

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.

Global Alert and Response System

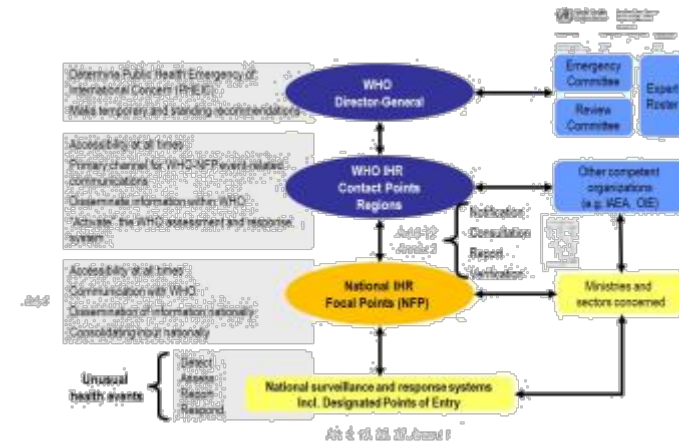


National Core Capacities

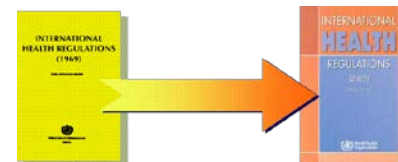
- From three diseases to **all public health hazards**, irrespective of origin or source
- From preset measures to **adapted response**
- From control of borders to **containment at source**



IHR Operational Framework



IHR Administrative Requirements



- **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

PREVENTION

Containing known public health risks



Routine control of sanitary conditions at points of entry and conveyances

DETECTION

Detecting and responding to unusual health events



Integration with national surveillance and response mechanisms

RESPONSE

Responding to public health emergencies



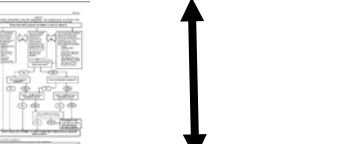
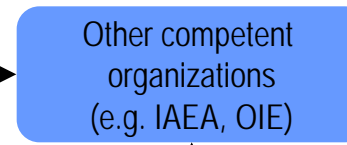
Activation of contingency plans to adopt control measures

Conveyances inspection programmes and control measures

IHR operational framework



| SCIENTIST NAME | COUNTRY(ES) | COUNTRY(ES) | COUNTRY(ES) |
|---------------------------|-------------|-------------|-------------|
| ADDRESS OF PREFERENCE | Specialty | Specialty | Specialty |
| WORLD HEALTH ORGANIZATION | Expert | Expert | Expert |



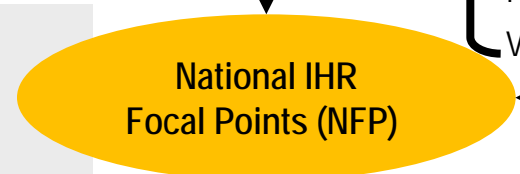
Determine Public Health Emergency of International Concern (PHEIC)
Make temporary and standing recommendations



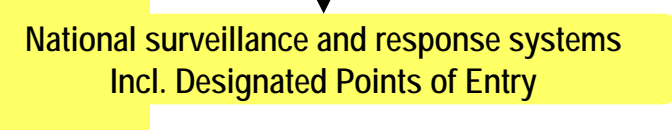
Accessibility at all times
Primary channel for WHO-NFP event-related communications
Disseminate information within WHO
"Activate" the WHO assessment and response system



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



Unusual health events { Detect, Assess, Report, Respond



Notification
Consultation
Report
Verification



Art. 6-12
Annex 2

Art. 4

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

National Core Capacities

Part II - Information and public health response

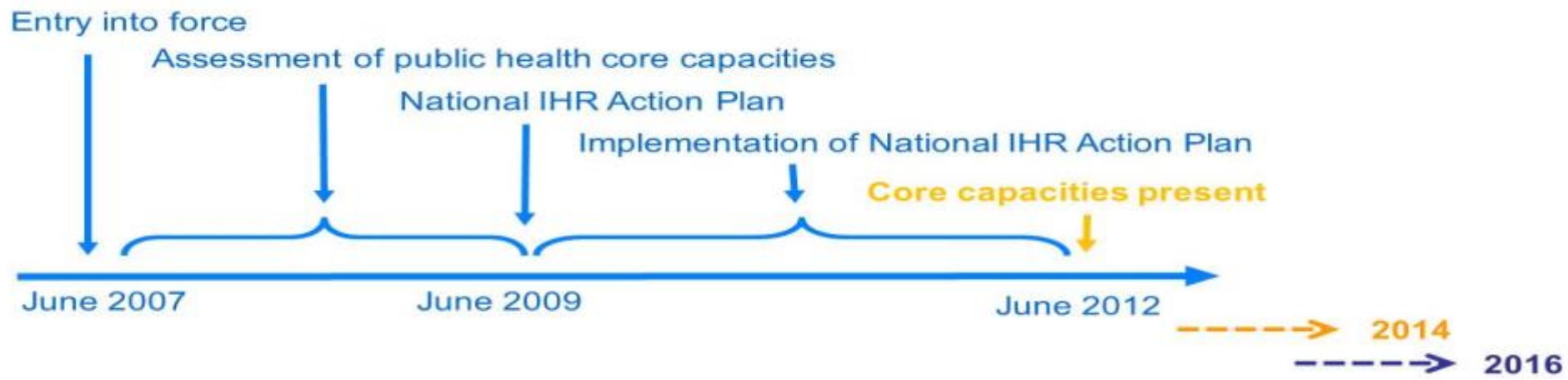
Article 5 - Surveillance

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



Implementation of the International Health Regulations (2005)

Report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation

Report by the Director-General

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

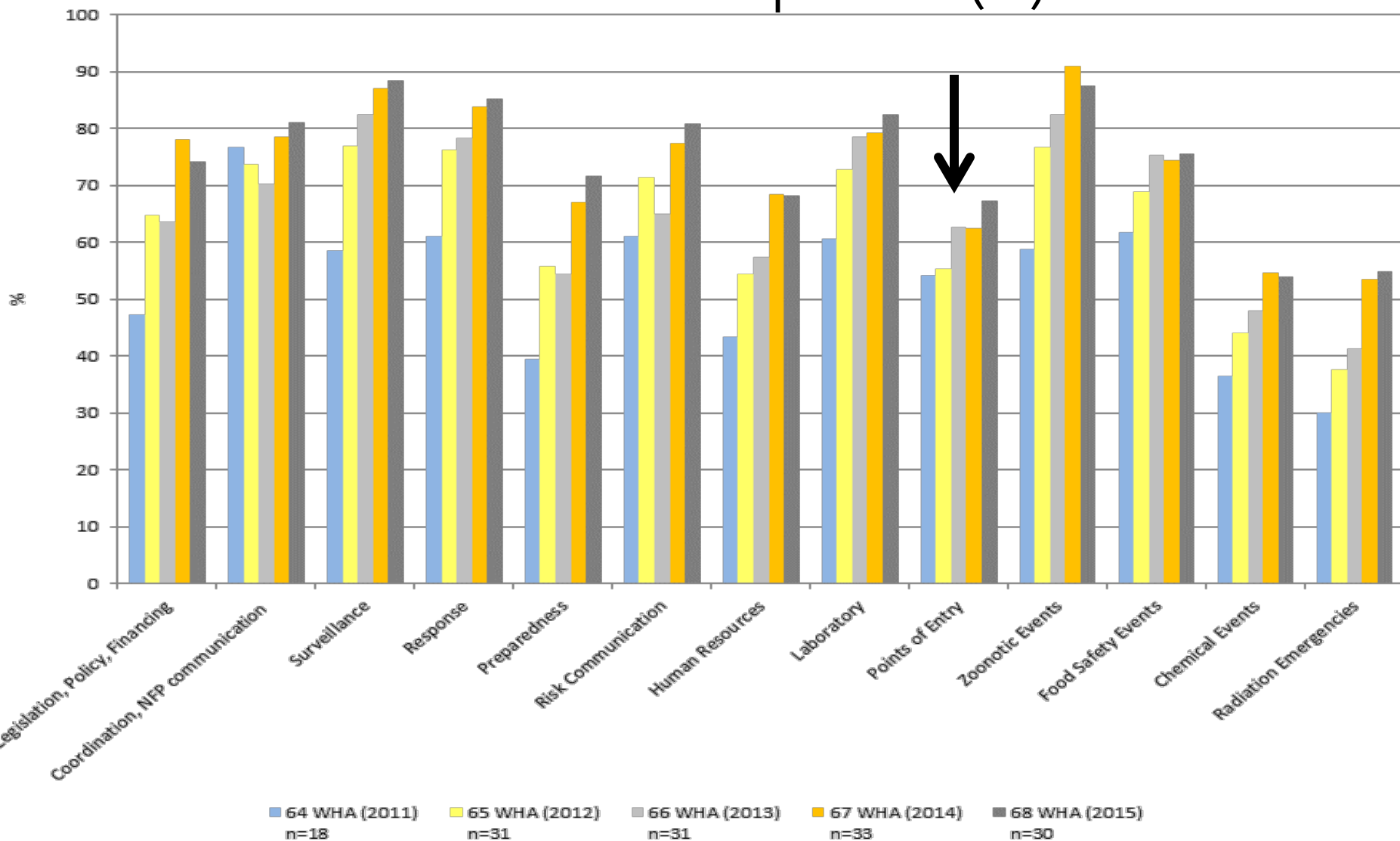
Conclusion 2

Implementation of the IHR should now advance **beyond** simple “**implementation checklists**” to a more action-oriented approach to periodic evaluation of **functional capacities**

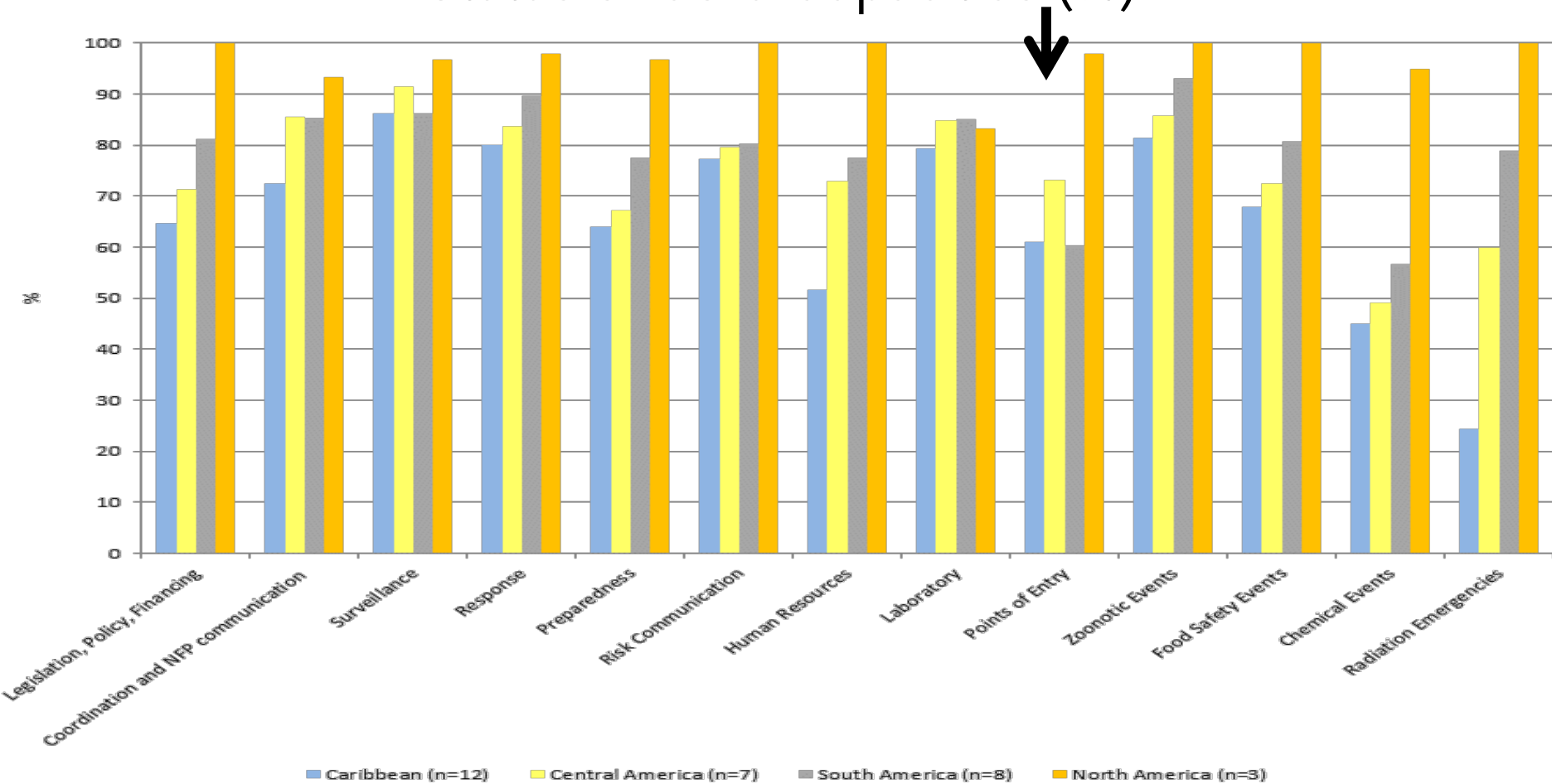
State Party Annual Reports

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)

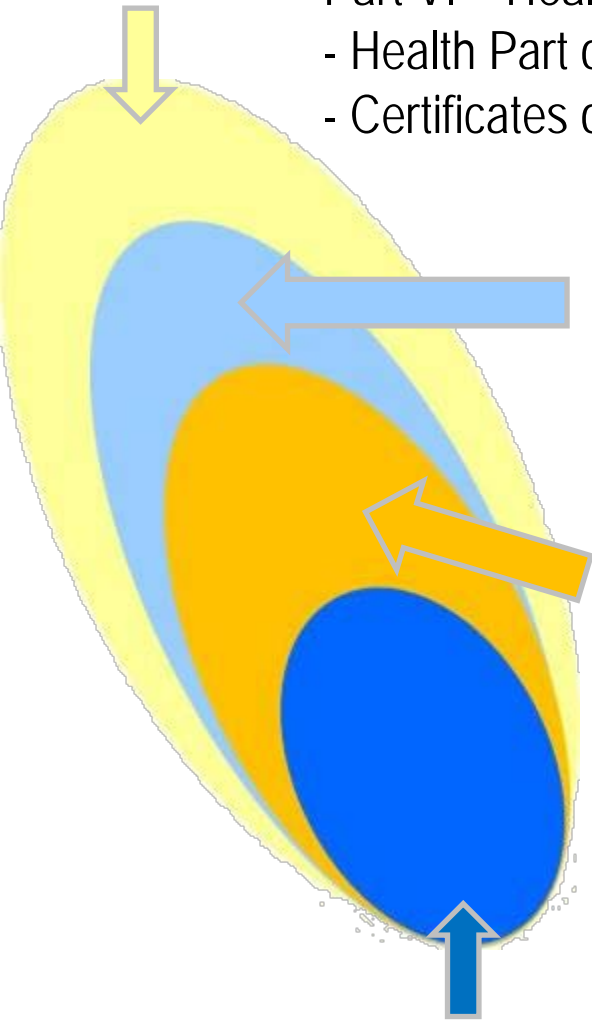
ANNEX 9
THIS DOCUMENT IS PART OF THE AIRCRAFT GENERAL DECLARATION,
PROMULGATED BY THE INTERNATIONAL CIVIL AVIATION ORGANIZATION
HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION

Declaration of Health
Name and rank member or licensee of process on board with disease other than anthrax or the
effect of anthrax, who may be subject to a communicable disease in their possession
of the time of departure, arrival or at any time during the flight. In reporting all
epidemic diseases, previous contagious, reported febrile, previous influenza, previous
typhoid, diphtheria, tetanus or cholera, previous plague, or cholera of acute type,
include the likelihood that the person is suffering a communicable disease as well as such cases of
disease which during the previous year

Details of such disease or sanitary treatment (place, date, time, methods) during the flight. If no
disease has been carried on during the flight, give details of most recent disease

Signature, if required, with time and date

Crew member concerned



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)

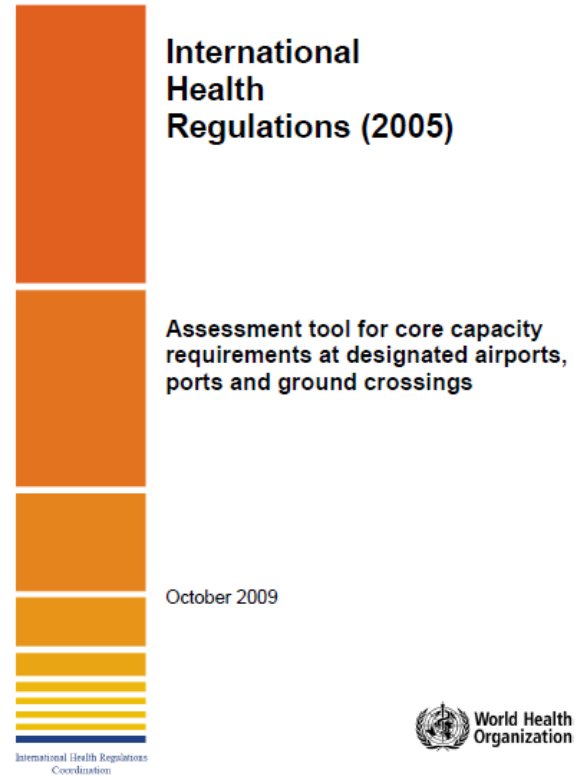
Procedures for the voluntary certification being finalized following consultation with States Parties

At all times

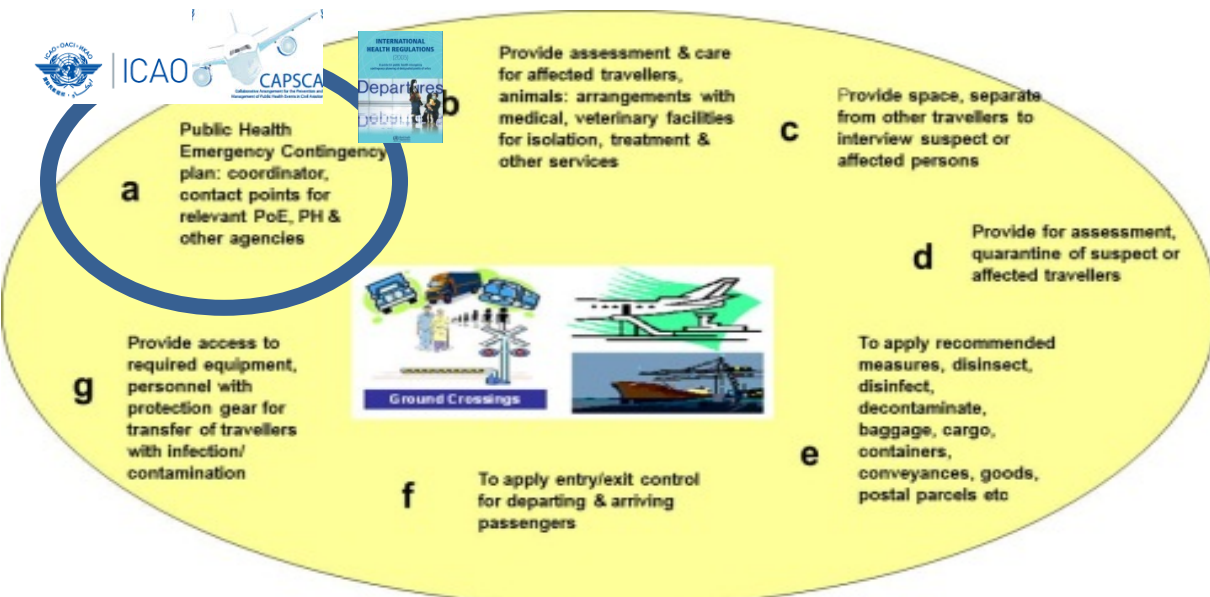


Designated Points of Entry Annex 1.B

WHO/HSR/HR/LYO/2009.9



Potential public health emergency of international concern



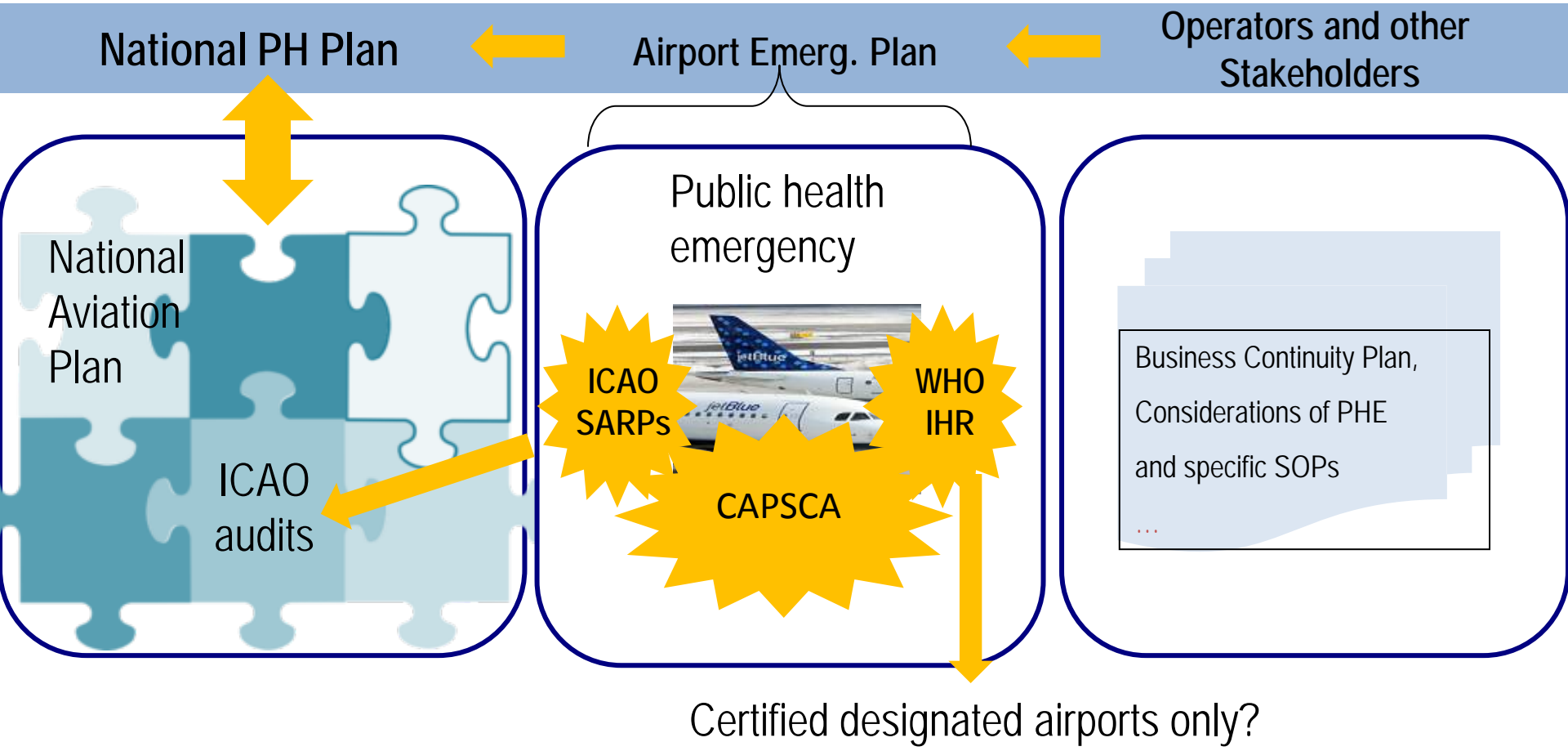


Fifth CAPSCA Americas Meeting - Conclusions

Barbados, 2-6 September 2013

- 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



Common area in public health emergency planning and response



Fifth CAPSCA Americas Meeting - Conclusions

Barbados, 2-6 September 2013

- 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.

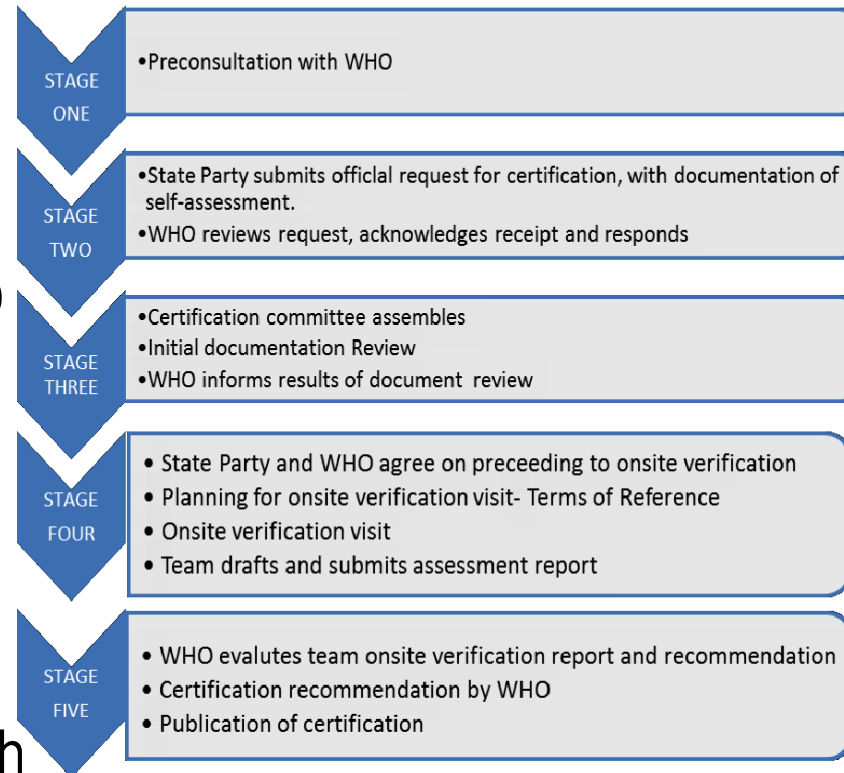
Certification of designated airports and ports

Article 20 - Airports and ports

19/04/2018

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



1st Round of comments: 17/35 States Parties

2nd Round of Comments: 8/35 States Parties

International Health Regulations (2005)

WHO Airports and Ports Certification Under The International Health Regulation: (2005)

Draft

DRAFT
(August 2014 - revised 10 July 2014)

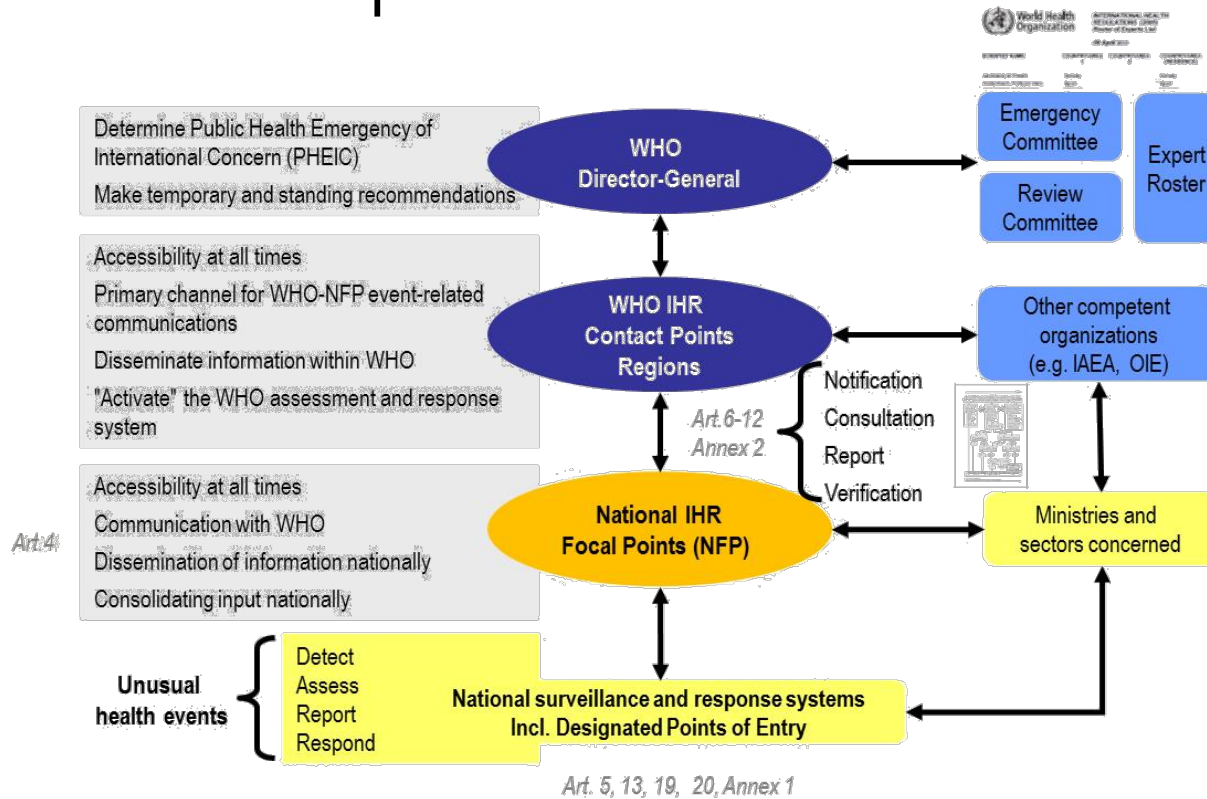
- State CAA aerodrome certification
- based on ICAO SARPs and national regulations related to aerodromes
- Mandatory for all international aerodromes
- Certifying authority: State's CAA
- ICAO verifies that the State certifies aerodromes through USOAP activities
- Audit results are available to the public

- 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

IHR operational framework



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**

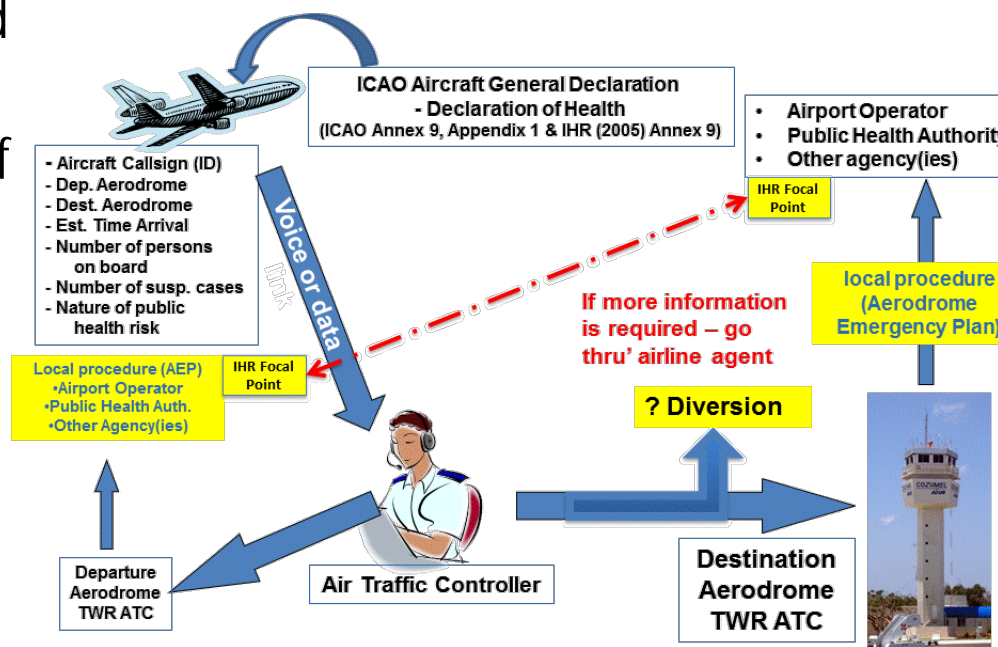
Art. 43 - Additional health measures

Fifth CAPSCA Americas Meeting - Conclusions

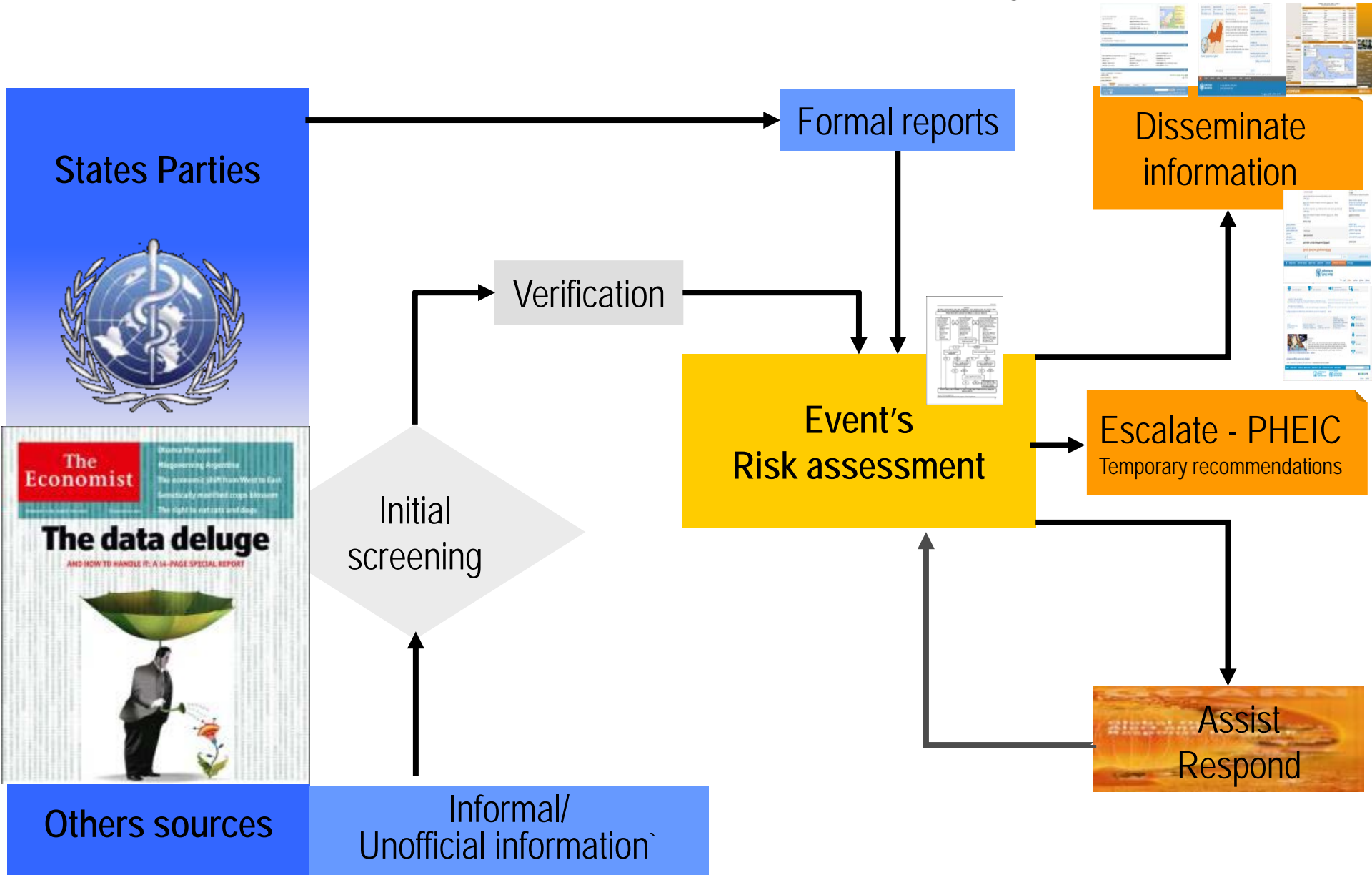
Barbados, 2-6 September 2013

- 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.

NOTIFICATION OF SUSPECTED COMMUNICABLE DISEASE, OR OTHER PUBLIC HEALTH RISK, ON BOARD AN AIRCRAFT

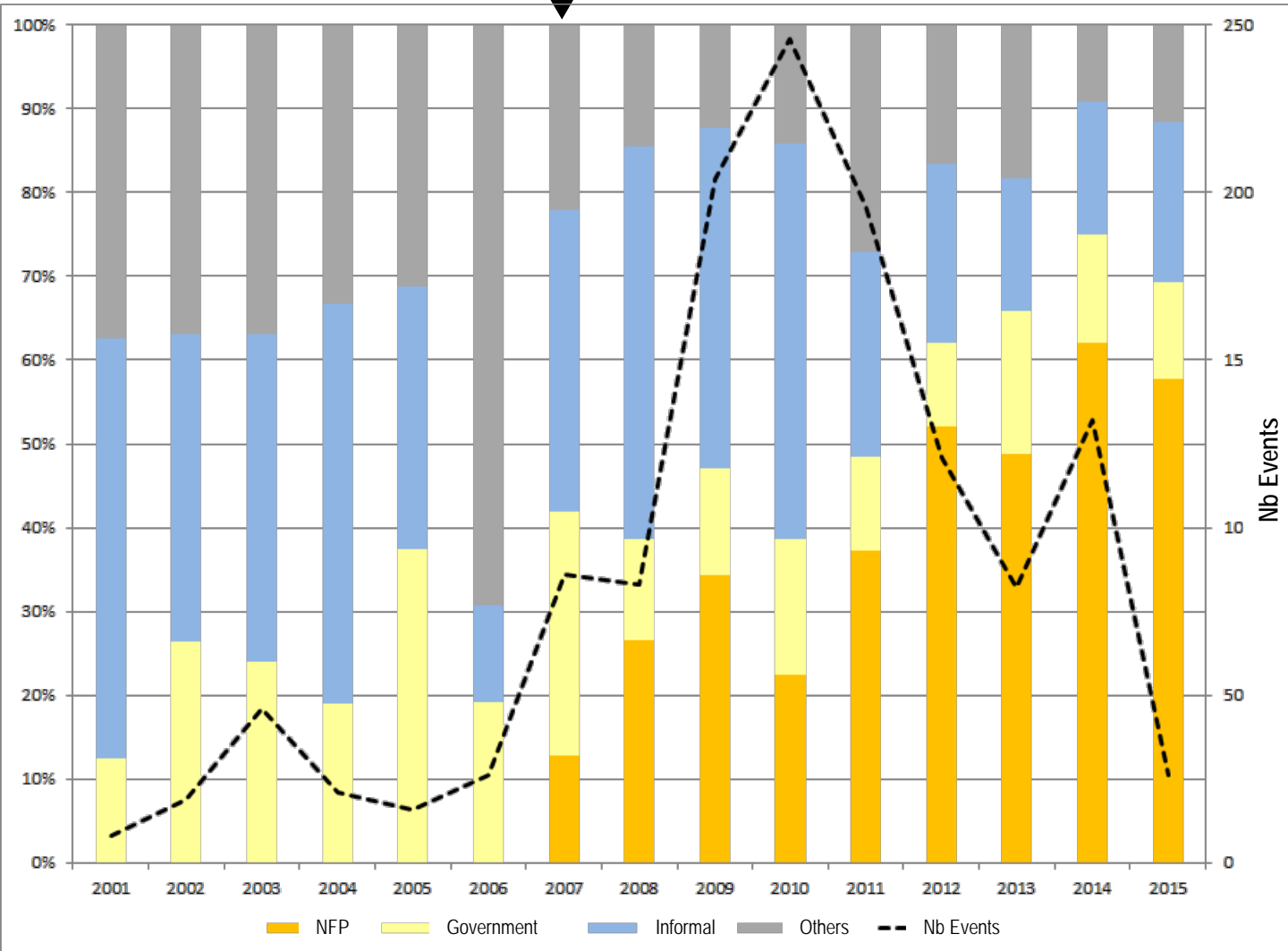


WHO Global Alert and Response System



Public Health Events of Potential International Concern by Initial Source of Information

Americas, 1 January 2001-17 April 2015 (n= n=1,312)



- Duplications
- Redundancy
- No shame No blame

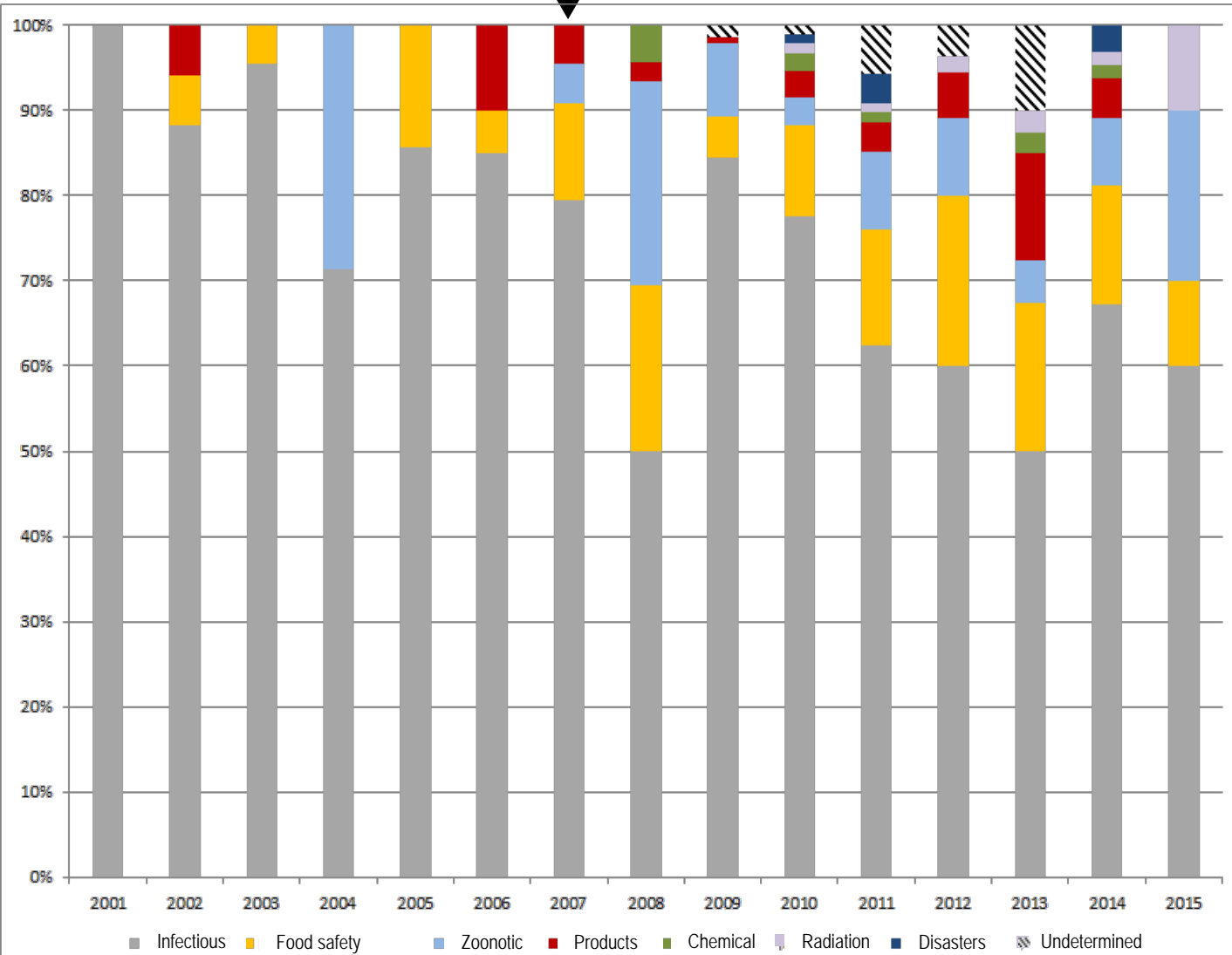


Substantiated Public Health Events of Potential International Concern by Hazard

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

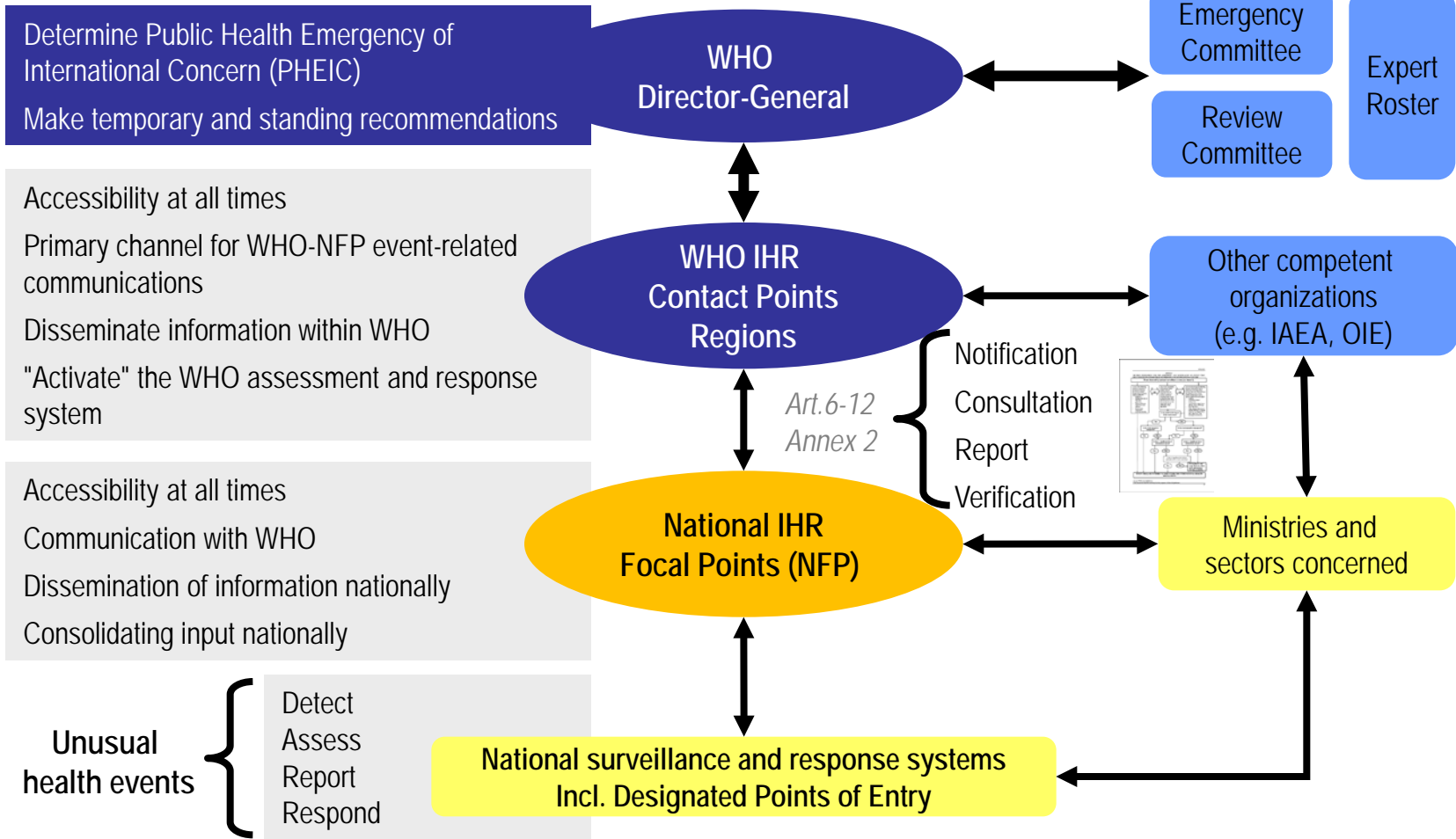
IHR operational framework



08 April 2015

| SCIENTIST NAME | COUNTRY(ES) | COUNTRY(ES) | COUNTRY(ES) |
|---------------------------|-------------|-------------|-------------|
| ADDRESS OF PRACTICE | Specialty | Specialty | Specialty |
| HOME PHONE / MOBILE / FAX | Home | Home | Home |

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|



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

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

Art. 4

Art. 6-12
 Annex 2

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



The image shows a screenshot of the IHR Roster of Experts table. The table has columns for 'EXPERT NAME', 'COUNTRY/AREA', 'COMPETENCE', and 'REFERENCES'. It lists various experts from different countries and their areas of expertise.



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

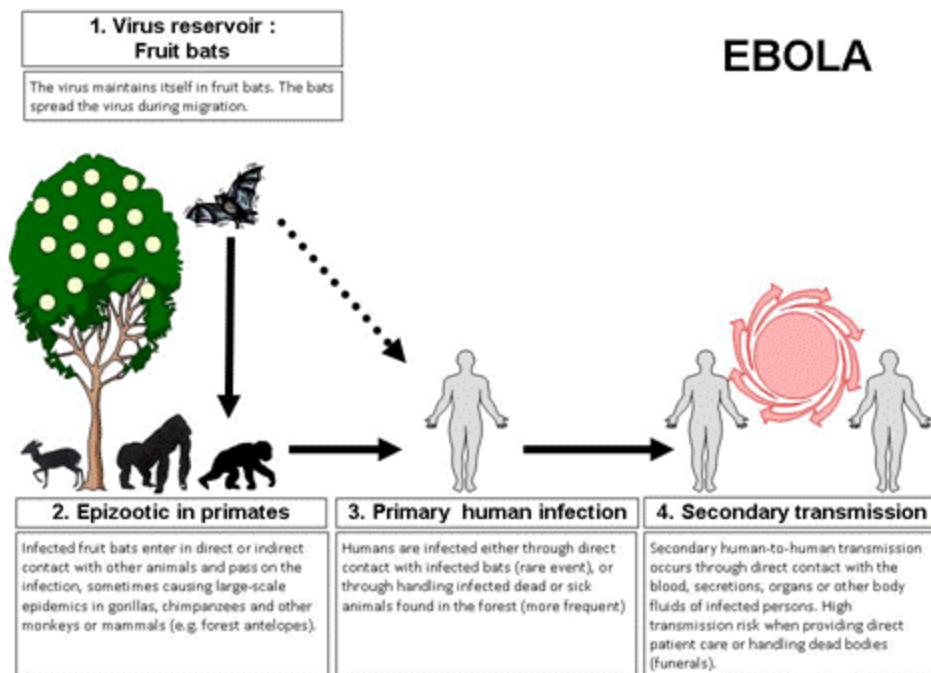
- 2010-2011: Functioning of the IHR in Relation to the 2009 H1N1 pandemic, its 15 Recommendations approved through Resolution WHA64.1
- 2014: 2014-2106 Extensions, its 10 Recommendations approved through Resolution WHA68.5
- 2015-ongoing: Functioning of the IHR in Relation to Ebola Virus Disease

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, chimpanzees, 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

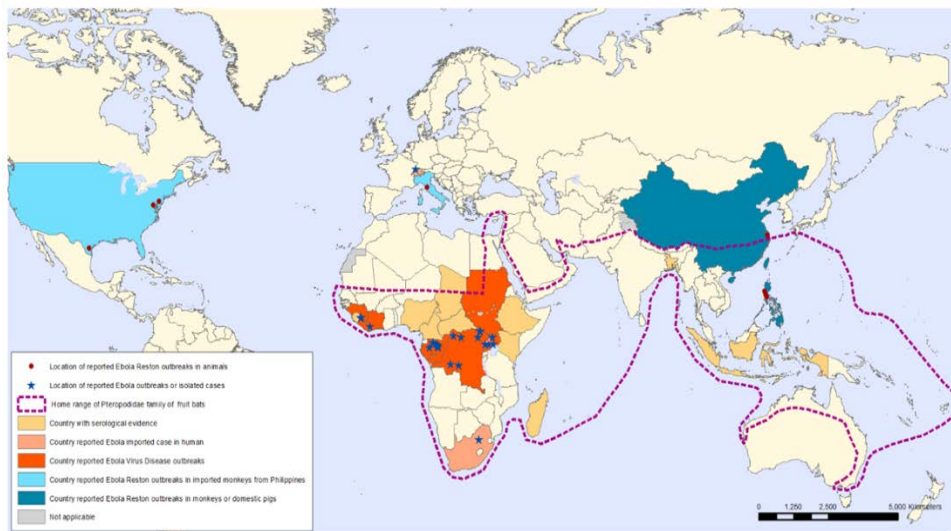


Diagnosis based on 3 components

- **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

Geographic distribution of Ebola virus disease outbreaks in humans and animals



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

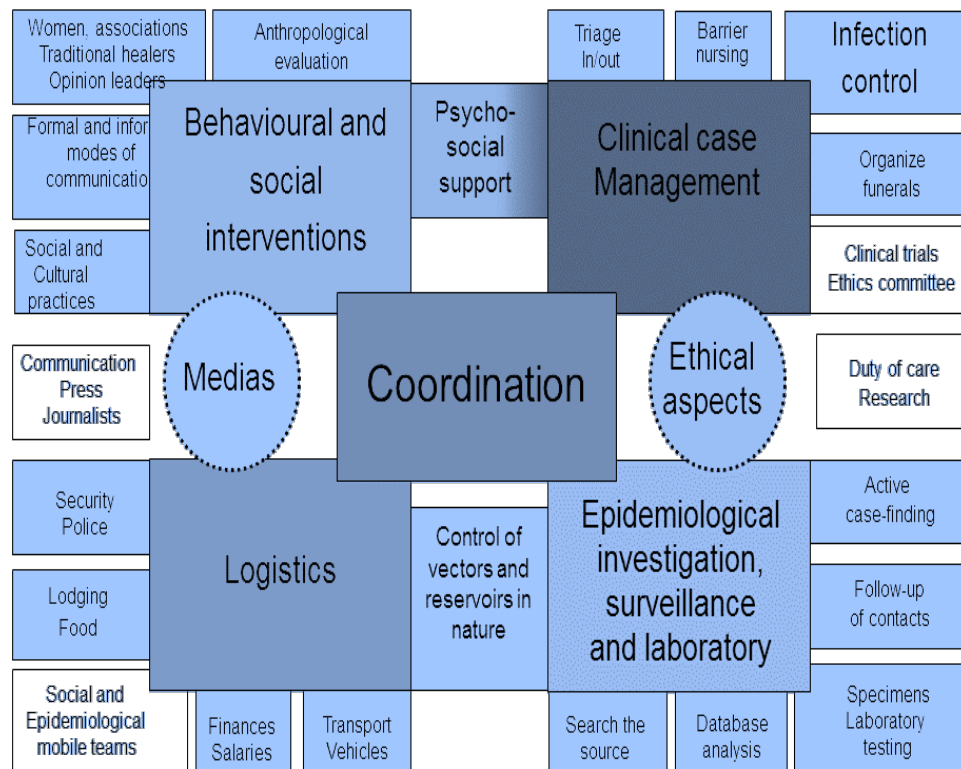
Data Source: World Health Organization
Map Production: Health Statistics and Information Systems (HSI)
World Health Organization

World Health Organization
© WHO 2014. All rights reserved.

- Delayed and insufficient international response
- Unprecedented nature of the event
 - Multiple countries and multiple hotspots
 - Capitals/large urban areas affected
 - Cross border movement

Standard Ebola strategies insufficient

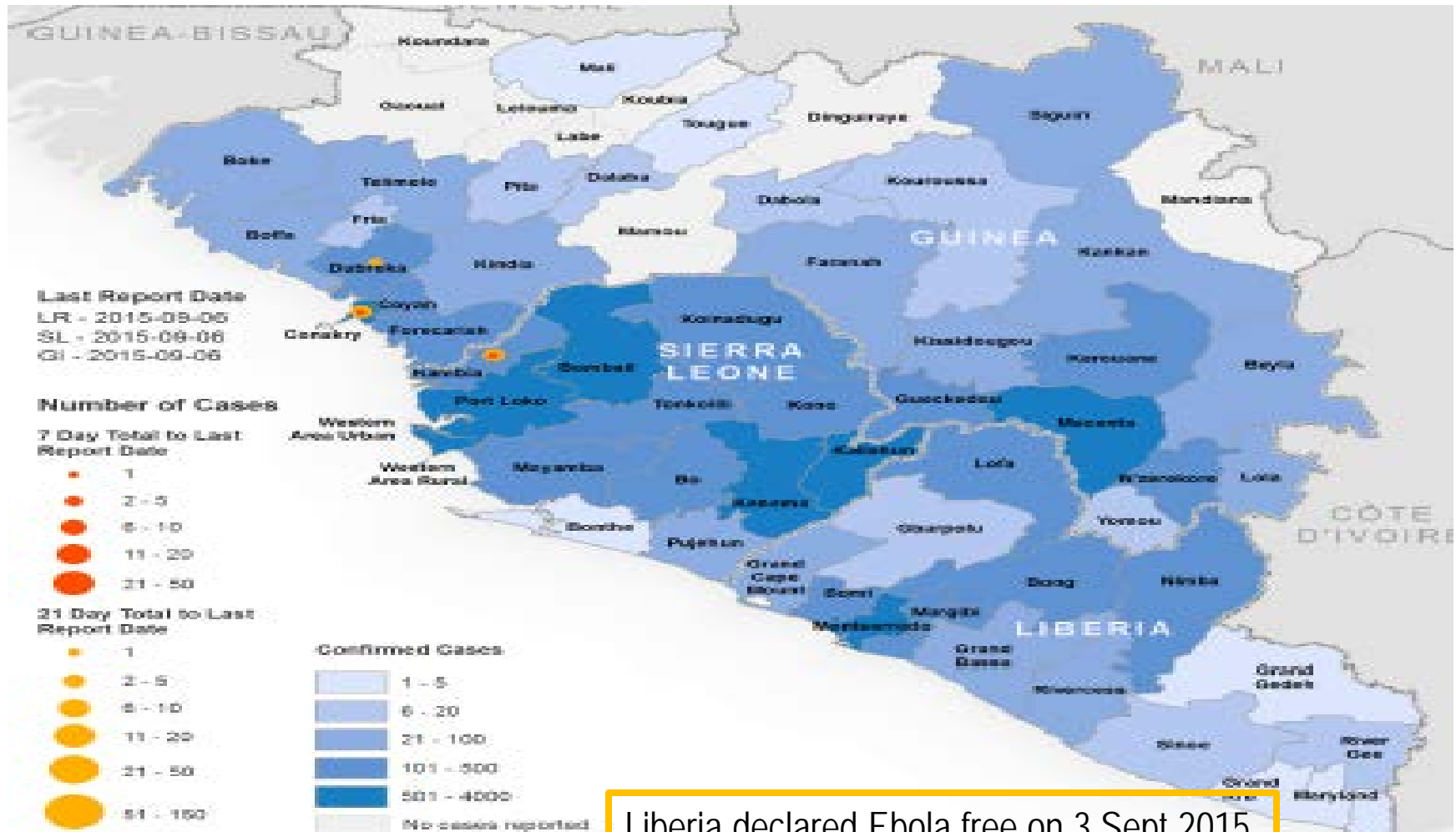
- Complementary, community-led approaches essential



Geographical distribution of new and total confirmed cases

Countries with intense transmission, March 2014 - 9 Sept 2015

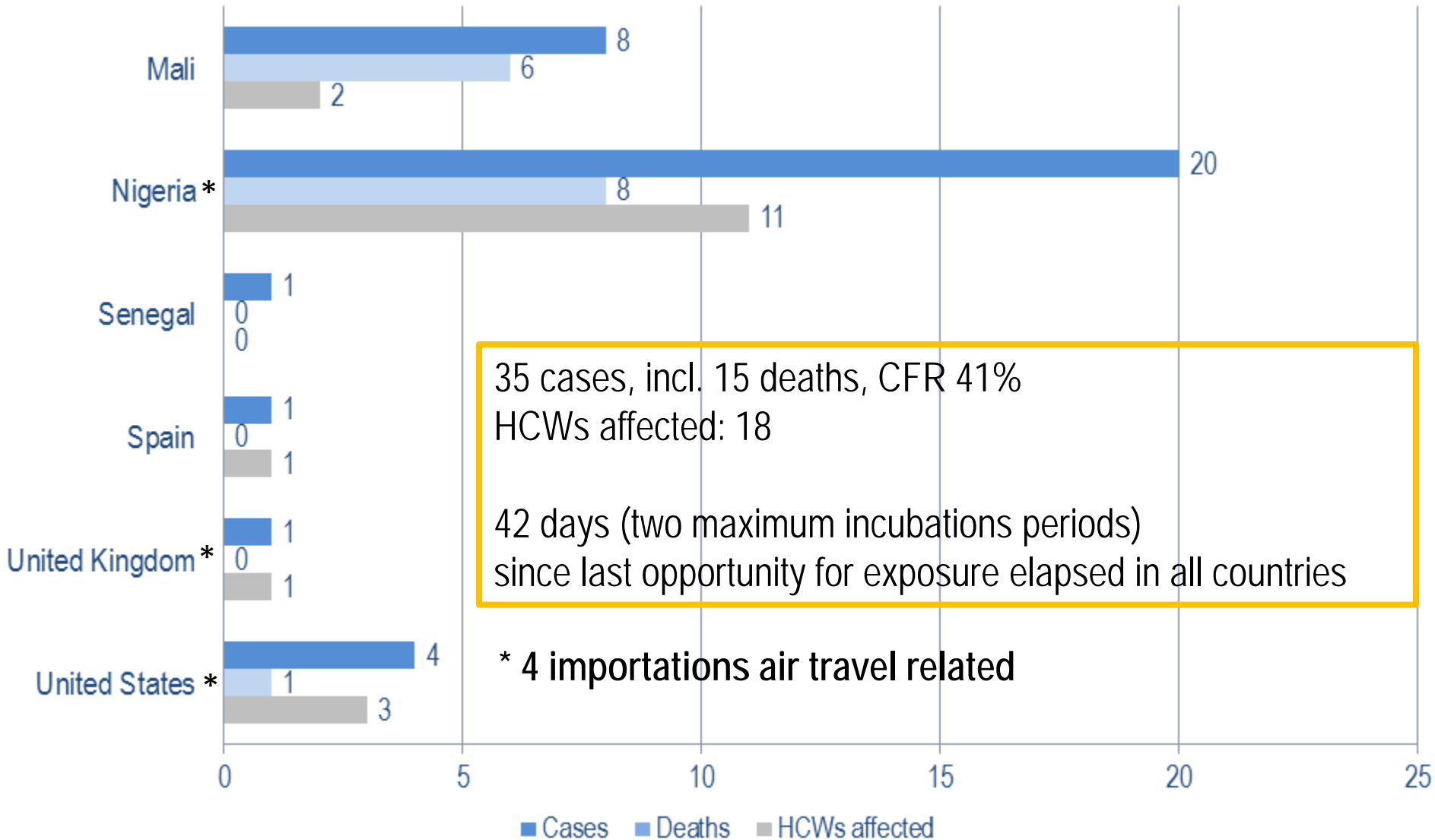
>28,000 cases, incl. > 11,000 deaths, CFR ~40%



Liberia declared Ebola free on 3 Sept 2015

EVD Cases

Countries with initial/localized transmission, March 2014 - 9 Sept 2015



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

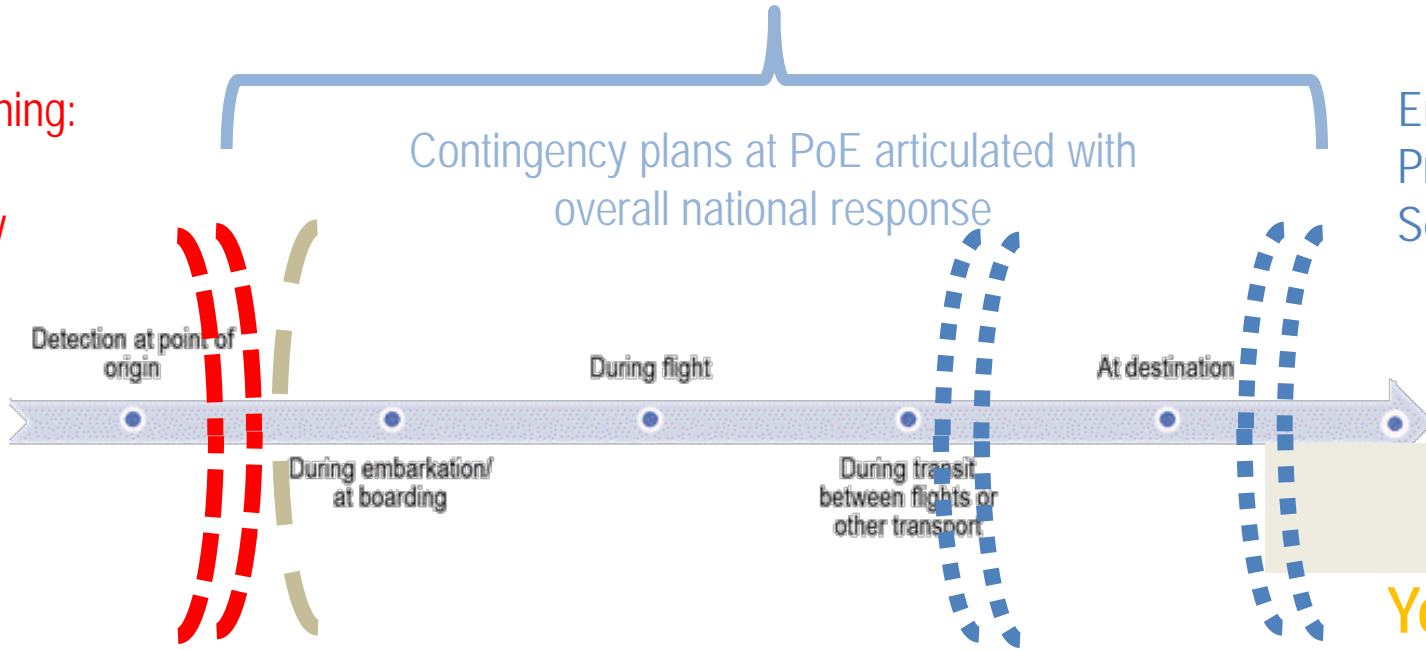
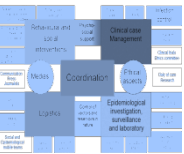
- States with a potential or confirmed Ebola case, and unaffected States with land borders with affected States

- All States

- 6th Meeting on 2 July 2015



Exit screening:
Primary
Secondary



Entry screening:
Primary
Secondary

At Health Care Facilities at Destination

Pre-primary entry screening

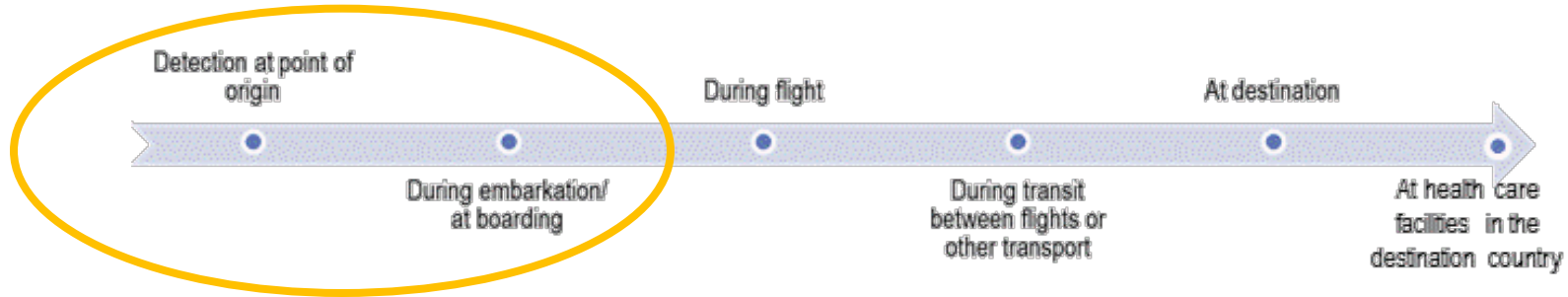
Your border is your astute HCW!!!!

August 2014

- 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

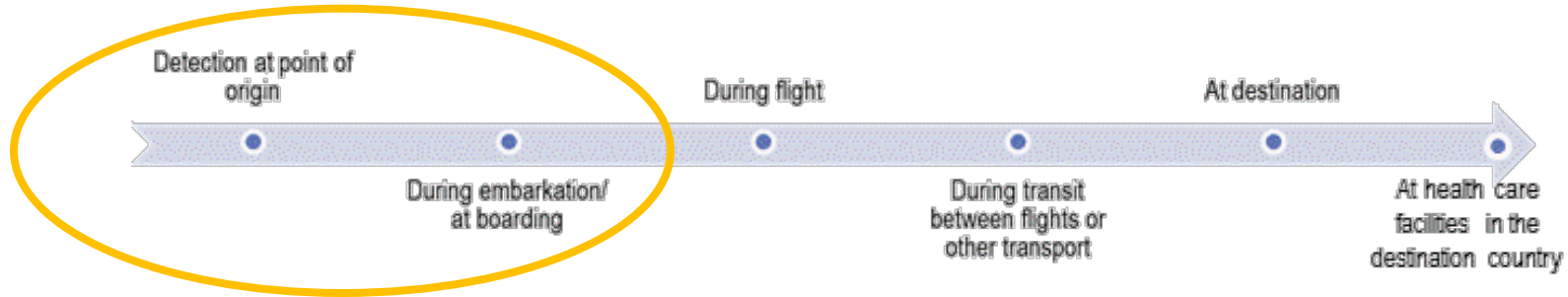


Temporary Recommendations States with EVD transmission



- 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)

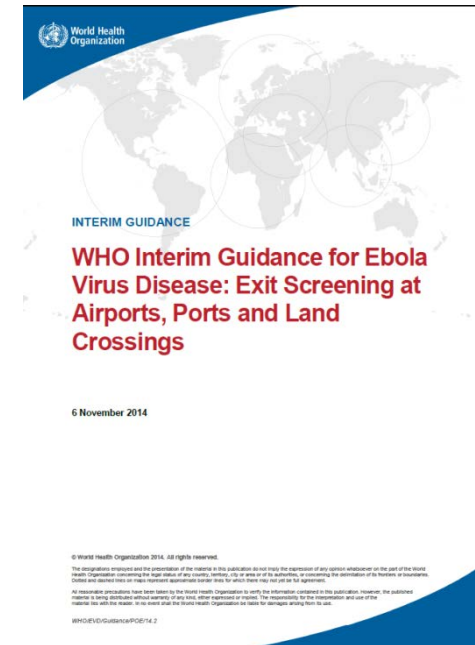
Temporary Recommendations States with EVD transmission



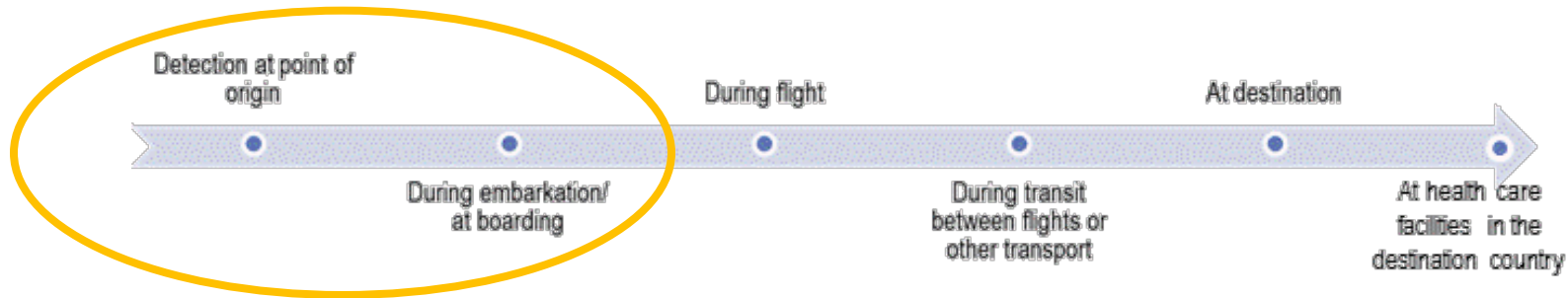
- **Exit screening** of all persons at international airports, seaports and major land crossings, for unexplained febrile illness consistent with potential EVD infection
- Collect data from their exit screening processes and share these with WHO regularly and timely to increase public confidence and 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

13 November 2014
ATA Guidance Note on Ebola

Guiding Principles

- Constant coordination with both the International Civil Aviation Organization (ICAO) and the World Health Organization (WHO)
- Any positions taken or guidance provided by IATA on Ebola is based on information and guidance received from the experts, e.g. the WHO
- Network of field and regional delegates to monitor developments on a real-time basis
- Many new travel requirements (e.g. vaccination requirements) put in place as a result of Ebola are being reflected in TMATIC
<https://www.ata.org/ebola-transport/tmatic.aspx>

Key Messages:

International coordinative and state responsibility are critical

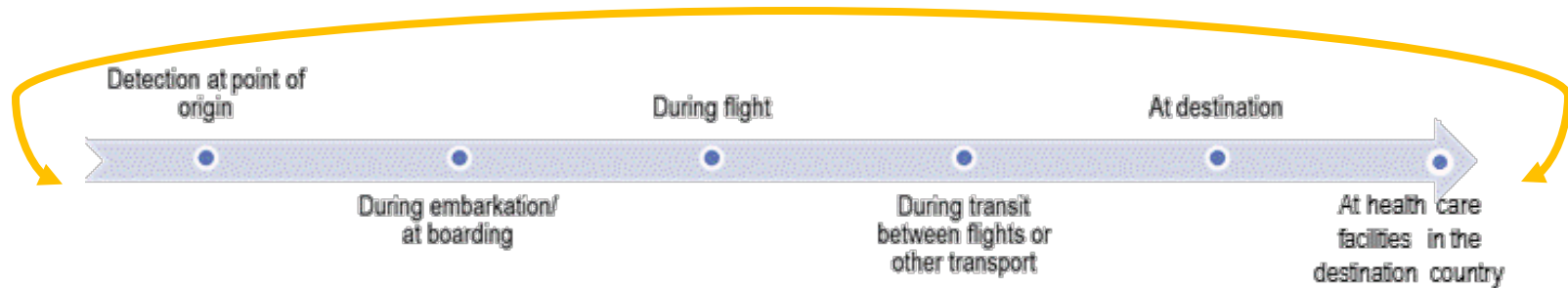
- The WHO, the International Civil Aviation Organization (ICAO), the World Tourism Organization (WTO), Airport Council International (ACI), International Air Transport Association (IATA), the International Maritime Organization (IMO) and the World Travel and Tourism Council (WTTC) have activated an Ebola Travel and Transport Task Force
 - Its job is to monitor the situation and provide timely information to the travel and tourism sector as well as to travelers
 - IATA's representative of the Task Force is Dr. Claude Thibault
- The development and execution of measures to control public health emergencies are the responsibility of states through their public health authorities, not airlines
- In this regard, it is critical for WHO member States to coordinate their responses to Ebola to avoid the imposition of a patchwork of different measures across different States
 - Failure to do so will result in confusion for passengers, inefficient implementation of measures to contain Ebola and a disproportionate operational burden on airlines
 - It is important for states to base their procedures on
 - WHO guidance
 - Existing internationally agreed standards and procedures. In November 2014 a travel health declaration form was developed. A passenger locator form already exists. These documents are available at <http://www.ata.org/ebola-transport/tmatic/ebola-transport.aspx> and <http://www.who.int/emergencies/diseases/ebola/travel-guidance/en/>

WHO is the right forum to issue guidelines to manage an international crisis of this magnitude. IATA supports WHO recommendations and urges governments to follow them:

- The WHO has an area of its website dedicated to Ebola:
 - www.who.int/emergencies/ebola/
 - WHO contains a significant amount of information about the disease (and is updated on the ground of the disease)
 - It also contains guidance for health authorities and the transport sector, including an Ebola travel and transport risk assessment at:
 - <http://www.who.int/emergencies/publications/ebola-travel-guidance/en/>

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

Search this site

Ebola virus disease – Information Note

Announcement Displayed From : Friday, August 15, 2014 - 17:21

Measures which vary from temporary recommendations under International Health Regulations (2005) (IHR (2005))

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.

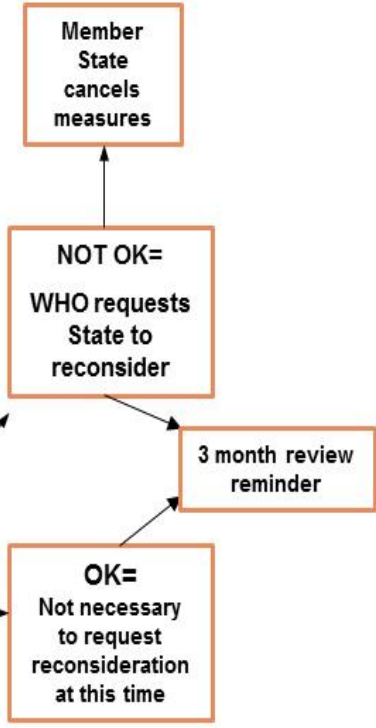
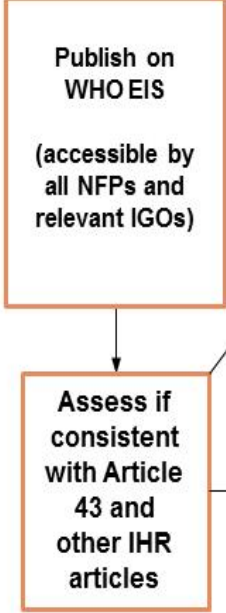
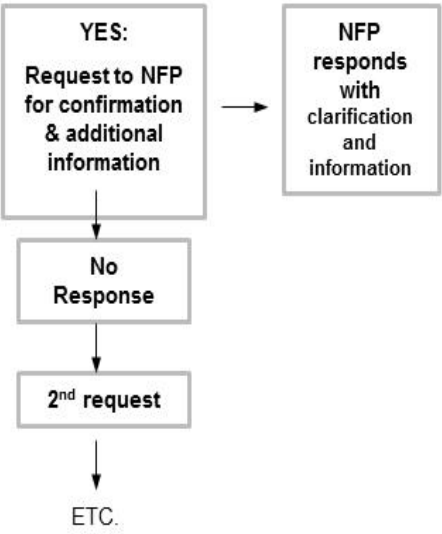
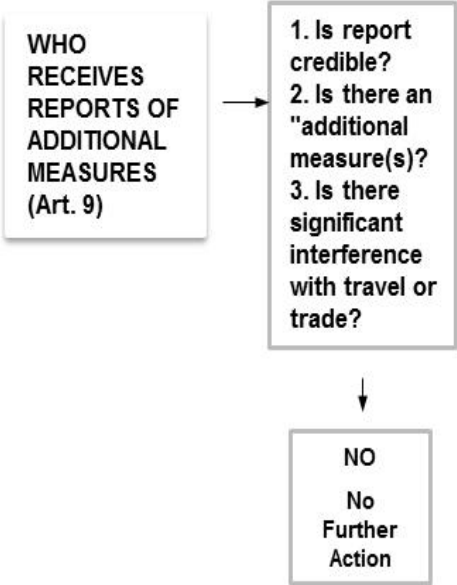
MEMBER STATE IMPLEMENTS "ADDITIONAL MEASURES" (Art. 43)

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)

Based on Art. 43

Secretariat procedures

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



World Health Organization | Event Information Site for IHR National Focal Points

Home | News | About | Contact | Search

Update - WHO Monitoring of additional health measures for Travel, Transport and Trade (TTT) – Ebola virus disease (EVD) outbreak

Announcement Deployed From - Wednesday, April 1, 2015 - 14:56

Under the article 43.3 of the International Health Regulations (2005), WHO monitors the additional Health Measures for travel, transport and trade (TTT) related to EVD outbreaks. Please see an update to the documents shared on 19 February 2015.

Attachment: Ebola Virus Disease (EVD) Additional health measures interfering with Travel, Transport and Trade (TTT) as of 31 March 2015. 560.01 KB

EBOLA VIRUS DISEASE (EVD)
 Additional health measures interfering with Travel, Transport and Trade (TTT)
 As March 31, 2015 – Latest changes in orange

Under the IHR, States Parties may introduce additional health measures to international travel, transport and trade in response to a Public Health Emergency of International Concern or specific public health risk, but are subject to a number of requirements if they consider these measures. These requirements include:

- They must not be more restrictive to traffic or invasive to persons than other available health measures
- They must be based on a scientific justification and specific guidance or advice from WHO.
- They must comply with all other IHR and international obligations.

If a State Party does implement such an additional health measure that "significantly interfere with international traffic," it must inform WHO of the measure and the public health rationale and relevant scientific information within 48 hours of their implementation.

Under paragraph 3 of Article 43 significant interference: "generally" means refusal of entry or departure of international travellers, baggage, cargo, containers, commodities, goods, and the like, or their delay, for more than 24 hours."

WHO is mandated to share this information with other States Parties, which it does online through the restricted WHO Event Information Site WHO may request the State Party to reconsider the application of the additional measures. State Parties must review measures within 3 months of implementation.

Additionally, during major public health events with a significant international impact, WHO gathers information on travel, transport and trade measures through informal and formal sources.

When WHO identifies these reports, the following actions are taken:

- decipher report credibility; validate through other means
- attempt to confirm if there is significant interference on international travel and trade requiring intervention,
- request National Focal Point for confirmation and additional information
- if National Focal Point responds, assess whether further follow-up is required
- if no response, follow up with the countries
- conduct a 3-month review and follow up if necessary

Such responses from IHR States Parties may be shared confidentially with all National IHR Focal Points through the Event Information Site. The information shared currently includes:

- the source
- the type of measures
- the details of the measures; and
- the response received from the country.

The fundamental concern of the IHR, is that health measures protect against the 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."

| State Party | Date latest date received | Type of measures | Details of measures identified through official or unofficial sources | Request for confirmation/justification received | Request for reconsideration received | State party response and/or information | Date information received | | |
|----------------|---------------------------|---------------------------------------|---|---|--------------------------------------|--|--|------------|------------|
| Angola | 20/02/2014 | Constitutive quarantine | "Restriction of arrivals, arrivals and transfers to official port of call regarding access arriving via an State-affected country but health officials and reinforcing sanitary and hygiene measures. No arrivals from the Democratic Republic of Congo or Democratic Republic of the Congo. Land border have also been closed" | 20/02/2014 20/02/2014 | 20/02/2014 20/02/2014 | None | Not Applicable | | |
| Angola | 04/12/2014 | Closure of air or land or sea borders | "Closure of flights to arrive the following: 1. Entry to Anguilla to any nationals of Liberia, Sierra Leone and Guinea until further notice. 2. Work permits to any nationals from Liberia, Sierra Leone and Guinea until further notice. 3. Work permits to any nationals from Liberia, Sierra Leone and Guinea until further notice. 4. The World Health Organization (WHO) Statement that Guinea, Liberia and Sierra Leone continue to be operating with management and control." | Not applicable | Not applicable | Not Applicable | Not Applicable | | |
| Angola & Benin | 17/02/2014 | Closure of air or land or sea borders | "Not Applicable" | Not Applicable | Not Applicable | On Thursday 18th October the Ministers of Health and the Environment issued a press release related to Ebola Virus disease (EVD) that stated the following: "The Government has decided to restrict the entry of travellers from Guinea, Liberia and Sierra Leone into the country to prevent the spread of Ebola Virus disease. In this connection the granting of visas for travellers from these countries has been suspended. This decision also applies to persons who were in the Anguilla and Barbuda within 11 days after their departure from these countries". The General further recommended that in the interests of Anguilla and Barbuda, the Government should consider that the authorities in Anguilla and Barbuda reserve the right to quarantine and restrict the entry of travellers from these countries or obtain clearance from Anguilla and Barbuda having visited these countries after the 11 days in the following: 1. The World Health Organization (WHO) statement that Guinea, Liberia and Sierra Leone continue to be operating with management and control." | 27/02/2014 18/02/2015 20/02/2015 | 04/12/2014 | 04/12/2014 |

NOTice To AirMen (NOTAM)

- 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:
- ...s) outbreaks of epidemics necessitating changes in notified requirements for inoculations and quarantine measures;

ICAO iSTAR SPACE NOTAM Application

SPACE ISTAR 2.0

MY APPS | CATALOGUE | GROUP MANAGER | WORKSHOP | NEWS | SUPPORT | CONTACT US | PROFILE

Catalogue

List of available SPACE Applications


The below list contains all applications which are available for you on SPACE based on your user permissions.

Catalogue (22) | Invitations (0) | Owners (0)

Select a category or use the search box:

All (22) | Accident Stats (2) | ACE (4) | AirMen (1) | Airports (7) | Documentation (4) | Fleet (2) | Integrated Analysis (7) | Natural Hazards (2) | SSPIMS (1)

State Information (16) | Traffic (4) | LOGAP (0)

| Icon | Name/Category | Description | Search | Installed |
|---|---|--|-------------------|-----------|
|  | Notices To Airmen Global repository of actual NOTAMS | Global repository of actual NOTAMS with analysis and search features | Notices To Airmen | Installed |

Open

Monitoring of travel and transport related measures EVD, March 2014 – March 2015

574 reports considered

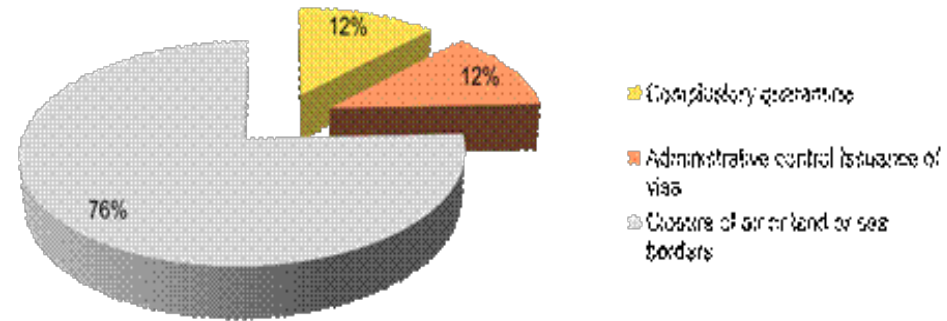
41 determined to interfere

- 3 reported by States Parties

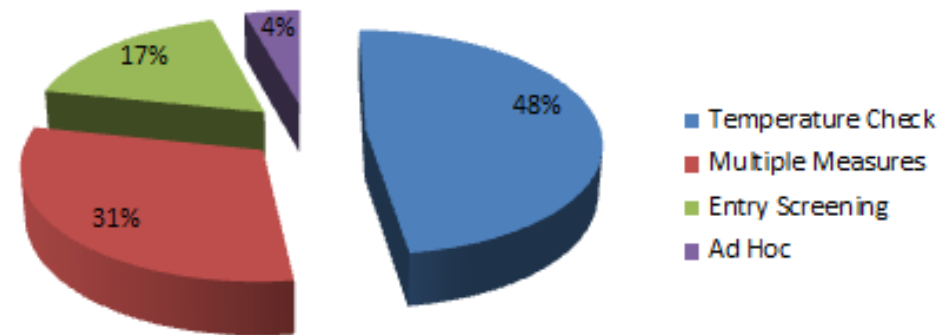
- 38 reported from other sources on which basis States Parties were contacted by WHO

- 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

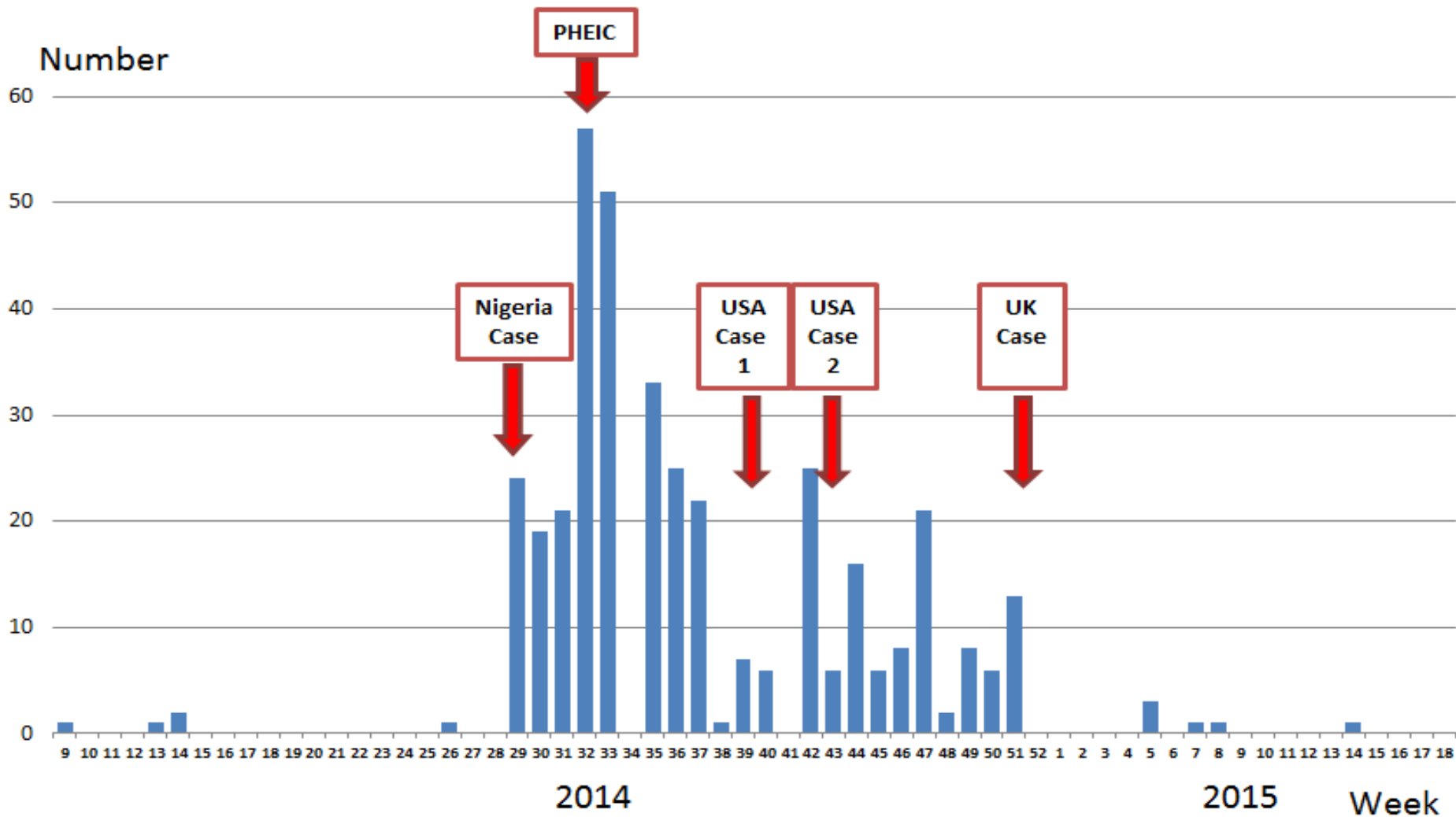


11 airlines discontinued services (at least 3 had resumed by March 2015)

Monitoring of travel and transport related health measures

Reports considered by WHO (n=574)

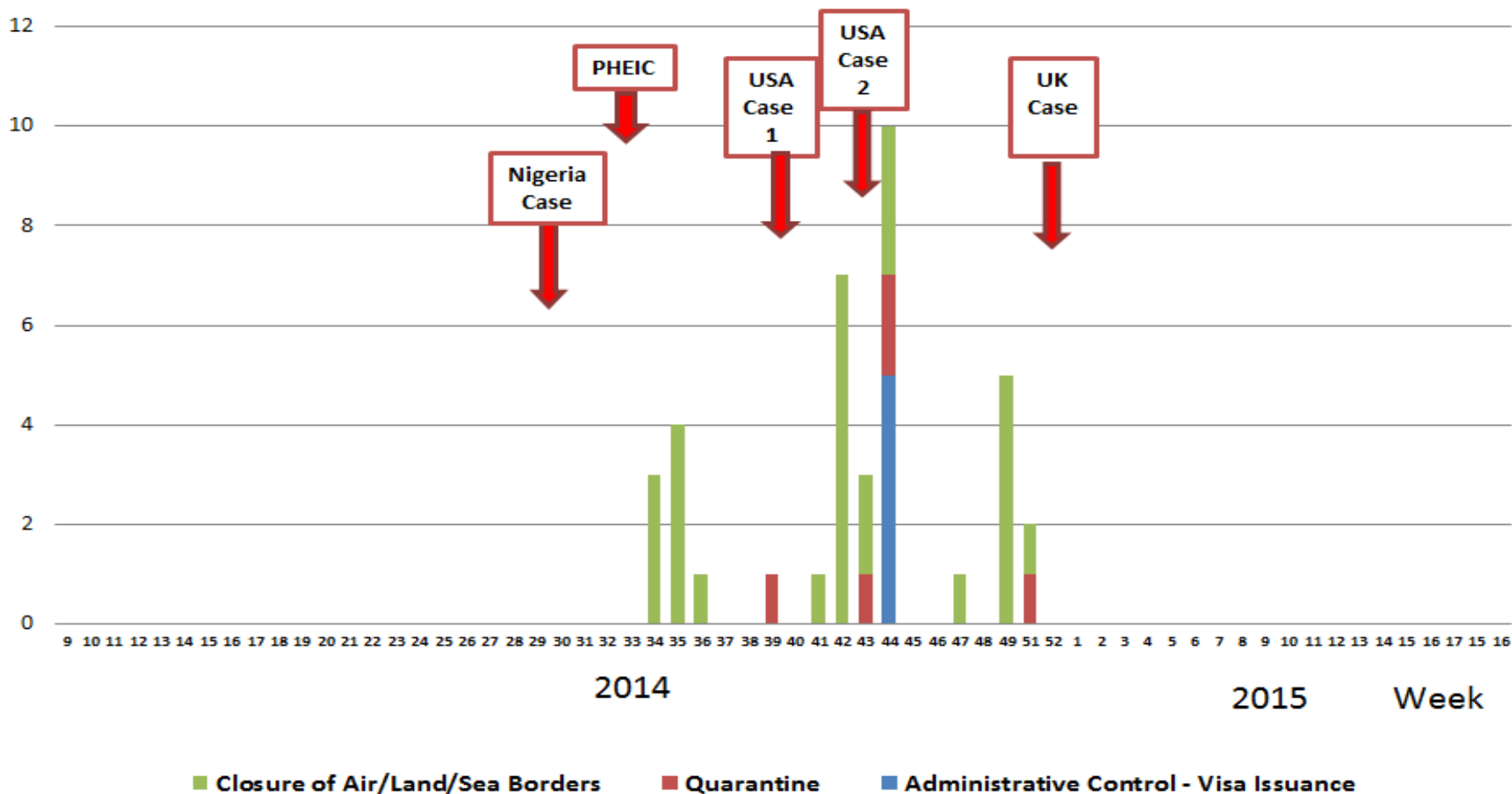
EVD, March 2014 - March 2015



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





Media centre

Statement on the 6th meeting of the IHR Emergency Committee regarding the Ebola outbreak in West Africa

WHO statement
7 July 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.

Interpretation of IHR provisions related to the adoption of public health measures
due to infectious or other zoonotic agents

Pan American Health Organization (PAHO) / World Health Organization (WHO)
Geneva, 11, 12, 13 October 2014, Washington, DC, USA

18 December 2014

Revised agenda item

| | | |
|-------------|--|-----------------------|
| 11:30-12:00 | Registration | PAHO/WHO |
| 12:00-12:30 | Introduction of the participants | WHO |
| 12:30-13:30 | Discussion of implementation approaches related to the IHR | Georgetown University |
| 13:30-14:00 | Introduction of the participants | WHO |
| 14:00-14:30 | Discussion of implementation approaches related to the IHR | Georgetown University |
| 14:30-15:00 | Discussion of implementation approaches related to the IHR | Georgetown University |
| 15:00-15:30 | Discussion of implementation approaches related to the IHR | Georgetown University |
| 15:30-16:00 | Discussion of implementation approaches related to the IHR | Georgetown University |
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World Health Organization
EXECUTIVE BOARD
128th Session
Provisional agenda item 8.3

EB128/2 Annex 1
16 January 2015

Implementation of the International Health Regulations (2005)

Report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation

Report by the Director-General

1. The Director-General has the honour to transmit to the Executive Board the report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation, which reflects an deliberation during the meeting on 16 November 2014 (see Annex 1, which includes Appendix I on the Review Committee mandate, Appendix II on the mandate of the Review Committee meeting (Geneva, Switzerland, 11-14 November 2014), Appendix III on the documents made in accordance with the policy on Declaration of Emergencies (WHO Experts), and Appendix IV on the composition of the members of the Review Committee).

ACTION BY THE EXECUTIVE BOARD

2. The Executive Board is invited to consider this report. The Board is further requested to consider the draft resolution on the recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation prepared by the Secretariat (see Annex 2), as well as the report on financial and administrative implications for the Secretariat of the draft resolution (see Annex 3).

Special session on Ebola
Agenda item 3

EBSS3.R1
25 January 2015

Ebola: ending the current outbreak, strengthening global preparedness and ensuring WHO's capacity to prepare for and respond to future large-scale outbreaks and emergencies with health consequences

Pan American Health Organization | World Health Organization | Organización Panamericana de la Salud | Organización Mundial de la Salud

PAHO/WHO Regional Expert Brainstorming Session
Article 43 of the International Health Regulations (IHR) and the adoption and implementation of public health measures related to international travel and trade

ICAO/HQ, Montreal, Canada, 1 May 2015

SIXTY-EIGHTH WORLD HEALTH ASSEMBLY
Agenda item 16.3

WHA68.4
26 May 2015

The recommendations of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation

The Sixty-eighth World Health Assembly,
Having considered the report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation;
Reminding Member States of their rights and obligations under the International Health Regulations (2005) and their responsibility to the international community;
Recalling the final report of the Review Committee on the Functioning of the International Health Regulations (2005) and its *Principles, Guidance, A (HINI) 2009* transmitted by the Director-General to the Sixty-eighth World Health Assembly;
Recognizing the establishment of a review committee as required under Article 5 and 13 of the International Health Regulations (2005) and as provided for in Chapter III of Part IX of the said Regulations;
Commending the successful completion of the work of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation, the leadership of its chair, the dedication of its organizational members, and the contribution of its report to the Director-General for transmission to the Sixty-eighth World Health Assembly;

1. Urges Member States to support the implementation of the recommendations contained in the report of the Review Committee on Second Extensions for Establishing National Public Health Capacities and on IHR Implementation.

Agenda item: 16.1

2014 Ebola virus disease outbreak and follow-up to the Special Session of the Executive Board on Ebola

The Sixty-eighth World Health Assembly, having recalled the resolution adopted by the Executive Board in its Special Session of 25 January 2015,¹

Interim assessment

1. Welcomed the preliminary report of the Ebola Interim Assessment Panel appearing in document A68/25;
2. Thanked the Ebola Interim Assessment Panel for its work to date;
3. Requested the Ebola Interim Assessment Panel to continue its work as mandated by the Executive Board Special Session resolution on Ebola,² and to issue a final report to be made available to the Director-General not later than 31 July 2015.

International Health Regulations (2005)

Report of the Ebola Interim Assessment Panel

World Health Organization

World Health Organization

WHO Secretariat response to the Report of the Ebola Interim Assessment Panel

August 2015

World Health Organization

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 ...

World Health Organization
FIRST MEETING OF THE REVIEW COMMITTEE ON THE FUNCTIONING OF THE INTERNATIONAL HEALTH REGULATIONS (2005) AND RESPONSE
14-15 August 2015, Geneva, Switzerland

Report of the First Meeting of the Review Committee on the Role of the International Health Regulations (2005) in the Ebola Outbreak and Response

Making the IHR fit for purpose for future global health threats

BACKGROUND

1. In view of the Ebola emergency, the 2015 Executive Board Special Session on the Ebola Emergency requested the Director-General to commission an interim assessment, by a panel of outside independent experts, on all aspects of WHO's response, from the onset of the current outbreak of Ebola virus disease, including within the United Nations Mission for Ebola Emergency Response, in implementing the WHO's Emergency Response Framework, and its contribution, including resource mobilization, and functioning at the three levels of the Organization, to be presented to the Sixty-eighth World Health Assembly.

2. The 2015 Executive Board Special Session on the Ebola Emergency further requested the Director-General to prepare options for revisiting an IHR Review Committee to conduct an assessment of the overall prevention, preparedness and response to the outbreak of Ebola virus disease and the effectiveness of the International Health Regulations (2005) in facilitating that response, including what was implemented and what was not done the previous IHR Review Committee in 2011, and considerations given to steps that could be taken to improve the functioning, transparency, and efficiency of WHO's response under the International Health Regulations (2005) in future outbreaks, in all countries, aiming at strengthening health systems.

3. The Sixty-eighth World Health Assembly,¹ having recalled the resolution adopted by the Executive Board at its Special Session on Ebola on 25 January 2015, welcomed the

ICAO Electronic Bulletin

21 August 2014



International Civil Aviation Organization

ELECTRONIC BULLETIN

For information only

EB 2014/57

21 August 2014

WEST AFRICA PUBLIC HEALTH EMERGENCY DUE TO EBOLA VIRUS DISEASE

1. Facilitation of transport by air of infectious substances and infectious patients

The emergency situation concerning the current Ebola virus disease outbreak in West Africa has resulted in a requirement for international transport by air (for laboratory analysis) of patient specimens potentially containing infectious substances, and also the carriage of potentially infectious patients for specialist treatment. The World Health Organization (WHO) has informed ICAO of some delays in these two activities. These delays are slowing down Ebola outbreak control efforts and WHO has asked that States be requested to facilitate such transport.

States are requested to ensure that operators minimize delay to the transport of any infectious substance believed to contain Ebola virus (shipped as "Infectious substance, affecting humans", UN 2814) which are packaged in accordance with the relevant packing instructions (PI 620). Transport of any other infectious substance being sent for diagnosis (shipped as "Biological Substance, Category B (UN 3373)" or "Exempt human specimen" as appropriate) and packaged accordingly, should also be facilitated. States are further requested to minimize delay in granting permission for overflights by air ambulance operations that may be carrying Ebola-infected passengers for treatment.

2. Facilitation of relief flights undertaken in response to the emergency

States' attention is drawn to Standards 8.8 and 8.9 of Annex 9 — *Facilitation to the Convention on International Civil Aviation*. These Standards set out the obligations of Contracting States in respect of relief flights undertaken in response to disasters which seriously endanger human health or the environment. These Standards call on States to facilitate the entry into, departure from and transit through their territories of aircraft engaged in relief flights following disasters, and ensure the prompt clearance of personnel and articles arriving on such aircraft.

As a result, relief flights carrying personnel and aid material are required to be cleared without delay in order to ensure that such flights are conducted efficiently and rapidly.

Issued under the authority of the Secretary General

- 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

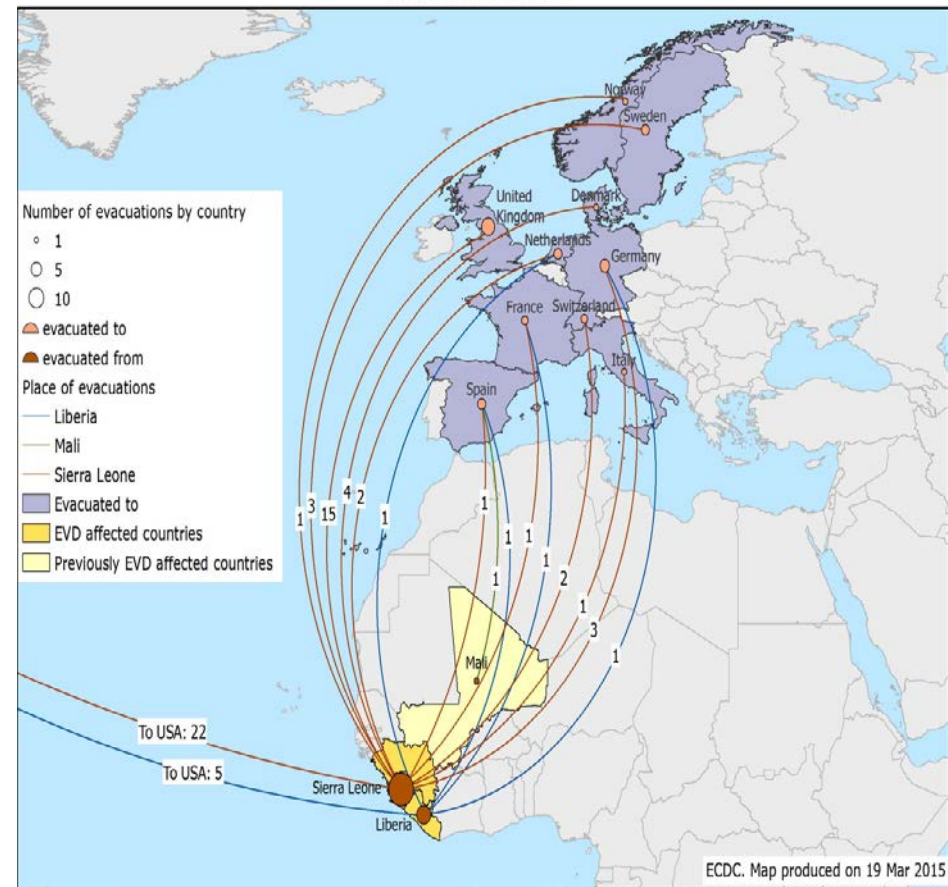
65 individuals evacuated or repatriated worldwide from the EVD-affected countries

- 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)

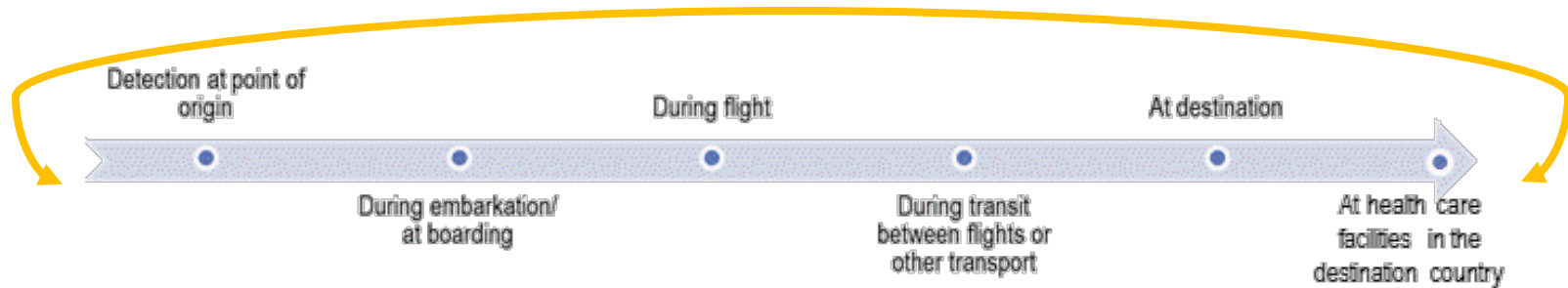
- At least 7 medical evacuations of confirmed EVD-infected patients to the United States

(http://ecdc.europa.eu/en/healthtopics/ebola_marburg_fevers/Pages/medical-evacuations.aspx)

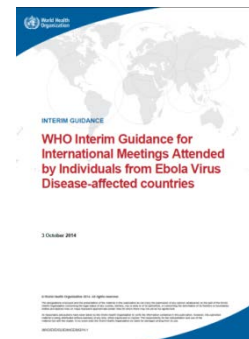
Medical evacuations and repatriations from EVD-affected and previously affected countries, as of 19 March 2015



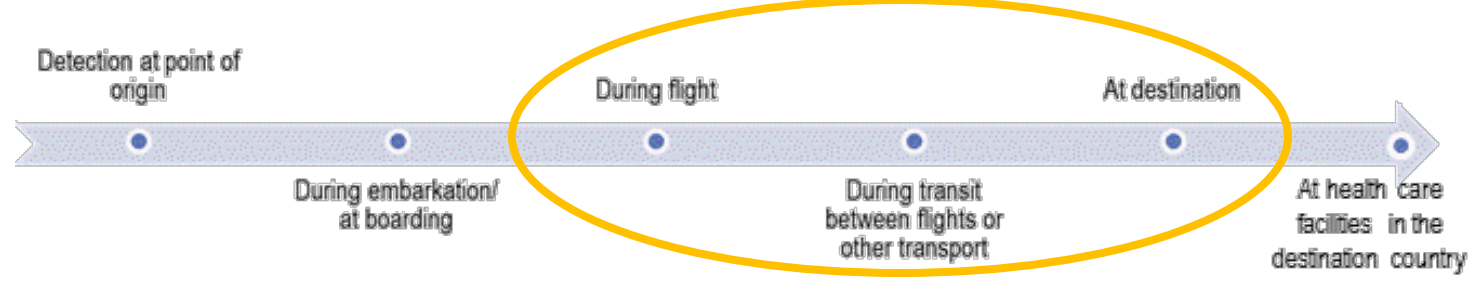
Temporary Recommendations Mass Gatherings



- 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

EMERGENCY RESPONSE PLAN

A template for Air Carriers

IATA

**International Civil Aviation Organization:
Template for a National Aviation Public Health
Emergency Preparedness Plan**

The following text describes how a national aviation public health emergency plan may be laid out. The document is not intended to address all aspects and of necessity therefore some specific items are not included. However, the main aspects that require consideration are addressed. Using this information together with other guidance material that is referenced in this text, the aviation authority should be able to adjust this template to develop specific preparedness plans for a public health emergency of international concern. An important measure in the operational arrangements for the prevention of spread of communicable disease through air travel (ICAPAS) website (http://www.icao.int) is available for ICAO, WHO, IATA and IAC and has, on the front of the document referenced in this document.

National Aviation Public Health Emergency Preparedness Plan

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ACI WORLD FACILITY AND SERVICES STANDING COMMITTEE

BEST PRACTICES PAPER: BUSINESS CONTINUITY MANAGEMENT FRAMEWORK AND CASE STUDIES FOR HEALTH-RELATED DISRUPTIONS AT AIRPORTS

DAVIDED BY ACI WORLD SECRETARIAT

Executive Summary

In response to the SARS and Avian Flu outbreaks in 2003-2005, the industry has recognized contingency measures for public health events of international concern. Aviation stakeholders have set in place various measures, such as arrival and departure screening processes, health declaration forms and contingency plans for inbound aircraft with suspected cases on board.

However, aviation industry partners have not achieved the same level of preparedness for potential, low-probability, but devastating to civil aviation operations that could arise from an infectious disease pandemic or health response emergency.

ACI recommends that an airport authorities use Business Continuity Management System to cover the range of operational safety risks that it faces.

ACI's approach to the project is to define a Business Continuity Management System framework and development process and to build into it best practice examples from airports that have mature systems in place.

AIRPORTS COUNCIL INTERNATIONAL

Airport preparedness guidelines for outbreaks of communicable disease

Issued by ACI and ICAO (Revised April 2009)

- Introduction**
 - In the event of an outbreak of communicable disease on an international level, an event will be the focus of much attention due to the potential for airlines to increase the rate at which a disease spreads, thereby decreasing the time available for containing the outbreak. Although it is probably not feasible to halt the spread of some infectious diseases, there are a number of measures that can be taken to reduce the consequences.
 - For airport operators, the main aims are to protect the health and welfare of travellers, staff and the public, and to reduce the opportunities for dissemination of communicable diseases by air. The following guidelines outline measures to be taken by airport operators and national authorities against communicable diseases that might pose a serious risk to public health.
 - The recommendations are designed to reduce exposure to an infectious agent at airports and to improve the response to health related emergencies by establishing mechanisms for rapid decision-making and action. They are intended as guidance, not to be adopted as written, but to be modified to the local situation as necessary. One of these guidelines should result in greater probability of the measures to be taken by the various stakeholders (including both public and private sector entities) involved.
- Responsibility**
 - The responsibility for management of the risk of communicable diseases at airports rests primarily with the local/regional/national public health authority, and the relevant airport operator (guidance on the role of the "competent authorities" at airports is given in the International Health Regulations (2005) article 23). If more than one airport is operated by the same organization, preparations plans should be prepared for each airport, in line with the recommendations contained in this document.

In these guidelines, "communicable disease" is taken to include those diseases resulting from infections of transmissible agents such as viruses and bacteria, and that have the potential to cause an epidemic.

The International Health Regulations (2005) entered into force on 15 June 2007 for all WHO Member States that have not notified their non-acceptance of the IHRs.

International Health Regulations (2005)

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

October 2009

World Health Organization

INTERNATIONAL HEALTH REGULATIONS (2005)

A guide for public health emergency contingency planning at designated points of entry

Departures

World Health Organization

Interoperability of plans

National Public Health Emergency Plans, National Aviation Plan for a Public Health Emergency, Airport Public Health Emergency Contingency Plans, Airlines procedures

Temporary Recommendations

All States

- 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



Technical note for Ebola virus disease preparedness
planning for entry screening at airports, ports and land
crossings

December 2014

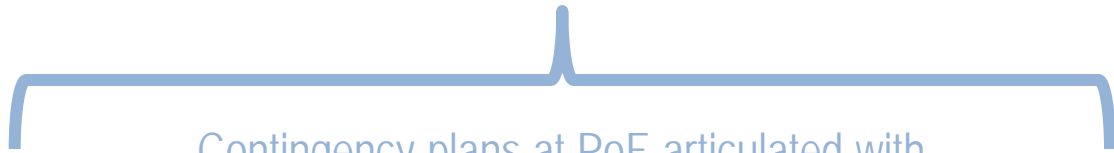
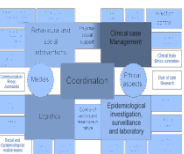
Entry Screening

- 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

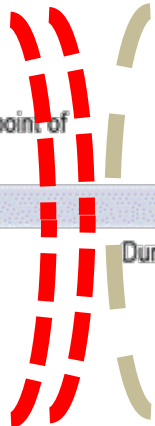
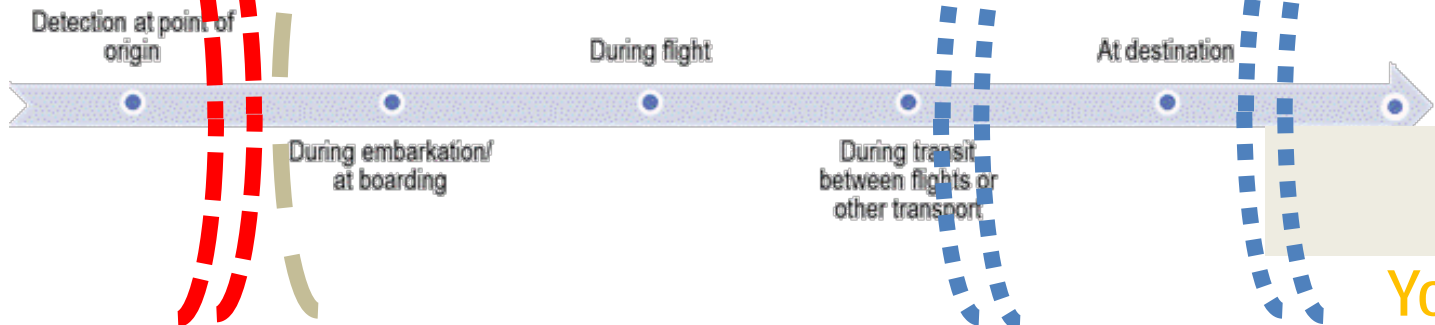
...no solid information to support the use of thermal screening as a means to stop or slow the entry...
[WHO statement on the Sixth Meeting of the IHR Emergency Committee concerning MERS-CoV, 17 June 2014]

Exit screening:
Primary
Secondary

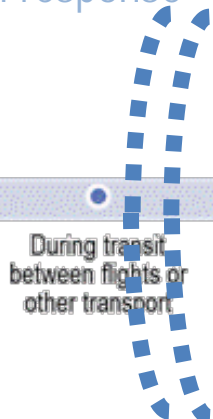


Contingency plans at PoE articulated with overall national response

Entry screening:
Primary
Secondary



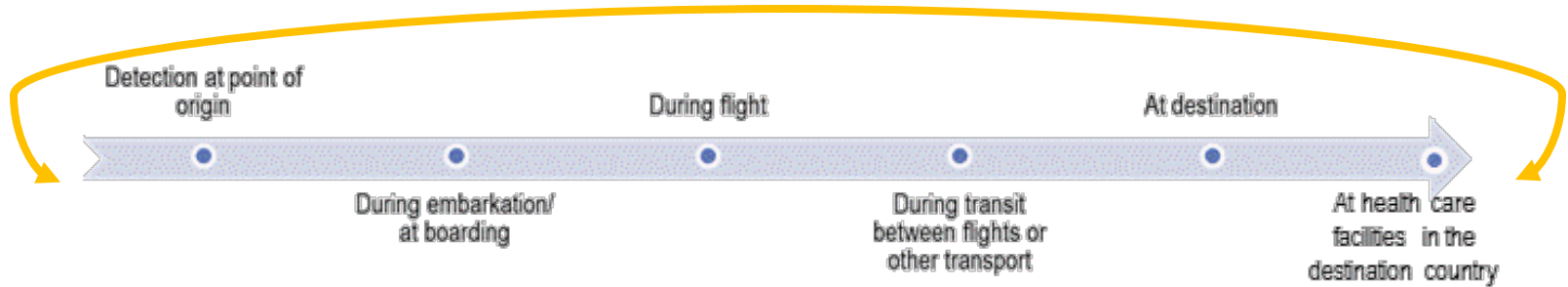
US
Pre-primary entry screening



At Health Care Facilities 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

<http://wwwnc.cdc.gov/travel/diseases/ebola>

<http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis-eng.php>

<http://www.phac-aspc.gc.ca/tmp-pmv/notices-avis/index-eng.php>

| Date | Location | Travel Health Notice | Level |
|--------------------|----------------------------------|---|-------|
| September 08, 2014 | Nigeria | Ebola virus disease in Nigeria | 2 |
| September 08, 2014 | Guinea, Liberia and Sierra Leone | Ebola virus disease in Guinea, Liberia and Sierra Leone | 2 |
| September 05, 2014 | Senegal | Ebola virus disease in Senegal | 1 |
| August 28, 2014 | Democratic Republic of Congo | Ebola virus disease in Democratic Republic of Congo | 2 |
| August 15, 2014 | Ghana | Measles, Global Update | 1 |

There are four levels of risk:

- LEVEL 1** Practice Usual Precautions
- LEVEL 2** Practice Special Precautions
- LEVEL 3** Avoid Non-Essential Travel
- LEVEL 4** Avoid All Travel

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





Fifth CAPSCA Americas Meeting - Conclusions

Barbados, 2-6 September 2013

- 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



Fifth CAPSCA Americas Meeting - Conclusions

Barbados, 2-6 September 2013

- 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.



Fifth CAPSCA Americas Meeting - Conclusions

Barbados, 2-6 September 2013

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 their experiences with implementation of CAPSCA within their State

Challenges at Points of Entry



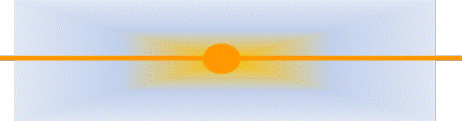
- Intersectoral collaboration at national and international levels
 - Legal frameworks
 - Strategic and approach
 - Degree of institutionalization
 - Operational arrangements
 - Concept of facilitation
- Difficulties in interpreting the operational meaning of provisions related to the different “categories” 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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