International Health Regulations 2005

&

Maritime Labour Convention 2006

Natalie Shaw

International Chamber of Shipping

International Health Regulations

- formal code of conduct for public health
- emergencies of international concern. (PHEICs)
- responsible citizenship & collective protection.
- involve all 194 WHO member countries.
- preventing, protecting against and controlling the spread of disease.
- assisting countries to collaborate to save lives / livelihoods endangered by infectious diseases.
- aim to avoid unnecessary interference with international trade & travel.
- major milestone in public health history

Why have IHR?

INTERNATIONAL HEALTH REGULATIONS (IHR)

– from policy to people's health security

What are the IHR?

The IHR are legally binding and help countries work together to protect lives threatened by the spread of diseases and other health risks, including radiation and chemical hazards

5 reasons why the IHR matter

HEALTH THREATS HAVE NO BORDERS

The IHR strengthen countries' abilities to control diseases that cross borders at ports, airports and ground crossings

TRAVEL AND TRADE ARE MADE SAFER

The IHR promote trade and tourism in countries and prevent economic damage

GLOBAL HEALTH SECURITY IS ENHANCED

The IHR establish an early warning system not only for diseases but for anything that threatens human health and livelihoods

DAILY THREATS ARE KEPT UNDER CONTROL

The IHR guide countries to detect, assess and respond to threats and inform other countries quickly

ALL SECTORS BENEFIT

The IHR prepare all sectors for potential emergencies through coordination and information sharing

World Health Organization
REGIONAL OFFICE FOR Europe

Until all sectors are on board with the IHR, no country is ready

www.euro.who.int/ihr

History of IHR

European Cholera epidemics identified a need for international cooperation in public health so International Sanitary Regulations (ISR) established	**1851**
WHO constitution established	1951
WHO adopted the ISR	1948
ISR renamed IHR to control Cholera, Plague, Yellow Fever, Smallpox, Relapsing fever & Typhus Re-emergence of epidemic diseases & emerging new infectious diseases called for revision of the IHR	1969
WHO adopted epidemic alert & response resolutions to support rapid detection & response to diseases & emergencies Links to global health	1995
Plans made to prepare for new IHR	2001
IHR adopted	2005

Evolution of the IHR since 1951

IHR components	1951 - 2007	2007 - present
Scope	Cholera, Plague, Yellow Fever and Smallpox*(removed after eradication); Control at Borders	Public Health Emergency of International Concern; Detection and Containment at Source
Communication	Countries provide reports to WHO	IHR National Focal Points (NFP) and WHO's secure website
Notification	Report to WHO within 24 hours	Report to WHO within 24 hours. 72 hours to respond to follow up requests
Coordinated Response	No mechanism for coordinating international response to contain disease	Assistance in response/recommended measures
Authority	WHO not able to initiate an enquiry	WHO can initiate requests for information based on unofficial sources. Can ask for additional information
National Capacity	Provide disease an inquiry: dependence on official country notifications inspection and control at ports of entry	Provide disease inspection and controls at ports of entry; Meet minimum core capacity for detection, reporting and assessment
Response Capabilities	Pre-determined public health controls at points of entry	Flexible, evidence-based responses adapted to nature of threat

Implementation Principles Embodying IHR (2005)

With full respect for the dignity, human rights & fundamental freedom of persons;

Guided by the United Nations Charter & WHO Constitution;

Guided by the goal of universal application for the protection of all people worldwide from international spread of disease;

Member states should uphold the purpose of the Regulations

Notifiable Diseases

ALWAYS NOTIFIABLE

Smallpox

Poliomyelitis due to wild-type poliovirus

Human influenza caused by a new subtype

Severe acute respiratory syndrome (SARS)

POTENTIALLY NOTIFIABLE

Cholera

Pneumonic plague

Yellow fever

Viral hemorrhagic fever

West Nile fever etc.

PHEICs DECLARED BY WHO

Polio (2014)

Ebola (2014)

Covid 19 (2020)

IHR 2005

New technical guides

Routine measures for reducing the spread of disease at airports and ports, the existing technical guides on ship sanitation and hygiene and sanitation in aviation were revised and updated

Proposed key changes & benefits to Member States

- **Real time event management system**
- **National core surveillance capacities**
- **Notification of PHEICs**
- **Support for State Parties**
- **National IHR Focal Points**
- **Benefits to Member States**

DETERMINATION OF A PHEIC

WHO Director-General convenes a meeting of the Emergency Committee, to determine an outbreak constitutes a PHEIC, and make a public announcement.

The IHR emergency committee proposed that nations increase their active surveillance for unusual outbreaks of the respective illness

IHR (2005) Article 12 (Determination of a PHEIC),
IHR (2005) Article 48 (Emergency Committee: Terms of Reference and Composition) and
Article 49 (Emergency Committee: Procedures)

Ongoing Communication

WHO continued to maintain constant contact with the National IHR Focal Points.

Regional team of experts arrive in Country to assist with the outbreak

Coordinated Response

Region host a teleconference with health officials and ministers to exchange information on the epidemic

WHO and region arranged for x treatments (treatment for an adult eg 75-mg capsules, twice a day for 15 days) of *Oseltamivir* shipped to Country and other countries in region.

IHR (2005) Article 6 (Notification),
IHR (2005) Article 11 (Provision of Information by WHO)

other countries with confirmed cases isolate and sequences the illness with the international community in a timely fashion. Samples of the virus shared for the purpose of risk assessment, analysis, and for making seed vaccine

IHR (2005) Article 15 (Temporary Recommendations), IHR (2005) Article 13 (Public Health Response).

Maritime Labour Convention 2006

It is a comprehensive ILO international labour Convention established under article 19 of its Constitution

It sets out seafarers' rights to decent conditions of work & helps create conditions of fair competition for shipowners.

It is intended to be globally applicable, easily understandable, readily updatable and uniformly enforced.

It is the "fourth pillar" of international regulation for quality shipping, alongside SOLAS, STCW, and MARPOL

It is based on those within ILO maritime labour instruments adopted between 1920 and 1996. It brings all except four of the existing maritime labour together in a single Convention

There were many different reasons for adopting the MLC, 2006.

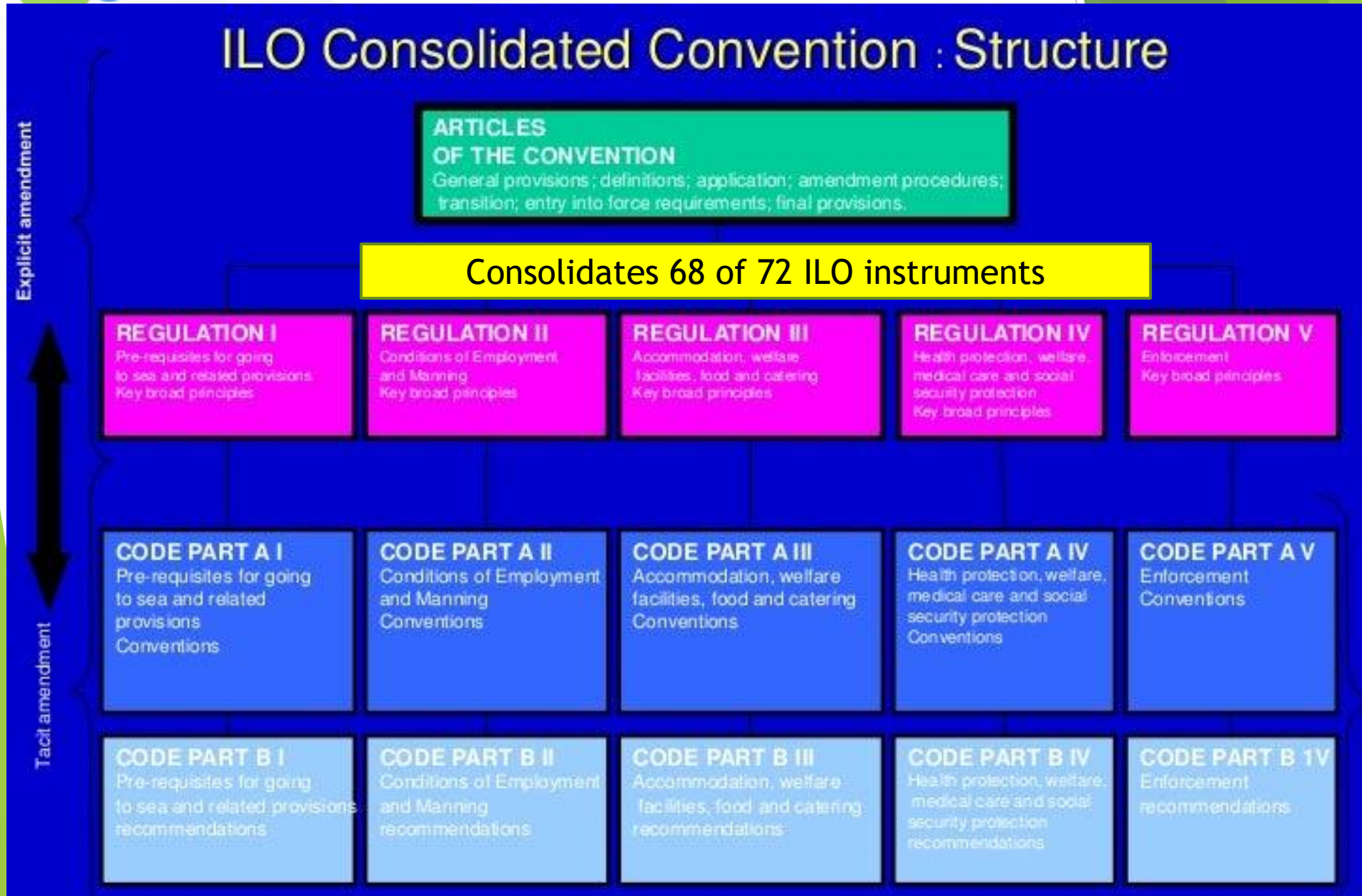
On ships flying the flags of countries not exercising effective jurisdiction and control over them, as required by international law, seafarers often work under unacceptable conditions, to the detriment of their well-being, health and safety and the safety of the ships on which they work. Seafarers' working lives are mainly spent outside the home country and the shipowners are also often not based in their home country, requiring effective international standards. These standards must also be nationally implemented, particularly by governments with a ship registry and authorize ships to fly their countries' flags (flag States).

Many flag States and shipowners take pride in providing their seafarers with decent conditions of work. They face unfair competition as they risk being undercut by shipowners with substandard ships and operations.

It resulted from a joint resolution in 2001 by representatives from seafarers' and shipowners' organizations, later supported by governments. It recognised it was "the world's first genuinely global industry", requiring an appropriate international regulatory response for global standards applicable to shipping". It sought to develop "an instrument consolidating as many existing ILO instruments as possible. Most of the detailed existing maritime Conventions

- made it difficult for governments to ratify and to enforce all existing international labour standards.
- were out of date and did not reflect contemporary working and living conditions on board ships.
- had low levels of ratification.

Why have MLC?


ILO Consolidated Convention : Structure
ARTICLES
OF THE CONVENTION
General provisions; definitions; application; amendment procedures; transition; entry into force requirements; final provisions.
Consolidates 68 of 72 ILO instruments
Explicit amendment
Tacit amendment
REGULATION I
Pre-requisites for going to sea and related provisions
Key broad principles
REGULATION II
Conditions of Employment and Manning
Key broad principles
REGULATION III
Accommodation, welfare facilities, food and catering
Key broad principles
REGULATION IV
Health protection, welfare, medical care and social security protection
Key broad principles
REGULATION V
Enforcement
Key broad principles
CODE PART A I
Pre-requisites for going to sea and related provisions
Conventions
CODE PART A II
Conditions of Employment and Manning
Conventions
CODE PART A III
Accommodation, welfare facilities, food and catering
Conventions
CODE PART A IV
Health protection, welfare, medical care and social security protection
Conventions
CODE PART A V
Enforcement
Conventions
CODE PART B I
Pre-requisites for going to sea and related provisions
recommendations
CODE PART B II
Conditions of Employment and Manning
recommendations
CODE PART B III
Accommodation, welfare facilities, food and catering
recommendations
CODE PART B IV
Health protection, welfare, medical care and social security protection
recommendations
CODE PART B 1V
Enforcement
recommendations

History of MLC 2006

ILO Established to set labour standards and policies 1919

First Maritime Convention adopted 1920

First Maritime Medical Convention adopted 1921

ILO Committee of experts established 1926

ILO became a specialist agency of the UN 1946

Geneva Accord signed to merge conventions and 2000 recommendations for maritime into one document

ILO adopted MLC 2006 2006

MLC entered into force 2012

MLC revised to add more in 2014, 2016, 2018

MLC 101st ratification received 2022

STC approved 8 amendments to cover medical care & issues experienced during pandemic 2022

Evolution of the MLC 2006

MLC components	2006 - 2022	2022 Effective 2024
Scope	Compilation of all ILO maritime labour instruments into one convention including C16, C56,C73, C134, C163, C164 related to medical issues	To strengthen existing medical provisions for provision of medical care & repatriation of bodies mandatory even during a health emergency such as a pandemic.
Communication	Countries and Constituents submit reports to WHO	MLC members via ILO secretariat
Notification	Members Report to ILO annually Complaints can be raised continually	Members Report to ILO annually Complaints can be raised continually
Coordinated Response	ILO MLC STC Officers & ILO Secretariat. Inter UN agency Cooperation	Members Report to ILO annually Complaints can be raised continually. Inter UN agency cooperation
Authority	ILO Committee of Experts to review Complaints International Court in the Hague	ILO Committee of Experts to review Complaints International Court in the Hague
National Capacity	To put in place national laws and regulations to effect the provisions of the convention and to demonstrate this upon submission on ratification	To rectify national laws and regulations to fully ensure MLC provisions are honoured and enable the necessary medical assistance to seafarers
Response Capabilities	Pre-determined policies for medical provisions in ports including access to telemedical services	National Cross agency response in conjunction with international agencies as appropriate

MLC Provisions

- give complete effect to Article VI to secure the right of all seafarers to decent employment.
- states cooperate to ensure effective implementation and enforcement.
- ensure, within the limits of its jurisdiction, that seafarers' employment and social rights are fully implemented in accordance with MLC requirements . Unless stated otherwise, implementation may occur by national laws regulations, applicable collective bargaining agreements or other measures or in practice.
- effectively exercise its jurisdiction and control over ships that fly its flag by establishing a system to ensure compliance with MLC requirements, including regular inspections, reporting, monitoring and legal proceedings under applicable laws.
- ensure that ships that fly its flag carry a maritime labour certificate and a declaration of maritime labour compliance.
- effectively exercise its jurisdiction and control over seafarer recruitment and placement services, if established in its territory.
- prohibit MLC requirement violations and in accordance with international law, establish sanctions or adopt corrective measures under its laws to discourage violations.
- ensure ships flying the flag of any State that has not ratified the MLC do not receive more favourable treatment than ships from a ratifying State.
- A ship to which the MLC applies may, under international law, be inspected by a Member other than the flag State, when the ship is in its ports, to determine if the ship complies with MLC requirements.

MLC Provisions Aim To Provide

A safe and secure workplace that complies with safety standards.

Fair terms of employment.

Decent working and living conditions on board ship.

Health protection, medical care, welfare measures & other forms of social protection.

MLC 2006

- One stop shop for Maritime Labour Law
- Title 4 covers Health Protection, Medical Care, Welfare, & Social Security protection
- Ratifying countries bound by convention requirements to provide medical care on board vessels

Proposed key changes and benefits to Member States

- Put all conventions and recommendations into one place so that links could then be applied across the convention.
- Flag, Port and Labour Supply State responsibilities
- Departments of Health should have been consulted prior to ratification in order to sign off to commitments made re medical provision
- Recognition that the Maritime Industry is a unique sector as seafarers live and work onboard for long periods of time.
- Benefits of protections for seafarers employed on global vessels

Just some of the breaches

Port State

Refusal of :-

- medical care onshore
- repatriation of bodies
- provision of medical
- equipment
- PCR and rapid testing
- Providing vaccinations

Flag State

Refusal of :-

- Assistance to affected
- vessels in foreign ports
- Sourcing medical equipment
- PCR and rapid testing
- Providing vaccinations

Labour Supply State

Refusal of :-

- Assistance to affected seafarers overseas
- Allowing repatriation Of seafarers and bodies
- PCR and rapid testing
- Providing vaccinations

	MLC 2006	IHR 2005
Member States	101	194
Basis of Ratification	Opt in	Opt out (Politically challenging)
Focus of instrument	Seafarers	Public Health
Facilitation	For seafarers transit between home and vessel	Should include seafarers transit but often member states choose not to recognise this
Purpose	To provide decent working conditions	To facilitate trade and tourism More focus on tourism impact than effect on those conducting essential work during crises
Breaches during SARS	N/A	Yes
Breaches during Ebola	Yes	Yes
Breaches during Zika	Yes	
Breaches during Covid	Yes	Yes
Changes made since covid	Yes	Not yet but changes are required

What needs to happen going forward

- Harmonisation of language between ILO, IMO and WHO instruments would be beneficial
- Greater collaboration between the UN agencies during future health crises in real time to minimise problems experienced during covid