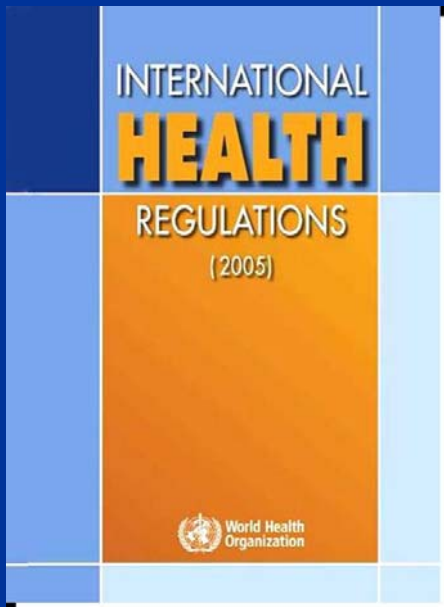




Canada's International Health Regulations Implementation Project

# *Canadian Points of Entry IHR2005 Capacity Assessments*



Presentation to the IHR National Roundtable – June 2009

**Canada** 

# Agenda

- Definition of a Point of Entry and Competent Authorities
- Capacity Assessment process
- Summary of Findings
- Next Steps

# What is a “Point of Entry”?

- 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."

# What are the key obligations at Points of Entry?

- Annex 1.B requires Member States to designate the international ports or airports which are required to demonstrate their core capacity to provide:
  - certain routine public health services at all times; and
  - emergency services that can respond to public health emergencies of international concern.

# What parts of the IHRs apply to Points of Entry?

- Part IV – Points of Entry
  - Article 19 – General obligations
  - Article 20 – Airports & ports
  - Article 21 – Ground crossings
  - Article 22 – Role of competent authorities

# What other parts of the IHRs apply to Points of Entry?

- Part V – Public Health Measures
  - Chapter I – General provisions
    - Article 23 – Health measures on arrival & exit
  - Chapter II – Special provisions for conveyances & conveyance operators
  - Chapter III – Special provisions for travellers
  - Chapter IV – Special provisions for goods, containers & container loading areas

# What is a 'Competent Authority'?

- A competent authority means
  - an authority responsible for the implementation and application of health measures under these Regulations

# What is a 'Competent Authority' obliged to do?

- Monitor cargo, baggage, etc. for contamination or vectors
- Ensure clean & infection free facilities for travellers
- Supervise decontamination processes
- Advise conveyance operators of intent to apply control measures

# What is a 'Competent Authority' obliged to do?

- Supervise removal of contaminated matter from conveyances
- Monitor & control discharge by ships
- Be responsible for services provided to traveller, operators, etc.
- Have plans to deal with unexpected public health events
- Communicate with the National IHR Focal Point on the event & measures taken

# Capacity Assessments

The process

# Why did we conduct these Capacity Assessments?

- Member States must:
  - Assess the ability of their existing national structures and resources to meet the core capacity requirements for surveillance and response and at designated points of entry by June 2009 (Phase I);
  - Develop national plans of action to ensure core capacities are in place and fully functioning by June 2012 (Phase I); and
  - Implement national action plans to ensure that core capacities are present and fully functioning throughout the country and/or its relevant territories by June 2012 (Phase II).

# Capacity Assessment Process – Phase 1

- Revision of the WHO Capacity Assessment Tool to reflect Canadian environment
- Capacity Assessments workshops at 5 Points of Entry March 2009
- Points of Entry summary of findings provided for review and confirmation
- Detailed report identifies areas for improvement
- Submission of findings to WHO

# Capacity Assessment Tool

- Used WHO framework but “Canadianized” by PHAC / HC staff
- Three sections
  - Environmental Health Criteria
  - Traveler Health Criteria
  - Public Health Emergency Contingency Plan Criteria; and
- Supplemented by a training session for the Assessment Team

# Capacity Assessments

- Workshops conducted at:
  - Vancouver International Airport
  - Vancouver Fraser Port Authority  
Cruise Ship Terminals
  - Toronto Pearson International Airport
  - Montreal Trudeau International Airport
  - Halifax Port Authority Cruise Ship Terminal

# Capacity Assessments

- The assessments were conducted:
  - With an invited group of Federal, Provincial, Local & Industry representatives;
  - Facilitated sessions with responses captured in the Assessment Tool;
  - Capacities assessed based on full, partial or incomplete compliance – no verification
  - With written reports on major findings relative to the IHR Annex 1B circulated to attendees for review & comment.

# Assessment Findings

## Summary Report

## In summary...

- No significant deficiencies were found relative to Annex 1B.
- Some opportunities for improvement were identified that will further strengthen an already excellent public health system
- Competent authorities are available at assessed POEs

# Overall Findings

- At each location the overall findings can be summarized as:
  - *In the opinion of the Assessment Team, the capacity at the POE is currently able to meet the minimum core requirements defined in the IHR document WHA 58-3 Annex 1.B. with some minor areas for improvement as noted below.*
  - All the public health partners work as a cohesive team to ensure that measures are taken to provide the travelling public with a superior level of protection from health threats.
  - All recognize the importance of these measures in maintaining the POE's high reputation as a safe and secure facility.

# Opportunities for Improvement

IHR	Reference	Opportunities for Improvements
Annex 1B 1a	to provide access to (i) an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises;	(i) PHAC/OQS is developing a Quarantine Services Framework consultation document Medical service  (ii) Personnel would benefit from additional awareness of quarantine response

# Opportunities for Improvement

IHR	Reference	Opportunities for Improvements
Annex 1B 2a	to provide appropriate public health emergency response by establishing and maintaining a public health emergency contingency plan	Communication and integration with municipal and federal plans Regularly scheduled tabletop exercises that incorporate “lessons learned”.

# Opportunities for Improvement

IHR	Reference	Opportunities for Improvements
Annex 1B 2c	to provide appropriate space, separate from other travellers, to interview suspect or affected persons	<p>No formal plans or agreements in place to accommodate large numbers of travellers at or near POEs</p> <p>Need for collaboration to identify suitable facilities to interview space large numbers of travellers</p>

# Opportunities for Improvement

IHR	Reference	Opportunities for Improvements
Annex 1B 2d	to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry	There are no formal plans or agreements to provide quarantine facilities off-site from most POEs. PHAC/OQS may consider the need for identified quarantine facilities located away from the POEs.

# Opportunities for Improvement

IHR	Reference	Opportunities for Improvements
Annex 1B 2f	to apply entry or exit controls for arriving and departing travellers	PHAC/OQS will explore the need for a documented Exit Screening Plan with designated points of entry.

# Opportunities for Improvement

IHR	Reference	Opportunities for Improvements
Annex 1B 2g	to 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	Ongoing awareness and training of first-responder personnel

# Competent Authorities at Canadian POE (Article 22)

Area of responsibility	Competent Authorities
Monitoring baggage, cargo ... human remains from affected areas	Canada Border Services (CBSA); Health Canada (HC); PHAC Quarantine Services
Sanitary environment at travellers' facilities	Health Canada (HC); Provincial/Local Health; POE
Supervision of health measures	HC; PHAC
Advise conveyance operators of health measures	HC; PHAC
Removal/disposal of wastes from conveyance	Transport Canada (TC); HC; PHAC; POE; Canadian Food Inspection Agency Provincial/Local Health; Municipality;
Monitor and control discharge from ships	TC
Supervision of service providers	PHAC; CBSA
Effective contingency plans	All Federal, Provincial/Local Health; POE; Municipality; Private industry
Notification of IHR National Focal Point	PHAC; HC; Provincial/Local Health

# Next Steps

- Formal Designation of five POE and notification to WHO (in process)
- Verification of capacity assessments at each POE with specific action plans to address opportunities for improvement
- Potential for additional POE designations
- Phase II designed to establish Canadian benchmarks and develop Canadian performance indicators for monitoring/measuring compliance