CAPSCA

Collaborative Arrangement for the Prevention and
Management of Public Health Events in Civil Aviation

Organización de Aviación Civil Internacional

NOTA DE ESTUDIO

Octava Reunión del Proyecto de Arreglo de colaboración para la prevención y gestión de sucesos de salud pública en la aviación civil (CAPSCA/08), Américas
Ciudad de México, México, del 27 al 29 de febrero de 2024

Cuestión 4 del Orden del Día: **Actualizaciones/asuntos sobresalientes de las actividades y logros de la OMS/OPS**

ORIENTACIÓN SOBRE PUNTOS DE ENTRADA (POE) Y SALUD FRONTERIZA

(Presentada por OPS)

RESUMEN EJECUTIVO
El Reglamento Sanitario Internacional (2005) (RSI) entró en vigor en 2007 imponiendo el desarrollo a nivel estatal de ciertas capacidades para detectar, evaluar, notificar y reportar eventos de salud pública.
Para facilitar estas tareas, en 2018 la Organización Mundial de la Salud (OMS) publicó el Marco de Monitoreo y Evaluación del RSI (MEF) que incluye herramientas para realizar este monitoreo y evaluación.
La orientación proporcionada aquí como **Apéndice** (solamente en inglés) fue revisada recientemente por la OMS después de las lecciones aprendidas con la pandemia de COVID-19 y busca crear capacidad básica y apoyar el cumplimiento con respecto a los puntos de entrada (POE) declarados.

Acción:	Se invita a la reunión a tomar nota y comentar la información proporcionada.
Objetivos Estratégicos:	• Seguridad de la aviación y facilitación
Referencias:	• Reglamento Sanitario Internacional (2005)

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APÉNDICE

(solamente en inglés)

Orientations for completing the States Parties Self-Assessment Annual Reporting Tool (SPAR) and the Voluntary External Evaluation under the Monitoring and Evaluation Framework (MEF) of the International Health Regulations (IHR).

C.11 Points of Entry (POE) and border health

Contents

Acronyms and abbreviations

AR

IAEA	International Atomic Energy Agency
ICAO	International Civil Aviation Organization
IHR	International Health Regulations
JEE	Joint External Evaluation
NFP	National Focal Points
OPAQ	Organisation for the Prohibition of Chemical Weapons
PAHO	Pan-American Health Organization
PPE	Personal Protective Equipment
PoE	Points of Entry
SimEx	Simulation exercise
SPAR	States Parties Self-Assessment Annual Reporting Tool
SP	States Parties
VEE	Voluntary External Evaluation
WHOA	World Organisation for Animal Health
WHO	World Health Organization

Scope and objective of the orientations

The International Health Regulations (2005) (IHR) entered into force in 2007. In accordance with articles 5 and 13, States Parties (SP) shall develop, strengthen, and maintain the capacity to detect, assess, notify, and report events under these Regulations.

In 2018, the World Health Organization (WHO) published the IHR Monitoring and Evaluation Framework (MEF) that include tools for SPs to monitor and evaluate their capacities and report annually in accordance with the Article 54 of the IHR (2005). The framework is not legally binding and promotes transparency and accountability between SPs and the WHO Secretariat to achieve global health security.

The MEF has 4 components:
1. States Parties Self- Assessment Annual Reporting Tool (SPAR) - **Mandatory**
2. After Action Review - **Voluntary**
3. Simulations/Drills – **Voluntary**
4. Voluntary External Evaluation (EEV) / Joint External Evaluation (JEE)- **Voluntary**.

The objective of these orientations is to support the SPAR´s compliance and other MEF tools implementation. The orientations are designed for national authorities, institutions and experts charged with implementing the MEF of the IHR (2005) and can be adapted to different contexts. These orientations are not an additional tool, but rather a complement to the MEF tools.

Each orientation contains as input the questions from the third edition of the JEE and we acknowledge the national authorities responsible for filling out the SPAR, experts from the different competencies and institutions, that have contributed to the development of this dynamic document with technical support from PAHO/ WHO.

The COVID-19 pandemic had a multidimensional impact in all countries and it is therefore essential that the lessons learned from this event should be used to review the status of each capacity of the MEF tools and identify what has been achieved during the pandemic, so as to ensure better sustainability of capacity implementation.

Fundaments C.11 Points of entry and border health

Public health events have shown that they have no borders in a globalized world. The IHR (2005) is a relevant instrument to mantain ports, airports and border crossings operationally ready to manage public health events and thus safeguard health security across countries.

In the IHR, "Point of Entry" (PoE) is defined as passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit.

PoE are an integral part of surveillance and response systems and support a country's public health functions; therefore, adequate communication and coordination between the professionals and across sectors operating in the PoE and their counterparts is necessary (i.e. public health, transport, customs, environment, agriculture, among others).

The term "point of entry" used in this document includes airports, ports and international ground crossings. To minimize the risk of international disease transmission through transport, travel and trade, States Parties should designate the points of entry that are most relevant from a public health perspective to develop, strengthen and maintain the core capacities required as per the IHR (2005, annex 1b).

Designation of points of entry under the International Health Regulations (2005)

The designation of POEs under the International Health Regulations (IHR 2005) serves a dual purpose. On the one hand, it is a process through which national authorities can prioritize and direct limited public health resources to those POEs that are most relevant from a public health perspective. On the other hand, it contributes to the global accountability for health security, as State Parties commit through this process to report annually on the progress of establishing and maintaining core public health capacities at those POEs that are designated.

Legal provisions

Under the IHR (2005), States Parties do not have a legal obligation to designate all types of points of entry:

- As per article 20 of the IHR (2005), State Parties shall designate the international airports and ports that shall develop the capacities provided in Annex 1 of the IHR (2005).
- As outlined in article 21 of the IHR (2005), States Parties may designate ground crossings that shall develop these capacities if justified for public health reasons.

It is important to note that the terminology 'shall' entails a legal obligation towards the designation of airports and ports under the IHR (2005); whereas this process is optional in the case of ground crossings from an international legal perspective.

Risk assessment for the designation of POEs

A risk assessment is the methodology used to decide upon which POEs should be designated under the IHR (2005), using a standard set of established public heath criteria. This criteria includes the following, as outlined in the WHO Assessment tool for core capacity requirements at designated airports, ports and ground crossings:[1]

- **Population density in and around the point of entry** that may be affected by the various types of international traffic operating through this location (risk analysis of the potential impact of the international traffic in a dense population);
- **Volume and frequency of international traffic:** the various types of international traffic, as compared to other points of entry traffic (magnitude of the travellers/cargo/conveyances movements);
- **Public health risks in the place of origin and transit of international traffic**: public health risks existing in areas in which the international traffic originates, or through which it passes, prior arrival at the particular points of entry (risk analysis of the route used for travellers/cargo/conveyances);
- **Existing facilities and capacities to manage public health risks at the point of entry** location (logistics factors);
- Potential use of **joint designation with neighboring country** (international cooperation);
- **Epidemiological situation in and around the point of entry** location (related to health situation analysis);
- Existence of **multimodal transportation** related to international traffic and potential for dissemination of public health risk in a transportation chain (public health risk analysis according to the transport chain).

Core capacity requirements that need to be developed and maintained at designated POEs:

The core public health capacities that designated POEs are required to establish and maintain are outlined in annex 1b of the IHR (2005). These include routine capacities

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[1] World Health Organization. International health regulations (2005): assessment tool for core capacity requirements at designated airports, ports and ground crossings: https://www.who.int/publications/i/item/WHO-HSE-IHR-LYO-2009.9

that must be in place at all times, as well as specific capacities to respond to events that may constitute a public health emergency of international concern (PHEIC).

Routine core capacities at all times to:

a) Provide access to an appropriate medical service including diagnostic facilities allowing the prompt assessment and care of ill travellers, and adequate staff, equipment and premises.
b) Provide access to equipment and personnel for transporting ill travellers to appropriate medical facilities
c) Provide trained personnel for the inspection of conveyances.
d) Ensure a safe environment for travellers using POE facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, inspection programmes, as appropriate.
e) As far as practicable, provide a programme and trained staff for the control of vectors and reservoirs in and near POE.

Core capacities for responding to events that may constitute a PHEIC to:

a) Provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan, including a coordinator and contact points

b) Provide assessment of and care for affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support.

c) Provide appropriate space, separate from other travellers, to interview suspect or affected persons.

d) Provide for the assessment and, if required, quarantine of suspect travellers, preferably away from the POE.

e) Apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels.

f) Apply entry or exit controls for arriving and departing travellers.

g) Provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination.

Similarities and differences between the POE designation process under the IHR, and the authorization process for ports to issue ship sanitation certificates

States Parties must maintain a list of ports which are authorized by national authorities to issue:

1. Ship Sanitation Control Certificates (and which provide services related to Annexes 1 and 3 of the IHR), or
2. Ship Sanitation Control Exemption Certificates only, or
3. Extension of the Ship Sanitation Exemption Certificate for a period of one month until the arrival of the ship in the port at which the Certificate may be received.

The official lists of ports authorized by States Parties, and the specific types of certificates offered at each port, are available on WHO's website at: http://www.who.int/ihr/ports_airports/portslanding/en/index.html IHR National Focal Points or delegated authorities are granted access to keep this list up-to-date. Conveyance operators refer to this list of ports to guide the ship in need of a certificate to a port offering these services. Certificates from ports that do not appear on the authorized ports list are considered invalid for ships travelling internationally.

While the designation of POEs requires the development of all capacities listed in Annex 1 of the IHR, the list of authorized ports relates exclusively to those ports that are authorized to issue the above-mentioned certificates, which are mostly related to evidence verification and the application of control and corrective measures onboard ships through inspection programs in line with WHO's *Handbook for the inspection of ships and issuance of ship sanitation certificates*. Nonetheless, since designated ports are required to have capacities in place for inspection of conveyances (which is part of the requirements of Annex 1B of the IHR (2005)), it should be encouraged to authorize these designated ports for ship inspection and issuance of ship sanitation certificates as well.

Border health beyond points of entry

Lessons learned from the Ebola outbreak (2014 in West Africa) and the COVID-19 pandemic (2020), among other events, highlighted the importance of border health that goes beyond assessments of specific capacities at designated points of entry. It is crucial to recognize the complexities of each health system, the coordination with the different sectors involved, the legislation in force in each country, including the subnational levels (where applicable, for example, federated or decentralized countries) where the points of entry are located.
It is crucial to take into account the neighboring communities that live in the vicinity of the PoE, even the complexities of each health system, coordination with the different sectors involved, current legislation in each country, including subnational levels (where applicable, for example federated or decentralized countries) in which the entry points are located.

Border health should be part of the country's alert and response system to maintain preparedness, surveillance and response capacity for public health risks.

Approximate relationship between SPAR scope and IHR

The tables below show the obligations of States Parties to the IHR with respect to PoEs and their relationship to the indicators of the Self-Assessment Tool for the annual submission of the States Parties Report to the IHR (SPAR). The scoring table for this IHR capacity should be based on the results of a comprehensive assessment of each designated PoE.

Title	IHR Article	Reference	SPAR
IV	19	Basic capacity Competent authorities at each point of entry Information on specific risks	C11.1 C3.1 C2.1
IV	20	Airports and ports (Annex 1B1 at all times and 1B2 to respond to possible ESPII) Ports authorized to issue on-board health certificates (Annex 3) Port and airport certification	C11.1 C11.3 C3.1 C2.1
IV	21	Land border crossings (Annex 1b) Bilateral or multilateral agreements Joint designation of border crossings	C11.1 C3.1 C2.2 C2.1
IV	22	Functions of the authorities (Annex 1b): Baggage, cargo, containers, means of transport, goods, parcel post and human remains Entry point installations Notification to operators of means of transport regarding control measures Define contingency measures in case of events (Annex 4-5/article 23).	C11.1 C3.1 C2.1
IV	Administrative obligations	List of authorized ports	C11 Section 1 Question 3
V	23	Travellers' information Annex 1B1 Public health risks Annex 1B1 Public health measures Art 31, 32, 42, 43, Annexes 6 and 7	C11.1 C.10.2
V	24	Inspection, Surveillance and Control of Means of Transportation Annexes 1B1, 4 and 5	C11.1

V	25	Administrative provisions, means of transport in transit.	-
V	26	Administrative provisions, trains and civilian cars in transit.	-
V	27	Means of transportation concerned Annex 1B2 and 3	C11.2
V	28	Actions for means of transportation at points of entry. Annexes 1B, 3, 4 and 5	C11.1
V	29	Provisions for inspection, surveillance and control of civilian trains and cars	C11.1
V	30	Measures to international travellers, Annex 1B2	C11.2
V	31	Measures to international travellers, Annex 1B2, 6 and 7	C11.1 C10.2
V	32	Treatment of international travellers	C11.1
V	33	Transit of goods.	-
V	34	Surveillance and control of containers and loading areas. Annex 1B1	C11.1
VI	35	Documents required for means of transport and passengers. Administrative provisions.	C11.1
VI	36	Evidence of vaccination. Annexes 6 and 7	C11.1
VI	37	Maritime declaration of health, Annex 8	C11.1
VI	38	Aircraft General Declaration, sanitary part. Annex 9	C11.1
VI	39	On-board health certificates (Exemption, Control and possible extension) Annex 1B1 and Annex 3.	C11.1.
VII	40	Charges for measures to travellers, administrative measures	C11.1
VII	41	Fees on baggage, goods, means of transport and others. Annex 1B1, 3	C.11.
VII	42	Sanitary measures, administrative arrangements.	C11.1
VII	43	Additional measures, administrative arrangements.	-
VII		Country collaboration and technical assistance, administrative arrangements.	-
VII	45	Personal data of travellers, administrative arrangements.	-

Strategic national and sub-national partners and sectors involved in POE and border health

Each country should map the different public and private entities that are linked to the PoEs. They should actively participate in comprehensive assessments of public health risks and preparedness and response capacity in the designated PoEs, specifically for those capacity in which they are directly or indirectly involved:

Sectors involved

- Health
- Interior and public security
- Foreign affairs
- Transportation and Telecommunications
- Education
- Agriculture
- Energy
- Sciences
- Migration
- Emergencies and disasters
- Animal health

Strategic partners

- Ministries
- Environmental authorities
- Marine authority
- Nuclear regulatory authorities
- Workers associations (transportation and entry points)
- Concessionary companies
- Laboratories
- Atomic energy agencies
- Armed forces
- Policemen
- Firemen
- Customs
- Office of emergencies and disasters
- Immigration Office
- Civil society: volunteering, community organizations
- Scientific societies and academia

Strategic international partners and sectors involved in border entry points and border health

- Airports Council International.
- International Federation of Air Line Pilots Association (IFALPA).
- International Air Transport Association (IATA) - Annexes 1 and 9.
- European Centers for Disease Control and Prevention (EUCDC).
- Inter-American Committee on Ports (CIP).
- Cruise Lines International Association (CLIA).
- European Union Aviation Safety Agency (EASA).
- International Labour Organization.
- International Organization for Migration (IOM).
- Organisation for Economic Co-operation and Development (OECD).
- International Atomic Energy Agency (OIE) - Annex 1.
- International Civil Aviation Organization (ICAO) - Annexes 1, 6, 7 and 9 and the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA).
- International Maritime Organization (IMO) - Annexes 1, 6, 7 and 9.
- World Organization for Animal Health (WOAH) - Annexes 1 and 5.
- World Food Program (WFP) - Annexes 1 and 5.
- World Tourism Organization (UNWTO) - Annexes 1, 6 and 7.

Scope of each indicator

This document can be used to complete the 3 SPAR indicators and/or to assess points of entry: airports, ports and border crossings through the use of the 2009 tool checklist and the 2020 border crossing guide (reference below).

To complete SPAR border entry points and border health competency 11, complete the following table and answer the following context questions:

1. Identification of all points of entry into the country

Name	Port	Airport	Land passage	Designated Yes/No

2. Does the country have a border health strategy that includes all PoE (legislation, multisectoral and health system coordination mechanisms)? If so, please have the strategy document and the related regulations available in the Points of Entry document repository.

3. Does the country have a National Multi-Hazard Preparedness and Response Plan that includes PoE to address potential public health risks? If so, please have the strategy document and the related regulations available in the Points of Entry document repository.

Una vez resultas estas preguntas de contexto, se procede revisar las preguntas del SPAR.

The SPAR for capacity C.11 includes three indicators: C11. 1. Core capacity requirements at all times for PoE (airports, ports and ground crossings), C11.2. Public health response at PoE and C11.3. Risk-based approach to international travel-related measures.

Each of the three indicators is classified by five levels of performance that go progressively from a limited level to a consolidated level. Only one performance level can be selected, and it should be noted that all attributes associated with the previous level or levels must be met to move to the next level. These guidelines provide a set of suggestions for each level of the SPAR C11 indicator to help users of these orientations better identify differences between levels.

The following guiding questions can guide the Points of Entry towards measuring the indicator. Additionally, it is suggested to include the means of verification in a repository to which you have access. A list of suggested recommendations for capacity for each level of indicators can be found in the annex.

C. 11. 1. Core capacity requirements at all times for PoE (airports, ports and ground crossings)

Level	C11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings)	
Level 1	Strategic risk assessment for individual PoE as an integral part of a national risk assessment has not been completed	❏
Level 2	Some designated PoE are implementing routine core capacities based on a completed associated strategic risk assessment	❏
Level 3	Some designated PoE are implementing routine core capacities AND These are integrated into the national surveillance system for biological hazards/all hazards (e.g., event-based and early warning surveillance)	❏
Level 4	All designated PoE are implementing routine core capacities with an all-hazard and multisectoral approach integrated into the national surveillance system	❏
Level 5	Routine core capacities implemented at all designated PoE are exercised (as appropriate), reviewed, evaluated, updated and actions are taken to improve capacity on a regular basis	❏

Guiding questions	Suggested means of verification
4. The mapping of all the authorities and institutions in each of the country's PoEs was carried out to keep a directory updated that allows coordination. The directory will include the operators of means of transport, of the point of entry (public or concessioned, health, means of transport and workers associations, if any, among others).	Directory of the authorities and other actors present at the different points of entry into the country. The minimum data to request are: Name of the person designated as contact. Official contact telephone number. Availability /12 hours / 24 hours, etc.) Email.
5. Does the country have a document that reports the risk assessment for each of the designated entry points?	Verify the PoE risk assessment document included in the national diagnosis and have it available in the PoE documentary repository
6. Has the country designated the competent authority in each of the designated PoEs? The competent authorities are responsible for applying sanitary measures and management the needs (RH, materials, PPE, general services, training, etc). For example, a competent authority can be an office, area or group in charge of Public Health Surveillance, to issue health certificates on board, take control measures for passengers, goods and means of transport.	Directory with the contact details of the competent authorities at the points of entry. If it is managed centrally, place the position, name and contact information.

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7. Do the PoE have efficient means of communication? For example, landlines or cell phones, internet, email. Describe which ones you have access to for each entry point.	Directory of contact details for each of the PoE
8. Is an action plan defined for the maintenance of basic capabilities and is it evaluated at least once a year?	Verify the action plan document and its annual compliance verification.

Use the Checklist of Basic Capacity Requirements at Designated Airports, Ports and Land Border Crossings in the Assessment Tool for Basic Capacity Requirements at Designated Airports, Ports and Land Border Crossings (page 12-26) to complete the assessment.) link:https://www.who.int/publications/i/item/WHO-HSE-IHR-LYO-2009-9.

Have available the evaluation files of each one of the defined PEs in the repository.

C11.2. Public health response at PoE.

Level	C11.2. Public health response at points of entry	
Level 1	PoE designated based on a strategic risk assessment are in the process of developing a PoE public health emergency contingency plan	❏
Level 2	Some designated PoE have developed a PoE public health emergency contingency plan for events caused by biological hazards	❏
Level 3	All designated PoE have developed PoE public health emergency contingency plans for events caused by biological hazards and integrated into national emergency response plans[88]	❏
Level 4	All designated PoE have developed PoE public health emergency contingency plans for events caused by all hazards[89] and integrated into national emergency response plans	❏
Level 5	All PoE public health emergency contingency plans for events caused by all hazards all designated PoE are exercised (as appropriate), reviewed, evaluated and updated on a regular basis	❏

The following guiding questions can help SPs assess these indicators. The table also includes suggested means of verification.

Guiding questions	Suggested means of verification
9. Does each designated SP have an emergency and contingency plan for public health events integrated into the overall plan of the point of entry for any hazards?	Verify the plan and have it in the PoE documentary repository

10. Does the PoE's emergency plan contemplate differentiated interventions for people at risk of being involved in an unusual event (e.g., disabled, pregnant women, elderly, among others)?	The plan must establish whether there is the possibility of isolation and quarantine, and the conditions of each of the sites designated for this purpose. It must be verified if they have a procedure for the enlistment and return to normality of the isolation and quarantine in the sites when they are not exclusive for these purposes and are in the PE repository Observe whether, depending on the characteristics of each person, the appropriate conditions for accessibility have been established at the point of entry (for example, access ramps to higher levels).
11. Are trainings on the POE emergency and contingency plan conducted on a regular basis? Are these trainings documented?	• Verify the training attendance lists, with contact details of each of the participants. • Verify the schedule of training activities on the plans at the point of entry.
12. Have simulation exercises (desktop exercises) and drills been developed in the PoE with stakeholders involved in the response at the national, subnational and local levels, as appropriate, testing the Emergency and Contingency Plan and its interrelation with the national, subnational or local plans?	• Verify attendance lists for drills and simulations at public health events, with contact information for each of the participants. • Verify the schedule of activities for drills and simulations in public health events at the point of entry.
13. Does the emergency plan include reference to Annex 6, in particular Appendix B (Medical Supplies)? 14. https://www.srvsop.aero/site/wp-content/uploads/2019/12/4-an06_p1_cons_es.pdf	Verify with the aircraft operators that the provisions of Annex 6 are complied with. Part I — International commercial transport — Aircraft.
15. Does the country request and collect the health section of the General Aircraft Declaration for international airports?	• Verify if the country requests Annex 9 of the IHR. • If it does, verify it keeps statistics on the questions and actions contemplated in the annex.

16. Is there an Entry Point Operator Continuity Plan for PHEIC and are all stakeholders considered in this plan?	Verify if the airport operators at PoE have a continuity plan articulated with the public health actions necessary to contain a public health event.
17. Has the ease of access to the affected conveyance by medical providers been taken into account when designating a parking position for the affected conveyance?	Verify within the contingency plan for public health events, if the positioning site is easily accessible to health services.
18. Is there a procedure in place that allows the medical provider/public health authority to communicate with the affected conveyance prior to entering the point of entry?	Verify within the emergency plan for public health events what is the method of communication with the affected means of transportation.
19. In the case of an affected conveyance carrying a suspected case of an event of concern, are efforts made to minimize delay to other travellers and return the conveyance to service as soon as possible?	Verify within the emergency plan for public health events that it is articulated with the continuity plan of the operators.
20. Are international passenger flows on arrival and departure separated?	Verify passenger flows on the ground at the point of entry.
21. Are there provisions for maintaining power, water supply, waste disposal, etc. on the affected conveyance after parking?	Verify the technical and administrative arrangements for supplying the basic elements to the means of transport affected.
22. For aircrafts, how will the aircraft air conditioning system continue to operate after parking if the aircraft auxiliary power unit is not functioning?	Verify the technical and administrative arrangements to provide the power supply if necessary or the immediate deboarding of the aircraft.
23. Does each designated SP update the emergency and contingency plan for public health events integrated into the overall point of entry plan for any hazards on a routine basis, at least annually?	Check the update schedule and versions of emergency and contingency plans for public health events.

To complete the assessment, use the checklist of requirements for responding to events that may constitute PHEIC (emergencies) at designated airports, ports and border crossings in the Basic Capacity Requirements Assessment Tool for Designated Airports, Ports and Border Crossings (page 26-31) link: https://www.who.int/publications/i/item/WHO-HSE-IHR-LYO-2009-9

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C11.3. Risk-based approach to international travel-related measures.

Level	C11.3. Risk-based approach to international travel-related measures	
Level 1	National multisectoral process with mechanisms to determine the adoption of international travel-related measures,[90] on a risk-based manner, is not available or under development	❏
Level 2	National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed including guidelines and SOPs for their implementation	❏
Level 3	National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed and being implemented at national level	❏
Level 4	National multisectoral process with mechanisms to determine the adoption of international travel-related measures; on a risk-based manner, is developed and being implemented at national and intermediate levels	❏
Level 5	National multisectoral process and mechanisms to determine the adoption of international travel-related measures are being implemented at national, intermediate and local levels and exercised (as appropriate), reviewed, evaluated and updated on a regular basis, in response to an event or emergency	❏

The following guiding questions can help SPs assess these indicators. The table also includes suggested means of verification.

Guiding questions	Suggested means of verification
24. Does the country have a national multisectoral process with mechanisms in place, involving all relevant sectors (i.e., health, transportation, migration, customs), to make policy decisions on international travel-related measures to respond to public health events (i.e., exit/entry screening, contact tracing, testing, quarantine)?	Verify which is the document that articulates the actors of the different sectors and that it is in the digital repository.
25. Does the country conduct a risk assessment on a regular basis to ensure that such decisions on international travel-related measures are commensurate with the public health risk?	Verify the country risk assessment document.
26. Are there systems and staff in place to collect, compile, manage, analyse, interpret, and act on data related to travellers or population mobility at national, intermediate, local and/ or PoE levels to identify areas of increased risk for spread of communicable disease?	Verify current human resources contracts for data interpretation, which may include other associated functions.
27. Is information gathered by PoE staff about international traffic associated	Verify the document established for data collection through community

with public health events detected at PoE, at local health care facilities, through CBS or other mechanisms?	surveillance or other mechanisms and place it in the PoE repository
28. In the context of land borders, is information about population mobility gathered, and are there agreements and/or operating procedures developed with one or more neighbouring countries to formalize cross-border information sharing and communication expectations?	Verify the document for the collection and analysis of information and place it in the PoE repository
29. Are there specific mechanisms and tools, such as guidelines and SOPs, developed for the implementation of international travel-related measures?	Check the tools or guidelines for PoE with regard to measures related to international travel.
30. Does the national multisectoral process consider the application of measures both at national, intermediate and local levels?	Verify that the document is the application of measures, and this is placed in the document repository of PoE.
31. Has the country evaluated the effectiveness of the international travel-related measures implemented to respond to public health events? If yes, is it shared with relevant stakeholders and updated regularly?	Verify that you are documenting the evaluation and your record of the measures taken, if these have been carried out in the country.
32. Is there an established communication mechanism for public health events between authorities at all levels in the PoE?	Verify the processes and their disclosure with all the sectors involved place them and place them in the PE repository.
33. Is there coordination of the States Parties with the national level (EOC, Incident Command, among other national coordination bodies) to receive, according to each event, the recommendations for the control and prevention of unusual events in States Parties?	Verify the communication mechanism document, it may be included in the emergency plans of the PoE.
34. Does the country have new technologies or innovations to effectively detect suspicious cases of unusual events at points of entry and for passenger tracking?	Verify the coordination document between the national instances and the PoEs.
35. Does the country verify and implement new technologies or innovations to	Verify the search mechanism and implementation of new technologies

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effectively detect suspicious cases of unusual events that warrant it at entry points and for passenger monitoring?	for the effective detection of suspicious cases of unusual events that warrant it at entry points and for passenger tracking.

Updated SPAR links

SPAR footnote #	Updated links
78	See: International Health Regulations (2005). Assessment tool for core capacity requir[...] designated airports, ports and ground crossings. Lyon: World Health Organizat[...] (https://www.who.int/publications/i/item/WHO-HSE-IHR-LYO-2009-9). See the Introduct[...] assessment tool and also the definition of "designated point of entry" in the Glossary (Annex 4).
79	See: Coordinated public health surveillance between points of entry and national health s[...] systems: advising principles. Lyon: World Health Organization; 2014 (https://apps.who.int/iris/bitstream/handle/10665/144805/WHO_HSE_GCR_LYO_2014.12[...]
80	Designation of ground crossings is not required by the IHR unless deemed necessary by[...] Party.
81	IATA airport codes can be found at the IATA/International Air Transport Associatio[...] (https://www.iata.org/en/publications/directories/code-search/). For port facilities and gr[...] crossings countries may use their national location codes for geo-reference.
82	The International Civil Aviation Organization (ICAO) airport code is a four-letter code [...] aerodromes globally, as defined by the ICAO and published in ICAO document DOC7910[...] Indicators (https://www.icao.int). For port facilities and ground crossings countries may[...] national location codes for geo-reference.
83	UN/LOCODE is the United Nations Code for Trade and Transport Location which is publis[...] United Nations Economic Commission for Europe (https://unece.org/trade/cefact/unlocode-code-list-country-and-territory).
84	Refer to: International Health Regulations (2005). Assessment tool for core capacity requi[...] designated airports, ports and ground crossings. Lyon: World Health Organizat[...] (https://apps.who.int/iris/handle/10665/70839) to determine the level of implementin[...] routine capacities at each specific point of entry, utilizing the criteria in Section 2, e.g[...] Strategic risk assessment for individual PoE as an integral part of a national risk assessme[...] been completed; Level 2: Some designated PoE are implementing routine core capacities[...] a completed associated strategic risk assessment; Level 3: Some designated PoE are imp[...] routine core capacities AND These are integrated into the national surveillance system fo[...] hazards/all hazards (e.g. event-based and early warning surveillance); Level 4: All desig[...] are implementing routine core capacities with an all-hazard and multisectoral approach [...] into the national surveillance system; Level 5, Routine core capacities implemented at all [...]

	PoE are exercised (as appropriate), reviewed, evaluated, updated and actions are taken capacity on a regular basis.
85	Refer to: International Health Regulations (2005). Assessment tool for core capacity requi designated airports, ports and ground crossings. Lyon: World Health Organizat (https://apps.who.int/iris/handle/10665/70839) to determine the level of implementin effective public health response capacities at each specific point of entry, utilizing the Section 2, e.g. Level 1: PoE designated based on a strategic risk assessment are in the developing a PoE public health emergency contingency plan; Level 2: Some designated P developed a PoE public health emergency contingency plan for events caused by biologica Level 3: All designated PoE have developed PoE public health emergency contingency plans caused by biological hazards and integrated into national emergency response plans; L designated PoE have developed PoE public health emergency contingency plans for eve by all hazards and integrated into national emergency response plans; Level 5, All PoE pu emergency contingency plans for events caused by all hazards all designated PoE are ex appropriate), reviewed, evaluated and updated on a regular basis.
86	A public health emergency contingency plan is one of the required capabilities for design airports and ground crossings under the IHR framework. For a detailed recommended structure and logical set of considerations to guide the development of a "public health contingency plan" at PoE, see: International health regulations (2005). A guide for pu emergency contingency planning at designated points of entry. Manila: World Health Or Regional Office for the Western Pacific; 2012 (https://www.who.int/publications/i/item/int health-regulations-(-2005)-a-guide-for-public-health-emergency-contingency-planning-at- designated-points-of-entry).
87	If you respond yes, please ensure that the ports are duly up https://extranet.who.int/ihr/poedata/public/en. States Parties shall keep the information authorized ports regularly updated in the list in accordance with IHR Art. 20.3a, communicating such information to WHO, or updating https://extranet.who.int/ihr/poedata/data_entry/en.
88	See: Coordinated public health surveillance between points of entry and national health s systems: advising principles. Lyon: World Health Organization; 2014 (https://apps.who.int/iris/bitstream/handle/10665/144805/WHO_HSE_GCR_LYO_2014.12
89	Consistent with any applicable international agreements.
90	Multisectoral process and mechanism to determine the adoption of travel-related measure based manner, includes measures at PoE for prevention, detection/investigation, res recovery. These also include national plans, guidelines and SOPs.

Links of interest

The following links list the documents that serve as reference in the completion of the SPAR instrument.

- Coordinated public health surveillance between points of entry and national health surveillance systems: advising principles. https://apps.who.int/iris/handle/10665/144805
- Joint External Evaluation Tool third edition, https://www.who.int/publications/i/item/9789240051980
- International Health Regulations (2005): self-assessment tool for annual reporting by States Parties, 2nd edition: C11. Points of Entry (PoE) and Border Health, Excel. https://www.who.int/es/publications/i/item/WHO-WPE-HSP-CCI-CAP-2021.1
- Handbook for public health capacity-building at ground crossings and cross-border collaboration. https://www.who.int/publications/i/item/handbook-for-public-health-capacity-building-at-ground-crossings-and-cross-border-collaboration
- Handbook for the Management of Public Health Events in Air Transport. https://www.who.int/publications/i/item/9789241510165
- Guidance for conducting an internal assessment during the implementation of the measures adopted in the country in response to COVID 19 (EIDA).
- https://www.who.int/es/publications/i/item/WHO-2019-nCoV-Country_IAR-2020.1
- International health regulations (2005): assessment tool for core capacity requirements at designated airports, ports and ground crossings. https://apps.who.int/iris/handle/10665/70839
- Vector surveillance and control at ports, airports, and ground crossings, https://www.who.int/publications/i/item/vector-surveillance-and-control-at-ports-airports-and-ground-crossings
- Handbook for management of public health events on board ships, https://www.who.int/publications/i/item/handbook-for-management-of-public-health-events-on-board-ships
- International travel and health, https://www.who.int/health-topics/travel-and-health/#tab=tab_1

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Applied and reviewed in:

- Voluntary External Evaluation in Guatemala. (February 15, 16 and 17, 2023)
- Voluntary External Evaluation in Guyana. (March 27-31, 2023)
- Regional Meeting of IHR in Santiago de Chile with 32/35 countries from AMRO.
- Reviewed by delegates from Antigua and Barbuda, Barbados, Bahamas, Belize, Bermuda, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines) and strategic partners (WHO, UKOTS, UKOTS-Montserrat , OCTS, WPRO) at the Subregional Meeting for the implementation of the IHR (2005) in SIDS (Small Island Developing States) from May 2 to 4, 2023.

Annex. List of suggested recommendations for SPAR capacity 11

The following tables provide a set of suggested criteria for assessing each level of SPAR's C11 capability indicators. These recommendations are intended to help users of these guidelines better understand and identify the nuances between levels and better assess the actual level of the country in each indicator.

C. 11. 1. Core capacity requirements at all times for PoE (airports, ports and ground crossings)	
Nivel 1.	
To complete the assessment, use the list of designated airports, ports and land border crossings and check which entry points carry out the following actions, if you do not have all the actions in all the SP, enter in the action plan the corresponding improvement actions and complete the SPAR as level 1.	
Questions	**Suggested means of verification**
It mapped all the authorities and institutions in each of the country's PoEs to keep a directory updated that allows coordination. The directory will include the operators of means of transport, the point of entry (public or concessionaire, health, associations of means of transport and workers if any, among others)	Directory of the authorities and other actors present at the different points of entry into the country. The minimum data to request are: Name of the person designated as contact. Official contact telephone number. Availability /12 hours / 24 hours, etc.) Email.
Does the country have a document that accounts for the risk assessment for each of the designated points of entry?	Verify the document of the PoE risk assessment included in the national diagnosis and have it in the documentary repository of PoE
Has the country designated the competent authority in each of the designated SPs? The competent authorities are responsible for implementing sanitary measures. For example, a competent authority can be an office, area or group in charge of Public Health	Directory with the contact details of the competent authorities at the points of entry. If handled centrally place

Surveillance, to issue health certificates on board, take control measures on passengers, goods and means of transport.	the position, name and contact information.
Do the entry points have efficient means of communication? For example, landlines or cell phones, internet, email. Describe which ones you have access to for each entry point.	Directory of contact details for each entry point

<div align="center">Level 2.</div>

To complete the assessment, use the list of designated airports, ports and land border crossings and check which entry points ask the following questions, **if at least one of them** has not carried out this activity, record the corresponding improvement actions in the action plan and complete the SPAR as level 2.

Questions	Suggested means of verification
To complete the assessment, use the checklist of basic capacity requirements at designated airports, ports and land border crossings in the Basic Capacity Requirements Assessment Tool at designated airports, ports and land border crossing points (page 12-26) link: http://apps.who.int/iris/bitstream/handle/10665/70845/WHO_HSE_IHR_LYO_2009.9_spa.pdf?sequence=1	Verify the document in which the completion of the instrument is evidenced.

Established actions are routinely carried out to:
  a) provide access
    (i) an appropriate medical service, including diagnostic facilities so placed as to allow for the immediate assessment and care of sick travellers; and
    (ii) adequate personnel, equipment and facilities;
(b) provide access to equipment and personnel for the transport of sick passengers to an appropriate medical unit;
(c) providing trained personnel for the inspection of means of transport;
(d) ensure a healthy environment for travellers using the facilities and services of a point of entry, including drinking water supply, restaurants, flight catering facilities, public toilets, solid and liquid waste disposal services and other areas of potential risk, by implementing appropriate inspection programmes to that end; and
(e) To have as far as possible a programme and trained personnel for vector and reservoir control at and near points of entry.	

<div align="center">Level 3.</div>

To complete the assessment, use the list of designated airports, ports and land border crossings and verify which entry points ask the following questions, **if at least one of them** is not integrated into the event monitoring and/or early warning system, record in the action plan the corresponding improvement actions and complete the SPAR as level 3.

Questions	Suggested means of verification
The country has implemented an early warning and/or event surveillance system 2 in its routine surveillance that is connected to surveillance at points of entry.	Verify the document of surveillance in national events and have this document in the documentary repository of PoE

<div align="center">

Level 4.

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To complete the assessment, use the list of designated airports, ports and land border crossings and verify that **all** points of entry on the list meet the following questions and complete the SPAR as level 4.

Questions	Suggested means of verification
The country has implemented an early warning and/or event surveillance system [3] in its routine surveillance that is connected to surveillance at points of entry.	Verify the document of surveillance in national events and have this document in the documentary repository of PoE
Questions	Suggested means of verification
Is an action plan defined for the maintenance of routine core capacities in each of the designated SPs?	Verify the action plan and have in the PE document repository
Is the action plan document for the maintenance of routine capabilities routinely evaluated at least annually?	Verify the action plan and have in the EP documentary repository periodically and at least once each year it is verified that the actions contemplated in the plan have been carried out.

<div align="center">

C11.2. Public health response at PoE and C11.3. Risk-based approach to international travel-related measures.

Level 1.

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To complete the evaluation use the list of designated airports, ports and land border crossings and check which entry points carry out the following actions, if you do not have all the actions proposed in **all the PoE,** enter in the action plan the corresponding improvement actions and complete the SPAR as level 1.

Questions	Suggested means of verification

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[2] https://iris.paho.org/handle/10665.2/10115

[3] https://iris.paho.org/handle/10665.2/10115

The PoEs are in the elaboration of the emergency and contingency plan document and have a schedule and action plan to finalize it.	Verify that the PoE is in the preparation of the emergency and contingency plan document and has a schedule and action plan to complete it.
To complete the assessment, use the checklist of requirements for responding to events that may constitute PHEICs (emergencies) at designated airports, ports and land border crossings in the Instrument for the Assessment of Basic Capacity Requirements at Designated Airports, Ports and Land Border Crossings (page 27-33) link: http://apps.who.int/iris/bitstream/handle/10665/708 45/WHO_HSE_IHR_LYO_2009.9_spa.pdf?sequence= 1.	Verify the document in which the completion of the instrument is evidenced.

<div align="center">

Level 2.

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To complete the assessment, use the list of designated airports, ports and land border crossings and verify which points of entry ask the following questions, **if at least one of them** has not developed a contingency plan for health emergencies caused only **by biological hazards**, record the corresponding in the action plan to carry out the improvement actions and complete the SPAR as level 2.

Questions	Suggested means of verification
Does each PoE have an emergency and contingency plan only for **biological events** integrated into the general plan of the point of entry?	Verify the plan and have in the PoE document repository
Does the PoE emergency plan contemplate the possibility of isolation and quarantine depending on the biological event that occurs?	Verify in the plan, if the possibility of establishing isolation and quarantine has been established, as the case may be and the conditions of each of the sites destined for this purpose. It should be verified if they have a procedure for the enlistment and return to normality of the sites for isolation and quarantine when these are not exclusive for these purposes and be in the suggested repository for PoE
Does the EP emergency plan contemplate differentiated interventions for people at risk of being involved in an unusual biological event (for example,	Observe whether, depending on the characteristics of each person, the appropriate conditions for accessibility have been established at the point of entry (for example, access

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disabled, [4] pregnant women, older adults, among others)?	ramps to higher or lower levels).
Are the trainings for new staff members of the authorities and people interested in the plan for emergencies and biological contingencies carried out so that when these people assume the established role they know the actions to be carried out?	Verify training attendance lists, with contact details for each participant Check the schedule of training activities on the plans at the point of entry.
Are trainings on the PoEs emergency and contingency plan conducted on a regular basis? Are these trainings documented?	Verify the training plan for new staff involved in responding to unusual public health events.
Have simulation exercises (desk exercises) and simulations been developed in the PoEs with actors involved in the response at national, subnational and local levels, as appropriate, testing the Emergency and Contingency Plan and its interrelationship with national, subnational or local plans? These exercises are held at least once each year or when changes are implemented in the operation or infrastructure of the PoE.	Verify attendance lists for drills and simulations at public health events, with contact details for each participant Verify the schedule of drill activities and simulations in biological public health events at the point of entry.
Does the contingency plan include reference to Annex 6.2.2, in particular Letter A (Medical supplies) and attachment A? https://www.srvsop.aero/site/wp-content/uploads/2019/12/4-an06_p1_cons_es.pdf	Verify with aircraft operators that the provisions of Annex 6 are complied with. Part I — International commercial transport — Aeroplanes.
Does the country request, collect and analyze the Health part of the General Declaration of Aircraft of international airports on a regular basis?	Check if the country requests Annex 9 of IHR. If the country makes the request for Annex 9, check the statistics on the questions and actions referred to in Annex 9 on a regular basis.
Is there a Point of Entry Operator Business Continuity Plan for public health events? Are all stakeholders taken into account in this plan?	Verify if the airport operators that are designated points of entry have a business continuity plan articulated with the public health actions necessary for the containment of a biological public health event and all the necessary actors are taken into account within this plan.

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[4] Persons with disabilities are those who have long-term physical, mental, intellectual or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

Has the ease of access to the affected mode of transport by medical providers been taken into account when designating a parking position for the affected means of transport?	Verify within the contingency plan for public health events, if the place of positioning of the means of transport is easily accessible to health services.
Is there any procedure in place that allows the medical service provider/public health authority to communicate with the affected means of transportation before entering the point of entry?	Verify within the emergency plan for public health events what is the method of communication with the affected means of transport.
In the case of an affected means of transport carrying a suspected case of an event of interest, are efforts made to minimise the delay to other travellers and the return to service of the means of transport as soon as possible?	Verify that the emergency plan for public health events is articulated with the business continuity plan of the operators.
Are international passenger flows, arrival and departure separated?	Verify passenger flows in the field at the point of entry.
Are there provisions or arrangements in place to maintain electricity, water supply, waste disposal, etc., to the affected mode of transport after its parking at the designated point?	Verify the technical and administrative arrangements aimed at supplying the basic elements of comfort to the affected means of transport (it has access if necessary to drinking water supply, food and electricity).
For aircraft, how will the aircraft's air conditioning system continue to operate after parking if the aircraft's auxiliary power unit does not function?	Verify the technical and administrative arrangements tending to supply the power supply if necessary or the immediate disembarkation of the aircraft.

Level 3.

To complete the assessment, use the list of designated airports, ports and land border crossings and verify **that all** the PoEs on the list have developed a contingency plan for health emergencies caused **by at least biological hazards,** enter the corresponding in the action plan to carry out the improvement actions and complete the SPAR as level 3.

Questions	Suggested means of verification
Does each PoE have an emergency and contingency plan for biohazard events integrated into the overall plan of the point of entry?	Verify the plan and have in the PoE document repository, for each of the designated entry points.
Does the PoE emergency plan contemplate the possibility of isolation and quarantine depending on the event that occurs?	Verify if the plan has established the possibility of establishing isolation and quarantine, as the case may be and the conditions of each of

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	the sites destined for this purpose. Verify if they have a procedure for the enlistment and return to normality of the sites for isolation and quarantine when these are not exclusive for these purposes and be in the suggested repository for PoE.
Does the PoE emergency plan contemplate differentiated interventions for people at risk of being involved in an unusual event (for example, disabled, [5]pregnant women, older adults, among others)?	Observe whether, depending on the characteristics of each person, the appropriate conditions for accessibility have been established at the point of entry (for example, access ramps to higher or lower levels).
Are trainings on the EP's emergency and contingency plan conducted on a regular basis? Are these trainings documented? Are the trainings for new staff members of the authorities and people interested in the emergency and contingency plan carried out so that when these people assume the established role they know the actions to be carried out?	Verify training attendance lists, with contact details for each participant Check the schedule of training activities on the plans at the point of entry. Verify the training plan for new staff involved in responding to unusual public health events.
Have simulation exercises (desk exercises) and simulations been developed in the SPs with actors involved in the response at national, subnational and local levels, as appropriate, testing the Emergency and Contingency Plan and its interrelationship with national, subnational or local plans? These exercises take place at least once a year or when changes are implemented in the operation or infrastructure of the PoE.	Verify attendance lists for drills and simulations at public health events, with contact details for each participant Verify the schedule of drill activities and simulations at public health events at the point of entry.
Does the contingency plan include reference to Annex 6.2.2, in particular Letter A (Medical supplies) and attachment A? https://www.srvsop.aero/site/wp-content/uploads/2019/12/4-an06_p1_cons_es.pdf	Verify with aircraft operators that the provisions of Annex 6 are complied with. Part I — International commercial transport — Aeroplanes.
Does the country request, collect and analyze the Health part of the General Declaration of Aircraft of international airports on a regular basis?	Check if the country requests Annex 9 of IHR. If the country makes the request for Annex 9, check the

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[5] Persons with disabilities are those who have long-term physical, mental, intellectual or sensory impairments that, in interaction with various barriers, may hinder their full and effective participation in society on an equal basis with others.

	statistics on the questions and actions referred to in Annex 9 on a regular basis.
Is there a Point of Entry Operator Business Continuity Plan for PHEIC? Are all stakeholders taken into account in this plan?	Verify if airport operators that are designated points of entry have a business continuity plan articulated with the public health actions necessary for the containment of a public health event and all necessary actors are taken into account within this plan.
Has the ease of access to the affected mode of transport by medical providers been taken into account when designating a parking position for the affected means of transport?	Verify within the contingency plan for public health events, if the place of positioning of the means of transport is easily accessible to health services.
¿Existe algún procedimiento que permita al proveedor de servicios médicos / autoridad de salud pública comunicarse con el medio de transporte afectado antes de entrar al punto de entrada?	Verify within the emergency plan for public health events what is the method of communication with the affected means of transport.
In the case of an affected means of transport carrying a suspected case of an event of interest, are efforts made to minimise the delay to other travellers and the return to service of the means of transport as soon as possible?	Verify that the emergency plan for public health events is articulated with the business continuity plan of the operators.
Are international passenger flows, arrival and departure separated?	Verify passenger flows in the field at the point of entry.
Are there provisions or arrangements in place to maintain electricity, water supply, waste disposal, etc., to the affected mode of transport after its parking at the designated point?	Verify the technical and administrative arrangements aimed at supplying the basic elements of comfort to the affected means of transport (it has access if necessary to drinking water supply, food and electricity).
For aircraft, how will the aircraft's air conditioning system continue to operate after parking if the aircraft's auxiliary power unit does not function?	Verify the technical and administrative arrangements tending to supply the power supply if necessary or the immediate disembarkation of the aircraft.

Level 4.

To complete the assessment, use the list of designated airports, ports and land border crossings and verify that **all** PoEs on the list have developed a contingency plan for

health emergencies caused by **any** public health event, enter the corresponding in the action plan and complete the SPAR as level 4.

Question	Suggested means of verification
Is contingency planning for emergencies of any kind at the point of entry aligned with national emergency plans?	Verify that the emergency contingency plan of all designated points of entry is aligned with national emergency plans.

Level 5.

To complete the assessment, use the list of designated airports, ports and land border crossings and verify that **all** the SPs on the list have developed a contingency plan for health emergencies caused by **any** public health event, enter the corresponding in the action plan to carry out the improvement and monitoring actions and complete the SPAR as level 5.

Questions	Suggested means of verification
Is a plan defined for verification, review and updating of contingency plans for emergencies of any kind in each of the designated PoEs?	Verify the action plan and have in the PoE documentary repository periodically and in any case once a year.
Is the contingency plan for emergencies of any kind in each of the designated SPs routinely assessed at least annually in the manner envisaged in the action plan?	Verify that the actions to update the contingency plan for emergencies of any kind have been carried out at least once a year.

C11.3. Enfoque basado en el riesgo para las medidas relacionadas con los viajes internacionales

Level 1.

The country must be carrying out or considering carrying out a multisectoral national plan to adopt measures against international travel with mechanisms implemented that involve all relevant sectors and have a schedule and action plan to complete it, record in the action plan the corresponding improvement actions and complete the SPAR as level 1.

Questions	Suggested means of verification
The country does not have or is in the process of developing a multisectoral national plan document with mechanisms in place that involve all relevant sectors.	Verify that the States Parties is in the process of preparing the multisectoral national plan document with mechanisms in place that involve all relevant sectors (health, transport, migration, customs, international relations, etc.) and has a timetable and plan of action to finalize it.

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Level 2.	
To carry out the evaluation, verify that there is a multisectoral national plan to adopt measures against international travel and ask the following guiding questions with their respective means of verification, record the corresponding in the action plan to carry out the improvement actions and complete the SPAR as level 2.	
Questions	**Suggested means of verification**
Does the country have a multisectoral national process with mechanisms in place involving all relevant sectors (health, transport, migration, customs, international relations, among others) to make policy decisions on international travel-related measures to respond to public health events (i.e. exit/entry screening, contact tracing, testing, quarantine)?	Verify which document articulates the actors of the different actors and the SOPs[6] in the country.
Does the country conduct a risk assessment periodically to ensure that such decisions on measures related to international travel are proportionate to the risk to public health?	Verify the country's risk assessment document.
Level 3.	
To carry out the evaluation, verify that there is a multisectoral national plan to adopt measures against international travel and ask the following guiding questions with their respective means of verification and apply it at the national level, record the corresponding in the action plan to carry out the improvement actions and complete the SPAR as level 3.	
Questions	**Suggested means of verification**
Are systems and personnel in place to collect, compile, manage, analyze, interpret and act on data related to travellers or population mobility at national, intermediate, local and/or EP levels to identify areas at higher risk of communicable disease spread?	Verify the current contracts of human talent or the form of hiring established for this purpose in the country, for the interpretation of data at the **national level**.
In the context of land borders, is information on population mobility collected and are agreements and/or operational procedures developed with one or	Verify the document and place it in the PoE repository at national levels.

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[6] Standard operating procedures (SOPs) are documents that describe in detail the steps to follow to perform a task or activity in a standardized and safe manner.

more neighbouring countries to formalise cross-border information exchange and communication expectations?	
Are there specific mechanisms and tools, such as guidelines and SOPs, [7] developed for the implementation of measures related to international travel?	Check the tools or guidelines for PoE that are structured from the national level.
Does the national multisectoral process consider the implementation of measures at both national, intermediate and local levels?	Verify the document and place it in the PoE repository, observing the guidelines of the national, subnational and local levels.
Has the country assessed the effectiveness of measures related to international travel at the national level?	Verify the evaluation and its registration.
Have processes been implemented to respond to public health events at national, subnational and local levels from the national governing level? If so, is it shared with relevant stakeholders and updated regularly?	Verify the processes and place them in the PE repository.
Is there an established communication mechanism for public health events between authorities at all levels in the SP?	Verify the document of the communication mechanism, may be included within the emergency plans of the points of entry.
Is there coordination of the PoE with the national level (COE, Incident Command, among other national coordination instances) to receive, according to each event, the recommendations for the control and prevention of unusual events in PoE?	Verify the document that gives an account of the coordination between the national bodies and the PoEs
Does the country verify and implement new technologies or innovations to effectively detect suspected cases of unusual events that warrant it at points of entry and for passenger tracking?	Verify the search mechanism and implementation of new technologies effectively detect suspicious cases of unusual events that merit it at points of entry and for passenger follow-up
Level 4. To carry out the assessment, verify that there is a multisectoral national plan to take action against international travel and ask the following guiding questions with their respective means of verification and is applied at the subnational level in the case of intermediation between the national level and the local level of the point of entry or only at the national level, enter the corresponding in the action plan and complete the SPAR as level 4.	

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[7] Standard Operating Procedures (SOPs)

Question	Suggested means of verification
Are systems and personnel in place to collect, compile, manage, analyze, interpret and act on data related to travellers or population mobility at national, intermediate, local and/or PoE levels to identify areas at higher risk of communicable disease spread?	Verify current human talent contracts for data interpretation **at subnational and local levels**.
Are there specific mechanisms and tools, such as guidelines and SOPs, [8] developed for the implementation of measures related to international travel?	Verify the tools or guidelines for PoE that are structured from the national level to be applied at the subnational and local level if applicable.
Have processes been implemented to respond to public health events at national, subnational and local levels from the national governing level? If so, is it shared with relevant stakeholders and updated regularly?	Verify the processes at the subnational level if this is the case and place them in the PE repository.
Is there coordination of the PoE with the national level (EOC, Incident Command, among other national coordination instances) to receive, according to each event, the recommendations for the control and prevention of unusual events in PoE?	Verificar el documento que da cuenta de la coordinación entre las instancias subnacionales y los PoE si es el caso.

Level 5.

To carry out the verification, note that there is a multisectoral national plan to adopt measures against international travel, which is updated periodically and is used and applied in case of an event of interest in public health, record the corresponding in the action plan and complete the SPAR as level 5.

Question	Suggested means of verification
Is information collected by PoE staff on international traffic associated with public health events in the PoE, in local health facilities, through community policing or other mechanisms detected?	Verify the document and place it in the PE repository
Has the country assessed the effectiveness of measures related to international travel at the national level and is it shared with the local level for its improvement plan?	Verify the evaluation, monitoring and improvement plan at the local level.
Have processes been implemented to respond to public health events at national, subnational and local levels from the national governing level? If so, is it shared with relevant stakeholders and updated regularly?	Verify local processes and place them in the PoE repository.

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[8] Standard Operating Procedures (SOPs)