

# Update from the World Health Organization

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# Overview

- 1 From a 'POE' to a 'border health' approach
- 2 WHO-ICAO Memorandum of Understanding





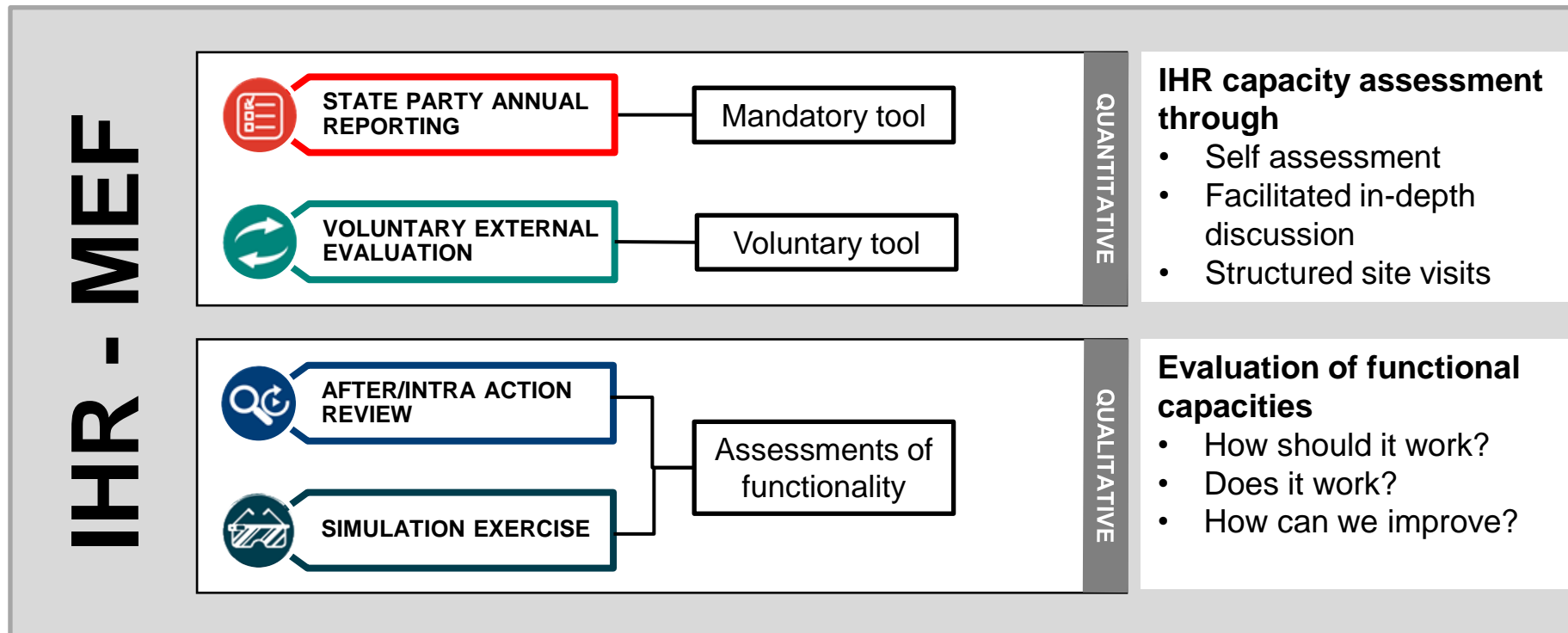
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# From a 'POE' to a 'border health' approach

# Designation of points of entry (POE) under the IHR (2005)

- **3 types of POE as per the IHR (2005):** airport, port, ground crossing
- Airports and ports (article 20): “States Parties **shall** designate the airports and ports that shall develop the capacities provided in Annex 1”
- Ground crossings (article 21): “Where justified for public health reasons, a State Party **may** designate ground crossings that shall develop the capacities provided in Annex 1”
- **Criteria for designation:**
  1. Population density in and around the POE
  2. Epidemiological situation in around the POE
  3. Volume and frequency of international traffic
  4. Multimodal transportation
  5. Public health risks in the place of origin and transit of international traffic
  6. Existing capacities and facilities to manage public health risks at the POE
  7. Joint designation of POE with neighboring country

# IHR (2005) monitoring and evaluation framework



## IHR capacity assessment through

- Self assessment
- Facilitated in-depth discussion
- Structured site visits

## Evaluation of functional capacities

- How should it work?
- Does it work?
- How can we improve?

– **Border health and points of entry** is 1 of the technical areas assessed through all IHR MEF mandatory and voluntary tools.

– The latest review of the **SPAR** and **JEE** tools led to the **harmonization of indicators** across these two instruments.

# State Party Annual Reporting (SPAR)



World Health Organization | e-SPAR  
STATES PARTIES ANNUAL REPORTING

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SECTION 1. INFORMATION BY TYPE OF POINTS OF ENTRY

1. Indicate the number of designated PoEs that shall develop the capacities provided in Annex 1 of the IHR (n/a if not applicable)

Number of designated airports  Number of designated ports  Number of designated ground crossings<sup>83</sup>

2. Please list the names of designated PoEs (ports, airports and ground crossings as applicable) and indicate the information required related to the designated PoE. To complete this table, fill in information for each designated PoE. Please add lines as needed if there are more designated airports, ports or ground crossings:

Name of designated PoE	United Nations Code for Trade and Transport Locations (UNLOCODE) <sup>84</sup>	Competent authorities identified at designated PoE level (Yes/No)	Level <sup>85</sup> of core capacity requirements at all times for designated PoE (routine core capacities, Annex 1B)	Programme for vector surveillance and control at PoE (Yes/No)	Level <sup>87</sup> of effective public health response at each designated PoE (capacities to respond to emergencies, Annex 1B)	PoE public health emergency contingency plan <sup>88</sup> (Yes/No)
Airports						
Ports						
GroundCrossings						
Average (Capacity 11.1)				Average (Capacity 11.2)		
<input type="text" value="0"/>				<input type="text" value="0"/>		

3. Has your country authorized ports to issue ship sanitation certificates? (If yes, please ensure your ports appear on [http://www.who.int/ihr/ports\\_airports/portslanding/en/](http://www.who.int/ihr/ports_airports/portslanding/en/), IHR list of Authorised ports to issue ship sanitation certificates.)

Yes  
 No  
 Not Applicable

<https://apps.who.int/iris/handle/10665/350218>

<https://extranet.who.int/e-spar/>

– **Border health and points of entry** is 1 of 15 technical areas assessed in the SPAR.

# SPAR indicator 1: Core capacity requirements at all times for POEs

Indicators	
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 <input type="checkbox"/>
Level 2	Some designated PoE are implementing routine core capacities based on a completed associated strategic risk assessment <input type="checkbox"/>
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) <input type="checkbox"/>
Level 4	All designated PoE are implementing routine core capacities with an all-hazard and multisectoral approach integrated into the national surveillance system <input type="checkbox"/>
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 <input type="checkbox"/>
Please add below comments describing the rationale for the checked level for this indicator and specify the activities that are related to capacity-building for this indicator. Choose all applicable check boxes according to the status of implementation and the area related to your comments	
<p>Status of implementation:</p> <input type="checkbox"/> planned <input type="checkbox"/> achieved <input type="checkbox"/> strength/best practice <input type="checkbox"/> ongoing <input type="checkbox"/> challenges/gaps <input type="checkbox"/> other	
<p>Area Involved:</p> <input type="checkbox"/> financing <input type="checkbox"/> policy <input type="checkbox"/> leadership & governance <input type="checkbox"/> risk communication <input type="checkbox"/> guidelines & SOPs <input type="checkbox"/> infrastructure & logistics <input type="checkbox"/> assessments <input type="checkbox"/> legislation <input type="checkbox"/> coordination & collaboration mechanisms <input type="checkbox"/> workforce <input type="checkbox"/> health information systems <input type="checkbox"/> others	

- **POE risk assessment**
- **POE routine core capacities (IHR (2005) Annex 1, B)**
  - Access to medical services, staff, equipment, premises, for care of ill travellers
  - Access to equipment and personnel for transport of ill travellers
  - Trained personnel for inspection of conveyances.
  - Safe environment for travellers (i.e. water supplies, waste disposal, catering), maintained through inspection programmes
  - Vector control
- **POE integration into national surveillance system for biological/all-hazards**
- **Review, evaluation and updating of capacities**

# SPAR indicator 2: Public health response at POEs

- **POE public health emergency contingency plan:**
  - For events caused by biological hazards and all hazards
  - Integrated into national emergency response plans
  - Exercised, reviewed, evaluated and updated
- The plan should include the capacities outlined in IHR (2005) Annex 1, B; e.g.:
  - Coordinator and contact points of relevant POE public health and other agencies
  - Arrangements with local medical and veterinary facilities for isolation/care of ill travellers and animals
  - Space to interview/quarantine suspect travellers
  - Equipment and trained personnel with PPE for transfer of suspect travellers
  - Capacities to disinsect, derat, disinfect, decontaminate cargo
  - Capacities for entry/exit control for travellers

Indicators	
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 <sup>99</sup> <input type="checkbox"/>
Level 2	Some designated PoE have developed a PoE public health emergency contingency plan for events caused by biological hazards <input type="checkbox"/>
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 <sup>90</sup> <input type="checkbox"/>
Level 4	All designated PoE have developed PoE public health emergency contingency plans for events caused by all hazards <sup>91</sup> and integrated into national emergency response plans <input type="checkbox"/>
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 <input type="checkbox"/>
Please add below comments describing the rationale for the checked level for this indicator and specify the activities that are related to capacity-building for this indicator. Choose all applicable check boxes according to the status of implementation and the area related to your comments	
Status of implementation: <input type="checkbox"/> planned <input type="checkbox"/> achieved <input type="checkbox"/> strength/best practice <input type="checkbox"/> ongoing <input type="checkbox"/> challenges/gaps <input type="checkbox"/> other	
Area Involved: <input type="checkbox"/> financing <input type="checkbox"/> policy <input type="checkbox"/> leadership & governance <input type="checkbox"/> risk communication <input type="checkbox"/> guidelines & SOPs <input type="checkbox"/> infrastructure & logistics <input type="checkbox"/> assessments <input type="checkbox"/> legislation <input type="checkbox"/> coordination & collaboration mechanisms <input type="checkbox"/> workforce <input type="checkbox"/> health information systems <input type="checkbox"/> others	

# SPAR indicator 3 – added as a lessons learnt from the COVID-19 pandemic

## Key lessons learnt and persistent challenges during the COVID-19 pandemic

- Necessity to constantly and regularly **gather and update the evidence base** both on (public health) effectiveness and overall (socioeconomic) impact of travel measures.
- Need for **multisectoral collaboration** in the decision-making process over travel measures ensuring that:
  - MOH is at the table to guide public health evidence-based policy making.
  - All other relevant sectors are involved to bring the operational perspective.
- Application of a **risk-based approach** to travel measures:
  - Impact of countries' varying **risk tolerance**.
  - Differential use of the **precautionary principle**.

# SPAR indicator 3: Risk-based approach to international travel-related measures

Indicators		
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, <sup>20</sup> on a risk-based manner, is not available or under development	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
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	<input type="checkbox"/>
Please add below comments describing the rationale for the checked level for this indicator and specify the activities that are related to capacity-building for this indicator. Choose all applicable check boxes according to the status of implementation and the area related to your comments		
<p>Status of implementation:</p> <input type="checkbox"/> planned <input type="checkbox"/> achieved <input type="checkbox"/> strength/best practice <input type="checkbox"/> ongoing <input type="checkbox"/> challenges/gaps <input type="checkbox"/> other		
<p>Area Involved:</p> <input type="checkbox"/> financing <input type="checkbox"/> policy <input type="checkbox"/> leadership & governance <input type="checkbox"/> risk communication <input type="checkbox"/> guidelines & SOPs <input type="checkbox"/> infrastructure & logistics <input type="checkbox"/> assessments <input type="checkbox"/> legislation <input type="checkbox"/> coordination & collaboration mechanisms <input type="checkbox"/> workforce <input type="checkbox"/> health information systems <input type="checkbox"/> others		
Please add any additional comments for this capacity as applicable. Choose all applicable check boxes according to the status of implementation and the area related to your comment on this capacity		
<p>Status of implementation:</p> <input type="checkbox"/> planned <input type="checkbox"/> achieved <input type="checkbox"/> strength/best practice <input type="checkbox"/> ongoing <input type="checkbox"/> challenges/gaps <input type="checkbox"/> other		
<p>Area Involved:</p> <input type="checkbox"/> financing <input type="checkbox"/> policy <input type="checkbox"/> leadership & governance <input type="checkbox"/> risk communication <input type="checkbox"/> guidelines & SOPs <input type="checkbox"/> infrastructure & logistics <input type="checkbox"/> assessments <input type="checkbox"/> legislation <input type="checkbox"/> coordination & collaboration mechanisms <input type="checkbox"/> workforce <input type="checkbox"/> health information systems <input type="checkbox"/> others		

- **New indicator** agreed in 2021 by a **Technical Working Group** established to **review the IHR Monitoring and Evaluation Framework (MEF) applying lessons learnt from the COVID-19 pandemic**
- **National process to determine the adoption of international travel-related measures that is:**
  - Multisectoral
  - Takes into account a risk-based approach to the implication of such measures
  - Includes guidelines and SOPs for implementation
  - Is developed and implemented at national, intermediate and local levels
  - Is exercised, reviewed, evaluated and updated regularly



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# WHO-ICAO Memorandum of Understanding



HEALTH  
**EMERGENCIES**

programme

# Key challenges during the COVID-19 pandemic

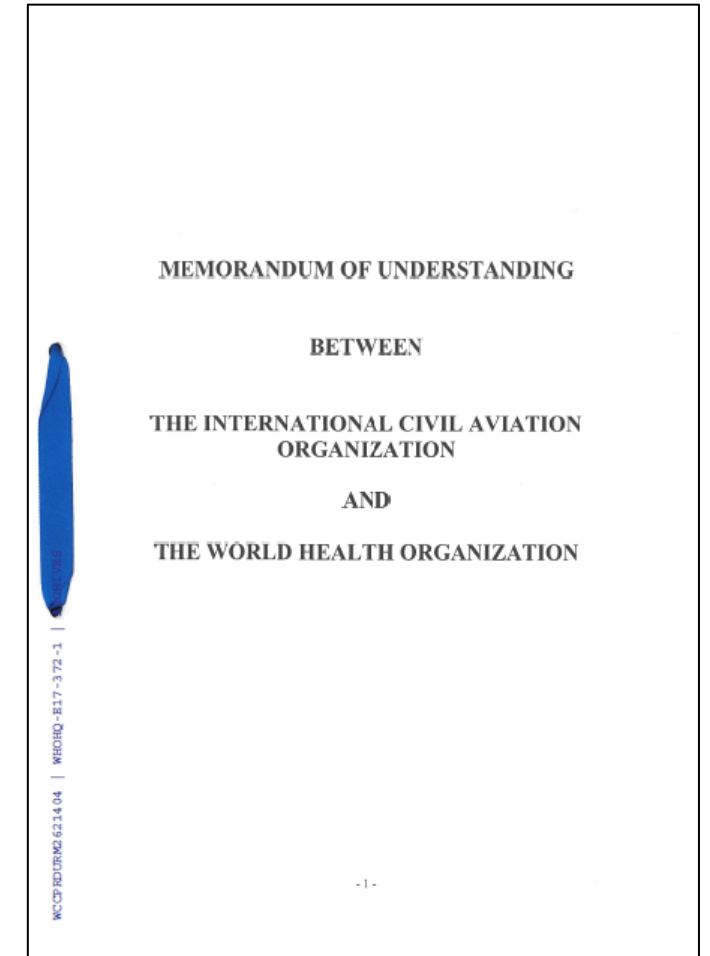
- **Lack of harmonization** in the **policy and technical recommendations on international travel** being issued by various international organizations.
- **Lack of sufficient scientific evidence** on the **effectiveness** of travel-related measures and need to **balance health gains and socioeconomic impact**.
- **Lack of definition of 'essential workforce'**, leading to the disruption of essential services (e.g. repatriations, transport of humanitarian/emergency workforce and essential supplies) and negatively impacting on workers' conditions.

# Good global practices during the COVID-19 pandemic

- Close **WHO-ICAO collaboration** to promote **alignment of policy and technical recommendations** and **joint advocacy**:
  - WHO's participation in the COVID-19 Council Aviation Recovery Taskforce (CART)
  - WHO's review of the various updates to ICAO's COVID-19 take-off guidance
  - ICAO's participation in the IHR Emergency Committee for the COVID-19 pandemic
  - ICAO's review of the various updates of WHO's technical guidance on the implementation of a risk-based approach to international travel during the COVID-19 pandemic
- Participation in the Joint Action Group to review the impact of the COVID-19 pandemic on transportation workers and the global supply chain (JAG-TSC)
- Participation in the UN taskforce to review the impact of the COVID-19 on seafarers

# WHO-ICAO Memorandum of Understanding

- **Signed by the Director Generals** of the World Health Organization (WHO) and the International Civil Aviation Organization (ICAO) in **November 2022**.
- Provides a **framework of cooperation and understanding** to facilitate collaboration between the two organizations in the following areas:
  1. Provision of **evidence-informed and risk-based advice** on policy and technical matters related to civil aviation and public health during the preparedness and response to health emergencies.
  2. Joint **advocacy and risk communication** efforts on risk-based approaches to international travel in the context of health emergencies.
  3. Share **information and tools** to facilitate **technical cooperation and risk assessment** efforts in the areas of public health and civil aviation.
- A **joint workplan** will be developed in **2023** to facilitate and monitor the implementation of this MoU.



# THANK YOU

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