemicals management instruments at the international level;

g. To promote the strengthening of national chemicals management capacities;

h. To work to ensure that the necessary financial and technical resources are available for implementation;

i. To evaluate the performance of the financing of the Strategic Approach;

j. To focus attention and call for appropriate action on emerging policy issues as they arise and to forge consensus on priorities for cooperative action;

k. To promote information exchange and scientific and technical cooperation;

l. To provide a high-level international forum for multi-stakeholder and multi-sectoral discussion and exchange of experience on chemicals management issues with the participation of non-governmental organizations in accordance with applicable rules of procedure;

m. To promote the participation of all stakeholders in the implementation of the Strategic Approach.

25. Where appropriate, sessions of the Conference should be held back-to-back with meetings of the governing bodies of relevant intergovernmental organizations in order to enhance synergies and cost-effectiveness and to promote the Strategic Approach's multi-sectoral nature. Sessions of the Conference should be held in 2009, 2012, 2015 and 2020, unless otherwise decided by the Conference.

26. It will be essential that implementation of the Strategic Approach continue effectively between meetings of the Conference, building on its open, multi-stakeholder and multi-sectoral methods. There will be a number of elements for achieving this:

a. Regional meetings have played a significant role in the development of the Strategic Approach and it will be important to build on this commitment and expertise, taking into account the needs of developing countries, in particular the least developed among them, countries with economies in transition and developed countries. Regional meetings will facilitate input on Strategic Approach activities, preparation for future meetings of the Conference and exchange of regional expertise and exchange of information. As with the Conference itself, such meetings could be held back-to-back with relevant regional or global intergovernmental organization meetings, subject to extrabudgetary funding;

b. The functions of the regional meetings will include:

i. To review progress on implementation of the Strategic Approach within the regions;

ii. To provide guidance on implementation to all stakeholders at a regional level;

iii. To enable technical and strategic discussions and exchange of information to take place;

c. The implementation of the Strategic Approach will depend in significant part on the activities of relevant intergovernmental organizations. In order to help ensure that these activities are

coordinated properly, IOMC should continue to perform a coordinating function for intergovernmental organization activities and work programmes.

27. The Conference should have a bureau with functions in accordance with the rules of procedure.

28. The functions to be performed by the secretariat will be:

a. To facilitate meetings and intersessional work of the Conference, as well as regional meetings, with maximum multi-stakeholder participation, and to disseminate the reports and recommendations of the Conference;

b. To report to the Conference on implementation of the Strategic Approach by all participants;

c. To promote the establishment and maintenance of a network of Strategic Approach stakeholders at the national, regional and, in the case of intergovernmental and non-governmental organizations, international levels;

d. To facilitate the development and dissemination of guidance materials to support implementation of the Strategic Approach by stakeholders;

e. To provide guidance to stakeholders in the initiation of project proposals;

f. To provide information clearing-house services such as provision of advice to countries on implementation of the Strategic Approach, referral of requests for information to relevant sources, and facilitation of access to information and expertise in support of specific national actions;

g. To ensure that recommendations from the Conference are conveyed to relevant global and regional organizations and institutions;

h. To promote the exchange of relevant scientific and technical information;

i. To establish and maintain a working relationship with participating organizations of IOMC in order to draw upon their sectoral expertise.

29. The Executive Director of UNEP will be requested to establish the Strategic Approach secretariat. UNEP and the World Health Organization (WHO) will take lead roles in the secretariat in their respective areas of expertise in relation to the Strategic Approach, with UNEP assuming overall administrative responsibility. The Strategic Approach secretariat will be co-located with the UNEP chemicals and waste cluster in Geneva, and take full advantage of existing synergies. In order to reflect the multi-sectoral nature of the Strategic Approach, the secretariat will work in coordination and/or cooperation with the participating organizations of IOMC and UNDP, as well as with other intergovernmental organizations, as appropriate. The secretariat will report to the Conference.

Appendix to the Overarching Policy Strategy

Text of paragraph 23 of the Johannesburg Plan of Implementation

The Johannesburg Plan of Implementation is a key political commitment underlying the Overarching Policy Strategy of the Strategic Approach. In the Plan, it was agreed that governments, relevant international organizations, the private sector and all major groups should play an active role in changing unsustainable consumption and production patterns. This would include the actions at all levels set out in paragraph 23 of the Plan:

> "23. Renew the commitment, as advanced in Agenda 21, to sound management of chemicals throughout their life cycle and of hazardous wastes for sustainable development as well as for the protection of human health and the environment, inter alia, aiming to achieve, by 2020, that chemicals are used and produced in ways that lead to the minimization of significant adverse effects on human health and the environment, using transparent science-based risk assessment procedures and science-based risk management procedures, taking into account the precautionary approach, as set out in principle 15 of the Rio Declaration on Environment and Development, and support developing countries in strengthening their capacity for the sound management of chemicals and hazardous wastes by providing technical and financial assistance. This would include actions at all levels to:
>
> "(a) Promote the ratification and implementation of relevant international instruments on chemicals and hazardous waste, including the Rotterdam Convention on Prior Informed Consent Procedures for Certain Hazardous Chemicals and Pesticides in International Trade so that it can enter into force by 2003 and the Stockholm Convention on Persistent Organic Pollutants so that it can enter into force by 2004, and encourage and improve coordination as well as supporting developing countries in their implementation;
>
> "(b) Further develop a strategic approach to international chemicals management based on the Bahia Declaration and Priorities for Action beyond 2000 of the Intergovernmental Forum on Chemical Safety by 2005, and urge that the United Nations Environment Programme, the Intergovernmental Forum, other international organizations dealing with chemical management and other relevant international organizations and actors closely cooperate in this regard, as appropriate;
>
> "(c) Encourage countries to implement the new globally harmonized system for the classification and labelling of chemicals as soon as possible with a view to having the system fully operational by 2008;

> "(d) Encourage partnerships to promote activities aimed at enhancing environmentally sound management of chemicals and hazardous wastes, implementing multilateral environmental agreements, raising awareness of issues relating to chemicals and hazardous waste and encouraging the collection and use of additional scientific data;
>
> "(e) Promote efforts to prevent international illegal trafficking of hazardous chemicals and hazardous wastes and to prevent damage resulting from the transboundary movement and disposal of hazardous wastes in a manner consistent with obligations under relevant international instruments, such as the Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and Their Disposal;
>
> "(f) Encourage development of coherent and integrated information on chemicals, such as through national pollutant release and transfer registers;
>
> "(g) Promote reduction of the risks posed by heavy metals that are harmful to human health and the environment, including through a review of relevant studies, such as the United Nations Environment Programme global assessment of mercury and its compounds."

Global Plan of Action

Executive summary

Introduction

1. The Global Plan of Action of the Strategic Approach to International Chemicals Management has been structured into work areas and associated activities that may be undertaken voluntarily by stakeholders in order to pursue the commitments and objectives expressed in the Dubai Declaration on International Chemicals Management and the Overarching Policy Strategy. These reaffirm the commitment expressed at the World Summit on Sustainable Development in the Johannesburg Plan of Implementation that by 2020 chemicals are used and produced in ways that lead to the minimization of significant adverse effects on human health and the environment.[1] The plan should be regarded as a guidance document to be reviewed, as appropriate, and the activities should be considered and implemented, as appropriate, by stakeholders during the implementation of the Strategic Approach, according to their applicability.

2. The present executive summary aims to give policy-makers a brief overview of the structure of the Global Plan of Action and the list of actions that can be undertaken to achieve the objectives of the Strategic Approach. Within the Global Plan of Action, possible work areas and their associated activities, actors, targets and timeframes, indicators of progress and implementation aspects are grouped according to five categories of objectives contained in the Overarching Policy Strategy of the Strategic Approach, namely, risk reduction, knowledge and information, governance, capacity-building and technical assistance and illegal international traffic. These objectives are discussed in sections A to E of the present executive summary. Cross-cutting measures that appear under more than one objective are discussed in section F, entitled Improved general practices."

3. Three tables follow this executive summary. Table A provides a summary list of the work areas and the numbers of the possible activities associated with them. Table B lists the work areas together with the possible activities associated with them and suggested actors, targets and timeframes, indicators of progress and implementation aspects, set out in five separate sections corresponding to the five categories of objectives listed in paragraph 2 above. Although each work area is listed under a single principal category in the summary table A, it may appear under several objectives in the detailed table B. The columns dealing with suggested actors, targets and timeframes, indicators of progress and

[1] *Report of the World Summit on Sustainable Development, Johannesburg, South Africa, 26 August 4 September 2002* (United Nations publication, Sales No. E.03.II.A.I. and corrigendum) chap. I, resolution 2, annex.

implementation aspects were not fully discussed and sufficient time was not available to achieve agreement during the process to develop the Strategic Approach. However, stakeholders might find them useful in their implementation of the relevant activities. A table listing acronyms and abbreviations used in table B is appended as well.

4. Participants in the process to develop the Strategic Approach were unable to conclude their discussions on a number of activities, as reflected in table C of document SAICM/ICCM.1/4, which can be found at the website http:www.chem.unep.ch/saicm. Bearing in mind that the Global Plan of Action is an evolving tool to assist in achieving the objectives of the Strategic Approach, stakeholders may wish to discuss these items. In the period between the first and second sessions of the International Conference on Chemicals Management, activities such as regional meetings could be pursued.

5. The various categories of objectives, together with their corresponding work areas, are closely in terconnected. Thus, numerous risk reduction actions are needed to protect human health and the environment from the unsound management of chemicals. A large number of these risk reduction actions will need to be supported by extensive improvements in our knowledge and information on chemicals, governance arrangements (including institutional coordination, regulatory frameworks and public policy) in all sectors involved with chemicals, and general practices associated with the sound management of chemicals throughout their life-cycles. Furthermore, meaningful and timely capacity-building and technical assistance in support of the actions of developing countries and countries with economies in transition are essential to making substantive improvements in reducing the risks to human health and the environment caused by the unsound management of chemicals.

6. The Global Plan of Action also serves as guidance to all stakeholders at the global, regional, national and local levels, including when assessing the current status of their actions in support of the sound management of chemicals and identifying priorities to address gaps in such management. It is emphasized that priorities and timeframes will differ among countries, reflecting, for instance, the current state of chemicals management and the capacity to carry out a given measure in a given country. It is anticipated that Governments and other stakeholders will adopt flexible programmes to build and sustain adequate and comprehensive capabilities for the sound management of chemicals consistent with national circumstances and the Strategic Approach objectives.

7. In general, priority should be given to activities which:

   a. Focus on narrowing the gap between developed countries on the one hand and developing countries and countries with

economies in transition on the other hand in their capacities for the sound management of chemicals;

b. Facilitate the implementation of existing agreements and work areas;

c. Target issues not currently addressed in existing agreements and work areas;

d. Ensure that, by 2020:

i. Chemicals or chemical uses that pose an unreasonable and otherwise unmanageable risk to human health and the environment[2] based on a science-based risk assessment and taking into account the costs and benefits as well as the availability of safer substitutes and their efficacy are no longer produced or used for such uses;

ii. The risks from unintended releases of chemicals that pose an unreasonable and otherwise unmanageable risk to human health and the environment[2] based on a science-based risk assessment and taking into account the costs and benefits are minimized;

e. Target chemicals that pose unreasonable and unmanageable risks;

f. Promote the generation of adequate science-based knowledge on health and environmental risks of chemicals and make it available to all stakeholders.

8. For many of the work areas, it is important to work in a concerted manner in order to be most effective. It is therefore critical for all stakeholders to take appropriate cooperative action on global priorities. These include, among others:

a. Integrating chemicals issues into the broader development agenda, including the development of plans for prioritization of action in consultation with stakeholders, including vulnerable groups;

[2] Groups of chemicals that might be prioritized for assessment and related studies include: persistent, bioaccumulative and toxic substances (PBTs); very persistent and very bioaccumulative substances; chemicals that are carcinogens or mutagens or that adversely affect, inter alia, the reproductive, endocrine, immune or nervous systems; persistent organic pollutants (POPs); mercury and other chemicals of global concern; chemicals produced or used in high volumes; chemicals subject to wide dispersive uses; and other chemicals of concern at the national level.

b. Promoting ratification and implementation of relevant existing international conventions on health, safety, occupational health and safety and environment;

c. Encouraging implementation of existing internationally recognized standards, tools and approaches for environment and health and protection from chemicals, such as the Globally Harmonized System of Classification and Labelling of Chemicals and pollutant release and transfer registers;

d. Promoting reduction of risks from mercury and other chemicals of global concern so that they are minimized;

e. Encouraging the reduction of the quantity and toxicity of hazardous wastes;

f. Promoting efforts to prevent illegal traffic in chemicals and hazardous waste;

g. Promoting greater coordination among regional and national centres and other stakeholders in order to address the whole spectrum of issues regarding chemicals and hazardous waste;

h. Promoting alternatives in order to reduce and phase out highly toxic pesticides;

i. Promoting capacity-building, education and training and information exchange on sound management of chemicals for all stakeholders;

j. Promoting voluntary industry initiatives and product stewardship in all relevant industries;

k. Promoting the phase-out of lead in gasoline;

l. Promoting the remediation of contaminated areas.

A. Measures to support risk reduction

9. Under the risk reduction objective, work areas aimed at protecting human health and the environment would include the development of action plans to address priority concerns in relation to groups with specific vulnerabilities. Examples of measures to safeguard the health of women and children are the minimization of chemical exposures before conception and through gestation, infancy, childhood and adolescence. Occupational health and safety for workers would be promoted through measures such as the establishment of national inspection systems and implementation of adequate occupational health and safety standards to minimize workplace

hazards from chemicals. Groups of chemicals that might be prioritized for assessment and related studies, such as for the development and use of safe and effective alternatives, include: persistent, bioaccumulative and toxic substances (PBTs); very persistent and very bioaccumulative substances; chemicals that are carcinogens or mutagens or that adversely affect, inter alia, the reproductive, endocrine, immune or nervous systems; persistent organic pollutants (POPs); mercury and other chemicals of global concern; chemicals produced or used in high volumes; chemicals subject to wide dispersive uses; and other chemicals of concern at the national level. Minimization of hazardous wastes would be enhanced by national planning and policies, awareness-raising and protection of handlers, while contaminated sites would be subject to identification and remediation. Pollution prevention measures would include the phasing out of lead in gasoline. Capacities to deal with poisonings and other chemical incidents would be strengthened.

B. Strengthening knowledge and information

10. Measures to strengthen knowledge and information would include improved education, training and awareness-raising activities aimed at those who may be exposed to toxic substances at any stage in the life cycle of chemicals and the generation and dissemination of data on the hazards of all chemicals in commerce, taking account of legitimate commercial confidentiality needs. Among other measures in this area would be stepped-up monitoring of the impacts of chemicals on health and the environment, harmonized risk assessments, efforts to implement the Globally Harmonized System of the Classification and Labelling of Chemicals, and the development and publication of national pollutant release and transfer registers.

C. Governance: strengthening of institutions, law and policy

11. Central to the Strategic Approach's governance objectives would be measures to review national legislation in order to ratify and implement existing international agreements dealing with chemicals and hazardous wastes, such as the Basel Convention on the Control of the Transboundary Movement of Hazardous Wastes and their Disposal, the Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade, the Stockholm Convention on Persistent Organic Pollutants, the International Labour Organization conventions on the protection of workers and measures to improve coordination and synergies with respect to chemical safety policy and activities at the national and international levels. Another core area would be measures to ensure the participation of all stakeholders, including women in particular, in the management of the life cycle of chemicals. Measures to integrate chemicals management into strategies for development assistance, sustainable development and poverty reduction

papers would be important to underpin the more effective direction of resources to chemical safety activities. Other measures under the governance category would include the development of systems for emergency preparedness and response in the case of chemical accidents, the consideration of chemical use in protected areas, training in liability and compensation schemes in relation to damage to human health and the environment caused by the production and use of chemicals and action to prevent and detect illegal trafficking of chemicals and hazardous wastes.

D. Enhancing capacity-building

12. Capacity-building measures include training of personnel in order to provide the necessary skills to support the systematic implementation of the Strategic Approach at the local, national and regional levels in a coordinated way and across the full range of chemical safety needs, including strategic planning, risk assessment and management, testing and research and control of illegal traffic. Use would be made of information-exchange mechanisms on capacity-building in order to ensure coordination.

E. Addressing illegal international traffic

13. Actions at the national, regional and global levels are needed to prevent and detect illegal trafficking of chemicals and hazardous wastes, including efforts towards the more effective application of international conventions relating to transboundary movements of chemicals and hazardous waste.

F. Improved general practices

14. The list of work areas contains a number of activities to improve general chemicals management practices, such as the development and implementation of cleaner production methods in accordance with best available techniques and best environmental practices. Similarly, better agricultural methods, including the use of non-chemical alternatives, would be promoted. Measures associated with improved corporate social and environmental responsibility for the safe production and use of products would include the further development and implementation of voluntary initiatives such as industry's Responsible Care programme and the International Code of Conduct on the Distribution and Use of Pesticides of the Food and Agriculture Organization of the United Nations.

FIFTY-FIFTH WORLD HEALTH ASSEMBLY **WHA55.16**

Agenda item 13.15 **18 May 2002**

Global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health

The Fifty-fifth World Health Assembly,

Underlining that the World Health Organization focuses on the possible public health consequences of an incident involving biological and chemical agents and radionuclear material, regardless of whether it is characterized as a natural occurrence, accidental release or a deliberate act;

Having reviewed the report on the deliberate use of biological and chemical agents to cause harm: public health response;[1]

Seriously concerned about threats against civilian populations, including those caused by natural occurrence or accidental release of biological or chemical agents or radionuclear material as well as their deliberate use to cause illness and death in target populations;

Noting that such agents can be disseminated through a range of mechanisms, including the food- and water-supply chains, thereby threatening the integrity of public health systems;

Acknowledging that natural occurrence or accidental release of biological, chemical agents and radionuclear material could have serious global public health implications and jeopardise the public health achievements of the past decades;

Acknowledging also that the local release of biological, chemical and radionuclear material designed to cause harm could have serious global public health implications and jeopardize the public health achievements of the past decades;

Recalling resolution WHA54.14 on global health security: epidemic alert and response, which stresses the need for all Member States to work together, with WHO and with other technical partners, in addressing health emergencies of international concern, and resolution WHA45.32 on the International Programme on Chemical Safety, which emphasized the need to establish or strengthen national and local capacities to respond to chemical incidents;

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[1] Document A55/20.

Recognizing that one of the most effective methods of preparing for deliberately caused disease is to strengthen public health surveillance and response activities for naturally or accidentally occurring diseases,

1. URGES Member States:

(1) to ensure they have in place national disease-surveillance plans which are complementary to regional and global disease-surveillance mechanisms, and to collaborate in the rapid analysis and sharing of surveillance data of international humanitarian concern;

(2) to collaborate and provide mutual support in order to enhance national capacity in field epidemiology, laboratory diagnoses, toxicology and case management;

(3) to treat any deliberate use, including local, of biological and chemical agents and radionuclear attack to cause harm also as a global public health threat, and to respond to such a threat in other countries by sharing expertise, supplies and resources in order rapidly to contain the event and mitigate its effects;

2. REQUESTS the Director-General:

(1) to continue, in consultation with relevant intergovernmental agencies and other international organizations, to strengthen global surveillance of infectious diseases, water quality, and food safety, and related activities such as revision of the International Health Regulations and development of WHO's food safety strategy, by coordinating information gathering on potential health risks and disease outbreaks, data verification, analysis and dissemination, by providing support to laboratory networks, and by making a strong contribution to any international humanitarian response, as required;

(2) to provide tools and support for Member States, particularly developing countries, in strengthening their national health systems, notably with regard to emergency preparedness and response plans, including disease surveillance and toxicology, risk communication, and psychosocial consequences of emergencies;

(3) to continue to issue international guidance and technical information on recommended public health measures to deal with the deliberate use of biological and chemical agents to cause harm, and to make this information available on WHO's web site;

(4) to examine the possible development of new tools, within the mandate of WHO, including modelling of possible scenarios of natural occurrence, accidental release or deliberate use of biological, chemical agents and radionuclear material that affect health, and collective mechanisms concerning the global public health response to contain or mitigate the effects of natural occurrence, accidental release or deliberate use of biological, chemical agents and radionuclear material that affect health.

Ninth plenary meeting, 18 May 2002
A55/VR/9

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FIFTY-EIGHTH WORLD HEALTH ASSEMBLY **WHA58.3**

Agenda item 13.1 **23 May 2005**

Revision of the International Health Regulations

The Fifty-eighth World Health Assembly,

Having considered the draft revised International Health Regulations;[1]

Having regard to articles 2(*k*), 21(*a*) and 22 of the Constitution of WHO;

Recalling references to the need for revising and updating the International Health Regulations in resolutions WHA48.7 on revision and updating of the International Health Regulations, WHA54.14 on global health security: epidemic alert and response, WHA55.16 on global public health response to natural occurrence, accidental release or deliberate use of biological and chemical agents or radionuclear material that affect health, WHA56.28 on revision of the International Health Regulations, and WHA56.29 on severe acute respiratory syndrome (SARS), with a view to responding to the need to ensure global public health;

Welcoming resolution 58/3 of the United Nations General Assembly on enhancing capacity building in global public health, which underscores the importance of the International Health Regulations and urges that high priority should be given to their revision;

Affirming the continuing importance of WHO's role in global outbreak alert and response to public health events, in accordance with its mandate;

Underscoring the continued importance of the International Health Regulations as the key global instrument for protection against the international spread of disease;

Commending the successful conclusion of the work of the Intergovernmental Working Group on Revision of the International Health Regulations,

[1] See document A58/4.

1. ADOPTS the revised International Health Regulations attached to this resolution, to be referred to as the "International Health Regulations (2005)";

2. CALLS UPON Member States and the Director-General to implement fully the International Health Regulations (2005), in accordance with the purpose and scope set out in Article 2 and the principles embodied in Article 3;

3. DECIDES, for the purposes of paragraph 1 of Article 54 of the International Health Regulations (2005), that States Parties and the Director-General shall submit their first report to the Sixty-first World Health Assembly, and that the Health Assembly shall on that occasion consider the schedule for the submission of further such reports and the first review on the functioning of the Regulations pursuant to paragraph 2 of Article 54;

4. FURTHER DECIDES that, for the purposes of paragraph 1 of Article 14 of the International Health Regulations (2005), the other competent intergovernmental organizations or international bodies with which WHO is expected to cooperate and coordinate its activities, as appropriate, include the following: United Nations, International Labour Organization, Food and Agriculture Organization, International Atomic Energy Agency, International Civil Aviation Organization, International Maritime Organization, International Committee of the Red Cross, International Federation of Red Cross and Red Crescent Societies, International Air Transport Association, International Shipping Federation, and *Office International des Epizooties*;

5. URGES Member States:

(1) to build, strengthen and maintain the capacities required under the International Health Regulations (2005), and to mobilize the resources necessary for that purpose;

(2) to collaborate actively with each other and WHO in accordance with the relevant provisions of the International Health Regulations (2005), so as to ensure their effective implementation;

(3) to provide support to developing countries and countries with economies in transition if they so request in the building, strengthening and maintenance of the public health capacities required under the International Health Regulations (2005);

(4) to take all appropriate measures, pending entry into force of the International Health Regulations (2005), for furthering their purpose and eventual implementation, including development of the necessary public health capacities and legal and administrative provisions, and, in particular, to initiate the process for introducing use of the decision instrument contained in Annex 2;

6. REQUESTS the Director-General:

(1) to give prompt notification of the adoption of the International Health Regulations (2005) in accordance with paragraph 1 of Article 65 thereof;

(2) to inform other competent intergovernmental organizations or international bodies of the adoption of the International Health Regulations (2005) and, as appropriate, to cooperate with them in the updating of their norms and standards and to coordinate with them the activities of WHO under the International Health Regulations (2005) with a view to ensuring the application

of adequate measures for the protection of public health and strengthening of the global public-health response to the international spread of disease;

(3) to transmit to the International Civil Aviation Organization (ICAO) the recommended changes to the Health Part of the Aircraft General Declaration,[1] and, after completion by ICAO of its revision of the Aircraft General Declaration, to inform the Health Assembly and replace Annex 9 of the International Health Regulations (2005) with the Health Part of the Aircraft General Declaration as revised by ICAO;

(4) to build and strengthen the capacities of WHO to perform fully and effectively the functions entrusted to it under the International Health Regulations (2005), in particular through strategic health operations that provide support to countries in detection and assessment of, and response to, public health emergencies;

(5) to collaborate with States Parties to the International Health Regulations (2005), as appropriate, including through the provision or facilitation of technical cooperation and logistical support;

(6) to collaborate with States Parties to the extent possible in the mobilization of financial resources to provide support to developing countries in building, strengthening and maintaining the capacities required under the International Health Regulations (2005);

(7) to draw up, in consultation with Member States, guidelines for the application of health measures at ground crossings in accordance with Article 29 of the International Health Regulations (2005);

(8) to establish the Review Committee of the International Health Regulations (2005) in accordance with Article 50 of these Regulations;

(9) to take steps immediately to prepare guidelines for the implementation and evaluation of the decision instrument contained in the International Health Regulations (2005), including elaboration of a procedure for the review of its functioning, which shall be submitted to the Health Assembly for its consideration pursuant to paragraph 3 of Article 54 of these Regulations;

(10) to take steps to establish an IHR Roster of Experts and to invite proposals for its membership, pursuant to Article 47 of the International Health Regulations (2005).

[1] Document A58/41 Add.2.

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INTERNATIONAL HEALTH REGULATIONS (2005)

PART I – DEFINITIONS, PURPOSE AND SCOPE, PRINCIPLES AND RESPONSIBLE AUTHORITIES

Article 1 Definitions

1. For the purposes of the International Health Regulations (hereinafter the "IHR" or "Regulations"):

"affected" means persons, baggage, cargo, containers, conveyances, goods, postal parcels or human remains that are infected or contaminated, or carry sources of infection or contamination, so as to constitute a public health risk;

"affected area" means a geographical location specifically for which health measures have been recommended by WHO under these Regulations;

"aircraft" means an aircraft making an international voyage;

"airport" means any airport where international flights arrive or depart;

"arrival" of a conveyance means:

(a) in the case of a seagoing vessel, arrival or anchoring in the defined area of a port;

(b) in the case of an aircraft, arrival at an airport;

(c) in the case of an inland navigation vessel on an international voyage, arrival at a point of entry;

(d) in the case of a train or road vehicle, arrival at a point of entry;

"baggage" means the personal effects of a traveller;

"cargo" means goods carried on a conveyance or in a container;

"competent authority" means an authority responsible for the implementation and application of health measures under these Regulations;

"container" means an article of transport equipment:

(a) of a permanent character and accordingly strong enough to be suitable for repeated use;

(b) specially designed to facilitate the carriage of goods by one or more modes of transport, without intermediate reloading;

(c) fitted with devices permitting its ready handling, particularly its transfer from one mode of transport to another; and

(d) specially designed as to be easy to fill and empty;

"container loading area" means a place or facility set aside for containers used in international traffic;

"contamination" means the presence of an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;

"conveyance" means an aircraft, ship, train, road vehicle or other means of transport on an international voyage;

"conveyance operator" means a natural or legal person in charge of a conveyance or their agent;

"crew" means persons on board a conveyance who are not passengers;

"decontamination" means a procedure whereby health measures are taken to eliminate an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inanimate objects, including conveyances, that may constitute a public health risk;

"departure" means, for persons, baggage, cargo, conveyances or goods, the act of leaving a territory;

"deratting" means the procedure whereby health measures are taken to control or kill rodent vectors of human disease present in baggage, cargo, containers, conveyances, facilities, goods and postal parcels at the point of entry;

"Director-General" means the Director-General of the World Health Organization;

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

"disinfection" means the procedure whereby health measures are taken to control or kill infectious agents on a human or animal body surface or in or on baggage, cargo, containers, conveyances, goods and postal parcels by direct exposure to chemical or physical agents;

"disinsection" means the procedure whereby health measures are taken to control or kill the insect vectors of human diseases present in baggage, cargo, containers, conveyances, goods and postal parcels;

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

"*free pratique*" means permission for a ship to enter a port, embark or disembark, discharge or load cargo or stores; permission for an aircraft, after landing, to embark or disembark, discharge or load cargo or stores; and permission for a ground transport vehicle, upon arrival, to embark or disembark, discharge or load cargo or stores;

"goods" mean tangible products, including animals and plants, transported on an international voyage, including for utilization on board a conveyance;

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"ground crossing" means a point of land entry in a State Party, including one utilized by road vehicles and trains;

"ground transport vehicle" means a motorized conveyance for overland transport on an international voyage, including trains, coaches, lorries and automobiles;

"health measure" means procedures applied to prevent the spread of disease or contamination; a health measure does not include law enforcement or security measures;

"ill person" means an individual suffering from or affected with a physical ailment that may pose a public health risk;

"infection" means the entry and development or multiplication of an infectious agent in the body of humans and animals that may constitute a public health risk;

"inspection" means the examination, by the competent authority or under its supervision, of areas, baggage, containers, conveyances, facilities, goods or postal parcels, including relevant data and documentation, to determine if a public health risk exists;

"international traffic" means the movement of persons, baggage, cargo, containers, conveyances, goods or postal parcels across an international border, including international trade;

"international voyage" means:

(a) in the case of a conveyance, a voyage between points of entry in the territories of more than one State, or a voyage between points of entry in the territory or territories of the same State if the conveyance has contacts with the territory of any other State on its voyage but only as regards those contacts;

(b) in the case of a traveller, a voyage involving entry into the territory of a State other than the territory of the State in which that traveller commences the voyage;

"intrusive" means possibly provoking discomfort through close or intimate contact or questioning;

"invasive" means the puncture or incision of the skin or insertion of an instrument or foreign material into the body or the examination of a body cavity. For the purposes of these Regulations, medical examination of the ear, nose and mouth, temperature assessment using an ear, oral or cutaneous thermometer, or thermal imaging; medical inspection; auscultation; external palpation; retinoscopy; external collection of urine, faeces or saliva samples; external measurement of blood pressure; and electrocardiography shall be considered to be non-invasive;

"isolation" means separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination;

"medical examination" means the preliminary assessment of a person by an authorized health worker or by a person under the direct supervision of the competent authority, to determine the person's health status and potential public health risk to others, and may include the scrutiny of health documents, and a physical examination when justified by the circumstances of the individual case;

"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;

"Organization" or "WHO" means the World Health Organization;

"permanent residence" has the meaning as determined in the national law of the State Party concerned;

"personal data" means any information relating to an identified or identifiable natural person;

"point of entry" means a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit;

"port" means a seaport or a port on an inland body of water where ships on an international voyage arrive or depart;

"postal parcel" means an addressed article or package carried internationally by postal or courier services;

"public health emergency of international concern" means an extraordinary event which is determined, as provided in these Regulations:

(i) to constitute a public health risk to other States through the international spread of disease and

(ii) to potentially require a coordinated international response;

"public health observation" means the monitoring of the health status of a traveller over time for the purpose of determining the risk of disease transmission;

"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;

"quarantine" means the restriction of activities and/or separation from others of suspect persons who are not ill or of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination;

"recommendation" and "recommended" refer to temporary or standing recommendations issued under these Regulations;

"reservoir" means an animal, plant or substance in which an infectious agent normally lives and whose presence may constitute a public health risk;

"road vehicle" means a ground transport vehicle other than a train;

"scientific evidence" means information furnishing a level of proof based on the established and accepted methods of science;

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"scientific principles" means the accepted fundamental laws and facts of nature known through the methods of science;

"ship" means a seagoing or inland navigation vessel on an international voyage;

"standing recommendation" means non-binding advice issued by WHO for specific ongoing public health risks pursuant to Article 16 regarding appropriate health measures for routine or periodic application needed to prevent or reduce the international spread of disease and minimize interference with international traffic;

"surveillance" means the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary;

"suspect" means those persons, baggage, cargo, containers, conveyances, goods or postal parcels considered by a State Party as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease;

"temporary recommendation" means non-binding advice issued by WHO pursuant to Article 15 for application on a time-limited, risk-specific basis, in response to a public health emergency of international concern, so as to prevent or reduce the international spread of disease and minimize interference with international traffic;

"temporary residence" has the meaning as determined in the national law of the State Party concerned;

"traveller" means a natural person undertaking an international voyage;

"vector" means an insect or other animal which normally transports an infectious agent that constitutes a public health risk;

"verification" means the provision of information by a State Party to WHO confirming the status of an event within the territory or territories of that State Party;

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

2. Unless otherwise specified or determined by the context, reference to these Regulations includes the annexes thereto.

Article 2 Purpose and scope

The purpose and scope of these Regulations are 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.

Article 3 Principles

1. The implementation of these Regulations shall be with full respect for the dignity, human rights and fundamental freedoms of persons.

2. The implementation of these Regulations shall be guided by the Charter of the United Nations and the Constitution of the World Health Organization.

3. The implementation of these Regulations shall be guided by the goal of their universal application for the protection of all people of the world from the international spread of disease.

4. States have, in accordance with the Charter of the United Nations and the principles of international law, the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so they should uphold the purpose of these Regulations.

Article 4 Responsible authorities

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.

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.

3. WHO shall designate IHR Contact Points, which shall be accessible at all times for communications with National IHR Focal Points. WHO IHR Contact Points shall send urgent communications concerning the implementation of these Regulations, in particular under Articles 6 to 12, to the National IHR Focal Point of the States Parties concerned. WHO IHR Contact Points may be designated by WHO at the headquarters or at the regional level of the Organization.

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. WHO shall make available to all States Parties the contact details of National IHR Focal Points it receives pursuant to this Article.

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PART II – INFORMATION AND PUBLIC HEALTH RESPONSE

Article 5 Surveillance

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to detect, assess, notify and report events in accordance with these Regulations, as specified in Annex 1.

2. Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances, and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Committee established under Article 50 (hereinafter the "Review Committee"). After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.

3. WHO shall assist States Parties, upon request, to develop, strengthen and maintain the capacities referred to in paragraph 1 of this Article.

4. WHO shall collect information regarding events through its surveillance activities and assess their potential to cause international disease spread and possible interference with international traffic. Information received by WHO under this paragraph shall be handled in accordance with Articles 11 and 45 where appropriate.

Article 6 Notification

1. Each State Party shall assess events occurring within its territory by using the decision instrument in Annex 2. Each State Party shall notify WHO, by the most efficient means of communication available, by way of the National IHR Focal Point, and within 24 hours of assessment of public health information, of all events which may constitute a public health emergency of international concern within its territory in accordance with the decision instrument, as well as any health measure implemented in response to those events. If the notification received by WHO involves the competency of the International Atomic Energy Agency (IAEA), WHO shall immediately notify the IAEA.

2. Following a notification, a State Party shall continue to communicate to WHO timely, accurate and sufficiently detailed public health information available to it on the notified event, where possible including case definitions, laboratory results, source and type of the risk, number of cases and deaths, conditions affecting the spread of the disease and the health measures employed; and report, when necessary, the difficulties faced and support needed in responding to the potential public health emergency of international concern.

Article 7 Information-sharing during unexpected or unusual public health events

If a State Party has evidence of an unexpected or unusual public health event within its territory, irrespective of origin or source, which may constitute a public health emergency of international concern, it shall provide to WHO all relevant public health information. In such a case, the provisions of Article 6 shall apply in full.

Article 8 Consultation

In the case of events occurring within its territory not requiring notification as provided in Article 6, in particular those events for which there is insufficient information available to complete the decision instrument, a State Party may nevertheless keep WHO advised thereof through the National IHR Focal Point and consult with WHO on appropriate health measures. Such communications shall be treated in accordance with paragraphs 2 to 4 of Article 11. The State Party in whose territory the event has occurred may request WHO assistance to assess any epidemiological evidence obtained by that State Party.

Article 9 Other reports

1. WHO may take into account reports from sources other than notifications or consultations and shall assess these reports according to established epidemiological principles and then communicate information on the event to the State Party in whose territory the event is allegedly occurring. Before taking any action based on such reports, WHO shall consult with and attempt to obtain verification from the State Party in whose territory the event is allegedly occurring in accordance with the procedure set forth in Article 10. To this end, WHO shall make the information received available to the States Parties and only where it is duly justified may WHO maintain the confidentiality of the source. This information will be used in accordance with the procedure set forth in Article 11.

2. States Parties shall, as far as practicable, inform WHO within 24 hours of receipt of evidence of a public health risk identified outside their territory that may cause international disease spread, as manifested by exported or imported:

(a) human cases;

(b) vectors which carry infection or contamination; or

(c) goods that are contaminated.

Article 10 Verification

1. WHO shall request, in accordance with Article 9, verification from a State Party 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. In such cases, WHO shall inform the State Party concerned regarding the reports it is seeking to verify.

2. Pursuant to the foregoing paragraph and to Article 9, each State Party, when requested by WHO, shall verify and provide:

(a) within 24 hours, an initial reply to, or acknowledgement of, the request from WHO;

(b) within 24 hours, available public health information on the status of events referred to in WHO's request; and

(c) information to WHO in the context of an assessment under Article 6, including relevant information as described in that Article.

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3. When WHO receives information of an event that may constitute a public health emergency of international concern, it shall offer to collaborate with the State Party concerned in assessing the potential for international disease spread, possible interference with international traffic and the adequacy of control measures. Such activities may include collaboration with other standard-setting organizations and the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.

4. If the State Party does not accept the offer of collaboration, WHO may, when justified by the magnitude of the public health risk, share with other States Parties the information available to it, whilst encouraging the State Party to accept the offer of collaboration by WHO, taking into account the views of the State Party concerned.

Article 11 Provision of information by WHO

1. Subject to paragraph 2 of this Article, WHO shall send to all States Parties and, as appropriate, to relevant intergovernmental organizations, as soon as possible and by the most efficient means available, in confidence, such public health information which it has received under Articles 5 to 10 inclusive and which is necessary to enable States Parties to respond to a public health risk. WHO should communicate information to other States Parties that might help them in preventing the occurrence of similar incidents.

2. WHO shall use information received under Articles 6 and 8 and paragraph 2 of Article 9 for verification, assessment and assistance purposes under these Regulations and, unless otherwise agreed with the States Parties referred to in those provisions, shall not make this information generally available to other States Parties, until such time as:

(a) the event is determined to constitute a public health emergency of international concern in accordance with Article 12; or

(b) information evidencing the international spread of the infection or contamination has been confirmed by WHO in accordance with established epidemiological principles; or

(c) there is evidence that:

(i) control measures against the international spread are unlikely to succeed because of the nature of the contamination, disease agent, vector or reservoir; or

(ii) the State Party lacks sufficient operational capacity to carry out necessary measures to prevent further spread of disease; or

(d) the nature and scope of the international movement of travellers, baggage, cargo, containers, conveyances, goods or postal parcels that may be affected by the infection or contamination requires the immediate application of international control measures.

3. WHO shall consult with the State Party in whose territory the event is occurring as to its intent to make information available under this Article.

4. When information received by WHO under paragraph 2 of this Article is made available to States Parties in accordance with these Regulations, WHO may also make it available to the public if

other information about the same event has already become publicly available and there is a need for the dissemination of authoritative and independent information.

Article 12 Determination of a public health emergency of international concern

1. The Director-General shall determine, on the basis of the information received, in particular from the State Party within whose territory an event is occurring, whether an event constitutes a public health emergency of international concern in accordance with the criteria and the procedure set out in these Regulations.

2. If the Director-General considers, based on an assessment under these Regulations, that a public health emergency of international concern is occurring, the Director-General shall consult with the State Party in whose territory the event arises regarding this preliminary determination. If the Director-General and the State Party are in agreement regarding this determination, the Director-General shall, in accordance with the procedure set forth in Article 49, seek the views of the Committee established under Article 48 (hereinafter the "Emergency Committee") on appropriate temporary recommendations.

3. If, following the consultation in paragraph 2 above, the Director-General and the State Party in whose territory the event arises do not come to a consensus within 48 hours on whether the event constitutes a public health emergency of international concern, a determination shall be made in accordance with the procedure set forth in Article 49.

4. In determining whether an event constitutes a public health emergency of international concern, the Director-General shall consider:

(a) information provided by the State Party;

(b) the decision instrument contained in Annex 2;

(c) the advice of the Emergency Committee;

(d) scientific principles as well as the available scientific evidence and other relevant information; and

(e) an assessment of the risk to human health, of the risk of international spread of disease and of the risk of interference with international traffic.

5. If the Director-General, following consultations with the State Party within whose territory the public health emergency of international concern has occurred, considers that a public health emergency of international concern has ended, the Director-General shall take a decision in accordance with the procedure set out in Article 49.

Article 13 Public health response

1. Each State Party shall develop, strengthen and maintain, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party, the capacity to respond promptly and effectively to public health risks and public health emergencies of international concern as set out in Annex 1. WHO shall publish, in consultation with Member States, guidelines to support States Parties in the development of public health response capacities.

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2 Following the assessment referred to in paragraph 2, Part A of Annex 1, a State Party may report to WHO on the basis of a justified need and an implementation plan and, in so doing, obtain an extension of two years in which to fulfil the obligation in paragraph 1 of this Article. In exceptional circumstances and supported by a new implementation plan, the State Party may request a further extension not exceeding two years from the Director-General, who shall make the decision, taking into account the technical advice of the Review Committee. After the period mentioned in paragraph 1 of this Article, the State Party that has obtained an extension shall report annually to WHO on progress made towards the full implementation.

3. At the request of a State Party, WHO shall collaborate in the response to public health risks and other events by providing technical guidance and assistance and by assessing the effectiveness of the control measures in place, including the mobilization of international teams of experts for on-site assistance, when necessary.

4. If WHO, in consultation with the States Parties concerned as provided in Article 12, determines that a public health emergency of international concern is occurring, it may offer, in addition to the support indicated in paragraph 3 of this Article, further assistance to the State Party, including an assessment of the severity of the international risk and the adequacy of control measures. Such collaboration may include the offer to mobilize international assistance in order to support the national authorities in conducting and coordinating on-site assessments. When requested by the State Party, WHO shall provide information supporting such an offer.

5. When requested by WHO, States Parties should provide, to the extent possible, support to WHO-coordinated response activities.

6. When requested, WHO shall provide appropriate guidance and assistance to other States Parties affected or threatened by the public health emergency of international concern.

Article 14 Cooperation of WHO with intergovernmental organizations and international bodies

1. WHO shall cooperate and coordinate its activities, as appropriate, with other competent intergovernmental organizations or international bodies in the implementation of these Regulations, including through the conclusion of agreements and other similar arrangements.

2. In cases in which notification or verification of, or response to, an event is primarily within the competence of other intergovernmental organizations or international bodies, WHO shall coordinate its activities with such organizations or bodies in order to ensure the application of adequate measures for the protection of public health.

3. Notwithstanding the foregoing, nothing in these Regulations shall preclude or limit the provision by WHO of advice, support, or technical or other assistance for public health purposes.

PART III – RECOMMENDATIONS

Article 15 Temporary recommendations

1. If it has been determined in accordance with Article 12 that a public health emergency of international concern is occurring, the Director-General shall issue temporary recommendations in accordance with the procedure set out in Article 49. Such temporary recommendations may be

modified or extended as appropriate, including after it has been determined that a public health emergency of international concern has ended, at which time other temporary recommendations may be issued as necessary for the purpose of preventing or promptly detecting its recurrence.

2. Temporary recommendations may include health measures to be implemented by the State Party experiencing the public health emergency of international concern, or by other States Parties, regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.

3. Temporary recommendations may be terminated in accordance with the procedure set out in Article 49 at any time and shall automatically expire three months after their issuance. They may be modified or extended for additional periods of up to three months. Temporary recommendations may not continue beyond the second World Health Assembly after the determination of the public health emergency of international concern to which they relate.

Article 16 Standing recommendations

WHO may make standing recommendations of appropriate health measures in accordance with Article 53 for routine or periodic application. Such measures may be applied by States Parties regarding persons, baggage, cargo, containers, conveyances, goods and/or postal parcels for specific, ongoing public health risks in order to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic. WHO may, in accordance with Article 53, modify or terminate such recommendations, as appropriate.

Article 17 Criteria for recommendations

When issuing, modifying or terminating temporary or standing recommendations, the Director-General shall consider:

(a) the views of the States Parties directly concerned;

(b) the advice of the Emergency Committee or the Review Committee, as the case may be;

(c) scientific principles as well as available scientific evidence and information;

(d) health measures that, on the basis of a risk assessment appropriate to the circumstances, are not more restrictive of international traffic and trade and are not more intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection;

(e) relevant international standards and instruments;

(f) activities undertaken by other relevant intergovernmental organizations and international bodies; and

(g) other appropriate and specific information relevant to the event.

With respect to temporary recommendations, the consideration by the Director-General of subparagraphs (e) and (f) of this Article may be subject to limitations imposed by urgent circumstances.

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Article 18 Recommendations with respect to persons, baggage, cargo, containers, conveyances, goods and postal parcels

1. Recommendations issued by WHO to States Parties with respect to persons may include the following advice:

- no specific health measures are advised;
- review travel history in affected areas;
- review proof of medical examination and any laboratory analysis;
- require medical examinations;
- review proof of vaccination or other prophylaxis;
- require vaccination or other prophylaxis;
- place suspect persons under public health observation;
- implement quarantine or other health measures for suspect persons;
- implement isolation and treatment where necessary of affected persons;
- implement tracing of contacts of suspect or affected persons;
- refuse entry of suspect and affected persons;
- refuse entry of unaffected persons to affected areas; and
- implement exit screening and/or restrictions on persons from affected areas.

2. Recommendations issued by WHO to States Parties with respect to baggage, cargo, containers, conveyances, goods and postal parcels may include the following advice:

- no specific health measures are advised;
- review manifest and routing;
- implement inspections;
- review proof of measures taken on departure or in transit to eliminate infection or contamination;
- implement treatment of the baggage, cargo, containers, conveyances, goods, postal parcels or human remains to remove infection or contamination, including vectors and reservoirs;
- the use of specific health measures to ensure the safe handling and transport of human remains;

– implement isolation or quarantine;

– seizure and destruction of infected or contaminated or suspect baggage, cargo, containers, conveyances, goods or postal parcels under controlled conditions if no available treatment or process will otherwise be successful; and

– refuse departure or entry.

PART IV – POINTS OF ENTRY

Article 19 General obligations

Each State Party shall, in addition to the other obligations provided for under these Regulations:

(a) ensure that the capacities set forth in Annex 1 for designated points of entry are developed within the timeframe provided in paragraph 1 of Article 5 and paragraph 1 of Article 13;

(b) identify the competent authorities at each designated point of entry in its territory; and

(c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.

Article 20 Airports and ports

1. States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1.

2. States Parties shall ensure that Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates are issued in accordance with the requirements in Article 39 and the model provided in Annex 3.

3. Each State Party shall send to WHO a list of ports authorized to offer:

(a) the issuance of Ship Sanitation Control Certificates and the provision of the services referred to in Annexes 1 and 3; or

(b) the issuance of Ship Sanitation Control Exemption Certificates only; and

(c) extension of the Ship Sanitation Control Exemption Certificate for a period of one month until the arrival of the ship in the port at which the Certificate may be received.

Each State Party shall inform WHO of any changes which may occur to the status of the listed ports. WHO shall publish the information received under this paragraph.

4. WHO may, at the request of the State Party concerned, arrange to certify, after an appropriate investigation, that an airport or port in its territory meets the requirements referred to in paragraphs 1

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and 3 of this Article. These certifications may be subject to periodic review by WHO, in consultation with the State Party.

5. WHO, in collaboration with competent intergovernmental organizations and international bodies, shall develop and publish the certification guidelines for airports and ports under this Article. WHO shall also publish a list of certified airports and ports.

Article 21 Ground crossings

1. Where justified for public health reasons, a State Party may designate ground crossings that shall develop the capacities provided in Annex 1, taking into consideration:

(a) the volume and frequency of the various types of international traffic, as compared to other points of entry, at a State Party's ground crossings which might be designated; and

(b) the public health risks existing in areas in which the international traffic originates, or through which it passes, prior to arrival at a particular ground crossing.

2. States Parties sharing common borders should consider:

(a) entering into bilateral or multilateral agreements or arrangements concerning prevention or control of international transmission of disease at ground crossings in accordance with Article 57; and

(b) joint designation of adjacent ground crossings for the capacities in Annex 1 in accordance with paragraph 1 of this Article.

Article 22 Role of competent authorities

1. The competent authorities shall:

(a) be responsible for monitoring baggage, cargo, containers, conveyances, goods, postal parcels and human remains departing and arriving from affected areas, so that they are maintained in such a condition that they are free of sources of infection or contamination, including vectors and reservoirs;

(b) ensure, as far as practicable, that facilities used by travellers at points of entry are maintained in a sanitary condition and are kept free of sources of infection or contamination, including vectors and reservoirs;

(c) be responsible for the supervision of any deratting, disinfection, disinsection or decontamination of baggage, cargo, containers, conveyances, goods, postal parcels and human remains or sanitary measures for persons, as appropriate under these Regulations;

(d) advise conveyance operators, as far in advance as possible, of their intent to apply control measures to a conveyance, and shall provide, where available, written information concerning the methods to be employed;

(e) be responsible for the supervision of the removal and safe disposal of any contaminated water or food, human or animal dejecta, wastewater and any other contaminated matter from a conveyance;

(f) take all practicable measures consistent with these Regulations to monitor and control the discharge by ships of sewage, refuse, ballast water and other potentially disease-causing matter which might contaminate the waters of a port, river, canal, strait, lake or other international waterway;

(g) be responsible for supervision of service providers for services concerning travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains at points of entry, including the conduct of inspections and medical examinations as necessary;

(h) have effective contingency arrangements to deal with an unexpected public health event; and

(i) communicate with the National IHR Focal Point on the relevant public health measures taken pursuant to these Regulations.

2. Health measures recommended by WHO for travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains arriving from an affected area may be reapplied on arrival, if there are verifiable indications and/or evidence that the measures applied on departure from the affected area were unsuccessful.

3. Disinsection, deratting, disinfection, decontamination and other sanitary procedures shall be carried out so as to avoid injury and as far as possible discomfort to persons, or damage to the environment in a way which impacts on public health, or damage to baggage, cargo, containers, conveyances, goods and postal parcels.

PART V – PUBLIC HEALTH MEASURES

Chapter I – General provisions

Article 23 Health measures on arrival and departure

1. Subject to applicable international agreements and relevant articles of these Regulations, a State Party may require for public health purposes, on arrival or departure:

(a) with regard to travellers:

(i) information concerning the traveller's destination so that the traveller may be contacted;

(ii) information concerning the traveller's itinerary to ascertain if there was any travel in or near an affected area or other possible contacts with infection or contamination prior to arrival, as well as review of the traveller's health documents if they are required under these Regulations; and/or

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(iii) a non-invasive medical examination which is the least intrusive examination that would achieve the public health objective;

(b) inspection of baggage, cargo, containers, conveyances, goods, postal parcels and human remains.

2. On the basis of evidence of a public health risk obtained through the measures provided in paragraph 1 of this Article, or through other means, States Parties may apply additional health measures, in accordance with these Regulations, in particular, with regard to a suspect or affected traveller, on a case-by-case basis, the least intrusive and invasive medical examination that would achieve the public health objective of preventing the international spread of disease.

3. No medical examination, vaccination, prophylaxis or health measure under these Regulations shall be carried out on travellers without their prior express informed consent or that of their parents or guardians, except as provided in paragraph 2 of Article 31, and in accordance with the law and international obligations of the State Party.

4. Travellers to be vaccinated or offered prophylaxis pursuant to these Regulations, or their parents or guardians, shall be informed of any risk associated with vaccination or with non-vaccination and with the use or non-use of prophylaxis in accordance with the law and international obligations of the State Party. States Parties shall inform medical practitioners of these requirements in accordance with the law of the State Party.

5. Any medical examination, medical procedure, vaccination or other prophylaxis which involves a risk of disease transmission shall only be performed on, or administered to, a traveller in accordance with established national or international safety guidelines and standards so as to minimize such a risk.

Chapter II – Special provisions for conveyances and conveyance operators

Article 24 Conveyance operators

1. States Parties shall take all practicable measures consistent with these Regulations to ensure that conveyance operators:

(a) comply with the health measures recommended by WHO and adopted by the State Party;

(b) inform travellers of the health measures recommended by WHO and adopted by the State Party for application on board; and

(c) permanently keep conveyances for which they are responsible free of sources of infection or contamination, including vectors and reservoirs. The application of measures to control sources of infection or contamination may be required if evidence is found.

2. Specific provisions pertaining to conveyances and conveyance operators under this Article are provided in Annex 4. Specific measures applicable to conveyances and conveyance operators with regard to vector-borne diseases are provided in Annex 5.

Article 25 Ships and aircraft in transit

Subject to Articles 27 and 43 or unless authorized by applicable international agreements, no health measure shall be applied by a State Party to:

(a) a ship not coming from an affected area which passes through a maritime canal or waterway in the territory of that State Party on its way to a port in the territory of another State. Any such ship shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies;

(b) a ship which passes through waters within its jurisdiction without calling at a port or on the coast; and

(c) an aircraft in transit at an airport within its jurisdiction, except that the aircraft may be restricted to a particular area of the airport with no embarking and disembarking or loading and discharging. However, any such aircraft shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies.

Article 26 Civilian lorries, trains and coaches in transit

Subject to Articles 27 and 43 or unless authorized by applicable international agreements, no health measure shall be applied to a civilian lorry, train or coach not coming from an affected area which passes through a territory without embarking, disembarking, loading or discharging.

Article 27 Affected conveyances

1. If clinical signs or symptoms and information based on fact or evidence of a public health risk, including sources of infection and contamination, are found on board a conveyance, the competent authority shall consider the conveyance as affected and may:

(a) disinfect, decontaminate, disinsect or derat the conveyance, as appropriate, or cause these measures to be carried out under its supervision; and

(b) decide in each case the technique employed to secure an adequate level of control of the public health risk as provided in these Regulations. Where there are methods or materials advised by WHO for these procedures, these should be employed, unless the competent authority determines that other methods are as safe and reliable.

The competent authority may implement additional health measures, including isolation of the conveyances, as necessary, to prevent the spread of disease. Such additional measures should be reported to the National IHR Focal Point.

2. If the competent authority for the point of entry is not able to carry out the control measures required under this Article, the affected conveyance may nevertheless be allowed to depart, subject to the following conditions:

(a) the competent authority shall, at the time of departure, inform the competent authority for the next known point of entry of the type of information referred to under subparagraph (b); and

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(b) in the case of a ship, the evidence found and the control measures required shall be noted in the Ship Sanitation Control Certificate.

Any such conveyance shall be permitted to take on, under the supervision of the competent authority, fuel, water, food and supplies.

3. A conveyance that has been considered as affected shall cease to be regarded as such when the competent authority is satisfied that:

(a) the measures provided in paragraph 1 of this Article have been effectively carried out; and

(b) there are no conditions on board that could constitute a public health risk.

Article 28 Ships and aircraft at points of entry

1. Subject to Article 43 or as provided in applicable international agreements, a ship or an aircraft shall not be prevented for public health reasons from calling at any point of entry. However, if the point of entry is not equipped for applying health measures under these Regulations, the ship or aircraft may be ordered to proceed at its own risk to the nearest suitable point of entry available to it, unless the ship or aircraft has an operational problem which would make this diversion unsafe.

2. Subject to Article 43 or as provided in applicable international agreements, ships or aircraft shall not be refused *free pratique* by States Parties for public health reasons; in particular they shall not be prevented from embarking or disembarking, discharging or loading cargo or stores, or taking on fuel, water, food and supplies. States Parties may subject the granting of *free pratique* to inspection and, if a source of infection or contamination is found on board, the carrying out of necessary disinfection, decontamination, disinsection or deratting, or other measures necessary to prevent the spread of the infection or contamination.

3. Whenever practicable and subject to the previous paragraph, a State Party shall authorize the granting of *free pratique* by radio or other communication means to a ship or an aircraft when, on the basis of information received from it prior to its arrival, the State Party is of the opinion that the arrival of the ship or aircraft will not result in the introduction or spread of disease.

4. Officers in command of ships or pilots in command of aircraft, or their agents, shall make known to the port or airport control as early as possible before arrival at the port or airport of destination any cases of illness indicative of a disease of an infectious nature or evidence of a public health risk on board as soon as such illnesses or public health risks are made known to the officer or pilot. This information must be immediately relayed to the competent authority for the port or airport. In urgent circumstances, such information should be communicated directly by the officers or pilots to the relevant port or airport authority.

5. The following shall apply if a suspect or affected aircraft or ship, for reasons beyond the control of the pilot in command of the aircraft or the officer in command of the ship, lands elsewhere than at the airport at which the aircraft was due to land or berths elsewhere than at the port at which the ship was due to berth:

(a) the pilot in command of the aircraft or the officer in command of the ship or other person in charge shall make every effort to communicate without delay with the nearest competent authority;

(b) as soon as the competent authority has been informed of the landing it may apply health measures recommended by WHO or other health measures provided in these Regulations;

(c) unless required for emergency purposes or for communication with the competent authority, no traveller on board the aircraft or ship shall leave its vicinity and no cargo shall be removed from that vicinity, unless authorized by the competent authority; and

(d) when all health measures required by the competent authority have been completed, the aircraft or ship may, so far as such health measures are concerned, proceed either to the airport or port at which it was due to land or berth, or, if for technical reasons it cannot do so, to a conveniently situated airport or port.

6. Notwithstanding the provisions contained in this Article, the officer in command of a ship or pilot in command of an aircraft may take such emergency measures as may be necessary for the health and safety of travellers on board. He or she shall inform the competent authority as early as possible concerning any measures taken pursuant to this paragraph.

Article 29 Civilian lorries, trains and coaches at points of entry

WHO, in consultation with States Parties, shall develop guiding principles for applying health measures to civilian lorries, trains and coaches at points of entry and passing through ground crossings.

Chapter III – Special provisions for travellers

Article 30 Travellers under public health observation

Subject to Article 43 or as authorized in applicable international agreements, a suspect traveller who on arrival is placed under public health observation may continue an international voyage, if the traveller does not pose an imminent public health risk and the State Party informs the competent authority of the point of entry at destination, if known, of the traveller's expected arrival. On arrival, the traveller shall report to that authority.

Article 31 Health measures relating to entry of travellers

1. Invasive medical examination, vaccination or other prophylaxis shall not be required as a condition of entry of any traveller to the territory of a State Party, except that, subject to Articles 32, 42 and 45, these Regulations do not preclude States Parties from requiring medical examination, vaccination or other prophylaxis or proof of vaccination or other prophylaxis:

(a) when necessary to determine whether a public health risk exists;

(b) as a condition of entry for any travellers seeking temporary or permanent residence;

(c) as a condition of entry for any travellers pursuant to Article 43 or Annexes 6 and 7; or

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(d) which may be carried out pursuant to Article 23.

2. If a traveller for whom a State Party may require a medical examination, vaccination or other prophylaxis under paragraph 1 of this Article fails to consent to any such measure, or refuses to provide the information or the documents referred to in paragraph 1(a) of Article 23, the State Party concerned may, subject to Articles 32, 42 and 45, deny entry to that traveller. If there is evidence of an imminent public health risk, the State Party may, in accordance with its national law and to the extent necessary to control such a risk, compel the traveller to undergo or advise the traveller, pursuant to paragraph 3 of Article 23, to undergo:

(a) the least invasive and intrusive medical examination that would achieve the public health objective;

(b) vaccination or other prophylaxis; or

(c) additional established health measures that prevent or control the spread of disease, including isolation, quarantine or placing the traveller under public health observation.

Article 32 Treatment of travellers

In implementing health measures under these Regulations, States Parties shall treat travellers with respect for their dignity, human rights and fundamental freedoms and minimize any discomfort or distress associated with such measures, including by:

(a) treating all travellers with courtesy and respect;

(b) taking into consideration the gender, sociocultural, ethnic or religious concerns of travellers; and

(c) providing or arranging for adequate food and water, appropriate accommodation and clothing, protection for baggage and other possessions, appropriate medical treatment, means of necessary communication if possible in a language that they can understand and other appropriate assistance for travellers who are quarantined, isolated or subject to medical examinations or other procedures for public health purposes.

Chapter IV – Special provisions for goods, containers and container loading areas

Article 33 Goods in transit

Subject to Article 43 or unless authorized by applicable international agreements, goods, other than live animals, in transit without transhipment shall not be subject to health measures under these Regulations or detained for public health purposes.

Article 34 Container and container loading areas

1. States Parties shall ensure, as far as practicable, that container shippers use international traffic containers that are kept free from sources of infection or contamination, including vectors and reservoirs, particularly during the course of packing.

2. States Parties shall ensure, as far as practicable, that container loading areas are kept free from sources of infection or contamination, including vectors and reservoirs.

3. Whenever, in the opinion of a State Party, the volume of international container traffic is sufficiently large, the competent authorities shall take all practicable measures consistent with these Regulations, including carrying out inspections, to assess the sanitary condition of container loading areas and containers in order to ensure that the obligations contained in these Regulations are implemented.

4. Facilities for the inspection and isolation of containers shall, as far as practicable, be available at container loading areas.

5. Container consignees and consignors shall make every effort to avoid cross-contamination when multiple-use loading of containers is employed.

PART VI – HEALTH DOCUMENTS

Article 35 General rule

No health documents, other than those provided for under these Regulations or in recommendations issued by WHO, shall be required in international traffic, provided however that this Article shall not apply to travellers seeking temporary or permanent residence, nor shall it apply to document requirements concerning the public health status of goods or cargo in international trade pursuant to applicable international agreements. The competent authority may request travellers to complete contact information forms and questionnaires on the health of travellers, provided that they meet the requirements set out in Article 23.

Article 36 Certificates of vaccination or other prophylaxis

1. Vaccines and prophylaxis for travellers administered pursuant to these Regulations, or to recommendations and certificates relating thereto, shall conform to the provisions of Annex 6 and, when applicable, Annex 7 with regard to specific diseases.

2. A traveller in possession of a certificate of vaccination or other prophylaxis issued in conformity with Annex 6 and, when applicable, Annex 7, shall not be denied entry as a consequence of the disease to which the certificate refers, even if coming from an affected area, unless the competent authority has verifiable indications and/or evidence that the vaccination or other prophylaxis was not effective.

Article 37 Maritime Declaration of Health

1. The master of a ship, before arrival at its first port of call in the territory of a State Party, shall ascertain the state of health on board, and, except when that State Party does not require it, the master shall, on arrival, or in advance of the vessel's arrival if the vessel is so equipped and the State Party requires such advance delivery, complete and deliver to the competent authority for that port a Maritime Declaration of Health which shall be countersigned by the ship's surgeon, if one is carried.

2. The master of a ship, or the ship's surgeon if one is carried, shall supply any information required by the competent authority as to health conditions on board during an international voyage.

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3. A Maritime Declaration of Health shall conform to the model provided in Annex 8.

4. A State Party may decide:

(a) to dispense with the submission of the Maritime Declaration of Health by all arriving ships; or

(b) to require the submission of the Maritime Declaration of Health under a recommendation concerning ships arriving from affected areas or to require it from ships which might otherwise carry infection or contamination.

The State Party shall inform shipping operators or their agents of these requirements.

Article 38 Health Part of the Aircraft General Declaration

1. The pilot in command of an aircraft or the pilot's agent, in flight or upon landing at the first airport in the territory of a State Party, shall, to the best of his or her ability, except when that State Party does not require it, complete and deliver to the competent authority for that airport the Health Part of the Aircraft General Declaration which shall conform to the model specified in Annex 9.

2. The pilot in command of an aircraft or the pilot's agent shall supply any information required by the State Party as to health conditions on board during an international voyage and any health measure applied to the aircraft.

3. A State Party may decide:

(a) to dispense with the submission of the Health Part of the Aircraft General Declaration by all arriving aircraft; or

(b) to require the submission of the Health Part of the Aircraft General Declaration under a recommendation concerning aircraft arriving from affected areas or to require it from aircraft which might otherwise carry infection or contamination.

The State Party shall inform aircraft operators or their agents of these requirements.

Article 39 Ship sanitation certificates

1. Ship Sanitation Control Exemption Certificates and Ship Sanitation Control Certificates shall be valid for a maximum period of six months. This period may be extended by one month if the inspection or control measures required cannot be accomplished at the port.

2. If a valid Ship Sanitation Control Exemption Certificate or Ship Sanitation Control Certificate is not produced or evidence of a public health risk is found on board a ship, the State Party may proceed as provided in paragraph 1 of Article 27.

3. The certificates referred to in this Article shall conform to the model in Annex 3.

4. Whenever possible, control measures shall be carried out when the ship and holds are empty. In the case of a ship in ballast, they shall be carried out before loading.

5. When control measures are required and have been satisfactorily completed, the competent authority shall issue a Ship Sanitation Control Certificate, noting the evidence found and the control measures taken.

6. The competent authority may issue a Ship Sanitation Control Exemption Certificate at any port specified under Article 20 if it is satisfied that the ship is free of infection and contamination, including vectors and reservoirs. Such a certificate shall normally be issued only if the inspection of the ship has been carried out when the ship and holds are empty or when they contain only ballast or other material, of such a nature or so disposed as to make a thorough inspection of the holds possible.

7. If the conditions under which control measures are carried out are such that, in the opinion of the competent authority for the port where the operation was performed, a satisfactory result cannot be obtained, the competent authority shall make a note to that effect on the Ship Sanitation Control Certificate.

PART VII – CHARGES

Article 40 Charges for health measures regarding travellers

1. Except for travellers seeking temporary or permanent residence, and subject to paragraph 2 of this Article, no charge shall be made by a State Party pursuant to these Regulations for the following measures for the protection of public health:

(a) any medical examination provided for in these Regulations, or any supplementary examination which may be required by that State Party to ascertain the health status of the traveller examined;

(b) any vaccination or other prophylaxis provided to a traveller on arrival that is not a published requirement or is a requirement published less than 10 days prior to provision of the vaccination or other prophylaxis;

(c) appropriate isolation or quarantine requirements of travellers;

(d) any certificate issued to the traveller specifying the measures applied and the date of application; or

(e) any health measures applied to baggage accompanying the traveller.

2. State Parties may charge for health measures other than those referred to in paragraph 1 of this Article, including those primarily for the benefit of the traveller.

3. Where charges are made for applying such health measures to travellers under these Regulations, there shall be in each State Party only one tariff for such charges and every charge shall:

(a) conform to this tariff;

(b) not exceed the actual cost of the service rendered; and

(c) be levied without distinction as to the nationality, domicile or residence of the traveller concerned.

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4. The tariff, and any amendment thereto, shall be published at least 10 days in advance of any levy thereunder.

5. Nothing in these Regulations shall preclude States Parties from seeking reimbursement for expenses incurred in providing the health measures in paragraph 1 of this Article:

(a) from conveyance operators or owners with regard to their employees; or

(b) from applicable insurance sources.

6. Under no circumstances shall travellers or conveyance operators be denied the ability to depart from the territory of a State Party pending payment of the charges referred to in paragraphs 1 or 2 of this Article.

Article 41 Charges for baggage, cargo, containers, conveyances, goods or postal parcels

1. Where charges are made for applying health measures to baggage, cargo, containers, conveyances, goods or postal parcels under these Regulations, there shall be in each State Party only one tariff for such charges and every charge shall:

(a) conform to this tariff;

(b) not exceed the actual cost of the service rendered; and

(c) be levied without distinction as to the nationality, flag, registry or ownership of the baggage, cargo, containers, conveyances, goods or postal parcels concerned. In particular, there shall be no distinction made between national and foreign baggage, cargo, containers, conveyances, goods or postal parcels.

2. The tariff, and any amendment thereto, shall be published at least 10 days in advance of any levy thereunder.

PART VIII – GENERAL PROVISIONS

Article 42 Implementation of health measures

Health measures taken pursuant to these Regulations shall be initiated and completed without delay, and applied in a transparent and non-discriminatory manner.

Article 43 Additional health measures

1. These Regulations shall not preclude States Parties from implementing health measures, in accordance with their relevant national law and obligations under international law, in response to specific public health risks or public health emergencies of international concern, which:

(a) achieve the same or greater level of health protection than WHO recommendations; or

(b) are otherwise prohibited under Article 25, Article 26, paragraphs 1 and 2 of Article 28, Article 30, paragraph 1(c) of Article 31 and Article 33,

provided such measures are otherwise consistent with these Regulations.

Such measures shall not be more restrictive of international traffic and not more invasive or intrusive to persons than reasonably available alternatives that would achieve the appropriate level of health protection.

2. In determining whether to implement the health measures referred to in paragraph 1 of this Article or additional health measures under paragraph 2 of Article 23, paragraph 1 of Article 27, paragraph 2 of Article 28 and paragraph 2(c) of Article 31, States Parties shall base their determinations upon:

(a) scientific principles;

(b) available scientific evidence of a risk to human health, or where such evidence is insufficient, the available information including from WHO and other relevant intergovernmental organizations and international bodies; and

(c) any available specific guidance or advice from WHO.

3. A State Party implementing additional health measures referred to in paragraph 1 of this Article which significantly interfere with international traffic shall provide to WHO the public health rationale and relevant scientific information for it. WHO shall share this information with other States Parties and shall share information regarding the health measures implemented. For the purpose of this Article, significant interference generally means refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours.

4. After assessing information provided pursuant to paragraph 3 and 5 of this Article and other relevant information, WHO may request that the State Party concerned reconsider the application of the measures.

5. A State Party implementing additional health measures referred to in paragraphs 1 and 2 of this Article that significantly interfere with international traffic shall inform WHO, within 48 hours of implementation, of such measures and their health rationale unless these are covered by a temporary or standing recommendation.

6. A State Party implementing a health measure pursuant to paragraph 1 or 2 of this Article shall within three months review such a measure taking into account the advice of WHO and the criteria in paragraph 2 of this Article.

7. Without prejudice to its rights under Article 56, any State Party impacted by a measure taken pursuant to paragraph 1 or 2 of this Article may request the State Party implementing such a measure to consult with it. The purpose of such consultations is to clarify the scientific information and public health rationale underlying the measure and to find a mutually acceptable solution.

8. The provisions of this Article may apply to implementation of measures concerning travellers taking part in mass congregations.

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Article 44 Collaboration and assistance

1. States Parties shall undertake to collaborate with each other, to the extent possible, in:

(a) the detection and assessment of, and response to, events as provided under these Regulations;

(b) the provision or facilitation of technical cooperation and logistical support, particularly in the development, strengthening and maintenance of the public health capacities required under these Regulations;

(c) the mobilization of financial resources to facilitate implementation of their obligations under these Regulations; and

(d) the formulation of proposed laws and other legal and administrative provisions for the implementation of these Regulations.

2. WHO shall collaborate with States Parties, upon request, to the extent possible, in:

(a) the evaluation and assessment of their public health capacities in order to facilitate the effective implementation of these Regulations;

(b) the provision or facilitation of technical cooperation and logistical support to States Parties; and

(c) the mobilization of financial resources to support developing countries in building, strengthening and maintaining the capacities provided for in Annex 1.

3. Collaboration under this Article may be implemented through multiple channels, including bilaterally, through regional networks and the WHO regional offices, and through intergovernmental organizations and international bodies.

Article 45 Treatment of personal data

1. Health information collected or received by a State Party pursuant to these Regulations from another State Party or from WHO which refers to an identified or identifiable person shall be kept confidential and processed anonymously as required by national law.

2. Notwithstanding paragraph 1, States Parties may disclose and process personal data where essential for the purposes of assessing and managing a public health risk, but State Parties, in accordance with national law, and WHO must ensure that the personal data are:

(a) processed fairly and lawfully, and not further processed in a way incompatible with that purpose;

(b) adequate, relevant and not excessive in relation to that purpose;

(c) accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that data which are inaccurate or incomplete are erased or rectified; and

(d) not kept longer than necessary.

3. Upon request, WHO shall as far as practicable provide an individual with his or her personal data referred to in this Article in an intelligible form, without undue delay or expense and, when necessary, allow for correction.

Article 46 Transport and handling of biological substances, reagents and materials for diagnostic purposes

States Parties shall, subject to national law and taking into account relevant international guidelines, facilitate the transport, entry, exit, processing and disposal of biological substances and diagnostic specimens, reagents and other diagnostic materials for verification and public health response purposes under these Regulations.

PART IX – THE IHR ROSTER OF EXPERTS, THE EMERGENCY COMMITTEE AND THE REVIEW COMMITTEE

Chapter I – The IHR Roster of Experts

Article 47 Composition

The Director-General shall establish a roster composed of experts in all relevant fields of expertise (hereinafter the "IHR Expert Roster"). The Director-General shall appoint the members of the IHR Expert Roster in accordance with the WHO Regulations for Expert Advisory Panels and Committees (hereinafter the "WHO Advisory Panel Regulations"), unless otherwise provided in these Regulations. In addition, the Director-General shall appoint one member at the request of each State Party and, where appropriate, experts proposed by relevant intergovernmental and regional economic integration organizations. Interested States Parties shall notify the Director-General of the qualifications and fields of expertise of each of the experts they propose for membership. The Director-General shall periodically inform the States Parties, and relevant intergovernmental and regional economic integration organizations, of the composition of the IHR Expert Roster.

Chapter II - The Emergency Committee

Article 48 Terms of reference and composition

1. The Director-General shall establish an Emergency Committee that at the request of the Director-General shall provide its views on:

(a) whether an event constitutes a public health emergency of international concern;

(b) the termination of a public health emergency of international concern; and

(c) the proposed issuance, modification, extension or termination of temporary recommendations.

2. The Emergency Committee shall be composed of experts selected by the Director-General from the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization. The Director-General shall determine the duration of membership with a view to ensuring its continuity in the consideration of a specific event and its consequences. The Director-General shall select the members of the Emergency Committee on the basis of the expertise and experience required for any particular session and with due regard to the principles of equitable geographical representation. At

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least one member of the Emergency Committee should be an expert nominated by a State Party within whose territory the event arises.

3. The Director-General may, on his or her own initiative or at the request of the Emergency Committee, appoint one or more technical experts to advise the Committee.

Article 49 Procedure

1. The Director-General shall convene meetings of the Emergency Committee by selecting a number of experts from among those referred to in paragraph 2 of Article 48, according to the fields of expertise and experience most relevant to the specific event that is occurring. For the purpose of this Article, "meetings" of the Emergency Committee may include teleconferences, videoconferences or electronic communications.

2. The Director-General shall provide the Emergency Committee with the agenda and any relevant information concerning the event, including information provided by the States Parties, as well as any temporary recommendation that the Director-General proposes for issuance.

3. The Emergency Committee shall elect its Chairperson and prepare following each meeting a brief summary report of its proceedings and deliberations, including any advice on recommendations.

4. The Director-General shall invite the State Party in whose territory the event arises to present its views to the Emergency Committee. To that effect, the Director-General shall notify to it the dates and the agenda of the meeting of the Emergency Committee with as much advance notice as necessary. The State Party concerned, however, may not seek a postponement of the meeting of the Emergency Committee for the purpose of presenting its views thereto.

5. The views of the Emergency Committee shall be forwarded to the Director-General for consideration. The Director-General shall make the final determination on these matters.

6. The Director-General shall communicate to States Parties the determination and the termination of a public health emergency of international concern, any health measure taken by the State Party concerned, any temporary recommendation, and the modification, extension and termination of such recommendations, together with the views of the Emergency Committee. The Director-General shall inform conveyance operators through States Parties and the relevant international agencies of such temporary recommendations, including their modification, extension or termination. The Director-General shall subsequently make such information and recommendations available to the general public.

7. States Parties in whose territories the event has occurred may propose to the Director-General the termination of a public health emergency of international concern and/or the temporary recommendations, and may make a presentation to that effect to the Emergency Committee.

Chapter III – The Review Committee

Article 50 Terms of reference and composition

1. The Director-General shall establish a Review Committee, which shall carry out the following functions:

(a) make technical recommendations to the Director-General regarding amendments to these Regulations;

(b) provide technical advice to the Director-General with respect to standing recommendations, and any modifications or termination thereof;

(c) provide technical advice to the Director-General on any matter referred to it by the Director-General regarding the functioning of these Regulations.

2. The Review Committee shall be considered an expert committee and shall be subject to the WHO Advisory Panel Regulations, unless otherwise provided in this Article.

3. The Members of the Review Committee shall be selected and appointed by the Director-General from among the persons serving on the IHR Expert Roster and, when appropriate, other expert advisory panels of the Organization.

4. The Director-General shall establish the number of members to be invited to a meeting of the Review Committee, determine its date and duration, and convene the Committee.

5. The Director-General shall appoint members to the Review Committee for the duration of the work of a session only.

6. The Director-General shall select the members of the Review Committee on the basis of the principles of equitable geographical representation, gender balance, a balance of experts from developed and developing countries, representation of a diversity of scientific opinion, approaches and practical experience in various parts of the world, and an appropriate interdisciplinary balance.

Article 51 Conduct of business

1. Decisions of the Review Committee shall be taken by a majority of the members present and voting.

2. The Director-General shall invite Member States, the United Nations and its specialized agencies and other relevant intergovernmental organizations or nongovernmental organizations in official relations with WHO to designate representatives to attend the Committee sessions. Such representatives may submit memoranda and, with the consent of the Chairperson, make statements on the subjects under discussion. They shall not have the right to vote.

Article 52 Reports

1. For each session, the Review Committee shall draw up a report setting forth the Committee's views and advice. This report shall be approved by the Review Committee before the end of the

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session. Its views and advice shall not commit the Organization and shall be formulated as advice to the Director-General. The text of the report may not be modified without the Committee's consent.

2. If the Review Committee is not unanimous in its findings, any member shall be entitled to express his or her dissenting professional views in an individual or group report, which shall state the reasons why a divergent opinion is held and shall form part of the Committee's report.

3. The Review Committee's report shall be submitted to the Director-General, who shall communicate its views and advice to the Health Assembly or the Executive Board for their consideration and action.

Article 53 Procedures for standing recommendations

When the Director-General considers that a standing recommendation is necessary and appropriate for a specific public health risk, the Director-General shall seek the views of the Review Committee. In addition to the relevant paragraphs of Articles 50 to 52, the following provisions shall apply:

(a) proposals for standing recommendations, their modification or termination may be submitted to the Review Committee by the Director-General or by States Parties through the Director-General;

(b) any State Party may submit relevant information for consideration by the Review Committee;

(c) the Director-General may request any State Party, intergovernmental organization or nongovernmental organization in official relations with WHO to place at the disposal of the Review Committee information in its possession concerning the subject of the proposed standing recommendation as specified by the Review Committee;

(d) the Director-General may, at the request of the Review Committee or on the Director-General's own initiative, appoint one or more technical experts to advise the Review Committee. They shall not have the right to vote;

(e) any report containing the views and advice of the Review Committee regarding standing recommendations shall be forwarded to the Director-General for consideration and decision. The Director-General shall communicate the Review Committee's views and advice to the Health Assembly;

(f) the Director-General shall communicate to States Parties any standing recommendation, as well as the modifications or termination of such recommendations, together with the views of the Review Committee;

(g) standing recommendations shall be submitted by the Director-General to the subsequent Health Assembly for its consideration.

PART X – FINAL PROVISIONS

Article 54 Reporting and review

1. States Parties and the Director-General shall report to the Health Assembly on the implementation of these Regulations as decided by the Health Assembly.

2. The Health Assembly shall periodically review the functioning of these Regulations. To that end it may request the advice of the Review Committee, through the Director-General. The first such review shall take place no later than five years after the entry into force of these Regulations.

3. WHO shall periodically conduct studies to review and evaluate the functioning of Annex 2. The first such review shall commence no later than one year after the entry into force of these Regulations. The results of such reviews shall be submitted to the Health Assembly for its consideration, as appropriate.

Article 55 Amendments

1. Amendments to these Regulations may be proposed by any State Party or by the Director-General. Such proposals for amendments shall be submitted to the Health Assembly for its consideration.

2. The text of any proposed amendment shall be communicated to all States Parties by the Director-General at least four months before the Health Assembly at which it is proposed for consideration.

3. Amendments to these Regulations adopted by the Health Assembly pursuant to this Article shall come into force for all States Parties on the same terms, and subject to the same rights and obligations, as provided for in Article 22 of the Constitution of WHO and Articles 59 to 64 of these Regulations.

Article 56 Settlement of disputes

1. In the event of a dispute between two or more States Parties concerning the interpretation or application of these Regulations, the States Parties concerned shall seek in the first instance to settle the dispute through negotiation or any other peaceful means of their own choice, including good offices, mediation or conciliation. Failure to reach agreement shall not absolve the parties to the dispute from the responsibility of continuing to seek to resolve it.

2. In the event that the dispute is not settled by the means described under paragraph 1 of this Article, the States Parties concerned may agree to refer the dispute to the Director-General, who shall make every effort to settle it.

3. A State Party may at any time declare in writing to the Director-General that it accepts arbitration as compulsory with regard to all disputes concerning the interpretation or application of these Regulations to which it is a party or with regard to a specific dispute in relation to any other State Party accepting the same obligation. The arbitration shall be conducted in accordance with the Permanent Court of Arbitration Optional Rules for Arbitrating Disputes between Two States applicable at the time a request for arbitration is made. The States Parties that have agreed to accept arbitration as compulsory shall accept the arbitral award as binding and final. The Director-General shall inform the Health Assembly regarding such action as appropriate.

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4. Nothing in these Regulations shall impair the rights of States Parties under any international agreement to which they may be parties to resort to the dispute settlement mechanisms of other intergovernmental organizations or established under any international agreement.

5. In the event of a dispute between WHO and one or more States Parties concerning the interpretation or application of these Regulations, the matter shall be submitted to the Health Assembly.

Article 57 Relationship with other international agreements

1. States Parties recognize that the IHR and other relevant international agreements should be interpreted so as to be compatible. The provisions of the IHR shall not affect the rights and obligations of any State Party deriving from other international agreements.

2. Subject to paragraph 1 of this Article, nothing in these Regulations shall prevent States Parties having certain interests in common owing to their health, geographical, social or economic conditions, from concluding special treaties or arrangements in order to facilitate the application of these Regulations, and in particular with regard to:

(a) the direct and rapid exchange of public health information between neighbouring territories of different States;

(b) the health measures to be applied to international coastal traffic and to international traffic in waters within their jurisdiction;

(c) the health measures to be applied in contiguous territories of different States at their common frontier;

(d) arrangements for carrying affected persons or affected human remains by means of transport specially adapted for the purpose; and

(e) deratting, disinsection, disinfection, decontamination or other treatment designed to render goods free of disease-causing agents.

3. Without prejudice to their obligations under these Regulations, States Parties that are members of a regional economic integration organization shall apply in their mutual relations the common rules in force in that regional economic integration organization.

Article 58 International sanitary agreements and regulations

1. These Regulations, subject to the provisions of Article 62 and the exceptions hereinafter provided, shall replace as between the States bound by these Regulations and as between these States and WHO, the provisions of the following international sanitary agreements and regulations:

(a) International Sanitary Convention, signed in Paris, 21 June 1926;

(b) International Sanitary Convention for Aerial Navigation, signed at The Hague, 12 April 1933;

(c) International Agreement for dispensing with Bills of Health, signed in Paris, 22 December 1934;

(d) International Agreement for dispensing with Consular Visas on Bills of Health, signed in Paris, 22 December 1934;

(e) Convention modifying the International Sanitary Convention of 21 June 1926, signed in Paris, 31 October 1938;

(f) International Sanitary Convention, 1944, modifying the International Sanitary Convention of 21 June 1926, opened for signature in Washington, 15 December 1944;

(g) International Sanitary Convention for Aerial Navigation, 1944, modifying the International Sanitary Convention of 12 April 1933, opened for signature in Washington, 15 December 1944;

(h) Protocol of 23 April 1946 to prolong the International Sanitary Convention, 1944, signed in Washington;

(i) Protocol of 23 April 1946 to prolong the International Sanitary Convention for Aerial Navigation, 1944, signed in Washington;

(j) International Sanitary Regulations, 1951, and the Additional Regulations of 1955, 1956, 1960, 1963 and 1965; and

(k) the International Health Regulations of 1969 and the amendments of 1973 and 1981.

2. The Pan American Sanitary Code, signed at Havana, 14 November 1924, shall remain in force with the exception of Articles 2, 9, 10, 11, 16 to 53 inclusive, 61 and 62, to which the relevant part of paragraph 1 of this Article shall apply.

Article 59 Entry into force; period for rejection or reservations

1. The period provided in execution of Article 22 of the Constitution of WHO for rejection of, or reservation to, these Regulations or an amendment thereto, shall be 18 months from the date of the notification by the Director-General of the adoption of these Regulations or of an amendment to these Regulations by the Health Assembly. Any rejection or reservation received by the Director-General after the expiry of that period shall have no effect.

2. These Regulations shall enter into force 24 months after the date of notification referred to in paragraph 1 of this Article, except for:

(a) a State that has rejected these Regulations or an amendment thereto in accordance with Article 61;

(b) a State that has made a reservation, for which these Regulations shall enter into force as provided in Article 62;

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(c) a State that becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of this Article, and which is not already a party to these Regulations, for which these Regulations shall enter into force as provided in Article 60; and

(d) a State not a Member of WHO that accepts these Regulations, for which they shall enter into force in accordance with paragraph 1 of Article 64.

3. If a State is not able to adjust its domestic legislative and administrative arrangements fully with these Regulations within the period set out in paragraph 2 of this Article, that State shall submit within the period specified in paragraph 1 of this Article a declaration to the Director-General regarding the outstanding adjustments and achieve them no later than 12 months after the entry into force of these Regulations for that State Party.

Article 60 New Member States of WHO

Any State which becomes a Member of WHO after the date of the notification by the Director-General referred to in paragraph 1 of Article 59, and which is not already a party to these Regulations, may communicate its rejection of, or any reservation to, these Regulations within a period of twelve months from the date of the notification to it by the Director-General after becoming a Member of WHO. Unless rejected, these Regulations shall enter into force with respect to that State, subject to the provisions of Articles 62 and 63, upon expiry of that period. In no case shall these Regulations enter into force in respect to that State earlier than 24 months after the date of notification referred to in paragraph 1 of Article 59.

Article 61 Rejection

If a State notifies the Director-General of its rejection of these Regulations or of an amendment thereto within the period provided in paragraph 1 of Article 59, these Regulations or the amendment concerned shall not enter into force with respect to that State. Any international sanitary agreement or regulations listed in Article 58 to which such State is already a party shall remain in force as far as such State is concerned.

Article 62 Reservations

1. States may make reservations to these Regulations in accordance with this Article. Such reservations shall not be incompatible with the object and purpose of these Regulations.

2. Reservations to these Regulations shall be notified to the Director-General in accordance with paragraph 1 of Article 59 and Article 60, paragraph 1 of Article 63 or paragraph 1 of Article 64, as the case may be. A State not a Member of WHO shall notify the Director-General of any reservation with its notification of acceptance of these Regulations. States formulating reservations should provide the Director-General with reasons for the reservations.

3. A rejection in part of these Regulations shall be considered as a reservation.

4. The Director-General shall, in accordance with paragraph 2 of Article 65, issue notification of each reservation received pursuant to paragraph 2 of this Article. The Director-General shall:

(a) if the reservation was made before the entry into force of these Regulations, request those Member States that have not rejected these Regulations to notify him or her within six months of any objection to the reservation, or

(b) if the reservation was made after the entry into force of these Regulations, request States Parties to notify him or her within six months of any objection to the reservation.

States objecting to a reservation should provide the Director-General with reasons for the objection.

5. After this period, the Director-General shall notify all States Parties of the objections he or she has received with regard to reservations. Unless by the end of six months from the date of the notification referred to in paragraph 4 of this Article a reservation has been objected to by one-third of the States referred to in paragraph 4 of this Article, it shall be deemed to be accepted and these Regulations shall enter into force for the reserving State, subject to the reservation.

6. If at least one-third of the States referred to in paragraph 4 of this Article object to the reservation by the end of six months from the date of the notification referred to in paragraph 4 of this Article, the Director-General shall notify the reserving State with a view to its considering withdrawing the reservation within three months from the date of the notification by the Director-General.

7. The reserving State shall continue to fulfil any obligations corresponding to the subject matter of the reservation, which the State has accepted under any of the international sanitary agreements or regulations listed in Article 58.

8. If the reserving State does not withdraw the reservation within three months from the date of the notification by the Director-General referred to in paragraph 6 of this Article, the Director-General shall seek the view of the Review Committee if the reserving State so requests. The Review Committee shall advise the Director-General as soon as possible and in accordance with Article 50 on the practical impact of the reservation on the operation of these Regulations.

9. The Director-General shall submit the reservation, and the views of the Review Committee if applicable, to the Health Assembly for its consideration. If the Health Assembly, by a majority vote, objects to the reservation on the ground that it is incompatible with the object and purpose of these Regulations, the reservation shall not be accepted and these Regulations shall enter into force for the reserving State only after it withdraws its reservation pursuant to Article 63. If the Health Assembly accepts the reservation, these Regulations shall enter into force for the reserving State, subject to its reservation.

Article 63 Withdrawal of rejection and reservation

1. A rejection made under Article 61 may at any time be withdrawn by a State by notifying the Director-General. In such cases, these Regulations shall enter into force with regard to that State upon receipt by the Director-General of the notification, except where the State makes a reservation when withdrawing its rejection, in which case these Regulations shall enter into force as provided in Article 62. In no case shall these Regulations enter into force in respect to that State earlier than 24 months after the date of notification referred to in paragraph 1 of Article 59.

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2. The whole or part of any reservation may at any time be withdrawn by the State Party concerned by notifying the Director-General. In such cases, the withdrawal will be effective from the date of receipt by the Director-General of the notification.

Article 64 States not Members of WHO

1. Any State not a Member of WHO, which is a party to any international sanitary agreement or regulations listed in Article 58 or to which the Director-General has notified the adoption of these Regulations by the World Health Assembly, may become a party hereto by notifying its acceptance to the Director-General and, subject to the provisions of Article 62, such acceptance shall become effective upon the date of entry into force of these Regulations, or, if such acceptance is notified after that date, three months after the date of receipt by the Director-General of the notification of acceptance.

2. Any State not a Member of WHO which has become a party to these Regulations may at any time withdraw from participation in these Regulations, by means of a notification addressed to the Director-General which shall take effect six months after the Director-General has received it. The State which has withdrawn shall, as from that date, resume application of the provisions of any international sanitary agreement or regulations listed in Article 58 to which it was previously a party.

Article 65 Notifications by the Director-General

1. The Director-General shall notify all States Members and Associate Members of WHO, and also other parties to any international sanitary agreement or regulations listed in Article 58, of the adoption by the Health Assembly of these Regulations.

2. The Director-General shall also notify these States, as well as any other State which has become a party to these Regulations or to any amendment to these Regulations, of any notification received by WHO under Articles 60 to 64 respectively, as well as of any decision taken by the Health Assembly under Article 62.

Article 66 Authentic texts

1. The Arabic, Chinese, English, French, Russian and Spanish texts of these Regulations shall be equally authentic. The original texts of these Regulations shall be deposited with WHO.

2. The Director-General shall send, with the notification provided in paragraph 1 of Article 59, certified copies of these Regulations to all Members and Associate Members, and also to other parties to any of the international sanitary agreements or regulations listed in Article 58.

3. Upon the entry into force of these Regulations, the Director-General shall deliver certified copies thereof to the Secretary-General of the United Nations for registration in accordance with Article 102 of the Charter of the United Nations.