

Points of Entry Update on Asia Pacific Region

CAPSCA meeting

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Learning from history...

- **Reality:** Health security threats especially emerging infectious disease outbreaks are inevitable (*SARS, H1N1, MERS, Ebola, Zika...*)
- **Lessons:** PoE has played an important role, but border measures have some limitations
- **Future:** Repositioning role of PoE in managing health security threats in the rapidly changing world



PoE role: Learning from outbreaks

- IHR temporary recommendations: important examples
 - **Pandemic H1N1** (e.g. no border closure and travel restriction)
 - **Polio** (e.g. *travel restriction* measure in Pakistan)
 - **MERS** (e.g. border screening not recommended)
 - **Ebola** (e.g. *exit screening* in Western Africa recommended)
 - **Zika** (e.g. no travel and trade restriction, but health information and travel advice to pregnant women)
 - **Next “.....”?**



APSED III as regional action framework



- **Generic system** for preparedness, alert and response
- **Stepwise approach** to capacity development
- **Connecting** surveillance and response systems
- **Value of learning** from real-world events for continuing improvement
- **Investment** in preparedness

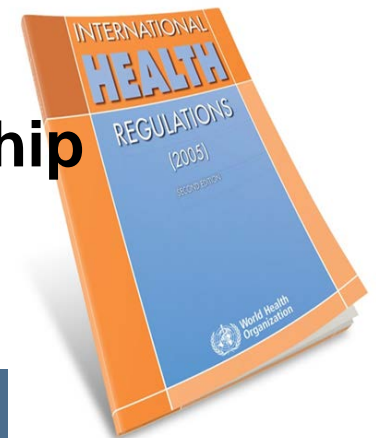
APSED III - Points of Entry

- Part of **Public Health Emergency Preparedness**
- Continues and builds upon **PoE under APSED(2010)**
- Continue to strengthen **routine public health functions at PoE**
- PoE contingency planning **in the context of the overall national public health emergency response structure**, including access to appropriate medical services and referral health-care facilities



APSED III - Points of Entry...

- Establish and/or review **interagency** procedures and practices
- Ensure public health emergency contingency plans at POE are **regularly tested**
- Use border measures that employ a **risk-based approach** and that are **in line with the principles and articles of IHR (2005)**
- Strengthen regional and international **partnership and collaboration** on managing public health emergencies at POE.



Progress in implementation of IHR (2005) at PoE in SEAR: Results from 2016 self-reported data

A total number of PoE by type that have been designated are as under

- Seaport: A total of 38 seaports have been designated in 9 MS of SEAR except Nepal and Bhutan
- Airport: A total of 29 airports have been designated in all the MS of SEAR
- Ground crossing: A total of 35 ground crossings have been designated in 9 MS of SEAR



Progress in implementation of IHR (2005) at PoE in SEAR: Results from 2016 self-reported data

- All the Member States 11/11 (**100%**) have **updated** as needed their **relevant legislation, regulations, administrative acts, protocols, procedures** and/or other instruments to facilitate IHR implementation at designated PoE
- Mechanisms for the exchange of information between designated PoE and medical facilities exist in 11/11 (**100%**) MS.
- Procedures for **coordination and communication between the IHR NFP and the PoE** competent authority and with relevant sectors and levels been tested in 11/11 MS (**100%**).
- 11/11 (**100%**) Member State have identified **priority conditions for surveillance** and shared this information at designated PoE.
- 11/11 (**100%**) Member State **have designated PoE** for development of capacities. One MS gave no answer in their report. It is unofficially known that they are in the process of doing it.



Progress in implementation of IHR (2005) at PoE in SEAR: Results from 2016 self-reported data

- 11/11 (**100%**) MS have **implemented updated-IHR-health-documents** at designated PoE(s).
- **SOPs for response** are available in 10/11 MS (**91%**).
- 9/11 (**82%**) MS have **assessed their PoE**.
- **Review of surveillance of health threats** at designated PoE been carried out in 10/11 MS (**91%**).
- **Agreements or arrangements concerning prevention or control of international transmission of disease** at designated PoE in 7/11 MS (**64%**).
- **Procedures for communication internationally** between the PoE competent authority and other countries' PoE competent authorities have been tested in 4/11 MS (**36%**).



Point of Entry meeting in the Regions



Regional Meeting on IHR Core Capacities at Points of Entry



Colombo, Sri Lanka
23 -25 June 2015



REGIONAL MEETING TO STRENGTHEN IHR(2005) CORE CAPACITIES AT DESIGNATED POINTS OF ENTRY 2-4 November Xiamen, China

