THE JOURNEY TO RESILIENCE

A GLC4HSR Learning Series

Peer to Peer Learning Series, Session 5:

International Health Regulations in an Interconnected World

22nd October 2026

2:00 – 3:30 PM IST

GLOBAL LEARNING COLLABORATIVE FOR HEALTH SYSTEMS RESILIENCE

THE JOURNEY TO RESILIENCE

A GLC4HSR Learning Series

Health systems are increasingly interconnected. Health professionals, medicines, medical devices, data, knowledge and technologies move across borders, creating opportunities for collaboration while raising complex questions about sovereignty, equity, safety, accountability and global solidarity. The COVID-19 pandemic demonstrated that health security cannot be achieved by countries acting in isolation and exposed gaps in international cooperation.

The fifth session of the Peer-to-Peer (P2P) Learning Series on Governance, convened by the Global Learning Collaborative for Health Systems Resilience (GLC4HSR), examined how international regulatory frameworks influence national health systems and how countries can balance national interests with global obligations and collective health security.

The session featured a keynote presentation by Dr. Maung Maung Than Htike, Technical Officer, Country Health Emergency Preparedness and International Health Regulations, WHO South-East Asia Regional Office (SEARO). Dr. N. Krishna Reddy, CEO, ACCESS Health International, moderated the discussion.

The keynote focused on the International Health Regulations (IHR), including the 2024 amendments to the IHR (2005), national preparedness capacities, and the relationship between the IHR and the WHO Pandemic Agreement. The subsequent discussion explored emergency response prioritisation, sustainable financing, multisectoral governance, cross-border health services, regulatory cooperation and equitable access.

The central question was therefore: How can international health frameworks strengthen collective preparedness and response while respecting national sovereignty and addressing inequities in capacity?

Health Governance Beyond National Borders



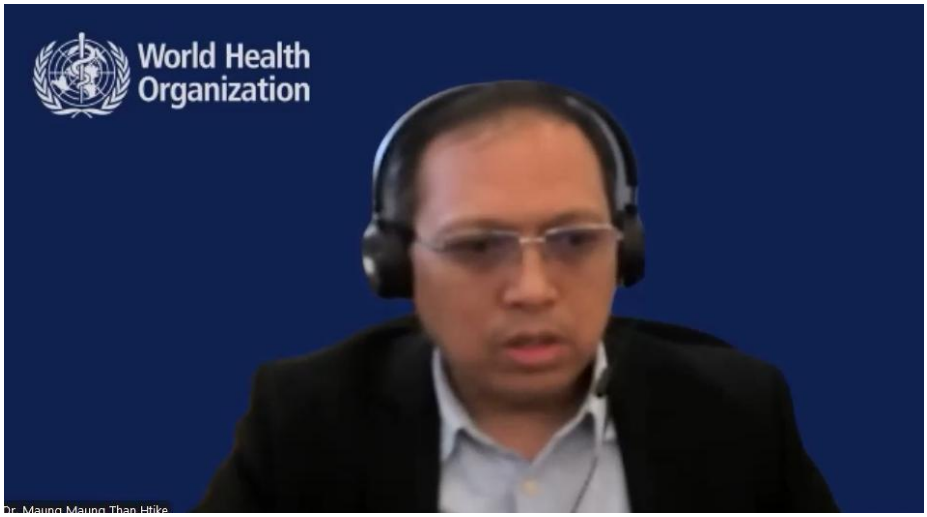
Opening the session, Dr. Reddy observed that the movement of pathogens is only one dimension of an increasingly interconnected world. Health workers, health goods and health data also cross borders, while different international institutions address related issues such as trade, labour mobility, intellectual property and animal health. This creates a complex governance landscape in which coordination between agencies and sectors is increasingly important.

He distinguished international governance from national regulation. While national laws can be enforced through domestic institutions, global governance depends more heavily on collaboration, coordination and commitments accepted by Member States. The discussion therefore considered how international frameworks can translate into practical action despite differences in national capacity and the absence of a single global enforcement structure.

The session was framed against a wider context of overlapping crises, including pandemics, climate change, conflict, mass migration, geopolitical tensions and trade disruptions, which make coordinated preparedness and response increasingly important.

Global health governance extends beyond the movement of pathogens. It requires coordination across borders, institutions and sectors to translate shared commitments into collective action.

The International Health Regulations: Purpose and Evolution



Dr. Maung Maung Than Htike outlined the history and purpose of the International Health Regulations. The framework began as the International Sanitary Regulations in 1951 and became the International Health Regulations in 1969. The current framework, IHR (2005), followed the SARS outbreaks of 2003–2004, which highlighted the limitations of the earlier approach.

A central shift in the 2005 revision was a move away from relying primarily on measures at borders towards identifying and controlling risks at their source. The framework also placed greater emphasis on preparedness, national capacities and multilateral collaboration. The IHR is a legally binding instrument under the WHO Constitution and applies to 197 State Parties, according to the presentation.

The IHR aims to prevent, prepare for, protect against, control and respond to the international spread of disease while avoiding unnecessary interference with international traffic and trade. Its scope extends beyond infectious diseases to other public health hazards, including chemical and radiological or nuclear events.

The main paradigm shift in 2005 is that earlier we like to limit the disease usually at the borders [...] But in the 2005 version the paradigm shift is we focus on the source.

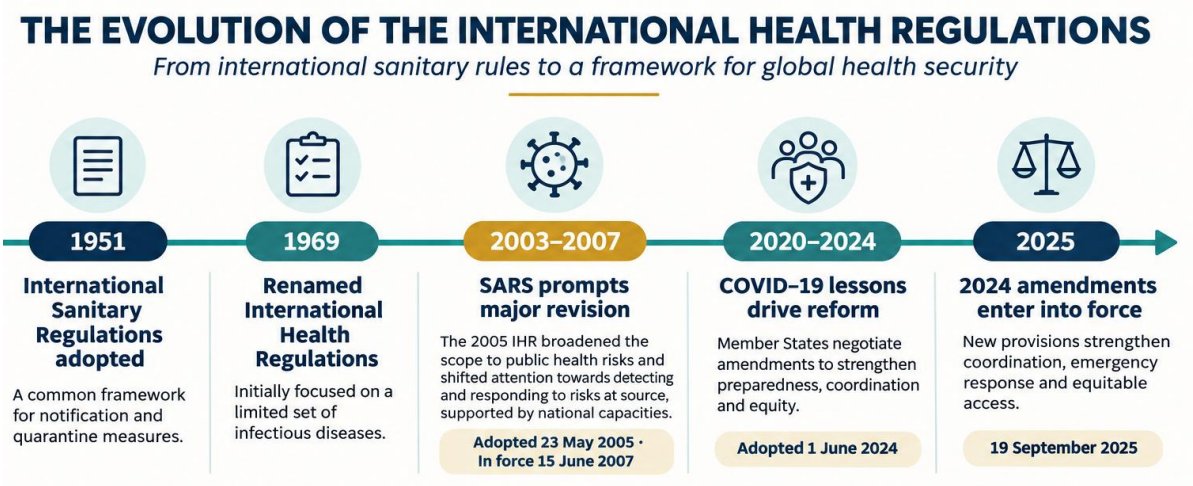
The 2024 Amendments to the IHR (2005)

The COVID-19 pandemic and subsequent review processes prompted Member States to revisit the IHR. Dr. Maung described the amendments adopted by the Seventy-seventh World Health Assembly in 2024. The amendments seek to address gaps identified during the pandemic and strengthen preparedness, coordination, equity, and oversight.

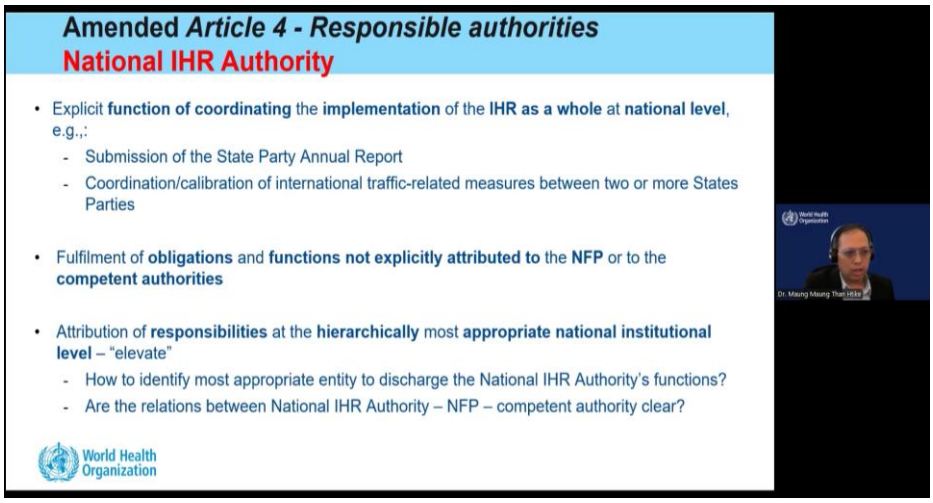
Key changes discussed included:

- **National IHR Authority:** The introduction of a National IHR Authority alongside the existing National IHR Focal Point. The authority is intended to coordinate implementation across sectors, while the focal point continues to support notifications and communications with WHO and other State Parties.
- **Pandemic emergency designation:** The introduction of a designation that sits above a Public Health Emergency of International Concern (PHEIC) and can activate additional coordination mechanisms.
- **Digital health documentation:** Updated provisions for health documents, including flexibility for digital as well as non-digital certificates.
- **Equity and solidarity:** Stronger emphasis on access to health products during emergencies.
- **Financing and oversight:** Greater attention to sustainable financing for IHR implementation and Member State oversight through a State Party Committee on the Implementation of the IHR.

The presentation noted that the State Party Committee had held its first meeting, but that key operational matters, including its terms of reference, technical subcommittees and the coordinating financial mechanism, remained under discussion at the time of the webinar.



National IHR Authorities and Multisectoral Coordination



The proposed National IHR Authority responds to lessons from COVID-19, when National IHR Focal Points in some settings did not have the mandate or authority to coordinate across sectors or influence timely notifications.

The new authority is intended to provide a higher-level coordination function without duplicating the focal point's communication role.

Dr. Maung emphasised that health emergencies cannot be managed by the health sector alone. Responses may involve disaster management, transport, trade, security, animal health and other sectors. The amended IHR and the Pandemic Agreement both place emphasis on multisectoral collaboration and a One Health approach, with Dr. Reddy highlighting the importance of leadership and decisions at the highest levels of government.

The IHR marked a shift from controlling disease at borders to building the capacity to detect and respond to public health threats at their source.



Core Capacities, Assessment and Preparedness

The keynote reviewed the core capacities that State Parties are expected to develop under the IHR. These span prevention, surveillance, preparedness and response at local, intermediate and national levels, as well as capacities at points of entry, including airports, ground crossings and ports.

Routine capacities include access to medical services, safe environments and relevant public health measures. Emergency capacities support response when risks escalate.

Dr. Maung described the IHR Monitoring and Evaluation Framework, which includes four complementary mechanisms:

- **State Party Annual Reporting (SPAR):** A mandatory reporting mechanism through which countries report on their capacities.
- **Joint External Evaluation (JEE):** A voluntary assessment mechanism to identify strengths and gaps in health security capacities.
- **Simulation exercises:** Exercises to assess preparedness and response arrangements.
- **After-action and intra-action reviews:** Reviews conducted after or during an emergency to identify lessons and areas for improvement.

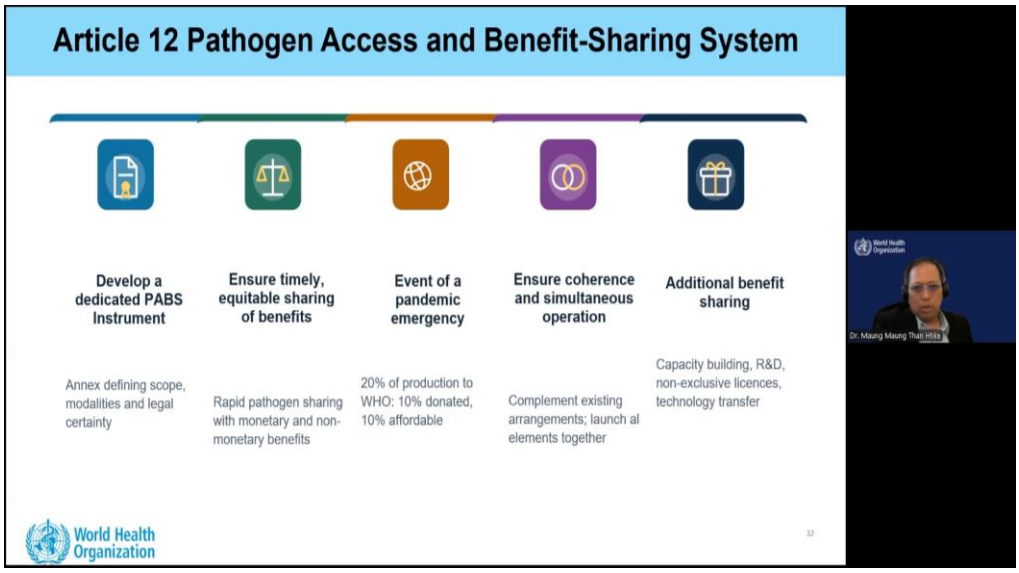
These tools help countries identify gaps and plan improvements.

Assessment findings can inform National Action Plans for Health Security (NAPHS), which bring together priorities across health security and other hazards. Countries identify priorities, plan implementation and mobilise resources.

The Universal Health and Preparedness Review was also discussed as a mechanism that places particular emphasis on governance and high-level political commitment, including coordination beyond the health sector.

Through these capacity assessments, countries can identify gaps and develop National Action Plans for Health Security, setting priorities to strengthen their preparedness and response capacities.

The WHO Pandemic Agreement: A Complementary Framework



Dr. Maung described the WHO Pandemic Agreement as a complementary framework developed in parallel with the IHR review following COVID-19. While the IHR provides a longstanding framework for preventing and responding to the international spread of disease, the Pandemic Agreement places additional emphasis on equity, solidarity and the arrangements needed to prepare for and respond to pandemics.

The Agreement was adopted in 2025, but the Pathogen Access and Benefit-Sharing (PABS) system under Article 12 remained under negotiation at the time of the session. The presentation explained that the Agreement could not be opened for signature and ratification until the PABS instrument and annex were completed.

Health Workforce, Regulatory Capacity and Manufacturing

The keynote highlighted provisions intended to strengthen domestic health workforces, train multidisciplinary teams, protect health workers during emergencies and support appropriate workforce mobility.

It also described provisions encouraging stronger national and regional regulatory authorities, greater transparency in regulatory processes, harmonisation and international cooperation on safety alerts.

The Pandemic Agreement seeks to address a fundamental challenge in global health: ensuring that countries contribute to collective preparedness while also having fair access to the resources, technologies and products needed to respond to a pandemic.

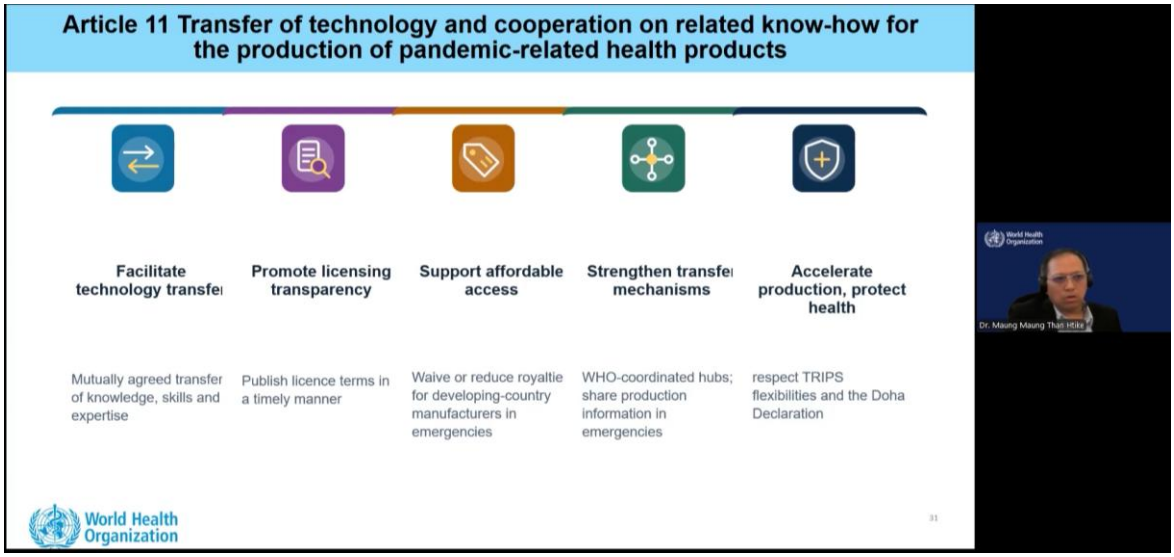
The Agreement's provisions on production and technology transfer seek to improve the geographical distribution of manufacturing capacity and support timely, equitable access to pandemic-related products. The discussion covered regional manufacturing capacity, investment and partnerships, technology transfer on mutually agreed terms, licensing transparency, and the role of existing intellectual property frameworks.

Supply chains and logistics were another area of focus. The Agreement envisages mechanisms to support timely access to pandemic-related health products, including potential regional hubs, supply-chain transparency, coordinated procurement, stockpiling and rapid release when needed. Oversight of the Agreement is expected to be provided through a Conference of the Parties once the framework becomes operational.

Pathogen Access and Benefit-Sharing

The PABS mechanism was identified as one of the most debated elements of the Pandemic Agreement. The issue is how to facilitate timely access to pathogens and pathogen-related information, including digital sequence information, while ensuring that benefits arising from their use are shared equitably.

The discussion covered monetary and non-monetary benefits, access to pandemic products, and proposed arrangements involving a share of production for WHO-facilitated allocation. The detailed mechanism remained subject to negotiations.



Questions and Discussion

Cross-Border Health Services and Telemedicine

Dr. Reddy asked whether international frameworks were addressing cross-border healthcare services, particularly telemedicine.

Dr. Maung explained that telemedicine was not specifically addressed in the IHR and was not set out in a detailed manner in the Pandemic Agreement, although it had been raised during discussions. He noted that the frameworks remain open to further consideration and that Member State mechanisms could provide opportunities for continued discussion.

Accreditation and Rapid Deployment of Emergency Teams

The discussion considered whether international approaches to regulatory harmonisation and reliance could also support health professional education and licensing.

Dr. Maung distinguished broader medical education regulation from the health security focus of the IHR and Pandemic Agreement. He described WHO's Emergency Medical Teams (EMT) mechanism, through which teams are assessed and accredited so they can be mobilised when a host country requests assistance.

WHO is also supporting training for rapid response teams (RRTs) for public health and outbreak control.

Prioritising Assistance and Addressing Financing Gaps

A participant asked how WHO prioritises assistance when multiple countries request support simultaneously, particularly when human and financial resources are constrained.

Dr. Maung explained that WHO coordinates with pre-identified EMTs, partner agencies and networks, and uses an internal grading process that considers the scale and complexity of an emergency, needs and national capacities. Support is coordinated with partners, while the sovereignty of the affected country is respected.

On financing, he acknowledged significant constraints and highlighted the importance of sustainable, multichannel financing. National Action Plans for Health Security can identify priorities and gaps, with domestic financing expected to cover a substantial share and partners helping address remaining needs.

The Pandemic Fund and other multilateral and bilateral mechanisms were noted as potential sources of support. He stressed that investment must continue between emergencies, rather than concentrating resources only during crises.

National Coordination and Emergency Response

Dr. Reddy asked whether the National IHR Authority would function as a dedicated public health emergency response agency.

Dr. Maung clarified that the IHR Authority is not intended to replace or duplicate operational agencies. Instead, the framework emphasises multisectoral coordination, whole-of-government and whole-of-society responses, and leadership at senior levels of government.

The appropriate agencies and sectors would need to work together according to the nature of the emergency.

Reducing Inequities in National Capacities

The discussion returned to the wide differences in financial, institutional and technical capacity between countries.

Dr. Maung described how national assessments, including IHR and One Health assessments, can be brought together through country-level workshops and translated into National Action Plans for Health Security. Countries identify their priorities, after which partners—including development banks, bilateral agencies and the Pandemic Fund—may be engaged to help address gaps.

He also described the Global Health Security Preparedness Network as a means of connecting countries with partners able to offer technical expertise, not only financial resources. Regional mechanisms and organisations, including those operating across South and Southeast Asia, can also support collaboration and capacity strengthening.

Risk-Based Measures and International Travel

Participants raised the experience of countries facing restrictions after reporting emerging infections, including the case of South Africa following the identification of Omicron.

Dr. Maung referred to Article 43 of the IHR, which addresses additional health measures. Countries implementing measures that significantly interfere with international traffic and trade are expected to notify WHO within 48 hours and provide scientific justification and a risk assessment.

WHO advocates risk-based approaches and cautions that unnecessary restrictions can have social and economic consequences and impede the movement of health workers and medical countermeasures. At the same time, sovereign decisions remain with individual countries.

Digital Surveillance, Genomics and Environmental Monitoring

The final discussion considered how big data, digital information systems, molecular diagnostics, genomics and wastewater or environmental surveillance are reflected in international regulatory frameworks.

Dr. Maung noted that specific regulatory arrangements remain under development and discussion. He pointed to laboratory networks and the Pandemic Agreement's proposed supply-chain and regulatory cooperation mechanisms as areas relevant to these questions.

He also noted the role of WHO prequalification and regulatory reliance in helping countries draw on assessments conducted elsewhere rather than always starting from the beginning.

Key Insights

The fifth session of the P2P Learning Series examined international health regulations as part of a broader system of global health governance. Several key insights emerged.

- **International health governance depends on cooperation:** Global health risks cross borders, but the international system does not operate like a national government. Collaboration, coordination, and Member State commitments are central to implementation.
- **The IHR amendments respond to lessons from COVID-19:** The 2024 amendments strengthen coordination, introduce the National IHR Authority and pandemic emergency designation, and give greater attention to equity, health products, financing, and oversight.
- **Preparedness requires capacity at every level:** Surveillance, notification, response, points of entry, and multisectoral coordination must be developed before emergencies occur. Assessments and National Action Plans for Health Security can help countries identify and address gaps.
- **The Pandemic Agreement complements the IHR:** It addresses additional dimensions of pandemic preparedness and response, including health workforce, regulatory capacity, manufacturing, technology transfer, supply chains and equitable access. Some operational details, particularly PABS, remained under negotiation at the time of the session.

Key Insights

- **Financing and technical capacity remain critical constraints:** Sustainable domestic financing, partner support, technical cooperation and regional mechanisms are all important to strengthening health security capacities.
- **Equity must extend to both risks and benefits:** Countries need mechanisms for timely access to health products and for sharing the benefits arising from pathogen access and related research.
- **Sovereignty and collective action must be navigated together:** International frameworks can facilitate cooperation, but implementation depends on national decisions, institutional capacity and willingness to collaborate.
- **Preparedness must continue between emergencies:** Investments in routine capacity, coordination and financing are essential to avoid a cycle of emergency response followed by declining attention.

A Final Reflection

The session highlighted the complexity of international health governance and the need to look beyond individual agreements or institutions. The IHR, the Pandemic Agreement and the wider global governance architecture operate alongside mechanisms addressing trade, labour, intellectual property, animal health and other areas that affect health security. Coordination across these domains is therefore essential.

The discussion also underscored the gap that can arise between international commitments and implementation. Legal frameworks can establish shared obligations and processes, but their effectiveness depends on national capacities, financing, technical expertise, political commitment and the ability of countries and partners to work together.

As GLC4HSR's governance learning series concludes this phase of its exploration of regulation, the session provides a foundation for continued dialogue on how international cooperation can translate into more equitable and resilient health systems. The series will next turn to health financing, continuing its focus on the governance functions that shape health-system resilience.