

The International Health Regulations (2005) (IHR(2005)) envision a multisectoral approach (Article 4 para 2 (b) and Annex 1.A. 6) with all relevant sectors of States Parties' national authorities contributing to detection, assessment, and response to potential public health events of international concern. Military health services are primarily charged with ensuring that soldiers are fit for their duties, but often have public health responsibilities as well. The IHR(2005) are the framework for global health security and countries may be supported by the added value of their military health services in detection, assessment, response to public health events.

There are three main barriers to robust support of IHR by military health services:

- lack of knowledge of obligations of States Parties under IHR(2005)
- perceived operational security issues including their practical consequences in data system design and other communications
- varying degrees of incorporation of military health systems in national multisectoral processes related to public health

Educational efforts can address several aspects of these barriers. Military health services should support IHR(2005) as far as practicable. Additionally, National IHR Focal Points should be aware of the importance of military health service capacity to detect, assess and respond both domestically and abroad (deployed environment). Therefore, military health services should be appropriately involved in their countries' multisectoral IHR activities.

In general, an IHR(2005) reportable event should be reported by the State Party/country in which the event takes place. Formal and informal communication with WHO can be effective in facilitating risk assessment and public health response. Whenever possible the National IHR Focal Point should be party to these communications and official IHR(2005) communications should be through the National IHR Focal Point.