Update on Global WHO activities  
WHO Committees and PHEIC update  
- IHR Review Committee, Emergency committees

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Country Health Preparedness and IHR (CPI)  
World Health Emergencies Programme (WHE)
Overview

- IHR and emergency framework
- WHO Emergency Reform
- IHR Review Committee
- IHR Emergency Committees
- Status of IHR Implementation at Points of Entry
- WHO Guidance and Tools
“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" (Article 2)
Example of IHR Framework

- Determine Public Health Emergency of International Concern (PHEIC)
- Make temporary and standing recommendations

Accessibility at all times
- Primary channel for WHO-NFP event-related communications
- Disseminate information within WHO
- "Activate" the WHO assessment and response system

Accessibility at all times
- Communication with WHO
- Dissemination of information nationally
- Consolidating input nationally

Unusual health events
- Detect
- Assess
- Report
- Respond

WHO IHR Contact Point

WHO Director-General

WHO IHR Focal Points (NFP)

National surveillance and response systems

Emergency Committee

Review Committee

Other competent organizations (IAEA etc.)

Ministries and sectors concerned

PoE
### National Obligations Under IHR: events related to international travel and trade

<table>
<thead>
<tr>
<th>Inform WHO within 24h public health risks identified outside its territory <em>(Art.9)</em>:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Imported or exported:</strong></td>
</tr>
<tr>
<td>• Human cases;</td>
</tr>
<tr>
<td>• Vectors which carry infection or contamination; or</td>
</tr>
<tr>
<td>• Goods that are contaminated.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Affected Conveyances <em>(Art.27)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Report to the IHR National Focal Point about additional health measures, including isolation of the conveyances;</td>
</tr>
<tr>
<td>• Inform competent authority of next known point of entry if not able to take required control measures and obtain satisfactory results</td>
</tr>
</tbody>
</table>
Examples of Synergies Aviation - Public Health

- Pilot-in-command to notify ATC as soon as he is aware of a suspected case of communicable disease on board (IHR Art 28 and Convention of International Civil Aviation Annex 9 - Facilitation 8.15)

  - Health part of aircraft general declaration
  - Public Health Passenger Locator Card

- AERODROMES EMERGENCY PLANS
WHO Emergency Reform

Following the deliberations of the Executive Board in January 2016, the Director General, Deputy Director-General and Regional Directors of the World Health Organization (WHO) issued a statement committing to urgently reform the emergency work of WHO in a comprehensive way “through the establishment of one single Programme, with one workforce, one budget, one set of rules and processes and one clear line of authority” and “an independent mechanism of assessment and monitoring of the performance of the Organization, reporting to the governing bodies”.
WHO Health Emergencies Programme (WHE)

Strengthening WHO’s capacity to implement the IHR (2005) and improving event management, including risk assessment and risk communication.
WHO Health Emergencies Programme (WHE)

- Designed to address all hazards, flexibly, rapidly and with a principle of ‘no regrets’.

- To work synergistically with other WHO programmes and partners to address the full cycle of health emergency preparedness, response and recovery in support of local community and national government efforts.

- To encourage full participation and integration of all partners, and operate with clear accountability and standard performance metrics.

- To consolidate and expand WHO’s existing capacities at country, regional and headquarters levels, and leverage the unique governance structure of WHO.
Strategic Objectives:

- **Health Emergency Information & Risk Assessment**: ensure global alert systems for early detection & risk assessment

- **Emergency Operations**: reduce mortality & morbidity in health emergencies

- **Infectious Hazard Management**: ensure prevention and control strategies and capacities for high-threat infectious hazards

- **Country Health Emergency Preparedness & IHR**: ensure country capacities are established for all hazards health emergency risk management

- **Emergency Core Services**: ensure planning, financing, human resources and communications for emergency operations
WHE conceptual framework

Early warning, risk assessment, and emergency response

Prevention and control strategies for high-threat infectious hazards

IHR assessment and core capacities strengthening

Health systems strengthening in high-vulnerability countries
The Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response

At the World Health Assembly in May 2015, Member States determined a mandate for a Review Committee of the International Health Regulations (IHR) with the following objectives:

- to assess the effectiveness of the International Health Regulations (2005) with regard to the prevention, preparedness and response to the Ebola outbreak, with a particular focus on notification and related incentives, temporary recommendations, additional measures, declaration of a public health emergency of international concern, national core capacities, and context and links to the Emergency Response Framework and other humanitarian responsibilities of the Organization;
- to assess the status of implementation of recommendations from the previous Review Committee in 2011 and related impact on the current Ebola outbreak;
- to recommend steps to improve the functioning, transparency, effectiveness and efficiency of the International Health Regulations (2005), including WHO response, and to strengthen preparedness and response for future emergencies with health consequences, with proposed timelines for any such steps.

The Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response consists of experts with a broad mix of scientific expertise and practical experience in public health, security, law and trade. The members are some of the leading experts in the world in their respective fields and will act in their personal capacities.

Many of the Review Committee Members have extensive governmental experience and expertise — and consulting with WHO — in the areas that are the subject of the Review Committee proceedings, which were considered very relevant and important for the challenging tasks faced by the Committee.
Implementation of Recommendations

In Decision WHA69(14), May 2016, the World Health Assembly requested the Director-General:

► "to develop for the consideration of the Regional Committees in 2016 a draft global implementation plan for the recommendations of the Review Committee",

► and to submit the final plan for consideration to the Executive Board at its 140th session in January 2017.
Although Recommendation 1 of the Review Committee is to "implement rather than amend" the IHR (2005) some Member States consider that some of the recommendations may in fact require amending the IHR (2005).

Accordingly, the draft global implementation plan proposes:

- Modalities and approaches to immediately implement the recommendations in line with the approved IHR (2005)
- A way forward for the recommendations which may require consultation of States Parties and possibly amending the IHR (2005).

The draft global plan includes 6 areas of action which regroup the 12 major recommendations and the 60 supporting recommendations of the Review Committee.
The Six areas of action (1)

1. Accelerating country implementation of the IHR (2005)
2. Strengthening WHO’s capacity to implement the IHR (2005)
3. Improving the monitoring and evaluation of, and reporting on, core capacities under the IHR (2005)
4. Improving event management, including risk assessment and risk communication
5. Enhancing compliance with the temporary recommendations under the IHR (2005)
6. Rapid sharing of scientific information
<table>
<thead>
<tr>
<th>Area of action of the draft global implementation plan</th>
<th>Corresponding recommendations of the International Health Regulations Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response</th>
</tr>
</thead>
</table>
Recommendation 3: Finance implementation of the International Health Regulations (2005), including to support the global strategic plan.  
Recommendation 8: Strengthen National IHR Focal Points.  
Recommendation 9: Prioritize support to the most vulnerable countries.  
Recommendation 10: Boost core capacities under the International Health Regulations (2005) within health systems strengthening. |
| • Develop a global strategic plan to improve public health preparedness and response  
• Prioritize WHO support to high vulnerability, low capacity countries, based on objective assessments.  
• Mobilize financial resources to facilitate the implementation of the International Health Regulations (2005) at the global, regional and national levels  
• Support and further strengthen the National IHR Focal Points  
• Link core capacities under the International Health Regulations (2005) with health systems strengthening. |  
| 2. Strengthening WHO’s capacity to implement the International Health Regulations (2005) | Recommendation 4: Increase awareness of the International Health Regulations (2005), and reaffirm the lead role of WHO within the United Nations system in implementing them.  
Recommendation 12: Strengthen WHO’s capacity and partnerships to implement the International Health Regulations (2005) and to respond to health emergencies. |
| • Sustain WHO collaboration with the United Nations system  
• Strengthen WHO capacity to implement the International Health Regulations (2005). |  
| 4. Improving event management, including risk assessment and risk communication. | Recommendation 6: Improve WHO’s risk assessment and risk communication  
Recommendation 7: Enhance compliance with requirements for additional measures and temporary recommendations.  
Recommendation 12.7: WHO should collaborate with WTO [...] to develop a prototype template for standing recommendations [...].  
Recommendation 12.8: WHO should encourage recognition of such standing recommendations in dispute settlement proceedings [...]. |
| 5. Enhancing compliance with the temporary recommendations under the International Health Regulations (2005). | Recommendation 11: Improve rapid sharing of public health and scientific information and data. |
| 6. Rapid sharing of scientific information. |  

Available as an annex to the draft global plan
http://www.who.int/about/who_reform/emergency-capacities/RC_Draft-global-implementation-plan-IHR.pdf?ua=1
Joint External Evaluation (JEE) Tool: 19 Technical Areas
(in red, potential for joint work with HSS)

PREVENT
National Legislation, Policy and Financing
IHR Coordination, Communication and Advocacy
Anti-microbial Resistance (AMR)
Zoonotic Disease
Food Safety
Biosafety / Biosecurity
Immunization

RESPOND
Preparedness
Emergency Response Operations
Linking Public Health and Security Sector
Medical Countermeasures and Personnel Deployment
Risk Communication

DETECT
National Laboratory System
Real Time Surveillance
Reporting

Points of Entry (Ports, Airports, Ground Crossings)

Workforce Development

Chemical Events
Radiation Emergencies
National PoE emergency preparedness capacity building

- Country self-assessment
- JEE
- Post Event Evaluation

Internal cooperation for coordinated response for public health emergency

WHO Port/Airport Certification

Harmonized guidance, tools, and learning programs

A trained multistectoral roster of international experts
IHR Emergency Committees (1)

The Emergency Committee is convened by the Director-General under Article 48 of the IHR (2005), to provide views on:

(a) whether an event constitutes a public health emergency of international concern;
(b) the termination of a public health emergency of international concern; and
(c) the proposed issuance, modification, extension or termination of temporary recommendations.

WHO website - IHR committees:
http://www.who.int/ihr/procedures/ihr_committees/en
The Director-General has convened six Emergency Committees since the IHR (2005) entered into force in 2007: Pandemic influenza A (H1N1) (2009-2010, completed); Middle East respiratory syndrome coronavirus (MERS-CoV) (2013, ongoing); the international spread of poliovirus (2014, on-going); Ebola (2014-2016, completed); Zika virus and neurological disorders (2016, ongoing); and yellow fever (2016, ongoing).

# IHR Emergency Committees (3)

## Table 1. Number of meetings of the Emergency Committees under the IHR (2005) (from 2009 to 2016)

<table>
<thead>
<tr>
<th>Committee title</th>
<th>Duration</th>
<th>Number of meetings</th>
</tr>
</thead>
<tbody>
<tr>
<td>EC concerning Influenza Pandemic (H1N1) 2009</td>
<td>April 2009 – August 2010</td>
<td>9</td>
</tr>
<tr>
<td>EC Middle East respiratory syndrome coronavirus</td>
<td>July 2013 -September 2015</td>
<td>10</td>
</tr>
<tr>
<td>EC concerning ongoing events and context involving transmission and international spread of poliovirus</td>
<td>April 2014 – to date</td>
<td>10</td>
</tr>
<tr>
<td>EC regarding the Ebola outbreak in West Africa</td>
<td>August 2014 – March 2016</td>
<td>9</td>
</tr>
<tr>
<td>EC on Zika virus and observed increase in neurological disorders and neonatal malformations</td>
<td>February 2016– to date</td>
<td>4</td>
</tr>
<tr>
<td>EC on yellow fever</td>
<td>May 2016– to date</td>
<td>2</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>April 2009 –to date</strong></td>
<td><strong>44</strong></td>
</tr>
</tbody>
</table>

## Table 2. Number of members and advisers of Emergency Committees (as of 30 June 2016)

<table>
<thead>
<tr>
<th>Emergency Committee</th>
<th>Member</th>
<th>Advisor</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>H1N1</td>
<td>15</td>
<td>1</td>
<td>16</td>
</tr>
<tr>
<td>MERS-CoV</td>
<td>17</td>
<td>7</td>
<td>24</td>
</tr>
<tr>
<td>Polio</td>
<td>14</td>
<td>5</td>
<td>19</td>
</tr>
<tr>
<td>Ebola</td>
<td>13</td>
<td>9</td>
<td>22</td>
</tr>
<tr>
<td>Zika</td>
<td>14</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>Yellow Fever</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>81</strong></td>
<td><strong>35</strong></td>
<td><strong>116</strong></td>
</tr>
</tbody>
</table>

*This total is not the actual number of persons, as some members and advisors attended more than one Emergency Committee. The actual number is 64 members and 32 advisors.

**Source:** WHO IHR Secretariat
The Emergency Committee (EC) under the International Health Regulations (2005) (IHR (2005)) is seen as an important, well-functioning, independent mechanism to recommend to the Director General the initiation and monitoring of the global response to public health emergencies of international concern.
IHR Emergency Committees (5)

Challenges:

- In relation to clear guidance on the timing and rationale for triggering an Emergency Committee
- The action required for events that have serious public health implications but do not meet the criteria for declaring a public health emergency of international concern (PHEIC)
- The criteria for ending a PHEIC
- Follow-up on implementation of and compliance with temporary recommendations.
Committee’s assessment that the event does not constitute a Public Health Emergency of International Concern at this time but requires sustained scaled up response activities and close monitoring (e.g. Reinforcement of the need for yellow fever vaccination of all travellers, and especially migrant workers to and from areas with ongoing yellow fever virus activity).
Director-General declared the continuation of the Public Health Emergency of International Concern (PHEIC). The Director-General reissued the Temporary Recommendations from the 2\textsuperscript{nd} meeting of the Committee, endorsed the additional advice from the Committee’s 3\textsuperscript{rd} meeting, and issued them as Temporary Recommendations under the IHR (2005), including for vector control.

Travellers to areas with Zika virus outbreaks should be provided with up to date advice on potential risks and appropriate measures to reduce the possibility of exposure through mosquito bites and sexual transmission and, upon return, should take appropriate measures, including practicing safer sex, to reduce the risk of onward transmission,
WHO Director-General summarizes the outcome of the Emergency Committee regarding clusters of microcephaly and Guillain-Barré syndrome

WHO statement on the first meeting of the International Health Regulations (2005) Emergency Committee on Zika virus and observed increase in neurological disorders and neonatal malformations
1 February 2016

Members of the Committee agreed that the situation meets the conditions for a Public Health Emergency of International Concern.

I have accepted this advice.

I am now declaring that the recent cluster of microcephaly cases and other neurological disorders reported in Brazil, following a similar cluster in French Polynesia in 2014, constitutes a Public Health Emergency of International Concern.
On 1 February 2016, the first meeting of the International Health Regulations (2005) (IHR 2005) Emergency Committee on Zika virus met and observed an increase in neurological disorders and neonatal malformations and subsequently advised the WHO Director General that the recent cluster of microcephaly cases and other neurological disorders reported in Brazil, following a similar cluster in French Polynesia in 2014, constitutes a Public Health Emergency of International Concern (PHEIC). This advice was endorsed by the WHO Director-General.

As a precautionary measure, standard WHO recommendations regarding disinsection of aircraft and airports can be implemented in order to attempt to control the vector (Aedes spp. mosquito) that spreads the Zika virus. It should be noted that the decision to implement WHO disinsection recommendations is dependent on individual country risk assessment for vector control. For countries and other entities which, after risk assessment for vector control choose to implement aircraft and airport airplane disinsection, it should be done according to standard WHO recommendations. WHO has provided guidelines on how to do so safely.

Specifications for aircraft disinsection products have been established by the WHO Pesticide Evaluation Scheme (WHOPES), including:
Vector Surveillance & Control at PoE facilities

WHO ESPECIFIC GUIDANCE PUBLISHED

Integrated Vector Control Management

- Environmental Management
- Mechanic Control
- Biological Control
- Chemical Control

Surveillance at Point of Entry

- Vector Free Zone (at least 400 metres from those areas of point of entry facilities that are used by travellers, conveyances, containers, cargo and postal parcels)
- Essential Elements of Surveillance
- Establishment of Surveillance Plan (e.g. Larval and adult mosquitoes surveillance)
Why implement a surveillance plan for vectors species at points of entry?

1. Ships, aircraft and conveyances transport vectors from one country to another.

2. Main vector species carry viruses and parasites.

3. Increasing international travel and transport.

A VECTOR-FREE ZONE of at least 400-meters away from the POE operational areas to control invasion risk at its root and prevent the spread of vector-borne diseases.

INTERNATIONAL HEALTH REGULATIONS

The States Parties must develop core capacities to detect and control vectors at ports, airports, and ground crossings.

To download the complete guideline including the guide “Handbook for management of public health events on board ships”

www.who.int/ihb/publications/ports_airports/en/

For more information

www.who.int/ihb/en/

E-mail: ihb@who.int

Co-funded by the European Union
(Contribution Agreement IRS/2012/321218: Strengthening Health Security at Ports, Airports and Ground crossings)

VECTOR SURVEILLANCE AND CONTROL AT POE

1. Evaluate the receptivity and vulnerability at POE:
   - What is the environmental context?
   - Where is the minimum 400-meter vector-free zone?
   - What is the epidemiological context?
   - Who are the competent authorities?

2. Make a risk assessment:
   - Extent of invasion, geographical spread, selection, and identification of field samples

3. Establish a surveillance plan:
   - Target local and potential vectors species & vector-borne diseases
   - Decision making on vector control methods
   - Professional staff trained on methods of surveillance, vector identification and control
   - Laboratory
   - Standard operating procedures
   - Personal protective equipment
   - Equipment and supplies for vector surveillance and control

4. Implement the plan:
   - Various physical, chemical, biological, mechanical and environmental methods of vector control

5. Monitor and evaluate:

6. Emergency plan:
   - In case of outbreak of vector-borne disease or exotic vector species detection
   - Immediate response until total eradication
Vector Control at PoE

**Example: Mosquitoes**

**Environmental Management**
- Source Reduction
- Habitat Modification
- Habitat Manipulation

**Mechanical Control**
- Windows and Doors Screening
- Drilling Holes in Fenders
Vector Control at PoE

Methods for Aircraft Disinsection

• Pre-flight
• Block away
• Top-of Descent
• Residual

Under discussion mechanical methods (e.g. “air curtain”)
VECTOR IDENTIFICATION AT POE

WHO Project for development of Global Vector Identification Platform for PoE activities
IHR Implementation at Points of Entry

Situation reports 2015
IHR at Points of Entry

Main Goals

Protect the health of travellers and population and avoid-reduce spread of disease

Keep airports, ports and ground crossings terminals running and aircrafts, ships and ground vehicles operating in a sanitary condition and free of sources of infection and contamination, as far as practicable.

Capacity in place for detection, containment at source and to respond to emergency and implement public health recommendations, limiting unnecessary health-based restrictions on trade and travel.
EXPECTED RESULTS with IHR implementation at PoE

- Facilities at points of entry are maintained in a sanitary condition, free of infection or contamination, including vectors and reservoirs.

- Routine measures are in place for travellers, conveyances, cargo, goods and postal parcels.

- A contingency plan for public health emergencies is effectively available and operational at all designated PoE and in all countries.

- Capacity to rapidly implement international public health recommendations at designated points of entry.

- Coordination between WHO and other Organizations
IHR Core Capacities at Points of Entry

- Coordination and communication
  - Strengthening coordination PoE & national health surveillance and response systems
  - Strengthening collaboration with stakeholders
  - Communication (updated contacts and procedures)

- At all times (routine)
  - Access to medical service (assessment and care)
  - Transport of ill travellers
  - Inspection of conveyances (e.g. Ship Sanitation Control Certificate)
  - Sanitation of terminals and Control of vectors / reservoirs

- For responding to public health related events
  - Emergency contingency plan
  - Arrangement for quarantine & isolation (human, animal)
  - Space for interview
WHO Support for Strengthening Public Health Capacity at Points of Entry - POE

- Provide technical support and advice for building capacities for prevention, early detection, and control of public health risks
- Support preparedness capacity development for event management and emergency response
- Provide WHO Certification for IHR of capacities at airports and ports
- Foster international collaboration in a multisectoral approach

ACTIVITIES

- Trainings
- Guidelines
- Networking

Activities in all WHO Regions
The IHR(2005) Monitoring Framework

IHR core capacities implementation status, 2015
(127 reporting countries)

- Legislation: 83%
- Coordination: 84%
- Surveillance: 88%
- Response: 86%
- Preparedness: 75%
- Risk communication: 82%
- Human Resources: 65%
- Laboratory: 84%
- Points of entry: 62%
- Zoonosis: 87%
- Food safety: 78%
- Chemical: 58%
- Radionuclear: 60%

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### Points of entry

**Data by WHO region**

Also available:

- Data by country

#### Table: Points of entry by WHO region

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<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td>47</td>
<td>38</td>
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<td>Americas</td>
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<tr>
<td>South-East Asia</td>
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<td>Eastern Mediterranean</td>
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<td>Western Pacific</td>
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<td>62</td>
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<td>78</td>
<td>82</td>
</tr>
</tbody>
</table>

*Download filtered data as: CSV table | XML (simple) | JSON (simple)*

*Download complete data set as: CSV table | Excel | CSV list | more...*
Number of countries that have conducted assessment on designated PoE in 2015
Number of designated PoE (by type) that have public health emergency contingency plans tested and updated in 2015
Number of State Parties by Region Submitted List to WHO website

**IHR (2005) – Authorized Ports Summary Data by 20 Sep 2016**

<table>
<thead>
<tr>
<th>Region</th>
<th>State Parties</th>
<th>SSCEC</th>
<th>SSCC</th>
<th>Extensions</th>
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<tbody>
<tr>
<td>AFRO</td>
<td>8</td>
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<td>AMRO-PAHO</td>
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<td>EURO</td>
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<td>SEARO</td>
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<td>WPRO</td>
<td>6</td>
<td>486</td>
<td>443</td>
<td>393</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>94</strong></td>
<td><strong>1817</strong></td>
<td><strong>1669</strong></td>
<td><strong>1776</strong></td>
</tr>
</tbody>
</table>

http://www.who.int/ihr/ports_airports/portslanding/en/
WHO PoE Guidance and tools
WHO Guidance and Tools related to PoE

Air travel

Public health emergency Preparedness & Response

Ebola
Event management at PoE
Exit & Entry Screening
Travel & Health

Ports and Ships

PoE core capacity Assessment and surveillance

WHO Learning Program for Ship Inspection and Issuance of SSC under IHR 2005 and EVD Management at PoE
WHO Guidance and Tools related to PoE

Event management

- WHO Technical Advice for Event Management in Air Transport
- WHO Technical Advice for Event Management on board ships
- Strengthening Coordinated Surveillance at points of entry

Vector

- Vector Surveillance and Control at PoE
- Procedures for Airport and Port Certification
- Ground Crossings
- Project on PoE Vector Identification Platform
Developing a PHECP at designated POE is an important minimum requirement under IHR.

Improving and sustaining “readiness” is a continuing process (e.g. EOC, risk assessment capacity and operational research).

A broader approach is required to operationalize the plans (local, national and international context).
Air transport is a key challenge for preventing international spread of health risks.

Management of Public Health Events in Air Travel

Increasing transport of passengers and cargo

Rapid air transport
- limited time for risk assessment
- quick international dissemination of diseases

Numerous opportunities for interactions between travellers, the public and airport workers

A need for a balanced response to guarantee

Public health protection

Unnecessary interference with international travel and transport

International health regulations

Public health and aviation sectors, together with other stakeholders have to manage public health events in air transport to avoid international spread of diseases.

Co-funded by the European Union
(Contribution Agreement 1115/2013/21215: Strengthening Health Security at Ports, Airports and Ground crossings)

To download the complete guidance including the guide
"Handbook for management of public health events on board ships"
www.who.int/hr/publications/ports_airports/ee/
Developing a PHECP at designated POE is an important minimum requirement under IHR

Improving and sustaining “readiness” is a continuing process (e.g. EOC, risk assessment capacity and operational research)

A broader approach is required to operationalize the plans (local, national and international context)
Workforce Development
Training initiative on IHR(2005) implementation at PoE

- Pool of experts And training institutions
- Training toolkits
- Competence framework
**Blended learning**  
e.g.: The Learning Programme on Ship Sanitation Inspection / Issuance of Ship Sanitation Certificate (SSI/ISSC)

- **e-Learning**: 4-6 weeks
- **Face-to-face**: 3-5 days
- **Transfer of learning**
The Health Security Learning Platform (HSLP)

Since 2007:
- More than 4900 members
- Learning modules in 7 languages for learners
- Training packages for trainers

https://extranet.who.int/hslp/
Join the HSLP under the IHR framework!

The WHO Health Security Learning Platform supports a WHO-led learning environment on “Health Security under the IHR framework”.

The learning platform will support the learning needs of organizations and individuals with responsibilities in public health and other related sectors on “Health Security under the IHR Framework” through a wide range of programs and activities.

Introduction to the IHR

- Arabic, Chinese, English, French, Portuguese, Spanish, Russian
- Certificate of completion
- 45 minutes each part (2 parts)

Target audience
National Officers and other professionals
(A briefing on the IHR is available for WHO staff.)

(Version 1 - February 2009) (Briefing for WHO staff - August 2007)

Ship Sanitation Inspection and Issuance of Ship Sanitation Certificate Learning Program

- Arabic, English, French, Portuguese, Russian, Spanish
- Certificate of completion
- 20 hours (self-learning)
- Application

Target audience
Ship inspectors working at ports that are authorized to issue Ship Sanitation Certificates

(Version 2.0 - March 2013)

Ebola Management at Points of Entry

- English, French, Portuguese
- Ebola Event Management at Points of Entry
- Ebola Exit Screening at Ports, Airports and land crossings
- Ebola Entry Screening at Ports, Airports and land crossings

Target audience
National IHR Focal Points, PoE public health authorities, PoE operators, conveyance operators, crew members and other stakeholders involved in the management of Public health events

(Latest release - February 2015)
The main goal of this online course is to brief IHR National Focal Points and other interested professionals on the key elements of the revised International Health Regulations (IHR).
Ebola Event Management at Points of Entry
- In English, French, Portuguese
- 328 enrolled members
  [https://extranet.who.int/hslp/training/course/view.php?id=96](https://extranet.who.int/hslp/training/course/view.php?id=96)

Ebola Exit Screening at Ports, Airports and Land Crossings
- 48 enrolled members
  [https://extranet.who.int/hslp/training/course/view.php?id=98](https://extranet.who.int/hslp/training/course/view.php?id=98)

Ebola Entry Screening at Ports, Airports and Land Crossings
- 29 enrolled members
  [https://extranet.who.int/hslp/training/course/view.php?id=103](https://extranet.who.int/hslp/training/course/view.php?id=103)
Since March 2013 about **800** professionals have taken the online component of this course.
(Available in 6 languages).
JOIN US, SUBSCRIBE NOW!
Alert, response, and capacity building under the International Health Regulations (IHR)

Ports, airports and ground crossings

While international travel and trade bring many health benefits linked to economic development, they may also cause public health risks that can spread internationally at airports, ports and ground crossings through persons, baggage, cargo, containers, conveyances, goods and postal parcels.

The IHR (2005) provide a public health response in the form of obligations and standing or temporary non-binding recommendations in ways that avoid unnecessary interference with international travel and trade.

States Parties to the IHR (2005) must strengthen public health capacities at designated airports, ports and ground crossings in both routine circumstances and when responding to events that may constitute a public health emergency of international concern.

IHR authorized list of ports
List of ports and other information

Ship sanitation Inspection and issuance of ship sanitation certificate Learning Programme
IHR training site

PAGNet
About PAGNet

Guidance, advice and tools — access the documents

Technical Guidance and 3 min. Advocacy movie to bring you into the operational work on the ground

E-learning and face-to-face tools
Thank you

 شكرا
Merci
Gracias
谢谢
спасибо
Obrigado