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Public Health Emergency Preparedness, IHR Implementation at Points of Entry

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Points of entry are the first interface with international travel and trade

IHR (2005) DEFINITION

A point of entry is "a 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".

Includes airports, ports and ground crossings.

- Effective capacities enable early detection, assessment, reporting and response to risks with potential cross-border spread.
- Movement of travellers, refugees and migrants, driven by conflict, climate change, trade and socioeconomic factors, facilitates cross-border transmission.
- Weak preparedness increases the risk of delayed detection, uncontrolled transmission and unnecessary disruption to travel and trade.
- Core capacities make risk-based, proportionate travel measures possible.
- **Border health preparedness is a cornerstone of global health security.**

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Core capacities at designated points of entry

At all times

- Access to appropriate medical services
- Transport for ill travellers
- Trained personnel for conveyance inspection
- Safe environment: water, eating establishments, waste disposal
- Vector control programme within 400 metres

Response to public health emergencies

- Public health emergency contingency plan
- Assessment and care of ill persons and animals
- Separate space to interview suspect persons
- Quarantine facilities
- Entry and exit controls; safe transport

Risk-based travel measures

A national process for adopting travel-related measures that is:

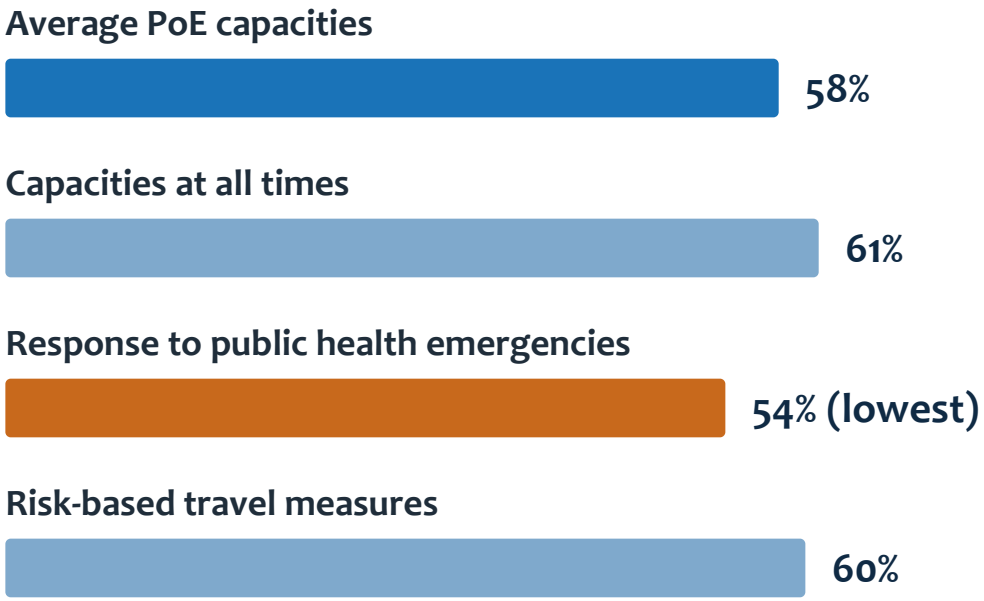
- supported by guidelines and SOPs
- applied at national, intermediate and local levels
- multisectoral and risk-based
- exercised, reviewed and updated regularly

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Response capacity is the weakest area of PoE capacities

IHR core capacity scores for points of entry in the Region, 2025 (%)



293

PoEs designated for developing IHR core capacities in the Region

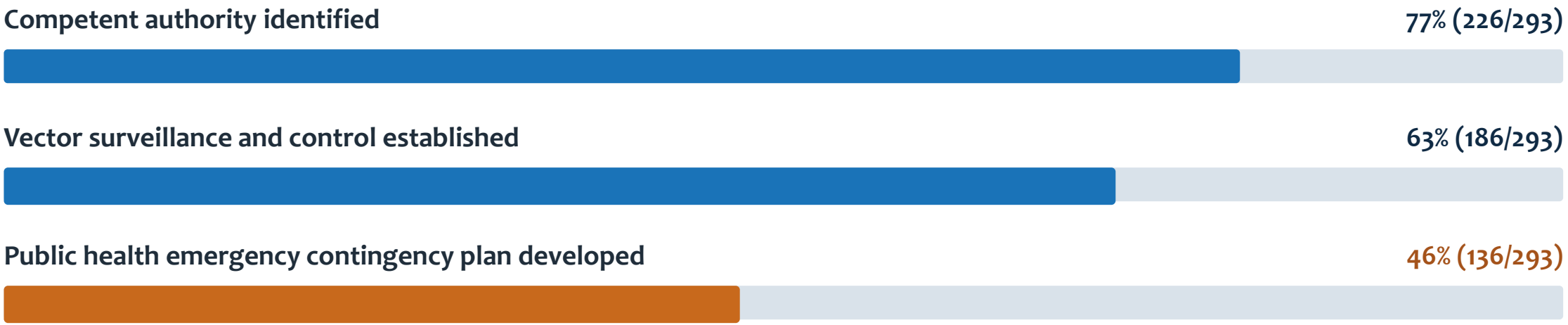
89	99	105
airports	ports	ground crossings

PoE: point of entry · Source: e-SPAR, 2025

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Contingency planning is the largest gap



15 countries have authorized ports to inspect ships and issue Ship Sanitation Control Certificates

PoE: point of entry · Source: E-SPAR, 2025

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IHR Amendments relevant to points of entry

ARTICLE 24

Conveyance operators

Clear responsibilities for measures on board and during embarkation and disembarkation

ARTICLE 35 AND ANNEX 6

Digital health documents

Digital vaccination, prophylaxis and laboratory certificates; paper formats remain valid

ARTICLE 27

Exposed and infected

Management of both exposed and infected individuals

ANNEX 1B

Laboratory capacities

Laboratory diagnostics and specimen transport at designated points of entry

ARTICLE 18

WHO recommendations

Clearer criteria; continuity of travel and of supply chains for health products and food

ARTICLE 4

National IHR Authorities

Revised Focal Point terms of reference; designation of Authorities followed up

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Preparing points of entry for BVD

AVIATION FOCUS

- Checklist for managing a BVD case from aircraft to PoE, linked to the IHR National Focal Point and national authorities; guidance on a full-scale airport SimEx
- Support to an airport SimEx and guidance on managing suspected BVD cases on board aircraft
- Support in developing public health emergency contingency plans and SOPs for BVD
- Support in conducting PoE capacity assessments

REGIONAL AND COUNTRY SUPPORT

- Support in implementation of temporary recommendations on border health and international travel
- Monitoring of travel measures across the Region
- Webinar for PoE staff and IHR NFPs
- SOPs for BVD response at PoEs
- Country specific border health guidance and operational plan
- Risk-assessment tool for BVD importation
- Support national BVD response plan plan; Ebola-focused training

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Aviation & Public Health: One pathway, from aircraft to response

1 · ON BOARD

Airline and crew

Apply public health measures on board and at embarkation and disembarkation (Article 24)

2 · AIRPORT

PoE health authority

Assessment, separate interview space, quarantine, entry and exit controls

3 · NATIONAL

IHR National Focal Point

Links the PoE with national authorities and surveillance

4 · RESPONSE

Health services

Safe transport, isolation and referral to health facilities

54%

PoE capacity for response to public health emergencies, the lowest score

Why coordination matters

Each handover between sectors is a point where detection, reporting or response can be delayed. Joint plans, SOPs and exercises close those gaps.

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Coordination mechanisms in practice

Multisectoral committees

Terms of reference for a PoE and travel measures committee; scenarios to set up coordination at PoEs

Joint airport planning

IHR National Focal Points and airport health authorities planning SimEx together

Partnerships

ICAO, IOM, and Africa CDCon PoEs and cross-border collaboration

Cross-border dialogue

North Africa (Egypt, Libya, Sudan, Tunisia) with IOM; Iraq and the Islamic Republic of Iran on vector control around PoEs

Communities of practice

IHR community of practice session on public health and social measures; review of the SPAR border health section, various topics on PoEs

CAPSCA

WHO technical contribution to aviation public health preparedness, Joint ICAO EUR/MID CAPSCA Meeting

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Airport plans, drafted and tested

JORDAN

Queen Alia International Airport

- TTX early 2026 recommended defined responsibilities of each sector and developing PHECP
- Workshop, 27 June–1 July 2026, to draft the airport contingency plan
- Combined with a tabletop exercise to test the first draft
- Plan finalized; and shared for review

YEMEN

Aden Airport

- Support to develop the contingency plan and field visit to the airport, 1–3 September 2026
- Builds on the training of trainers and contingency planning workshop on PoE preparedness and response





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Cross-border SimEx: Egypt, Libya, Sudan and Tunisia

EXERCISE: 2025

Tested the functionality of cross-border collaboration among four North African countries

FOLLOW-UP, 2026

WHO–IOM meetings on the continuum of cross-border collaboration and a follow-up cross-border SimEx

OUTCOMES

- Draft multisectoral coordination mechanism for cross-border collaboration
- Draft capacity-building plan and draft white policy paper
- Enhanced joint information sharing, investigation and response to events of mutual concern
- Better understanding of essential services for populations on the move
- Population mobility across borders mapped

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Persistent gaps at points of entry

1. **Insufficient multisectoral coordination** and collaboration between sectors
2. **Varying capacities** across countries and PoEs; some porous borders lack infrastructure
3. **Delays** in detecting, reporting and responding to events among travellers and communities
4. **Limited response capacity:** 54% score; 46% of PoEs with a contingency plan
5. **Digital gaps:** infrastructure for digital documents, passenger locator forms and traveller tracking
6. **Workforce:** staff turnover and no dedicated teams at some PoEs
7. **Concurrent emergencies:** conflict, displacement and multiple outbreaks
8. **Funding and disruptions:** financial constraints

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What the experience shows

No one solution fits all

Measures at PoEs must be context-specific and risk-based

Draft and test together

In Jordan, a tabletop exercise tested the first draft of the airport plan in the same workshop

Exercises build institutions

The North Africa SimEx produced a draft coordination mechanism and policy paper

Define the roles and responsibilities

Roles of each sector from aircraft to PoE to IHR Focal Point clarify roles across sectors

Formalize coordination

Terms of reference for competent authorities and committees give mandates that last

Learn after each event

After Action Review inform preparedness

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Priorities for aviation and public health

- Strengthen public health event management in aviation, with cross-border collaboration and joint planning
- Institutionalize multisectoral coordination platforms for IHR implementation, including at PoEs
- Conduct regular SimEx and After-Action Reviews at PoEs
- Scale up digital platforms for traveller monitoring, cross-border communication and health documents
- Peer learning, country twinning and rosters of trained PoE experts
- Promote risk-based health measures that avoid unnecessary disruption to travel and trade

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Photos













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Thank you

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