ASSESSING THE MANDATES OF INTERNATIONAL HEALTH REGULATIONS ON GLOBAL HEALTH

Ashutosh Raj Anand[*]

Kislay Soni[**]

Abstract

COVID–19 has shaken the entire world. Especially in this situation, it is hard to overestimate the importance of having a robust health infrastructure which appears to be showing major chinks under the prevailing crisis. This crisis has already been declared by the World Health Organization (WHO) as a pandemic and it is not for the first time the agency has done so. It is remarkable to witness the overwhelming effects the ongoing crisis has caused in its wake. Governments seem to have capitulated and have their back against the wall. The lockdown and similar measures which have ensued is uniquely unparalleled. COVID crisis has turned the focus of the world on this singular challenge. It has spread across the continents resulting in loss of lives on an unprecedented scale, causing misery, hardships and derailing the world economy. In this context it is pertinent to analyse the extant global health framework. It is essential to gauge the language as spelt under the international legal instrument specifically on global health. This paper assesses the role of WHO and the mandates of International Health Regulations, 2005.

I. Introduction

GIVEN THE effects of globalization, the intense mobility of human populations, and the relentless urbanization, it is likely that the next emerging virus will also spread fast and far. It is impossible to predict the nature of this virus or its source, or where it will start spreading. But we can say, with a high degree of certainty, that when it comes, there will be (i) an initial delay in recognising it; (ii) a serious impact on travel and trade; (iii) a public reaction that

[*]Research Scholar, Indian Law Institute, Former Assistant Professor, Amity Law School, Delhi.

[**]Assistant Professor, Law Centre II, University of Delhi.

includes anxiety, or even panic and confusion, and (iv) this will be aided and abetted by media coverage.[1]

The aforementioned excerpt courtesy of WHO looks eerily familiar. Most of the prognostication as flagged by international health organization (within the United Nations system) relating to the emergence of new virus COVID - 19[2] are turning out disconcertingly accurate. In the face of this unprecedented pandemic[3] various measures including the lockdown are being employed to ward off the spread and effects of the virus.[4] The present crisis (first reported by China on December 31, 2019) is bringing countries after countries to their knees. It was not the first time that the health organization has declared any event as a

[1]World Health Organization, *Managing epidemics: key facts about major deadly diseases 18* (2018), *available at*: https://www.who.int/emergencies/diseases/managing-epidemics-interactive.pdf(last visited on May 2, 2020). In the instant COVID 19 pandemic, in all probability, it is the *failure to inform immediately to the WHO* rather than 'an initial delay in recognizing it' which seems to be the case.

[2]Coronavirus Disease (COVID 19) belongs to a group of viruses of 'Coronaviridae' and has the ability to cause infection in both animals as well as humans. Evidently it is "10 times deadlier than the 2009 flu pandemic." Coronaviruses associated with a part of a larger family of viruses are known to cause respiratory infections such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). COVID 19 is the most recently discovered coronavirus. *See*: https://www.who.int/news-room/q-a-detail/q-a-coronaviruses, *See* also https://www.mohfw.gov.in/pdf/FAQ.pdf (last visited April 18, 2020)

[3]As per WHO Pandemic is a "worldwide spread of new disease", *available at:* https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/ (last visited April 18, 2020).
Pandemic, Epidemic and Outbreak are three distinct phenomena. Pandemic signifies "international and out of control" number of cases spreading to multiple countries whereas epidemic means "bigger and spreading" and 'outbreak' are mostly "small but unusual" spike in number of cases infected with disease. See Rebecca S.B. Fischer "What's the difference between pandemic, epidemic and outbreak?" *The Conversation*, Mar. 9, 2020, *available at:* https://theconversation.com/whats-the-difference-between-pandemic-epidemic-and-outbreak-133048 (last visited April 15, 2020); For more relevant information. *See also* https://www.bbc.com/news/health-51358459; also see, *available at*: https://www.theguardian.com/world/2020/mar/14/what-is-a-pandemic-coronavirus-covid-19; https://www.livescience.com/pandemic.html (last visited April 18, 2020).

[4] From Sweden which has employed a relatively relaxed approach and has allowed a fair amount of personal freedom in the face of COVID – 19 *vis-à-vis* India's nationwide lockdown; it is quite patent that every country has employed a distinct approach to fight pandemic. See: Holly Ellyatt "No lockdown here: Sweden defends its more relaxed coronavirus strategy" *CNBC*, Mar. 30, 2020 *available at*: https://www.cnbc.com/2020/03/30/sweden-coronavirus-approach-is-very-different-from-the-rest-of-europe.html; "Off to the café: Sweden is outlier in coronavirus restrictions" *New Indian Express* Mar. 29, 2020, *available at*: https://www.newindianexpress.com/world/2020/mar/29/off-to-the-cafe-sweden-is-outlier-in-coronavirus-restrictions-2123117.html (last visited on Apr. 18, 2020).
See also, Juliana Kaplan, Lauren Frias and Morgan McFall-Johnsen, "A third of the global population is on coronavirus lockdown – here's our constantly updated list of countries and restrictions" *Business Insider* (Apr. 7, 2020), *available at*: https://www.businessinsider.com/countries-on-lockdown-coronavirus-italy-2020-3?IR=T; See also, *available at*: https://pib.gov.in/newsite/PrintRelease.aspx?relid=200658; See also, Philip J. Heijmans, "Singapore contained coronavirus. Could other countries learn from its approach?" *World Economic Forum* (Mar. 5, 2020), *available at*: https://www.weforum.org/agenda/2020/03/singapore-response-contained-coronavirus-covid19-outbreak/; Eun A Jo, "A Democratic Response to Coronavirus: Lessons From South Korea" *The Diplomat* Mar. 30 2020, *available at:* https://thediplomat.com/2020/03/a-democratic-response-to-coronavirus-lessons-from-south-korea/. (last visited Apr. 18, 2020).

public health emergency of international concern (PHEIC).[5] Earlier also there have been numerous instances where a health emergency was declared.[6] As a matter of fact infectious disease such as COVID – 19 is one among several kinds of hazards which consistently threatens life. Natural hazards like flood, earthquake, tsunami, *etc*., to name a few, were the constant companion of human history "right from the dawn of civilization."[7]It must be stated here that the exposure to hazards when combined with the inherent vulnerability of the community engender risk. In the present scenario, the emergence of a seamless flux of human population which quintessentially is a phenomenon of globalization, does aid in creating the potential risk, and thus complicating the effects of the hazards. Even so, the large-scale flow of human population towards urban areas also has precariously exacerbated the situation.[8] Infectious disease in this prevailing context unfolds itself in its most severe form. These biological hazards may arise due to some natural phenomena and evolution or it may get spread intentionally or accidentally. But the fallout of the precipitous spread of pathogens nevertheless is always catastrophic. It is axiomatic to assert that the 'infectious disease knows no borders.' It has the potential to travel unhindered riding piggyback through humans and animals alike. And it is this peculiarity that makes infectious disease uniquely hazardous. As it is being seen that the present crisis is remarkably unique in terms of its severity.[9] It is sheer oddity to witness developed countries being in the hotspot and bearing the brunt - the most.[10] Vulnerability of developed nations at this scale seems unexpected and counterintuitive. On the other hand, developing countries and especially the least developed economies remain critically vulnerable as being hamstrung by resource crunch and various

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[5] PHEIC is declared by the World Health Organization via the International Health Regulation Emergency Committee. As per art. 1 of International Health Regulation (2005) PHEIC is defined 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." In the past WHO has declared PHEIC in the instances such as outbreak of Ebola in Western Africa (2014), Zika virus, SARS, Poliomyelitis *etc.*

[6] *Available at:* https://www.who.int/test/timelines/who-influenza-timeline/timeline-assets/timeline.html; for infographic timeline pertaining "major infectious threats" seen in 21st Century and "collaboration mechanisms to fight against them". *Available at:* https://www.who.int/csr/disease/anticipating_epidemics/INFOGRAPHIC_WER_timeline_EN.pdf?ua=1; (last visited April 18, 2020).

[7] Third Report, Second Administrative Reforms Commission, "Crisis Management: From Despair to Hope" 4 (Government of India, September 2006), *available at*: https://darpg.gov.in/sites/default/files/crisis_management3.pdf. (last visited April 18, 2020).

[8] *Id* . at 4.

[9] Johns Hopkins Bloomberg School of Public Health *et. al*., "GHS INDEX: GLOBAL HEALTH SECURITY INDEX: Building Collective Action and Accountability" 5 (2019) available at: https://www.ghsindex.org/wp-content/uploads/2020/04/2019-Global-Health-Security-Index.pdf; (last visited April 18, 2020)

[10] See Gary P. Pisano, Raffaella Sadun and Michele Zanini "Lessons from Italy's Response to Coronavirus" March 27, 2020 *Harvard Business Review available at*https://hbr.org/2020/03/lessons-from-italys-response-to-coronavirus ; Anthony Zurcher "Coronavirus: Things the US has got wrong – and got right" April 1, 2020 BBC News *available at*: https://www.bbc.com/news/world-us-canada-52125039. (last visited April 18, 2020)

other debilitating factors which includes comparatively weaker health infrastructure. In the current tumultuous situation, it is relevant to weigh the role of WHO and the accompanying health regulations.

II. Global health law[11] and the role of WHO

WHO is the "directing and coordinating authority on international health"[12] which works as a specialized agency under the framework of the United Nations system.[13] It was founded soon after World War II.[14] It assist the governments in bolstering health services[15] and towards this end the agency provides technical assistance and necessary aid in emergencies[16]. It endeavours to improve the "nutrition, housing, sanitation, recreation, economic or working conditions and other aspects of environmental hygiene"[17]; and works towards the advancement of health[18] by promoting collaboration with other specialized agencies.[19] It has put efforts "to propose conventions, agreements and regulations, and make recommendations with respect to international health matters"[20]. It strives to encourage research in the field of health[21] and has actively involved itself in providing "information, counsel and assistance in the field of health"[22] It also engages in investigating the nature of epidemic, endemic and other diseases[23]and plays a significant role in propping humanity in fight against it.It works

[11] Jennifer Prah Ruger in her article "Normative Foundations of Global Health" in 96 *Georgetown Law Journal* (2008) has drawn a distinction between 'international health law' and 'global health law'. According to the author international health law "connotes a more traditional approach derived from rules governing relations among nation-states" whereas global health law "is developing an international structure based on the world as a community, not just a collection of nation-states." *Available at:* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3988830/, Instances of international health law can be seen in 'International Sanitary Conventions' which aimed primarily at preventing disease rather than promoting health. (last visited April 18, 2020).

[12] Art. 2 (a) of the Constitution of the World Health Organization.

[13] Art. 69 of the Constitution of the World Health Organization states: "The Organization shall be brought into relation with the United Nations as one of the specialized agencies referred to in Article 57 of the Charter of the United Nations". *Available at:* https://www.who.int/governance/eb/who_constitution_en.pdf.(Last visited on May 2, 2020). See also, *available at:* https://www.who.int/about/who-we-are/our-values. (last visited April 18, 2020)

[14] The Constitution of WHO came into force on April 7, 1948 which is also celebrated as World Health Day

[15] Art. 2 (c) of the Constitution of World Health Organisation

[16] *Id.*, art. 2 (d).

[17] *Id.*, art. 2 (i).

[18] *Id.*, art. 2 (j).

[19] *Id.*, art 2 (h).

[20] *Id.*, art. 2 (k).

[21] *Id.*, art. 2 (n).

[22] *Id.*, art. 2 (q).

[23] WHO in its reports *viz.*, "Health Emergency and Disaster Risk Management Framework" (2019) and "Managing epidemics: key facts about major deadly diseases" (2018) has dealt with the issue regarding the threat posed by epidemic, infectious disease, outbreaks *etc*; WHO categorically states that, it would be

towards advancement of health through soliciting help from scientific and professional groups.[24] The establishment of WHO in a way has created a new paradigm. This health agency is vested with wider remit and functions in comparison to the previous international health organization.[25]It endeavours to address health issues vis-à-vis human population living across the nations. WHO over the span of its existence has been continuously responding to health emergencies,[26] disease outbreaks[27] and humanitarian crisis.[28] Having said that it must be stated that the agency has also played a very leading role in framing policies and regulations which aims at the advancement of global norms and standards. Furthermore, it must be underscored that the "central and historic responsibility for the WHO has been the management of the global regime for the control of the international spread of disease."[29] For this purpose the World Health Assembly[30] is vested with the authority to adopt regulations so as to prevent the spread of disease.[31] International Health Regulations as adopted by the World Health Assembly aims to fulfil this purpose.

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disastrous to take lightly and overlook the threat posed by infectious disease as they don't go away easily and have the ability to return back. Expounding on the nature of these threats the latter report states: "In the 1970s, and for years afterwards, this remarkable progress, including the development of new vaccines, antibiotics and other treatments and technologies, led to a proclamation of a victory of mankind over microbes. Many experts thought it was the time to close the book on the problem of infectious diseases…Here lay the roots of a dangerous complacency. The microbes didn't go away. They just went out of sight…. But nature was by no means in retreat. In fact, it seemed to return and took many health institutions and decision makers by surprise" (citation and punctuation omitted) See Generally, World Health Organization, *Managing Epidemics: key facts about major deadly diseases* 14 (2018), *available at*: https://www.who.int/emergencies/diseases/managing-epidemics-interactive.pdf(last visited on May 2, 2020).

[24] *Available at*: https://www.who.int/governance/eb/who_constitution_en.pdf. (last visited April 18, 2020).

[25] The concern for international public health can be traced back to the International Sanitary Conference which was opened in Paris on July 23,1851. It was followed by a series of conferences which aimed at regulating *inter-alia* spread of cholera, plague *etc*. Office international d'Hygiène publique (OIHP) was established in 1907. Its main function consisted of disseminating information to Member States regarding communicable disease, providing suggestions for the improvement of the International Sanitary Conventions etc. It definitely had a very narrow area to work upon when compared with world health organizations. *Available at:* https://www.who.int/global_health_histories/background/en/; see also WHO, *The First Ten Years of the World Health Organization* 17 (1958), *available at*: https://apps.who.int/iris/bitstream/handle/10665/37089/a38153_eng_LR_part1.pdf?sequence=14&isAllowed=y

[26] *Available at*: https://www.who.int/emergencies/achievements/en/ (last visited Apr.18, 2020).

[27] *Available at*: https://www.who.int/emergencies/diseases/en/. (last visited Apr. 18, 2020).

[28] https://www.who.int/emergencies/en/. (last visited Apr. 18, 2020).

[29]World Health Organization, International Health Regulation (2005) 3rd edn. 1(2016), *available at*: https://www.who.int/ihr/9789241596664/en/. (last visited Apr. 18, 2020).

[30] The World Health Assembly is the "decision-making body of WHO". It is a forum wherein the policies of the organization are determined. It constitutes a delegation from WHO Member States. See https://www.who.int/about/governance/world-health-assembly

[31] Art. 21 of the Constitution of the World Health Organization states: "The Health Assembly shall have authority to adopt regulations concerning: (a) sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease;" See also, art. 22 states that: "Regulation adopted pursuant to Article 21 shall come into force for all Members after due notice has been given of their adoption by

III. International health regulations

The International Health Regulations 2005 (hereinafter referred to as IHR) is a "binding international legal agreement involving 196 countries across the globe, including all the Member States of WHO".[32] This regulation is the outcome of its predecessor *i.e.,* the International Sanitary Regulations, 1951 which was revised and renamed as International Health Regulations, 1969. This regulation was further revised and thereafter named as International Health Regulations, 2005. This instrument is designed primarily to "help protect all States from the international spread of disease, including public health risks and public health emergencies.[33] The raison d'être of IHR as per article 2 is "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."[34] The implementation of IHR is guided by the principle of 'universal application'; *i.e.,* it aims for the protection of people all across the world against the international spread of disease.[35] This regulation quite obviously is also guided by the Charter of the United Nations as well as the Constitution of the World Health Organization.[36] Article 1 of IHR incorporates definitions of various terms such as disease, infection, public health risk, public health emergency of international concern, surveillance, vector etc. As per this article 'public health risk' connotes "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;"[37] The 'likelihood of an event' as mentioned in the aforesaid may arise due to biological material, vectors, chemical agents, radio nuclear material etc. which seriously can affect health. It would relevant to point out here the definition for 'public health emergency of international concern', which means: "an extraordinary event which is determined, as provided in these Regulations: (i) to constitute a

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the Health Assembly except for such Members as may notify the Director-General of rejection or reservations within the period stated in the notice."

[32] *Available at*: https://www.who.int/news-room/q-a-detail/what-are-the-international-health-regulations-and-emergency-committees. (last visited Apr. 18, 2020).

[33] World Health Organization *International Health Regulations (2005): Toolkit for implementation in national legislation The National IHR Focal Point* 5 (January, 2009), *available at:* https://www.who.int/ihr/NFP_Toolkit.pdf?ua=1(last visited on May 2, 2020).

[34] *Supra* note 29.

[35] *Id.*, art. 3.

[36] *Ibid*; As per art. 3 the IHR 2005, it mandates that its implementation is to be in accordance "with full respect for the dignity, human rights and fundamental freedoms of persons."

[37] *Supra* note 29, art. 1.

public health risk to other States through the international spread of disease and (ii) to potentially require a coordinated international response."[38] From aforementioned, it is conspicuously clear that this regulation under its ambit incorporates newer forms of risk and threats which may stem from any geographical area. Pertinent to also point out here that the term 'disease' as stated in the definition under article 1 has wider connotation.[39] It must be underlined here that this regulation has not restricted itself to any specific disease. Unlike its predecessor *i.e.,* International Health Regulation 1969, it has wider ambit – as has already been stated before – that it is concerned with broader areas concerning *inter-alia* public health risk and public health emergency of international concern.[40] It is quite evident that, in the wake of rapid increase in international trade and travel which has rendered the world more interconnected and interdependent, has also resulted in the heightened exposure to the disease threats. The world as defined by the dynamics of seamless connection poses a various public health risk. IHR seeks to remain relevant to this new paradigm. Towards this end, IHR *inter-alia* binds the state party with various obligations. State parties are required to implement these obligations. The basic prerequisite as enumerated under article 4 is for the state party to *"designate or establish a National IHR Focal Point and the authorities responsible within its respective jurisdiction for the implementation of health measures"*[41] IHR envisages this National IHR Focal Points to be accessible unhindered at all times for the purpose of communications with WHO.[42] Article 5 mandates the state party to develop, strengthen and maintain the "capacity to detect, assess, notify and report events" as specified in Annex 1 of IHR 2005. Annex 1 prescribes the state party "to meet their core capacity requirements under these regulations, including with regard to: (a) their surveillance, reporting, notification, verification, response and collaboration activities..."[43] These capacities are to be developed along the three tiers i.e. at the 'local community level'; at the

[38] *Ibid.*

[39] Under this art. 'disease' has been defined as "an illness or medical condition, irrespective of origin or source, that presents or could present significant harm to humans;" Quite clearly the definition of disease is broader and not limited to any specified disease unlike seen in the International Sanitary Conventions which dealt with specific communicable, infectious disease like cholera, yellow fever, plague *etc*. Disease as listed out in the old regulation *i.e.,* IHR 1969 were very specific such as Plague, Cholera, Yellow fever. See generally, *Available at:* https://www.who.int/csr/ihr/ihr1969.pdf(last visited on May 10, 2020).

[40] IHR 1969 was limited in scope. It primarily covered infectious disease such as cholera, plague, yellow fever, smallpox, relapsing fever, typhus; See generally, *available at:* https://www.who.int/ihr/about/faq/en/#faq02,(last visited Apr. 18, 2020)

[41] *Supra* note 29, para1 of art. 4.

[42] *Id.*, para 2 of art.4; See generally, *available at*: https://www.who.int/ihr/English2.pdf?ua=1, (last visited Apr. 18, 2020).

[43] *Id.*, para 1, Part A of Annex 1.

'intermediate levels' and at the national level. These core capacities should be present and "functioning throughout their territories."[44] These capacities should enable the State party "to respond promptly and effectively to public health risks and public health emergencies of international concern"[45] These are deemed to be the most crucial requirement when it comes to various public health and emergencies of international concern. It must be reiterated that the capacity to respond quickly and effectively is the key.[46] In the face of situation specifically in the event of public health emergency of international concern,[47] as per IHR 2005, the state party is required to notify WHO within 24 hours of assessment of public health information.[48] Annex 2 of the IHR 2005 provides for the 'decision instrument' wherein the state party are required to notify the events as detected by national surveillance system as stipulated under annex 1 of the events like - unusual, unexpected disease having the ability to seriously impact public health or any event of potential international public health concern or including others through algorithm in the form of questions.[49] The state party as per article 7 also are required to "provide to WHO all relevant public health information"[50] in case of unexpected or unusual public health events. Like the state party, WHO likewise is under obligations. Such as under article 11 require WHO to "communicate information to other States Parties"[51] pertaining to public health information. This provision is aimed at helping other state parties to respond to it. This would help them "in preventing the occurrence of similar incidents."[52]With these clearly enunciated mandates applicable to member-state as well as WHO, IHR 2005 aims to set-up credible infrastructure to deal with public health risk and emergencies situations. It is not uncommon to see that the state parties often fail to comply with the provisions as mandated under the health regulations. There are

[44]*Id*., para 2, Part A of Annex 1.

[45]*Id.*, para 1 of art. 13.

[46]*Supra* note 34, para 1 of art. 13.

[47]The Director-General of WHO under art. 12 has the responsibility to determine whether an event which is occurring does constitute a public health emergency of international concern or not. Director-general for determining *inter-alia* would do the assessment of the "risk to risk to human health, of the risk of international spread of disease and of the risk of interference with international traffic." See para 4 (e) of art. 12

[48]*Supra* note 29, para 1 of art. 6 ; see also para 2 of art. 9 that requires that the "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."

[49] There are certain indicators in the form of questions such as: "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?" The state parties are to evaluate these questions which would help them to decide the events which should be intimated to the WHO.

[50]*Supra* note 29, art. 7.

[51]*Supra* note 29, para 1 of art. 11.

[52]*Supra* note 29, para 1 of art. 11.

also various issues which obstruct IHR implementation. It cannot be denied that trade and travel restriction which ensues in case of public health risk would be tantamount to affecting the entire economy of a given area or the country. Certainly, the theft of economic interest does play a major role in various circumstances as the government may keep information concerning disease outbreak under wraps and purposefully delay in fear of wrecking its economy. This does not mean to diminish other reasons. The most notably is the lack of adequate core capacity infrastructure. This inadequacy in terms of core capacity, in fact, is acutely visible when it comes to situations such as epidemics and pandemics. As per Global Health Security Index: [53]

> National health security is fundamentally weak around the world. No country is fully prepared for epidemics or pandemics, and every country has important gaps to address. The GHS Index analysis finds no country is fully prepared for epidemics or pandemics. Collectively, international preparedness is weak. Many countries do not show evidence of the health security capacities and capabilities that are needed to prevent, detect, and respond to significant infectious disease outbreaks.

This is awfully alarming. Countries fall terribly short in terms of prerequisite infrastructure as shown in the report. The situation especially in least developing countries is particularly dire. Chronic issues such as lack of resources, financial inability not only renders the fulfilment of IHR mandate sub-optimal and compliance utterly weak but these issues also emasculates the ability to fight epidemics and similar situations. The current COVID 19 crisis however, is more to do with the unmistakable failure to comply with the IHR 2005. It is evidently patent that China has delayed in informing WHO within the timeframe as stipulated under the regulations and has thus glaringly contravened 2005 health regulations. Having said that, it must be stated that strengthening the overall health infrastructure by implementing IHR (2005) is more obvious than ever before given the current COVID 19 crises.

IV. Conclusion

IHR 2005 as being a legally binding agreement necessitated that its mandates are earnestly complied with by the state party. It categorically stipulates that on the events such as unusual, unexpected disease having the ability to seriously impact public health or any event of

[53] *Supra* note 9 at 9.

potential international public health concern or the likewise, are mandatorily informed to the WHO. As per article 13 of the regulation, the capacity to respond quickly and effectively to the public health risk and public health emergencies of international concern is very essential. In fact, the regulations mandates that in case of "of all events which may constitute a public health emergency of international concern"[54] as stipulated under article 6 are to be communicated to the WHO "within 24 hours of assessment of public health information".[55] Having said that it is not unusual to see the countries not complying with these mandates. In the wake of the current crisis arisen due to highly contagious COVID 19; the intrinsic requirement of prompt response as stipulated in IHR 2005 cannot be overstated. Noncompliance would result in unusually high mortality rate and would also amplify morbidity. It must be understood that obligation to notify encompasses a wider range of events which poses threat to public health. These threats are to be investigated with robust surveillance and duly intimated to WHO. The researchers here would like to underline the Global Health Security Index Report. It categorically points out the insufficiency in terms of required infrastructure which is *sine qua non* to fight epidemics and pandemics. In this aforesaid context, it is relevant to point out that the IHR 2005 also obliges state parties to collaborate with each other and assist *inter-alia* in "the development, strengthening and maintenance of the public health capacities"[56] and "the mobilization of financial resources to facilitate implementation of their obligations".[57] WHO is bound by its own Constitution. The Constitution of the WHO *inter-alia* gives an exhaustive list of functions which also includes advancement of health, eradication of epidemic, endemic and other diseases. IHR 2005, mandates WHO to facilitate the mobilization of financial resources and to assist in technical support to strengthen capacities in the given countries as provided under Annex 1 of the regulation. It is only with better compliance, robust collaboration and multi-sectoral response which would engender improved global health paradigm. Biological threat undoubtedly poses grave threat to global health and in the future also it would continue to be so. Infectious disease knows no border and therefore pre-empting its dangers would require sheer foresight and meticulous plan. Globalization in its wake has facilitated mass movement of people. As the world transforms into a 'global-village' it surely has acted as a force-multiplier favouring pathogen. The seamless connection of the world has resulted in unintended consequences by

[54] *Supra* note 29, para 1 of art. 6.
[55] *Ibid.*
[56] *Supra* note 29, para 1, art.44.
[57] *Ibid.*

aiding the disease spread like a wild-fire. The ongoing COVID – 19 crisis is a typical archetype to have followed the pattern which was forewarned by the WHO. This burgeoning crisis of COVID – 19 unequivocally is symptomatic of a weaker implementation of health regulations. The researchers here would like to point out that some incentives should be put in place to encourage governments to respond promptly whenever such events or cases arise. Government owes the responsibility to avert the crisis and it should undoubtedly be the foremost concern. IHR (2005) does provide an exhaustive and credible framework for ensuring better global health.