International Health Regulations (IHR)
Status of implementation in the Americas

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Sixth Americas Meeting of the Collaborative Arrangement for the Prevention and Management of Public Health Events in Civil Aviation (CAPSCA)

16-18 September 2015
Panama City, Panama
Article 3 - Principles

4. States have the sovereign right to legislate and to implement legislation in pursuance of their health policies. In doing so they should uphold the purpose of these Regulations.

Article 57 - Relationship with other international agreements

1. States Parties recognize that the IHR and other relevant international agreements should be interpreted so as to be compatible. The provisions of the IHR shall not affect the rights and obligations of any State Party deriving from other international agreements.
Article 2 - Purpose and scope of the IHR

…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**.

- From three diseases to **all public health hazards**, irrespective of origin or source
- From preset measures to **adapted response**
- From control of borders to containment at source
- **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 sanitary conditions and free of sources of infection and contamination

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- Routine control of sanitary conditions at points of entry and conveyances
- Integration with national surveillance and response mechanisms
- Activation of contingency plans to adopt control measures

**Conveyances inspection programmes and control measures**
IHR operational framework

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

WHO Director-General

WHO IHR Contact Points Regions

National IHR Focal Points (NFP)

Unusual health events
Detect
Assess
Report
Respond

National surveillance and response systems
Incl. Designated Points of Entry

Emergency Committee
Expert Roster
Other competent organizations (e.g. IAEA, OIE)
Ministries and sectors concerned

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

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

Art. 4
Art. 5, 13, 19, 20, Annex 1

Art. 6-12
Annex 2

Notification
Consultation
Report
Verification
National Core Capacities
Part II - Information and public health response

Article 5 - Surveillance

Article 13 - Public health response

1. Each State Party shall **develop, strengthen and maintain**, as soon as possible but no later than five years from the entry into force of these Regulations for that State Party,

- the capacity to **detect, assess, notify and report** events in accordance with these Regulations, as specified in **Annex 1**. (Art. 5)

- the capacity to **respond promptly and effectively** to public health risks and public health emergencies of international concern as set out in **Annex 1**. (Art. 13)
Part IV - Points of Entry

Article 19 - General obligations

Each State Party shall, in addition to the other obligations provided for under these Regulations:

(a) ensure that the capacities set forth in Annex 1 for designated points of entry (Art. 20 and 21) are developed within the timeframe provided in paragraph 1 of Article 5 and paragraph 1 of Article 13;

(b) identify the competent authorities at each designated point of entry in its territory; and

(c) furnish to WHO, as far as practicable, when requested in response to a specific potential public health risk, relevant data concerning sources of infection or contamination, including vectors and reservoirs, at its points of entry, which could result in international disease spread.
Proposed format by WHO for submission of State Party Annual Report to the World Health Assembly

1. National legislation, policy and financing
2. Coordination and NFP communications
3. Surveillance
4. Response
5. Preparedness
6. Risk communication
7. Human resource capacity
8. Laboratory
9. Points of Entry
10. Zoonotic events
11. Food safety
12. Chemical event
13. Radiation emergencies
National Core Capacities: 2012-2014 and 2014-2016 extensions
Americas

2012: Core capacity attained and could be maintained
- Self-determination core capacity present: 6/35 SP
- Requested and granted extension: 29/35 SP - Extension automatically granted, incl. all SP in the Caribbean
- FRA, NET, UK also requested extension

2014: Core capacity attained and could be maintained
- Self-determination core capacity present: 13 (6+7)/35 SP
- Requested and granted extension by DG: 22/35 SP, incl. all SP in the Caribbean
- At least FRA and NET also requested extension

Conclusion 1
The work to develop, strengthen and maintain the core capacities under the IHR should be viewed as a continuing process for all countries

Conclusion 2
Implementation of the IHR should now advance beyond simple “implementation checklists” to a more action-oriented approach to periodic evaluation of functional capacities
State Party Annual Reports
64th-68th World Health Assembly, Americas, 2011-2015
Status of Core Capacities (%)
States Parties Annual Reports 68th World Health Assembly
Sub-regions in the Americas, 2015 (n=30)
Status of Core Capacities (%)

Caribbean: Antigua and Barbuda, Bahamas, Barbados, Belize, Cuba, Dominica, Grenada, Guyana, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago
Central America: Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Nicaragua, Panama
South America: Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, Paraguay, Peru, Uruguay, Venezuela
North America: Canada, Mexico, United States
Points of Entry

All Points of Entry (Art. 4, 5-14, 22-39, Annexes 1, 5-9)

Part VI – Health Documents
- Health Part of the Aircraft General Declaration (Annex 9)
- Certificates of vaccination or other prophylaxis (Annex 6)

Authorized Ports (Art. 20), Health Documents (Art. 39)
- Ship Sanitation Certificate (SSCC, SSEC, ESSEC)
- 486 authorized ports in 27 States Parties in the Region
- Plus 11 in 8 overseas territories of FRA, NET, and UK

Designated airports and ports (Art. 20)
Designated ground crossings (Art. 21 - “where justified”)
Anexo 1.B: - At all times
- Response to potential PHEIC
- 78 airports in 34/35 States Parties
- 64 ports in 31/35 States Parties
- 22 ground crossings in 9/35 States Parties

Certified airports and ports (Art. 20)
Procedures for the voluntary certification being finalized following consultation with States Parties
At all times

- Assessment and Medical care, staff & equipment
- Equipment & personnel for transport
- Trained personnel for inspection of conveyances
- Ensure safe environment: water, food, waste, washrooms & other potential risk areas - inspection programmes
- Trained staff and programme for vector control

Potential public health emergency of international concern

- ICAO Public Health Emergency Contingency plan: coordinator, contact points for relevant PoE, PH & other agencies
- Provide assessment & care for affected travellers, animals: arrangements with medical, veterinary facilities for isolation, treatment & other services
- Provide space, separate from other travellers to interview suspect or affected persons
- Provide for assessment, quarantine of suspect or affected travellers
- To apply entry/exit control for departing & arriving passengers
- To apply recommended measures, disinfect, decontaminate, baggage, cargo, containers, conveyances, goods, postal parcels etc

Designated Points of Entry

Annex 1.B

International Health Regulations (2005)

Assessment tool for core capacity requirements at designated airports, ports and ground crossings

October 2009
- A public health event is one of the potential emergencies to be included in the Aerodrome Emergency Plan and hence needs to be coordinated with the Public Health Authority and other agencies involved.

- Aerodrome operators and public health authorities are invited to consider developing a standard operating procedure for an arriving affected aircraft, including timelines for response. Recommendations developed by the United Kingdom working group are available for reference on the CAPSCA website.
Public Health Preparedness and Response in Air Transport

- National PH Plan
- Airport Emerg. Plan
- Operators and other Stakeholders

ICAO

ICAO SARPs

WHO IHR

CAPSCA

Certified designated airports only?

Business Continuity Plan, Considerations of PHE and specific SOPs...

Common area in public health emergency planning and response
ICAO provides Standards and Recommended Practices (SARPs) related to the certification of aerodromes by States. States are required to certify all aerodromes under their jurisdiction used for international operations in accordance with the specifications contained in ICAO Annex 14 - Aerodromes, Vol. I, as well as other relevant ICAO specifications (e.g. Annex 9 – Facilitation).

Oversight responsibility for ensuring safety, regularity and efficiency of aircraft operations at aerodromes rests with individual States. ICAO audits States and regulatory authorities to ensure that such oversight responsibility is properly implemented.

The World Health Organization (WHO) is in the process of developing certification procedures for designated airports, to be available upon request by States for public health purposes.
4. WHO may, at the request of the State Party concerned, arrange to certify, after an appropriate investigation, that an airport or port in its territory meets the requirements referred to in paragraphs 1 and 3 of this Article. These certifications may be subject to periodic review by WHO, in consultation with the State Party.

5. WHO, in collaboration with competent intergovernmental organizations and international bodies, shall develop and publish the certification guidelines for airports and ports under this Article. WHO shall also publish a list of certified airports and ports.
Certification of aerodromes/airports

- State CAA aerodrome certification
- based on ICAO SARPs and national regulations related to aerodromes
- Mandatory for all international aerodromes
- Certifying authority: State’s CAA
- ICAO verifies that the State certifies aerodromes through USOAP activities
- Audit results are available to the public

- WHO airport certification
- Based on WHO IHR core capacity requirements
- Voluntary to State for designated POE airports
- Certifying authority: WHO
- Cost to State

Common area in public health emergency planning
Global Alert and Response System
Art. 22 - Role of competent authorities [Points of Entry]
[...] (i) communicate with the NFP on the relevant public health measures taken pursuant to these Regulations

Art. 27 - Affected conveyances
[...] conveyance affected if evidence of a public health risk on board [...] (a) disinfect, decontaminate, disinsect or derat the conveyance; (b) decide technique to secure an adequate level of control as provided in these Regulations

Additional health measures, including isolation conveyances, to prevent the spread of disease. Such additional measures should be reported to the NFP

Art. 43 - Additional health measures
Pan American Health Organization/World Health Organization (PAHO/WHO) considered that the communication procedure, especially with respect to notification of the departure aerodrome following identification of an in-flight public health event, required clarification. An important communication link exists between International Health Regulation (IHR) Focal Points that is not included in the current ICAO communication diagram. Consideration should be given to adjusting the diagram to take this into account.
Public Health Events of Potential International Concern by Initial Source of Information
Americas, 1 January 2001-17 April 2015 (n=1,312)

- Duplications
- Redundancy
- No shame No blame
Substantiated Public Health Events of Potential International Concern by Hazard

Americas, 1 January 2001-17 April 2015 (n=632)

Art. 22 and 27: …competent port health authorities…

UN GA Resolution - A/RES/42/37C, 1987
IHR operational framework

Accessibility at all times
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WHO IHR Contact Points
Regions

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Consultation
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Other competent organizations (e.g. IAEA, OIE)

Ministries and sectors concerned

National IHR Focal Points (NFP)

National surveillance and response systems
Incl. Designated Points of Entry

Art. 5, 13, 22, 27, Annex 1
IHR Roster of Experts and IHR Committees

Roster of Experts
- 117/424 Experts in the Roster from the Americas
- 8/117 Experts designated by State Party

IHR Emergency Committees

Determination of PHEIC → Issuance of Temporary Recommendations
- Apr 2009- Aug 2010: 2009 H1N1 pandemic, determination of PHEIC, 9 meetings
- May 2014-present: Wild Poliovirus, determination of PHEIC, 6 meetings
- Aug 2014-present: Ebola Virus Disease, determination of PHEIC, 6 meetings

No determination of PHEIC
- Jul 2013-present: MERS-CoV, no PHEIC determination to date, 10 meetings

IHR Review Committees
- 2010-2011: Functioning of the IHR in Relation to the 2009 H1N1 pandemic, its 15 Recommendations approved through Resolution WHA64.1
- 2014: 2014-2106 Extensions, its 10 Recommendations approved through Resolution WHA68.5
- 2015-ongoing: Functioning of the IHR in Relation to Ebola Virus Disease
Ebola Virus put to test all IHR provisions (and not only)

Ebola Virus Disease (EVD) outbreak in West Africa: establishment, improvements, and operationalization of inter-sectoral collaboration related to the air transportation sector
How an EVD outbreak starts, spreads, presents

- **First human cases** start with infection by an animal
  - Fruit bats, chimpanzes, gorillas, monkeys, forest antelopes, porcupine
  - How 2014 outbreak in West Africa started is unknown
- Infection from person-to-person creates an outbreak
- **Direct or indirect physical contact** with body fluids of infected person
- Settings where transmission **amplifies**
  - Hospital: health care workers, other patients, unsafe injections
  - Communities: family, friends, contacts caring for ill, through funeral practices

Diagnosis based on 3 components
- **History of exposure**: incubation period 2-21 days (average 8-10 days)
- **Detailed clinical assessment**
- **Laboratory investigations**

Infected individuals, incubating the diseases = **asymptomatic**, are **NOT** infectious
EBOV infection **CANNOT** be diagnosed in asymptomatic individuals
Standard Ebola strategies insufficient

- Complementary, community-led approaches essential
- Delayed and insufficient international response
- Unprecedented nature of the event - Multiple countries and multiple hotspots
- Capitals/large urban areas affected
- Cross border movement
Geographical distribution of new and total confirmed cases
Countries with intense transmission, March 2014 - 9 Sept 2015

>28,000 cases, incl. > 11,000 deaths, CFR ~40%

Liberia declared Ebola free on 3 Sept 2015
EVD Cases
Countries with initial/localized transmission, March 2014 - 9 Sept 2015

- 35 cases, incl. 15 deaths, CFR 41%
- 42 days (two maximum incubations periods)
since last opportunity for exposure elapsed in all countries

- Mali: 8 cases, 2 deaths, 6 HCWs affected
- Nigeria: 20 cases, 8 deaths, 11 HCWs affected
- Senegal: 1 case, 0 deaths, 1 HCW affected
- Spain: 1 case, 0 deaths, 1 HCW affected
- United Kingdom: 1 case, 0 deaths, 1 HCW affected
- United States: 4 cases, 3 HCWs affected

* 4 importations air travel related
IHR Emergency Committee regarding the 2014 Ebola Outbreak in West Africa

- 8 August 2014: Public Health Emergency of International Concern (PHEIC) determined by WHO Director General
- Temporary Recommendations
  - States with EVD transmission
  - States with a potential or confirmed Ebola case, and unaffected States with land borders with affected States
  - All States
- 6th Meeting on 2 July 2015
Your border is your astute HCW!!!

Contingency plans at PoE articulated with overall national response

Exit screening:
- Primary
- Secondary

Entry screening:
- Primary
- Secondary

Pre-primary entry screening

- Detection at point of origin
- During embarkation/at boarding
- During flight
- During transit between flights or other transport
- At destination
- Travel and Transport Task Force: International Civil Aviation Organization (ICAO), World Tourism Organization (UNWTO), Airports Council International (ACI), International Air Transport Association (IATA) and World Travel and Tourism Council (WTTC), International Maritime Organization (IMO), International Chamber of Shipping (ICS), Cruise Lines International Association (CLIA), WHO

- Joint letter WHO-ICAO
Temporary Recommendations
States with EVD transmission

- There should be **no international travel of Ebola cases or contacts**, unless the travel is part of an appropriate medical evacuation.

- **Potential cases** immediately **isolated** and their **travel restricted** in accordance with their classification as either a confirmed case or **contact** (monitored daily, with restricted national travel and no international travel until 21 days after exposure, do not include HCWs and lab staff who have had no unprotected exposure).
Temporary Recommendations
States with EVD transmission

- **Exit screening** of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential EVD infection

- Collect data from their exit screening processes and share these with WHO regularly and timely to increase public confidence and provide information to other States

- WHO and partners should provide additional support needed by States to further strengthen exit screening processes in a sustainable way

- Maintain robust exit screening until EVD transmission is interrupted
Exit Screening

- To minimize the risk of EVD international spread
- Exit Screening at International Airports
  - Concentrates screening resources at location of highest risk
  - Concentrates screening resources at migration bottleneck
  - Caveat is that location may have least resources to begin with
  - Caveat positive predictive value is still low
- **Primary Screening**: Public health questionnaire, temperature measurement, if fever traveller referred for
- **Secondary screening**: public health interview, additional temperature measurement, may also include focused medical examination
- Infection prevention and control (IPC) requirements
Temporary Recommendations
States with EVD transmission

- Ensure that appropriate **medical care is available** for the crews and staff of **airlines** operating in the country, and work with the airlines to facilitate and harmonize communications and **management regarding symptomatic passengers under the IHR**, mechanisms for contact tracing if required and the use of passenger locator records where appropriate.

- Fully engage with the transport sector, especially the **aviation** and maritime sectors, to facilitate a mutual understanding of potentially diverse viewpoints and develop a coordinated response.
Temporary Recommendations
All States

- There should be **no general ban on international travel or trade**…
- Importance of **normalizing** air travel and the movement of ships, including the handling of cargo and goods, to and from States with EVD transmission:
  - To reduce the isolation and economic hardship of the affected countries - risk of increased uncontrolled migration of people
  - To maintain and sustain relief and response efforts – risk for further international spread if disease uncontrolled
  - Any necessary medical treatment should be available ashore for seafarers and passengers
Art. 43 - Additional Health Measures

Art. 23.2 - Health measures on arrival and departure (suspect or affected traveller)

- Must achieve the same or greater level of health protection than WHO recommendations;
- Must meet requirements of their national law and international legal obligations
- Must be otherwise consistent with IHR
- Must not be more restrictive of international traffic, and not more invasive or intrusive to persons, than reasonably available alternatives that would achieve the appropriate level of health protection
- Must be based on scientific principles, and the available scientific evidence of a risk to human health
- Must be based on any available specific guidance or advice from WHO.
SP DISPUTE SETTLEMENT AT ANY TIME
At any time a SP impacted by any health measure may request DG to assist to resolve dispute, or other such options (Art. 56).
At any time a SP impacted by a health measure may request consultations with other State Party (53).

MEMBER STATE IMPLEMENTS "ADDITIONAL MEASURES"
(Art. 43)

STATE PARTY REPORTS TO WHO
Under Art. 43.3 or Art. 43.5

WHO RECEIVES REPORTS OF ADDITIONAL MEASURES
(Art. 9)

1. Is report credible?
2. Is there an "additional measure(s)?
3. Is there significant interference with travel or trade?

YES:
Request to NFP for confirmation & additional information

NO Response

2nd request

NFP responds with clarification and information

YES:
Publish on WHO EIS
(accessible by all NFPs and relevant IGOs)

NOT OK=
WHO requests State to reconsider

OK=
Not necessary to request reconsideration at this time

3 month review reminder

Member State cancels measures

Assess if consistent with Article 43 and other IHR articles

World Health Organization
A notice distributed by means of telecommunication containing information concerning the establishment, condition or change in any aeronautical facility, service, procedure or hazard, the timely knowledge of which is essential to personnel concerned with flight operations. (Reference: Annex 15 to the Chicago Convention)

According to Annex 15, Chapter 5, a NOTAM shall be originated and issued concerning the following information:

outsbreaks of epidemics necessitating changes in notified requirements for inoculations and quarantine measures;
Monitoring of travel and transport related measures
EVD, March 2014 – March 2015

574 reports considered

41 determined to interfere
- 3 reported by States Parties
- 38 reported from other sources on which basis States Parties were contacted by WHO
  - 17 States Parties responded and 5 indicated a modification of the measures
- 38 States Parties were requested to reverse the measures and 9 did so

22 determined NOT to interfere

11 airlines discontinued services (at least 3 had resumed by March 2015)
Monitoring of travel and transport related health measures
Reports considered by WHO (n=574)
EVD, March 2014 - March 2015
Monitoring of travel and transport related health measures
Reports determined to related to actual health measures interfering with travel and trade (n=41)
EVD, March 2014 - March 2015
...inappropriate travel and transport measures continue to be implemented by numerous countries and a number of international airlines have still not resumed flights to the affected countries.

...detailed data provided on exit screening, highlighted its importance and reinforced the need for it to continue.

All States

...need to avoid unnecessary interference with international travel and transport, and, as specified in Article 2 of the IHR, to implement only measures commensurate with the current public health risks.

...no public health justification for refusing entry or quarantining travellers simply because they had been in, or are a citizen of, one of the affected countries. Any measures applied must be based on appropriate public health evidence or information about potential risks posed by the individual traveller.
4. The **IHR Review Committee** for Ebola should consider disincentives to discourage countries from taking measures that interfere with traffic and trade beyond those recommended by WHO.

(a) 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 ...
- Facilitation of transport by air of infectious substances and infectious patients

- Facilitation of relief flights undertaken in response to the emergency
Transport of Dangerous Goods - Challenges

- Criteria used by HCWs (e.g. 72 hours after onset for EVD)
- HCWs designated and trained
- Designated isolation area
- EVD Sampling Protocols available to designated HCWs
- Sampling kit available in designated isolation area
- PPE available to designated HCWs
- Appropriate Packaging System available in or near designated isolation area
- Defined transport mechanism to national designated laboratory
- IATA certified staff for Category A shipment known and available at national laboratory
- Proper documentation and import permit (support form WHO CCs and PAHO)
- Identified Courier with the capacity to transport Category A samples
- Airline accepting Courier with Category A sample
Temporary Recommendations

All States

- States should be prepared to facilitate the evacuation and repatriation of nationals (e.g. health workers) who have been exposed to Ebola.

Medical evacuations and repatriations from EVD-affected countries, as of 27 March 2015

65 individuals evacuated or repatriated worldwide from the EVD-affected countries

- 13 medical evacuations of confirmed EVD-infected patients to Europe (3 Germany, 2 Spain, 2 France, 2 UK, 1 Norway, 1 Italy, 1 The Netherlands, 1 Switzerland)

- At least 7 medical evacuations of confirmed EVD-infected patients to the United States

Temporary Recommendations
Mass Gatherings

- States with EVD transmission should consider postponing mass gatherings until EVD transmission is interrupted.
- Although the Committee does not recommend the cancellations of international meetings and mass gatherings, these are complex decisions to be taken on a case-by-case basis.
  - No general ban on participation of competitors or delegations from countries with EVD transmission.
  - Temporary recommendations relating to travel should apply.
  - Additional health monitoring may be requested.
Temporary Recommendations
All States

States should be prepared to detect, investigate, and manage Ebola cases; this should include assured access to a qualified diagnostic laboratory for EVD and, where appropriate, the capacity to manage travelers originating from known Ebola-infected areas who arrive at international airports or major land crossing points with unexplained febrile illness.

Interoperability of plans
A number of States have recently introduced **entry screening** measures. WHO encourages countries implementing such measures to share their experiences and lessons learned. Entry screening may have a limited effect in reducing international spread when added to exit screening, and its advantages and disadvantages should be carefully considered.

If entry screening is implemented, States should take into account the following considerations: it offers an opportunity for individual sensitization, but the **resource demands may be significant, even if screening is targeted**; and management systems must be in place to care for travellers and suspected cases in compliance with IHR requirements.
Entry Screening

- To follow up measures taken at the exit screening
- To identify international travelers exhibiting signs and symptoms of EVD or with a history of exposure to Ebola virus upon arrival and provide an effective, coordinated response to protect the health of travelers and communities
- Exclusive/Excessive reliance on entry screening to prevent introduction of EVD NOT justified – should be part of comprehensive programmatic approach

- **Primary screening**: visual checks, provision of health notices, review of responses (health declaration (?)), if predetermined criteria met, referral of travelers for

- **Secondary screening** (staff with medical or public health training): assess travelers for signs or symptoms (temperature taken using a noncontact thermometer), known risk factors for exposure (questionnaire), decision on further clinical /public health actions

- Infection prevention and control (IPC) requirements

Temperature screening could also be considered as part of the primary screening, BUT

…no solid information to support the use of thermal screening as a means to stop or slow the entry… [WHO statement on the Sixth Meeting of the IHR Emergency Committee concerning MERS-CoV, 17 June 2014]
At Health Care Facilities at Destination

Contingency plans at PoE articulated with overall national response

Exit screening:
Primary
Secondary

Entry screening:
Primary
Secondary

US
Pre-primary entry screening

Detection at point of origin
During embarkation/at boarding
During flight
During transit between flights or other transport
At destination

Your border is your astute HCW!!!
Temporary Recommendations
All States

- States should provide travelers to Ebola affected and at-risk areas with relevant information on risks, measures to minimize those risks, and advice for managing a potential exposure


Temporary Recommendations
All States

- All countries should strengthen education and communication efforts to combat stigma, disproportionate fear, and inappropriate measures and reactions associated with Ebola. Such efforts may also encourage self-reporting and early presentation for diagnosis and care.
In relation to risk and communication needs before and during a public health event, States should encourage:

- A timely and engaging information policy
- A risk communication strategy based upon the needs of the public and the scientific evidence
- An appropriate message and format
- Reference to official international guidance and recommendations provided by WHO, ICAO, IATA and ACI
- Prioritization of airport and airline staff and travelers
- Efficient communication between national IHR focal points
WHO and ICAO should continue work to improve understanding of differences in work methodology and to formalize collaboration and develop a framework for activities having common objectives.

To further explore potential synergies between the aviation and maritime sectors, the International Maritime Organization should be invited to a future CAPSCA meeting.

Security issues associated with public health events warrant further consideration, e.g., deliberately induced biological or chemical threats. Generic guidance is not yet available. Participants are asked to consider giving a presentation on national/local procedures that have already been developed, at a future CAPSCA meeting. Existing international agreements on security should be considered.

ICAO should consider asking for feedback from States/airports that have received an Assistance Visit (AV) on the value of such visits, with a view to improving the AV process.

The Sixth CAPSCA Americas Meeting is planned to be held during 2014 at a venue in the South America region on dates to be announced after discussion with PAHO/WHO.
States and Organizations:

- Should confirm support for ICAO to continue the CAPSCA Programme beyond 2013, which will require new funding sources to be identified
- Are invited to propose possible sources and mechanisms for funding CAPSCA to ICAO
- Are invited to consider providing voluntary contributions to CAPSCA
- Are invited to consider cost-recovery assistance visits to States by sending a letter to the appropriate ICAO or WHO regional office
- Are encouraged to support the continuation of the CAPSCA Programme in the ICAO Assembly to be held in September/October 2013
- Are encouraged to share heir experiences with implementation of CAPSCA within their State
Challenges at Points of Entry

- Intersectoral collaboration at national and international levels
  - Legal frameworks
  - Strategic and approach
  - Degree of institutionalization
  - Operational arrangements
  - Concept of facilitation

- Difficulties in interpreting the operational meaning of provisions related to the different “categories” of Points of Entry (designated? Certified?)

- Preparation and dissemination of guidance documents by WHO and access to information (timeliness, languages, inter-agency collaborations)

- Decision regarding additional investment for public health purposes at Points of Entry

- Monitoring of the implementation of international agreements
  - Convention on International Civil Aviation and 19 Annexes – Standards and Recommended Practices (SARPs): Universal Safety Oversight Audit Programme (USOAP)
  - International Health Regulations (IHR): reporting to World Health Assembly
Challenges at Points of Entry

- Management of public health events and planning
  - PoE NOT ONLY ENTRY BARRIERS but part of globalized interconnected world
  - How to integrate planning process – exercises?
  - How to refine the implementation of contingency plans at Points of Entry
  - Risk assessment and risk communication, risk perception, stigmatization
  - Political pressure/event based decision making on adopting health measures
  - The role of the traveller, employees and travel and transport companies on suspension of shipping, flights, cancelling meetings and tours
Challenges at Points of Entry

- Understanding of the dynamics of disease spread, transmission, presentation
  - Raising the red flag
  - Personal protective equipment
  - Evidence indicating the risk for exposure to different pathogens on an aircraft
  - Different scenarios related to the timing the index case is identified
  - Availability of actionable information for contact tracing purposes
  - Use of evidence... entry/exit screening measures, at airports in particular, as part of the response to public health events poses a substantial burden to countries and their impact, according to available evidence and models, is limited

- Decision regarding any administrative and legal measures to be adopted for case identification and international contact tracing
  - Health Part of the Aircraft General Declaration
  - Immigration card
  - Health declaration / Traveller Public Health Declaration
  - Passenger locator form
  - Advance Passenger Information (API)
  - Passenger Name Records (PNR)

- Information management
- One window approach
Thank you

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