The importance of International Health Standards in the regulation of health issues

Roza AZKHODJAEVA¹

Tashkent State University of Law

ARTICLE INFO

Article history:
Received December 2023
Received in revised form
15 December 2023
Accepted 20 January 2024
Available online
25 February 2024

Keywords:
International Health Regulations,
international treaty,
healthcare,
law,
emergency,
WHO,
infectious diseases,
participating States,
cooperation,
Republic of Uzbekistan.

ABSTRACT

This article discusses the role and significance of the health standards of IHR, the history of its occurrence, and its features. The objectives and scope of the IHR, and the meaning of the concept of “public health emergency of international importance” are defined. The differences between the IHR of 1969 and 2005 are considered. The positive trends of IHR, as well as shortcomings and problems in the implementation of requirements, are analyzed. The final part of the article presents conclusions and suggestions for improving the IHR.

2181-1415/© 2024 in Science LLC.
DOI: https://doi.org/10.47689/2181-1415-vol5-iss1-pp206-211
This is an open access article under the Attribution 4.0 International (CC BY 4.0) license (https://creativecommons.org/licenses/by/4.0/deed.ru)

Sog'liqni saqlash masalalarini tartibga solishda xalqaro sog'liqni saqlash normalarining ahmiyati

ANNOTATSIYA

Ushbu maqolada MMSP tibbiy-sanitariya me'yorlarining roli va ahmiyati, paydo bo'lish tarixi va uning xususiyatlari muhokama qilinadi. MMSPNING maqsadlari va ko'lami, "xalqaro ahamiyatga ega bo'lgan sog'liqni saqlash sohasidagi favqulodda vaziyat" tushunchasining ahmiyati aniqlandi. 1969-yildan 2005-yilgacha bo'lgan MMSP o'rtasidagi farqlar ko'rib chiqildi. MMSPNING ijobiy tendentsiyalari, shuningdek talablarni amalga oshirishdagi kamchiliklar va muammolar tahlil qilindi. Maqolaning yakuniy qismida MMSPNI takomillashtirish bo'yicha xulosalar va takliflar keltirilgan.

¹ PhD in Law, Lecturer, Tashkent State University of Law. E-mail: azroza@yandex.ru
Значение международных медико-санитарных норм в регулировании вопросов охраны здоровья

Ключевые слова: международные медико-санитарные правила, международный договор, здравоохранение, право, чрезвычайная ситуация, ВОЗ, инфекционные заболевания, государства-участники, сотрудничество, Республика Узбекистан.

АННОТАЦИЯ
В данной статье рассматриваются роль и значение медико-санитарных норм ММСП, история их возникновения и особенности. Определены цели и сфера применения ММСП, а также значение понятия «чрезвычайная ситуация в области общественного здравоохранения международного значения». Рассмотрены различия между ММСП 1969 года и ММСП 2005 года. Проанализированы положительные тенденции ММСП, а также выявлены недостатки и проблемы в реализации требований. В заключительной части статьи представлены выводы и предложения по совершенствованию ММСП.

There are a great many infectious diseases in the world today, and at all times they have been the main enemies of man. History knows many examples of the devastating effects of smallpox, plague, cholera, typhus, dysentery, measles, and influenza. Contagious diseases appeared on Earth even before man. Humanity faced this problem back in the prehistoric period. Viruses and bacteria destroyed millions of people, and there were no means of protection until almost the last century.

It should be emphasized that the infectious process is one of the most complex biological processes in nature, and infectious diseases are formidable destructive factors for human society, causing enormous economic damage to it. Of course, the main role in regulating cooperation between States in the fight against infectious diseases belongs to WHO.

The original International Health Regulations (IHR) were adopted in 1969, but their foundations can be traced back to the mid-19th century, when measures were taken to combat the cross-border spread of plague, yellow fever, smallpox and especially cholera with minimal interference in world trade. In 1951, WHO issued its first rules for the prevention of infectious diseases, the International Sanitary Rules. In 1969 they were revised into the "International Health Regulations", which dealt with six diseases: cholera, plague, recurrent typhus, smallpox, typhoid fever and yellow fever." [1].

In 1973, at the twenty-sixth session of the World Health Assembly, it amended the cholera issues. Due to the emergence of new infectious diseases in subsequent sessions, WHO member States felt the need to revise the IHR. The International Health Regulations (IHR) is an international treaty establishing binding global rules in the field of public health in order to enhance health safety at the national, regional and international levels. They were adopted at the 58th session of the World Health Assembly on May 23, 2005, entered into force in 2007 and are binding on WHO member countries. [2].

One of the most important aspects of the IHR 2005 is the establishment of a global surveillance system for public health emergencies of international importance. The IHR 2005 expands the scope of the rules, strengthens WHO’s authority in the field of surveillance and response, contains stricter surveillance and response obligations, and applies human rights principles to public health interventions [3].

207
The IHR provides a comprehensive legal framework defining the rights and responsibilities of countries in relation to public health actions and emergencies that potentially cross borders. As one of the basic documents of WHO, the rules are designed to help the global community in preventing the spread of diseases and taking response measures.

A design feature of the IHR (2005) was a dynamic, open to new infectious diseases, described in Appendix 2, which provides a scheme and algorithm for verifying emergency situations. All the qualitative characteristics of the IHR (2005) were designed for early, preventive, flexible, without cumbersome procedures, screening, monitoring and control of threats, the implementation of which posed a risk of emergency situations.

All this is initially aimed at the high potential of the effectiveness of the IHR (2005), primarily in relation to modern, most dangerous threats and challenges, and especially new infectious diseases, the scale of the devastating consequences of which varied greatly prognostically, up to catastrophic for the international community. The syndrome approach is used here as an auxiliary part of emergency verification [4]. The IHR establishes fundamental global legal requirements for all countries regarding international coordination in identifying, investigating and responding to public health risks (and related issues); the rules require that all countries have the ability to identify, assess, report and respond to public health events.

According to Article 1.1 of the IHR-2005 WHO defines any infection as a disease or health condition that threatens or may threaten human health, regardless of its source or origin.

Consequently, the IHR 2005 is not limited to specific infectious diseases, which makes it possible not only to respond quickly and prevent the spread of already known diseases but also to apply appropriate measures to new and constantly changing risks to public health. Taking into account the trend of globalization of the spread of infections, the steady emergence of new and the return of old infectious diseases, the growth of migration activity of the population and trade, general urbanization, and new economic conditions, this approach is more meaningful and preferable for practical application [5].

The purpose and scope of the IHR (Article 2) is to prevent, control, and respond to the risks of the international spread of diseases "in ways commensurate with the risks to public health and to avoid unnecessary interference in international transport and trade." The scope of the IHR related to diseases is extremely wide (essentially the "all risks" approach), covering not only infectious diseases but also risks associated with chemical or radionuclide sources, as well as other biological risks to public health.

The rules also set out criteria for determining whether a particular event is a "public health emergency of international importance" (PHEIC); a requirement is defined that countries identify and report events that may constitute a potential emergency. Once a WHO member country identifies an event as a PHEIC, it must assess the public health risks associated with the event within 48 hours. If an event is identified as being subject to notification by the IHR, the country must provide this information to WHO within 24 hours. [6]

By Resolution No. 220 of the Cabinet of Ministers of July 31, 2015, International Health Regulations were introduced in the Republic of Uzbekistan. [8] The document was adopted to organize and strengthen a comprehensive system of regulating relations related to ensuring the sanitary and epidemiological well-being of the population of the
republic, as well as preventing the international spread of diseases. The Ministry of Health of the Republic of Uzbekistan with the WHO Representative Office and competent ministries and departments conducted preparatory activities for the implementation of the Rules in the republic.

The IHR also serves as the foundation for the global health security agenda. As trade and travel expand globally, so do the opportunities for wider disease transmission. The impact of infectious diseases on public health and the economy can cause enormous harm to people and serious damage to the country's resources. As noted above, the IHR is coordinated by WHO and aims to inform the world about public health risks and developments. As an international treaty, the IHR is legally binding; all countries must report on events of international importance to public health. Countries refer to the IHR to determine how to prevent and control global health threats while keeping international travel and trade as open as possible.

The IHR requires that all countries have the opportunity to respond in this situation as follows:
- ensure that surveillance systems and laboratories can detect potential threats;
- work together with other countries to make decisions in public health emergencies;
- report on specific diseases as well as any potential international public health emergencies by participating in a network of national focal points;
- respond to public health events.

The IHR also includes specific measures that countries can take at ports, airports, and land border crossings to limit the spread of health risks to neighboring countries, as well as to prevent unjustified travel and trade restrictions.

In today's interconnected society, it is more important than ever to ensure that all countries can respond to and contain threats to public health. All countries have a responsibility to each other to build strong health systems that work to identify and contain public health events before they spread. The IHR is forward-looking, requiring countries to consider the possible impact of all hazards, regardless of whether they occur naturally, accidentally, or intentionally. However, despite broader global agreement on the importance of the IHR, only about 1/3 of the world's countries currently can assess, identify, and respond to public health emergencies. These gaps in global preparedness make the rest of the world vulnerable.

Current practice indicates an inconsistent level of compliance, in particular about restrictions on travel and trade with affected countries. States may take health measures by article 43 of the IHR that are at odds with WHO recommendations or otherwise violate several IHR provisions, provided that they are a direct response to PHEIC or a risk to public health, based on scientific evidence and risk assessment, proportional to the risk; if these measures are substantially they disrupt international traffic for more than 24 hours, the State provides WHO with a justification for their use from the point of view of public health and relevant scientific information.

The complex wording of Article 43 makes it difficult to determine whether States may violate the IHR in implementing additional measures, and does not provide specific guidance to States that decide to go beyond WHO recommendations or take action in violation of certain IHR obligations.
The dispute settlement procedures provided for in Article 56 of the IHR have also not been applied so far, so we do not have a body of jurisprudence that could help clarify the limits of legitimate conduct.

Therefore, some experts questioned the binding legal nature of the 2005 IHR, given the lack of enforcement or even compliance monitoring mechanisms and the apparent disregard by participating States of WHO recommendations. However, if it is eventually determined (for example, by the Health Assembly or judicial authority) that States may violate the IHR through measures provided for in Article 43 that exceed WHO recommendations, then these recommendations become legally binding. The ambiguity of the text and the lack of judicial practice on this issue leave the legal basis of the accountability mechanism in Article 43 uncertain.

In addition to the listed disadvantages, it is also noted that:

• Many developing countries are unable to identify and respond to public health emergencies due to the banal lack of the necessary resources and appropriate surveillance infrastructure (an additional confirmation of this is the outbreak of Ebola in 2014-2016 in West Africa);

• Some countries may decide to act unilaterally solely in their interests, where the collected information and biological data are not necessarily transferred to the international community;

• In many ways, International Health Regulations consider the interests of public health as subordinate to the problems of state security and the state of the economy. Therefore, their implementation measures largely amount to excessive supervision, with significantly less attention to issues of assistance to developing countries;

• There are no legal mechanisms to ensure compliance with the requirements established by the IHR 2005. Thus, by imposing certain obligations on the participating States, WHO has not provided for any liability for their violation, thereby undermining the reliability of the implementation of the agreements reached. [11]

Thus, given the complexity and large number of variables surrounding disease outbreaks, it is unrealistic to expect a reliable system that could provide impeccable public health solutions, requiring general compliance and imposing self-restraint. Nevertheless, there are serious issues of design and implementation that must be thoroughly and urgently addressed to avoid the irreversible weakening of the integrity of the IHR as the only and necessary legal basis for global health security.

REFERENCES:
1. https://alphapedia.ru/w/International_Health_Regulations
2. https://www.who.int › ihr › Intro_legislative_impl...


