LETTER FROM THE EXECUTIVE BOARD

Dear Delegates,

It is with immense pleasure we welcome you to the United Nations Security Council being simulated at SBSMUN 2016.

This is a principal organ of the United Nations and since its establishment has prevented various situations which may have threatened mankind.

The agenda for this particular simulation is extremely dynamic as well as innovative which is why this study guide has been made in a way so as to complement the same.

This study guide must serve only as a medium to start your research and should in no way must you limit yourself within it.

We believe in learning which is why the study guide ahs been made in a question answer format which you may find largely interesting. Towards the end, certain questions to consider have been provided, these are meant solely for the purpose of debate direction. Howvwer if the delegates feel the need to move out of them, please feel free to do so but remember to stay wiythin the UNSC mandate only.

You can contact either of us at any point of time if you face any difficulty whatsoever.

Hoping to see you all,

Best of luck!

Eklavya Malvia   Soumya Khurana

President   Vice President

NATURE OF PROOFS & EVIDENCE PERMITTED IN THE COMMITTEE

Evidence or proof is from the following sources will be accepted as credible in the UNFCCC-COP21:

1. **News Sources**:

a. REUTERS – Any Reuters' article which clearly makes mention of the fact stated or is in contradiction of the fact being stated by another delegate in council can be used to substantiate arguments in the committee. [http:// www.reuters.com/]

 b. State-operated News Agencies – These reports can be used in the support of or against the State that owns the News Agency. These reports, if credible or substantial enough, can be used in support of or against any country as such but in that situation, they can be denied by any other country in the council. Some examples are, i. RIA Novosti (Russia) [http://en.rian.ru/]   ii. IRNA (Iran) [http://www.irna.ir/ENIndex.htm]   iii. BBC (United Kingdom) [http://bbc.co.uk/]   iv. Al Jazeera (Qatar)   [http://www.aljazeera.com]   v.   Xinhua   News   Agency   (PR   China) [http://www.xinhuanet.com/ english/china/]

2. **Government Reports:** These reports can be used in a similar way as the State Operated News Agencies reports and can, in all circumstances, be denied by another country. However, a nuance is that a report that is being denied by a certain country can still be accepted by the Executive Board as credible information.

Some examples are,

 i. Government Websites like the State Department of the United States of America [http://www.state.gov/index.htm] or the Ministry of Defense of the Russian Federation [http://www.eng.mil.ru/en/index.htm]

 ii. Ministry of Foreign Affairs of various nations like India [http:// www.mea.gov.in/] or People's Republic of China [http:// www.fmprc.gov.cn/ eng/].

iii. Permanent Representatives to the United Nations Reports http:// www.un.org/en/members/ (Click on any country to get the website of the Office of its Permanent Representative.) iv. Multilateral Organizations   like   the   NATO   [http://www.nato.int/cps/en/   natolive/index.htm],   ASEAN [http://www.aseansec.org/], OPEC [http:// www.opec.org/opec_web/en/], etc.

3. **United Nations Reports:** All UN Reports are considered are credible information or evidence for the Executive Board of the IAEA.

 i. **UN Bodies like the UNSC** [http://www.un.org/Docs/sc/] or UNGA [http:// www.un.org/en/ga/].

ii. **UN Affiliated Bodies** like the International Atomic Energy Agency [http:// www.iaea.org/], World Bank   [http://www.worldbank.org/],   International   Monetary   Fund [http://www.imf.org/external/index.htm],   International   Committee   of   the   Red   Cross [http://www.icrc.org/eng/ index.jsp], etc.

 iii. **Treaty Based Bodies** like the Antarctic Treaty System [http:// www.ats.aq/e/ats.htm], the International Criminal Court [http://www.icccpi.int/Menus/ICC]

NOTE — Sources like Wikipedia [http://www.wikipedia.org/], Amnesty International [http:// www.amnesty.org/], Human Rights Watch [http://www.hrw.org/] or newspapers like the

Guardian [http://www.guardian.co.uk/], Times of India [http://timesofindia.indiatimes.com/], etc. are typically not accepted as PROOF/EVIDENCE. However, they can be used for better understanding of any issue or on rare occasions, be brought up in debate if the information given in such sources is in line with the beliefs of a Government. **Further, the information submitted as evidence citing reportage from sources such as specified in this note may be at best, treated as having significance in terms of persuasive value - eg. to cement ones assertions, but never as binding, indisputable fact**.

INTRODUCTION

With the signing of the revised International Health Regulations (IHR) in 2005, the international community agreed to improve the detection and reporting of potential public health emergencies worldwide. The revised IHR better address today's global health security concerns and are a critical part of protecting global health. The regulations require that all countries have the ability to detect, assess, report and respond to public health events.

As early as the 14th Century, people used quarantine to keep diseases like the plague from spreading across borders. In more recent times, there have been a series of agreements between countries to address the potential spread of disease, beginning with the International Sanitary Convention in 1892 and continuing until today with the International Health Regulations (IHR).

The IHR, revised in 2005, are used by countries to prevent and control public health threats while avoiding unnecessary interference with international travel and trade.

Lessons from recent outbreaks

The ideas behind the IHR (2005) are not new. We have known for a very long time that what affects one country can affect other parts of the world. This is especially true today, when we are so closely connected to everyone else. And global health security is not just a health issue; a crisis such as HIV or Ebola can devastate economies and stall future development, and the impact of this devastation reaches farther and wider than ever. As the world broadens, our responsibility to each other broadens along with it.

Before the outbreak of Severe Acute Respiratory Syndrome (SARS) in 2003, previous international agreements had been designed to address specific diseases and public health situations. However, the SARS outbreak made the world aware that we now face threats that might not be foreseeable, from newly emerging diseases to chemical or radiological hazards to bioterrorism.

A modern solution

After SARS, the IHR were revised to address these modern threats and to cover "all events potentially constituting a public health emergency of international concern (PHEIC)." While the previous version of the regulations required countries only to report incidents of cholera, plague, and yellow fever, the revised IHR remain more flexible and future-oriented, requiring countries to consider the possible impact of all hazards, whether they occur naturally, accidentally, or intentionally.

The IHR represent an obligation for all 196 WHO Member States to work together for global health security. The regulations require that all countries have the ability to detect, assess, report and respond to public health events.

As part of their commitment to the IHR, participating countries agreed to comply with these rules by 2012. However, by 2012, fewer than 20% of countries had met IHR goals. By 2014, only about 1/3 of participating countries (64 countries) reported fully achieving the core capacities

What are International Health Regulations?

The International Health Regulations 2005 are legally binding regulations(forming international law) that aim to:
a) assist countries to work together to save lives and livelihoods endangered by the spread of diseases and other health risks, and
 b) avoid unnecessary interference with international trade and travel.

The IHR, require countries to report certain disease outbreaks and public health events to WHO. Building on the unique experience of WHO in global disease surveillance, alert and response, the IHR define the rights and obligations of countries to report public health events, and establish a number of procedures that WHO must follow in its work to uphold global public health security.

IHR basics

The IHR are a framework that will help countries minimize the impact and spread of public health threats. As an international treaty, the IHR are legally binding; all countries must report events of international public health importance. Countries are using the IHR framework to prevent and control global health threats while keeping international travel and trade as open as possible. The IHR, which are coordinated by the World Health Organization (WHO), aims to keep the world informed about public health risks and events.

The IHR require that all countries have the ability to do the following:

- **Detect:** Make sure surveillance systems and laboratories can detect potential threats
- **Assess:** Work together with other countries to make decisions in public health emergencies
- **Report:** Report specific diseases, plus any potential international public health emergencies, through participation in a network of National Focal Points
- **Respond:** Respond to public health events

The IHR also include specific measures countries can take at ports, airports and ground crossings to limit the spread of health risks to neighbouring countries, and to prevent unwarranted travel and trade restrictions.

A BRIEF HISTORY

The International Health Regulations originated with the International Sanitary Regulations adapted at the International Sanitary Conference in Paris in 1851. The cholera epidemics that hit Europe in 1830 and 1847 made apparent the need for international cooperation in public health.

1948 and World Health Organisation
In 1948, the World Health Organisation Constitution came about. The Twenty-Second World Health Assembly (1969) adopted, revised and consolidated the International Sanitary Regulations, which were renamed the International Health Regulations (1969). The Twenty-Sixth World Health Assembly in 1973 amended the IHR (1969) in relation to provisions on cholera. In view of the global eradication of smallpox, the Thirty-fourth World Health Assembly amended the IHR (1969) to exclude smallpox in the list of notifiable diseases.

1995 World Health Assembly

During the Forty-Eighth World Health Assembly in 1995, WHO and Member States agreed on the need to revise the IHR (1969). The revision of IHR (1969) came about because of its inherent limitations, most notably:
Narrow scope of notifiable diseases (cholera, plague, yellow fever)The past few decades have seen the emergence and re-emergence of infectious diseases. The emergence of "new" infectious agents Ebola Hemorrhagic Fever and the re-emergence of cholera and plague in South America and India, respectively; dependence on official country notification; and lack of a formal internationally coordinated mechanism to prevent the international spread of disease. These challenges were placed against the backdrop of the increased travel and trade characteristic of the 20th century.

2005 International Health Regulations

The IHR (2005) entered into force, generally, on 15 June 2007, and are currently binding on 194 countries (States Parties) across the globe, including all 193 Member States of WHO.

The Principles Embodying the IHR (2005)

The implementation of IHR (2005) shall be:

With full respect for the dignity, human rights and fundamental freedom of persons;
Guided by the Charter of the United Nations and the Constitution of the World Health Organisation;
Guided by the goal of their universal application for the protection of all people of the world from the international spread of disease;
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. (Art 3. IHR (2005))

2010 Geneva meeting

In 2010, the States Parties to the Convention on the Prohibition of the Development, Production and Stockpiling of Bacteriological (Biological) and Toxin Weapons and Their Destruction in Geneva, the *sanitary epidemiological reconnaissance* was suggested as well-tested means for enhancing the monitoring of infections and parasitic agents, for practical implementation of the IHR (2005) with the aim was to prevent and minimize the consequences of natural outbreaks of dangerous infectious diseases as well as the threat of alleged use of biological weapons against BTWC States Parties.

The significance of the sanitary epidemiological reconnaissance is pointed out in assessing the sanitary-epidemiological situation, organising and conducting preventive activities, indicating and identifying pathogenic biological agents authorities

Protecting people

One of the most important aspects of IHR is the requirement that countries will detect and report events that may constitute a potential public health emergency of international concern (PHEIC).

Under IHR, a PHEIC is declared by the World Health Organization if the situation meets 2 of 4 criteria:

- Is the public health impact of the event serious?
- Is the event unusual or unexpected?
- Is there a significant risk of international spread?
- Is there a significant risk of international travel or trade restrictions?

Once a WHO member country identifies an event of concern, the country must assess the public health risks of the event within 48 hours. If the event is determined to be notifiable under the IHR, the country must report the information to WHO within 24 hours.

Some diseases always require reporting under the IHR, no matter when or where they occur, while others become notifiable when they represent an unusual risk or situation.

Always Notifiable[7]:

- Smallpox
- Poliomyelitis due to wild-type poliovirus
- Human influenza caused by a new subtype
- Severe acute respiratory syndrome (SARS)

Other Potentially Notifiable Events:

- May include cholera, pneumonic plague, yellow fever, viral hemorrhagic fever, and West Nile fever, as well as any others that meet the criteria laid out by the IHR.
- Other biological, radiological, or chemical events that meet IHR criteria[8]

Since the revised IHR were put into place, four PHEICs have been declared by WHO:

- H1N1 influenza (2009)
- Polio (2014)
- Ebola (2014)
- Zika virus (2016)

2014 and 2015 have been unprecedented years for potential PHEICs. In the months from January 2014 to February 2015, 321 possible PHEICs were reported to WHO. WHO posted more than 400 updates and announcements on their event information site for National IHR Focal Points, relating to 79 public health events and regional updates. Most postings concerned the Middle East respiratory syndrome coronavirus (MERS-CoV) event, the influenza A (H7N9) virus event in China, and the outbreak of Ebola in West Africa.

When a PHEIC is declared, WHO helps coordinate an immediate response with the affected country and with other countries around the world.

How does the IHR Emergency Committee work?

The Emergency Committee is made up of international experts who provide technical advice to the WHO Director-General in the context of a "public health emergency of international concern" (PHEIC) The Committee provides views on:

Whether the event constitutes a public health emergency of international concern (PHEIC);
The Temporary Recommendations that should be taken by the country experiencing an emergency of international concern, or by other countries, to prevent or reduce the international spread of disease and avoid unnecessary interference with international trade and travel; and the termination of a PHEIC.
The Director-General makes the final determination of a PHEIC and Temporary Recommendations to address the situation, based on advice from the Emergency Committee, information provided by the State Parties, scientific experts and an assessment of risk to human health, risk of international spread of disease and of risk of interference with international travel.

Under the IHR (2005), Temporary Recommendations automatically expire three months after their issuance. Emergency Committees are therefore reconvened at least every 3 months to review the current epidemiological situation and to review whether the event continues to be a public health emergency of international concern and whether changes need to be made to the Temporary Recommendations. A statement of the Emergency Committee meeting is published on the WHO website after each meeting of the Committee.

 PHEIC Procedure:

Some serious public health events that endanger international public health may be determined under the Regulations to be public health emergencies of international concern (PHEIC). The term Public Health Emergency of International Concern is defined in the IHR (2005) as "an extraordinary event which is determined, as provided in these Regulations:

- to constitute a public health risk to other States through the international spread of disease; and

- to potentially require a coordinated international response". This definition implies a situation that: is serious, unusual or unexpected; carries implications for public health beyond the affected State's national border; and may require immediate international action.

The responsibility of determining whether an event is within this category lies with the WHO Director-General and requires the convening of a committee of experts – the IHR Emergency Committee. This committee advises the Director General on the recommended measures to be

promulgated on an emergency basis, known as temporary recommendations. Temporary recommendations include health measures to be implemented by the State Party experiencing the PHEIC, or by other States Parties, to prevent or reduce the international spread of disease and avoid unnecessary interference with international traffic.

The Emergency Committee also gives advice on the determination of the event as a PHEIC in circumstances where there is inconsistency in the assessment of the event between the Director-General and the affected country/countries. The Emergency Committee continues to provide advice to the Director-General throughout the duration of the PHEIC, including any necessary changes to the recommended measures and on the determination of PHEIC termination. WHO maintains an IHR roster of experts and the members of an IHR Emergency Committee are selected from this roster and/or WHO expert advisory panels and committees. At least one member of the Emergency Committee should be an expert nominated by a State Party within whose territory the event arises.

What is a public health emergency of international concern?

A PHEIC is defined in the IHR (2005) as, "An extraordinary event which is determined to constitute a public health risk to other States through the international spread of disease and to potentially require a coordinated international response". This definition implies a situation that is:

serious, sudden, unusual or unexpected; carries implications for public health beyond the affected State's national border; and May require immediate international action.

Who are the members of an IHR Emergency Committee?

Members of an IHR Emergency Committee are drawn from the IHR Experts Roster, established by the Director-General, and, where appropriate, from other WHO expert advisory panels. The IHR Expert Roster is composed of international experts in fields such as disease control, virology, vaccine development or infectious disease epidemiology.

Members can be selected on the basis of expertise required for any particular session. At least 1 member of the Emergency Committee should be an expert nominated by a State Party within whose territory the event arises. These States Parties are invited to present their views to the Emergency Committee. The Director-General may also appoint 1 or more technical experts to advise the Committee, on his or her own initiative or at the request of the Committee.

Persons who are neither members of the IHR Experts Roster nor other WHO Expert Advisory Panels could be appointed as technical experts to advise the Committee, but not as members of the Committee.

The names of members and advisers to an IHR Emergency Committee, their job titles and any other information that could be determined to be a potential conflict of interest are published on WHO's website.

How will the IHR impact individual travellers?

The IHR will not affect routine travel. The IHRs may affect travel in the event of a public health emergency of international concern (PHEIC). In these cases, WHO, together with its member states, may prescribe measures such as vaccination, medical screening, or interviews about travel history and symptoms upon entry, which may then trigger additional health measures. However, in the absence of a PHEIC, travel should continue as usual.[2]

Who is in charge of making sure countries reach IHR goals?

The World Health Organization (WHO) is responsible for coordinating implementation of the IHR. They are working to:

- Foster global partnerships
- Strengthen national disease prevention, surveillance, control and response systems
- Strengthen public health security in travel and transport
- Strengthen WHO global alert and response systems
- Strengthen the management of specific risks
- Sustain rights, obligations and procedures
- Conduct studies and monitor progress[3]

Through their global alert and response system, WHO handles coordination when a public health emergency of international concern (PHEIC) is reported

Why IHR matters:

in 2005, the countries of the world came together to put a new framework into place that would better prepare the world for public health emergencies. Nearly **70% of the world's countries are unprepared** to effectively detect, assess, report and respond to potential public health threats. We share a responsibility to protect ourselves – and one another – from outbreaks of infectious diseases and other health threats.

Known as the **International Health Regulations (2005) (IHR)**, the new framework represents an agreement between 196 countries, including all World Health Organization (WHO) Member States, to work together to prevent and control global health threats while protecting international travel and trade.[1]

The IHR matter to the world's health because:

1. Health threats have no borders

As early as the 14th Century, people used quarantine to keep diseases like the plague from spreading across borders. We have known for a very long time that what affects one country can affect other parts of the world. This is especially true today, when we are so closely connected to everyone else. The health of our world today is threatened by:

- Spread of new diseases, such as MERS-CoV and influenza H7N9
- Travel and trade between countries
- Rising antibiotic resistance
- The potential for accidental or deliberate release of dangerous pathogens

2. Travel and trade are made safer

Emergency Operations Centers (EOCs) help meet the goals of the IHR through establishing routine reporting systems and facilitating responses. Above, workers at the EOC in Guinea coordinate efforts to fight Ebola.

In 2003, Severe Acute Respiratory Syndrome (SARS) threatened global health, showing us how easily new outbreaks could spread. More recently, the Ebola epidemic has shown us that we are only as safe as the most fragile state. Better detection, assessment, reporting, and response to public health threats can keep health threats from crossing borders. The IHR include specific measures countries can take at ports, airports and ground crossings to limit the spread of health risks to neighboring countries, and to prevent unwarranted travel and trade restrictions.[3]
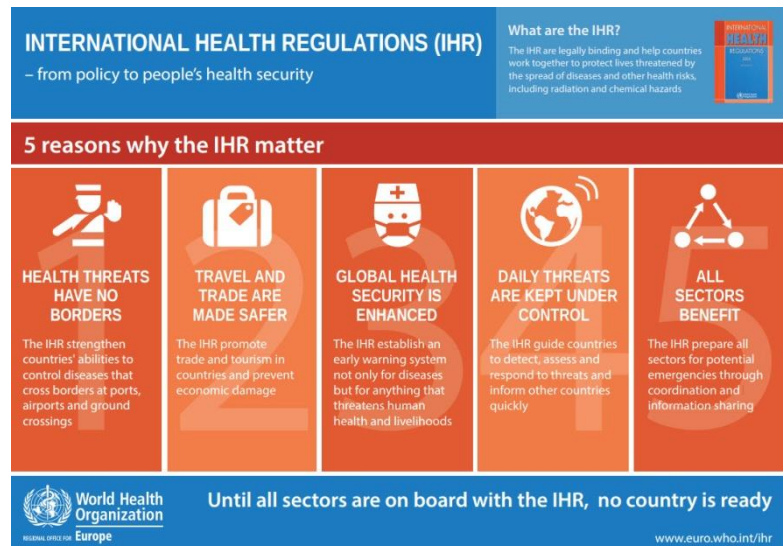
3. Global health security is enhanced

The IHR play an important role in building and maintaining global health security. Today, CDC, along with other partners and countries around the world, is helping to actualize the goals of the IHR through the Global Health Security Agenda. The GHS Agenda recognizes the challenges countries are facing, laying out practical and concrete steps we can take in our own country, as well as ways in which countries can support each other in meeting IHR goals.

4. Daily threats are kept under control

While previous regulations required countries only to report incidents of cholera, plague, and yellow fever, the IHR require countries to consider the possible impact of all events that might potentially become a public health emergency of international concern (PHEIC), including not only disease but also chemical and radiological hazards.

Since the revised IHR were put into place, four PHEICs have been declared by WHO:

- H1N1 influenza (2009)
- Polio (2014)
- Ebola (2014)
- Zika (2016)

While it is important for the world to recognize and respond to PHEICs when they occur, the goal of the IHR is to stop events in their tracks before they become emergencies.

5. All sectors benefit

We can keep everyone safer by working together, and by coordinating and sharing information between sectors. Under the IHR, countries will coordinate with WHO to address potential health threats and prevent outbreaks.

As part of their commitment to the IHR, participating countries agreed to comply with these rules by 2012. However:

- By 2012, fewer than 20% of countries had met IHR goals
- By 2014, only about 1/3 of participating countries (64 countries) reported fully achieving the core capacities

We have a long way to go in achieving the goals of the IHR. Too many of us remain vulnerable, and there is still a lot to be done. That is why CDC is working with partners in countries to build the ability to protect health across the globe. Learn more about the work CDC is doing every day to prevent and respond to public health emergencies and make the world a safer, healthier place.

IHR: Made for today's health threats

In today's interconnected society, it's more important than ever to make sure all countries are able to respond to and contain public health threats.

In 2003, severe acute respiratory syndrome (SARS) threatened global health, showing us how easily an outbreak can spread. Recently, the Ebola epidemic in West Africa and outbreaks of MERS-CoV have shown that we are only as safe as the most fragile state. All countries have a responsibility to one another to build healthcare systems that are strong and that work to identify and contain public health events before they spread.

While previous regulations required countries to report incidents of cholera, plague, and yellow fever, the revised IHR are more flexible and future-oriented, requiring countries to consider the possible impact of all hazards, whether they occur naturally, accidentally, or intentionally.[2] The IHR cover all events that might potentially become a public health emergency of international concern (PHEIC).

And global health security is not just a health issue; a crisis such as HIV or Ebola can devastate economies and keep countries from developing. The World Bank Group estimates that Guinea, Liberia, and Sierra Leone together will lose at least $1.6 billion in forgone economic growth in 2015 as a result of the Ebola epidemic.[3] The impact of this kind of economic devastation reaches farther and wider than ever.[4]

The IHR also serve as a foundation for the CDC and the Global Health Security Agenda. The GHS Agenda is "an effort by nations, international organisations, and civil society to accelerate progress toward a world safe and secure from infectious disease threats; to promote global health security as an international priority; and to spur progress toward full implementation of the IHR."[5]

The GHS Agenda provides 11 clear targets which will serve as a road map to help countries create systems that are able to prevent, detect and respond to health threats. The GHS Agenda recognises the challenges countries are facing, laying out practical and concrete steps countries can take toward strengthening their health systems, as well as ways in which countries can support each other.

THE EBOLA OUTBREAK-FLAWS IN IHR AND THE NEED FOR IMPROVEMENTS

The Ebola outbreak that began in West Africa in December 2013 was the largest epidemic of the disease ever recorded, resulting in high morbidity and mortality and considerable economic impact on countries hardest hit. Ebola virus disease was responsible for the death of more than 11,000 people in Guinea, Liberia, and Sierra Leone, affected seven additional countries, and stretched national and global response capacities far beyond their limits. Involving the participation of multiple civilian and humanitarian organizations, the emergency led to the deployment of foreign military forces from

several countries, as well as the first-ever United Nations emergency health mission – the UN Mission for Ebola Emergency Response (UNMEER). Ebola starkly revealed the fact that we still remain ill-prepared in the face of a major public health emergency.

The global response to Ebola, the failures of which mirrored those documented during the 2009 response to the influenza A (H1N1) pandemic, highlighted flaws in the operational mechanisms and strategic framework of the International Health Regulations (2005) (IHR), which function to improve global solidarity to protect public health. The IHR, which entered into force in June 2007 in the aftermath of severe acute respiratory syndrome (SARS), are a global legal agreement aimed at preventing and responding to the international spread of disease while avoiding unnecessary interference with traffic and trade. The Regulations are legally binding on States Parties1 and the World Health Organization (WHO). They place an explicit obligation on States Parties to assess, strengthen and maintain core capacities for surveillance, risk assessment, reporting and responseandset out a global leadership role for WHO. The first Review of the functioning of the IHR, publishedinMay 2011, reported that although the IHR provide a workable approach to global health emergencies, there remained serious failures in global preparedness. Both the severity and lengthy duration of the Ebola epidemic has, in unprecedented ways, further challenged the functioning of the IHR, and consideration must now be given to ensuring realistic and practical ways forward to further strengthening its implementation.

Findings and conclusions

The Review Committee interviewed a wide spectrum of people with relevant backgrounds and experience in the Ebola response, in the wider issues of IHR implementation and functioning, and in the relationships between agencies involved in emergency response. This evidence, supported by analysis of pertinent documents and reports, informed the Committee's deliberations and the evolution of the key themes that have shaped the Committee's recommendations.

The Review Committee identified the following key themes:
• The failures in the Ebola response did not result from failings of the IHR themselves, but rather from a lack of implementation of the IHR.

• Full implementation of the IHR must be the urgent goal of all countries as this is the collective means to improve global public health preparedness and improve the safety of the world's population.

• Full implementation of the IHR, however, cannot be achieved without significantly greater funding and, despite the urgency of the task, cannot be achieved in a very short timeframe because of the systemic improvement required in many States Parties.

• Partnerships – with communities, between countries, within regions, with development and aid organizations, and with WHO – are critical to implementing the IHR and improving global public health preparedness and response.

• Implementation of the IHR should not be seen as an end point in a process, but rather as a cycle of continuous improvement in public health preparedness, in which the development and maintenance of IHR core capacities are embedded in essential health systems strengthening.

The IHR remain an important and valuable international legal framework that provide the backbone to any future response to a public health threat. The Committee has concluded that amendments to the IHR text are not required. The most important priority is to rapidly improve implementation of the IHR, and the Review Committee has focused on developing innovative and realistic recommendations to drive this.

Countries need to recognize and prioritize the IHR and fully implement core capacities, including effective surveillance, detection, and response capacities, as per their commitments. The Review Committee noted that many countries are yet to achieve core capacity targets; increased funding and collaboration between countries and development agencies will be needed. Strengthening IHR core capacities in many of the world's less well-resourced countries, including those hardest hit by the Ebola epidemic, must go hand-in-hand with overall strengthening of the health system itself. States Parties' compliance with IHR requirements during the Ebola emergency, including timely notification and information-sharing, was extremely weak. The global community's ability to respond to major health threats will be dependent on our ability to strengthen this essential component of the IHR.

The Review Committee has concluded that it is imperative to prioritise the implementation of the IHR in all countries and to develop and roll-out an overarching global strategic improvement plan. The plan must be adequately resourced and balance the urgent need to make progress on implementation with the reality that many countries will require technical and financial support to achieve this. The Committee believes that this plan must deliver significant improvements in IHR implementation within the first three years, but that it may take 10 years to deliver the health systems strengthening that is needed.

The Committee has recommended that a key element of the strategic improvement plan must be a cycle of *assessment, action and re-assessment*. The Committee believes that WHO has a critical role in facilitating this cycle; independent external evaluation, using the WHO IHR Monitoring and Evaluation Framework, will add considerable constructive value to the process.

The Review Committee, noting WHO's essential role in leading, coordinating, and ensuring local, regional and global implementation efforts, in close collaboration with countries and other key stakeholders, has recommended strengthening WHO's capacity to fulfil this role.

The Committee acknowledged that the IHR must be, and be seen to be, equitable across countries and that all countries must be equally committed to full compliance, including not implementing measures beyond those recommended by WHO that are detrimental to countries reporting public health events.

The IHR are the collective means to ensure the protection of the world's population from public health threats, but this collective benefit will only be delivered if there is collective commitment to implémentations.

Legal Terms for consideration

International Law

The body of law that governs the legal relations between or among states or nations.

To qualify as a subject under the traditional definition of international law, a state had to be sovereign: It needed a territory, a population, a government, and the ability to engage in diplomatic or foreign relations. States within the United States, provinces, and cantons were not considered subjects of

international law, because they lacked the legal authority to engage in foreign relations. In addition, individuals did not fall within the definition of subjects that enjoyed rights and obligations under international law.

A more contemporary definition expands the traditional notions of international law to confer rights and obligations on intergovernmental international organizations and even on individuals. The United Nations, for example, is an international organization that has the capacity to engage in treaty relations governed by and binding under international law with states and other international organizations. Individual responsibility under international law is particularly significant in the context of prosecuting war criminals and the development of international Human Rights.

Sources of International Law

The International Court of Justice (ICJ) was established in 1945 as the successor to the Permanent International Court of Justice (PICJ), which was created in 1920 under the supervision of the League of Nations (the precursor to the United Nations). The PICJ ceased to function during World War II and was officially dissolved in 1946. The ICJ is a permanent international court located in the Hague, Netherlands, and it is the principal judicial organ of the United Nations (UN). It consists of 15 judges, each from a different state. The judges are elected by the UN General Assembly and the UN Security Council and must receive an absolute majority from both in order to take office.

The ICJ has jurisdiction only over states that have consented to it. It follows that the court cannot hear a dispute between two or more state parties when one of the parties has not accepted its jurisdiction. This can happen even where the non-consenting party adheres to the court's statute, for mere adherence to the statute does not imply consent to its tribunals. In addition, the court does not have jurisdiction over disputes between individuals or entities that are not states (I.C.J. Stat. art. 34(1)). It also lacks jurisdiction over matters that are governed by domestic law instead of international law (art. 38(1)).

Article 38(1) of the ICJ Statute enumerates the sources of international law and provides that international law has its basis in international custom, international conventions or treaties, and general principles of law. A rule must derive from one of these three sources in order to be considered international law.

Custom

Customary international law is defined as a general Practice of Law under article 38(1)(b). States follow such a practice out of a sense of legal obligation. Rules or principles must be accepted by the states as legally binding in order to be considered rules of international law. Thus, the mere fact that a custom is widely followed does not make it a rule of international law. States also must view it as obligatory to follow the custom, and they must not believe that they are free to depart from it whenever they choose, or to observe it only as a matter of courtesy or moral obligation. This requirement is referred to as *opinio juris.*

UN Charter and United Nations

The UN Charter and the United Nations as an organization were established on October 26, 1945. The UN Charter is a multilateral treaty that serves as the organization's constitution. The UN Charter contains a supremacy clause that makes it the highest authority of international law. The clause states that the UN Charter shall prevail in the event of a conflict between the obligations of the members of the United Nations under the present charter and their obligations under any other international agreement (art. 103).

The development of International Law is one of the primary goals of the United Nations. The Charter of the United Nations, in its <u>Preamble</u>, sets the objective "to establish conditions under which justice and respect for the obligations arising from treaties and other sources of international law can be maintained".

International Law defines the legal responsibilities of States in their conduct with each other, and their treatment of individuals within State boundaries. Its domain encompasses a wide range of issues of international concern such as human rights, disarmament, international crime, refugees, migration, problems of nationality, the treatment of prisoners, the use of force, and the conduct of war, among others. It also regulates the global commons, such as the environment, sustainable development, international waters, outer space, global communications and world trade.

Treaties

Treaties and other international legal instruments are also developed by the specialized agencies of the United Nations, such as the International Labour Organization (<u>ILO</u>), the International Maritime Organization (<u>IMO</u>) and the International Civil Aviation Organization (<u>ICAO</u>), by the subsidiary organs of the United Nations, such as the United Nations Commission on International Trade Law (<u>UNCITRAL</u>) and the United Nations Office on Drugs and Crime (<u>UNODC</u>), and by multilateral negotiating bodies, such as the <u>Conference on Disarmament</u>.

To become party to a treaty, a State must express, through a concrete act, its willingness to undertake the legal rights and obligations contained in the treaty – it must "consent to be bound" by the treaty. This is usually accomplished through signature and ratification of the treaty, or if it's already in force, by accession to it.

Different treaties may create different treaty body regimes to encourage the parties to abide by their obligations and undertake actions required for compliance.

Legal disputes between states can be referred to the International Court of Justice, the principal judicial organ of the United Nations, which also gives advisory opinions on legal questions referred to it by duly authorized international organs and agencies.

Law of Obligations: Erga Omnes Obligations

Definition

Justinian first defines an obligation (*obligatio*) in his <u>*Institutiones*</u>, Book 3, section 13 as "a legal bond, with which we are bound by necessity of performing some act according to the laws of our State." He further separates the law of obligations into <u>contracts</u>, <u>delicts</u>, <u>quasi-contracts</u>, and <u>quasi-delicts</u>.

Nowadays, obligation, as applied under civilian law, means a legal tie (*vinculum iuris*) by which one or more parties (obligants) are bound to perform or refrain from performing specified conduct

(prestation). Thus an obligation encompasses both sides of the equation, both the obligor's duty to render prestation and the obligee's right to receive prestation. It differs from the common-law concept of obligation which only encompasses the duty aspect.

Every obligation has four essential requisites otherwise known as the elements of obligation. They are:

1. the **<u>obligor</u>**: obligant duty-bound to fulfill the obligation; he who has a duty.
2. the **<u>obligee</u>**: obligant entitled to demand the fulfillment of the obligation; he who has a right.
3. the subject matter, the **prestation**: the performance to be tendered.
4. a legal bond, the **<u>vinculum</u> juris**: the cause that binds or connects the obligants to the prestation.

Source

Obligations arising out of the will of the parties are called *voluntary*, and those imposed by operation of law are called *involuntary*. Sometimes these are called conventional and obediential. The events giving rise to obligations may be further distinguished into specified categories.

- voluntary:
  - unilateral promise (*pollicitatio*) - undertaking by promisor only to perform, not requiring the agreement of the beneficiary
  - contract
  - quasi-contract
    - *<u>negotiorum gestio</u>* - duty to repay someone (gestor) who has managed the affairs or property of another who was unable
    - *solutio indebiti* - undue payment or delivery of a thing to another, who is then obligated to return the thing
- involuntary:
  - delicts and quasi-delicts (equivalent to the <u>common-law</u> <u>tort</u>).
  - <u>unjust enrichment</u> (*<u>condictio indebiti</u>*)

Questions to Consider:

1. How effectively has IHR been implemented? What can be done to improve its world wide application?

2. What changes do you as a representative suggest be made in order to effectively combat world epidemic crisis?

3. Examine the scope of IHR in prevention of spread of deadly diseases while protecting citizens all over the world.

4. Is IHR is a global concept or a national one? If it is a global one, how much will the peace and security of the principal nation be affected by its implementation.

5. What steps has your government taken in order to full establish health standards based on the IHR.