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IHR (2005) Regulations related to Points of Entry (Airports) and Air Transport and Travel

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Key provisions for IHR implementation at PoE – for States Parties and WHO

Provisions for States Parties

Provisions for WHO

Expected Results for implementation

WHO Support for strengthening Public health Capacity at PoE

Frequent Questions & Answers

Key provisions for IHR implementation at PoE – for States Parties and WHO

FOR STATES PARTIES

- Designate international ports and airports, and potentially, ground crossings, for developing minimum public health capacities within a specified time frame
- Identify the competent authorities for implementing the IHR requirements at each point of entry
- Send to WHO a list of their international ports authorized to issue Ship Sanitation Certificates (SSC)
- Have capacities to adopt health measures recommended by WHO
- Furnish relevant data to WHO on request, in response to a specific potential public health risk, information concerning sources of infection and contamination at PoE which could result in international disease spread
- Collaborate internationally with WHO and other States Parties
- Require in a voluntary basis WHO to certify airports and ports



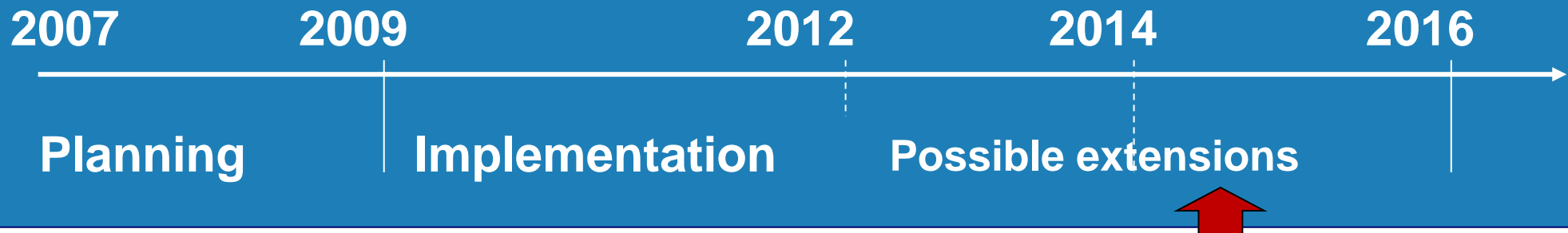
Key provisions for IHR implementation at PoE – for States Parties and WHO

FOR STATES PARTIES

Develop and maintain core capacities and inform progress to WHO IHR Secretariat for annual States Parties report to World Health Assembly.

• Timeline

2 years + 3 + (2) + (up to 2)



"As soon as possible but no later than five years from entry into force ..."

Key provisions for IHR implementation at PoE – for States Parties and WHO

FOR STATES PARTIES

Developing, implementing and monitoring and evaluating results of **National IHR Action Plan**

- National legislation and policy
- Coordination and NFP Communications
- Surveillance
- Response
- Preparedness
- Risk communication
- Laboratory
- Human resources

8 areas of work

- Infectious diseases
- Zoonotic events
- Food safety
- Chemical events
- Radionuclear events
- Events at points of entry
- Other events

7 hazards

Points of Entry



Key provisions for IHR implementation at PoE – for States Parties and

FOR STATES PARTIES: Points of Entry

Main goals

- Protect the health of travelers (passengers and crew)
- Protect the health of the population (avoid spread of disease)
 - Keep vehicles in a sanitary condition and free of sources of infection and contamination (including vectors)
 - containment at source and capacity to respond to emergency and implement public health recommendations
- Keep PoE running
- Limit unnecessary restrictions on trade and travel

Key provisions for IHR implementation at PoE – for States Parties and WHO

FOR STATES PARTIES: Points of Entry



PREVENTION

Containing known public health risks



Routine control of “Sanitary conditions” at points of entry and conveyances

Risk management

EARLY WARNING

Detecting relevant health events



Inspection, Information and verification

Risk assessment

RESPONSE

Responding to public health emergencies



Support to investigation and contingency plans to adopt control measures

Event management

Conveyances inspection programmes and control measures

Key provisions for IHR implementation at PoE – for States Parties and

FOR STATES PARTIES: Points of Entry



Designation of PoE for development of core capacities for routine and emergency response. (Arts.19,20 21 and Annex 1A)

Core capacity requirements for coordination and communication of event



(a) International communication link with competent authorities at other points of entry

(b) National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels

(e) Assessment of all reports of urgent events within 24 hours

(f) Communication mechanism for the dissemination of information and recommendations received from WHO

(c) Direct operational link with other senior health officials

(d) Communication link with conveyance operators, travellers for health related information, with service providers

(e) Procedures and legal and administrative provisions to conduct inspections and receive reports of cases of illness and or other evidence of public health risk on board arriving conveyances

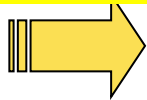


Key provisions for IHR implementation at PoE – for States Parties and WHO

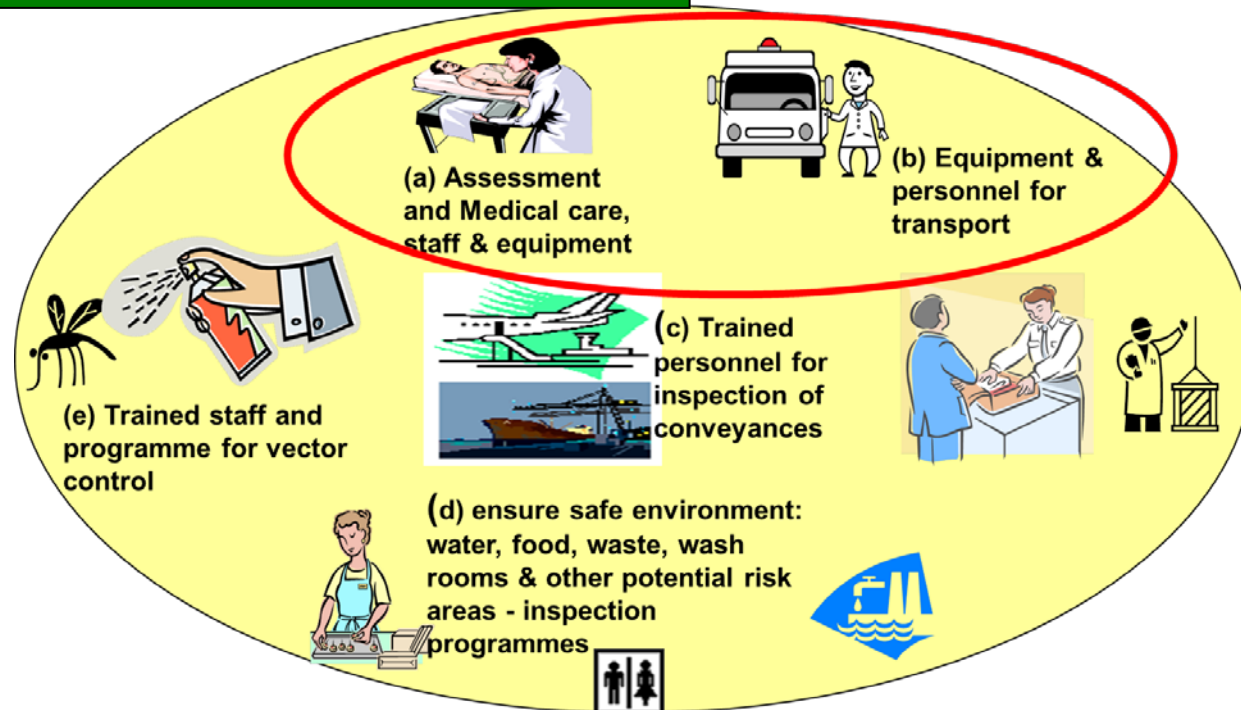
FOR STATES PARTIES: Points of Entry



Designation of PoE for development of core capacities for routine and emergency response. (Arts.19,20 21 and Annex 1B)



Core capacity requirements at all times (routine)

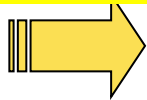


Key provisions for IHR implementation at PoE – for States Parties and WHO

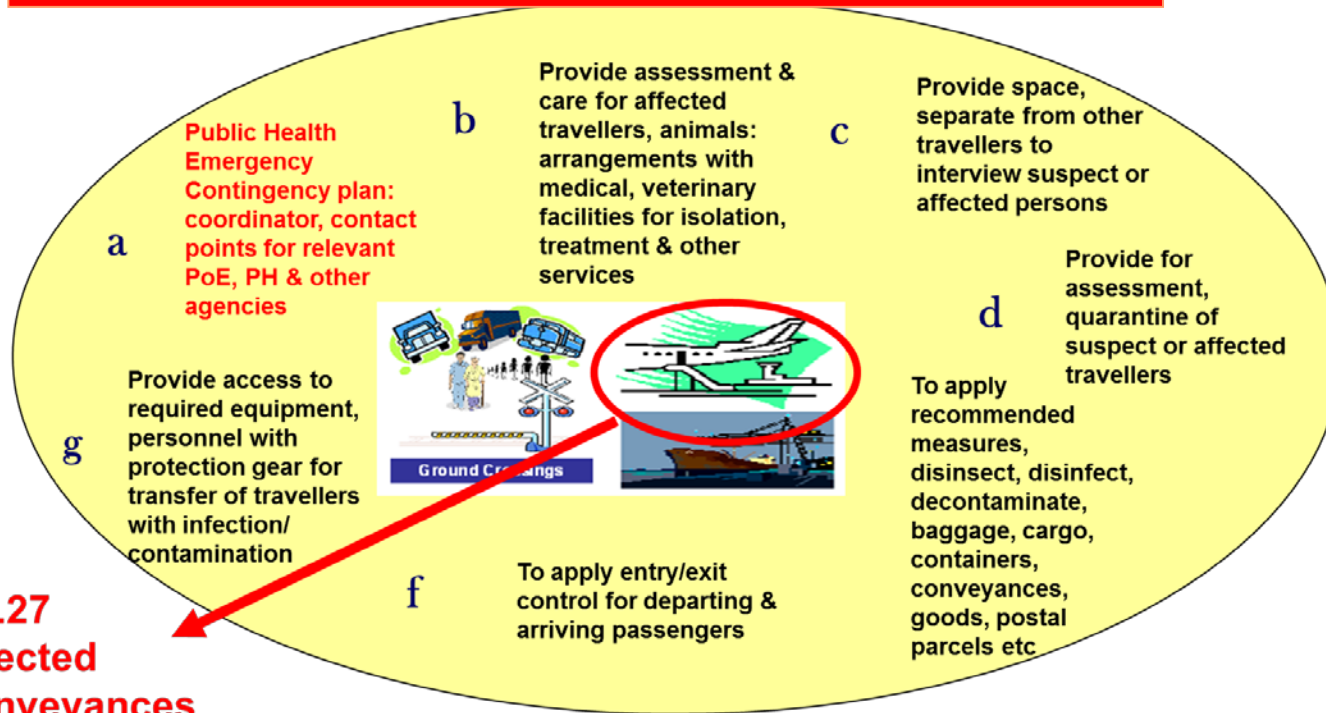
FOR STATES PARTIES: Points of Entry



Designation of PoE for development of core capacities for routine and emergency response. (Arts.19,20 21 and Annex 1B)



Capacity requirements for responding to potential PHEIC (emergency)



**Art.27
Affected
Conveyances**



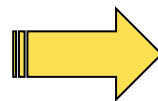
Key provisions for IHR implementation at PoE – for States Parties and WHO

FOR STATES PARTIES: Points of Entry

Designation of PoE for development of core capacities for routine and emergency. (Arts.19,20 21 and Annex 1)



Assessment and planning



Monitoring and evaluation

WHO Certification

PoE Competent authority and trained staff

Listing ports to issue SSC (Arts. 20, 39 and Annex 3)

Tech.guidance, SOPs, tools, training, exercises, equipments, facilities, etc.

Coordination and cooperation with health surveillance and response systems and with other sectors / stake holders

Key provisions for IHR implementation at PoE – for States Parties and WHO

Art.20 – Airport and Port designation

- 1. States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1 (at all times and for public health emergency response)**
- 2. States Parties may request WHO to verify and certify existing capacities at airports and ports.**
- 3. Maritime and air transport well regulated internationally with specialized UN Agencies (ICAO and IMO). Harmonized practices needed (e.g.CAPSCA).**
- 4. More than 90% of international trade by ships. More impact on health of environment on board, long journeys.**
- 5. Air transport can reach other Regions in hours.**
- 6. Airports and ports with infrastructure for health support for travellers**

Key provisions for IHR implementation at PoE – for States Parties and WHO

Art.21 - Ground Crossing designation

1. **Where justified for public health reasons**, a State Party **may designate** ground crossings that shall develop the capacities provided in Annex 1, taking into consideration:
 - (a) **the volume and frequency of the various types of international traffic**, as compared to other points of entry, at a State Party's ground crossings which might be designated; and
 - (b) **the public health risks** existing in areas in which the international traffic originates, or through which it passes, prior to arrival at a particular ground crossing.
2. States Parties **sharing common borders** should consider:
 - (a) entering into **bilateral or multilateral agreements or arrangements** concerning prevention or control of international transmission of disease at ground crossings in accordance with Article 57; and
 - (b) **joint designation of adjacent ground crossings for the capacities** in Annex 1 in accordance with paragraph 1 of this Article.

Key provisions for IHR implementation at PoE – for States Parties and WHO

FOR WHO

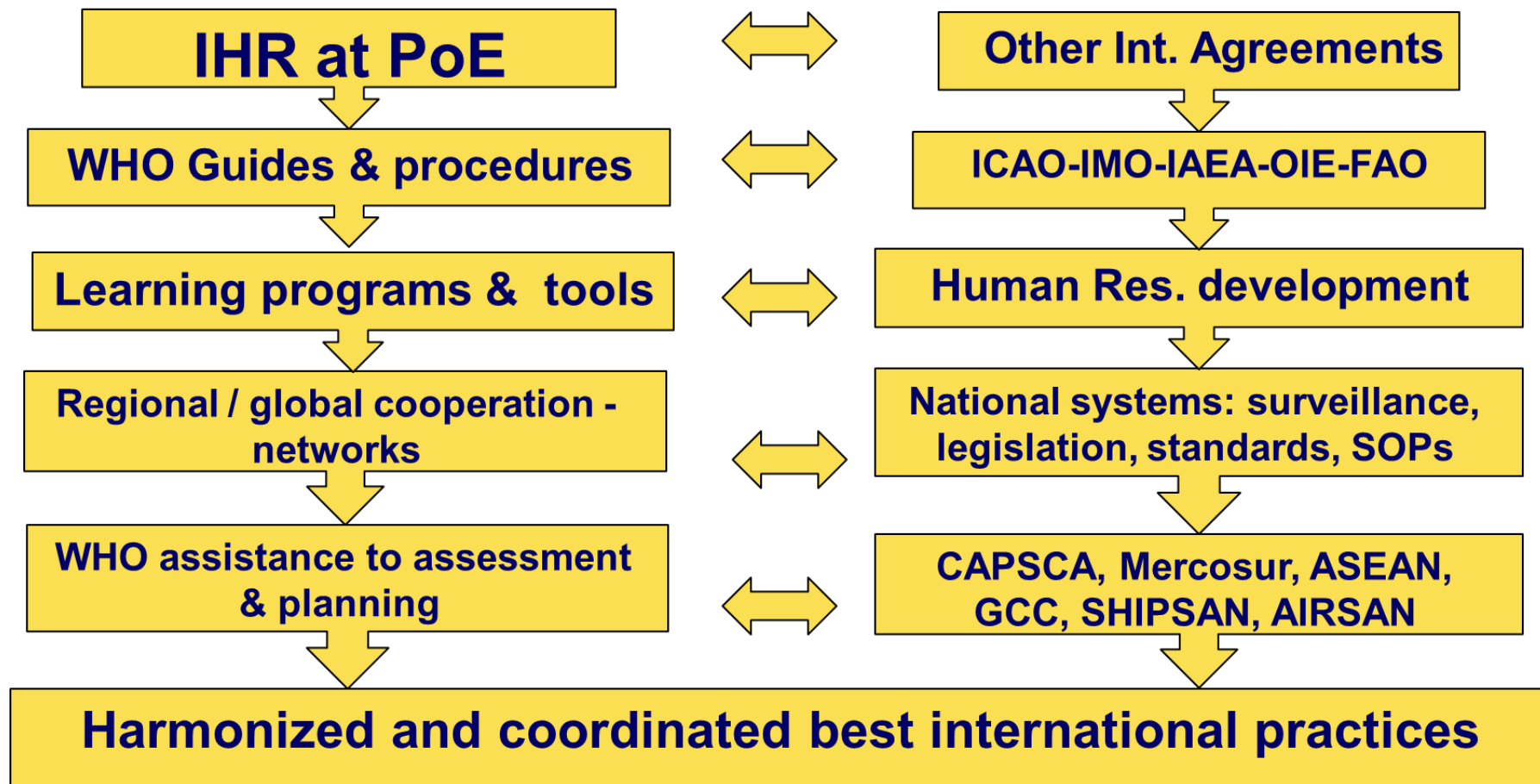
- Coordinate, collaborate and assist countries and international bodies with IHR implementation
- Develop and publish WHO procedures and guidelines
- Publish list of ports authorized to issue Ship Sanitation Certificates
- If requested by State Party, WHO may arrange to certify that a designated airport or port meets the requirements provided in IHR Annex 1
- Publish list of certified ports and airports

Expected Results with IHR implementation at PoE

- Facilities at points of entry are maintained in a sanitary condition, kept free of infection or contamination, including vectors and reservoirs.
- Routine measures are in place for travellers, conveyances, cargo, goods and postal parcels.
- A contingency plan for public health emergencies is effectively available and operational at all designated PoE and in all countries.
- Capacity to rapidly implement international public health recommendations at designated points of entry.
- Coordination between WHO and other Organizations

WHO support for Strengthening Public Health Capacity at PoE

Promoting harmonization of requirements, procedures, guidance & cooperation and coordination at all levels



Frequent Questions & Answers

II. Designated points of entry (Main IHR articles 19, 20 and 21; Annex 1)

1. What is a designated point of entry?

- A designated point of entry refers to a port, airport and potentially a ground crossing that is designated by a State Party to strengthen, develop and maintain the capacities described in Annex 1 of the IHR:
 - The capacities at all times concerning access to medical services for prompt assessment and care of ill travellers, a safe environment for travellers (e.g. water, food, waste), personnel for inspection and vector control functions;
 - The capacities to respond specifically to events which may constitute a public health emergency of international concern.

Frequent Questions & Answers

II. Designated points of entry (Main IHR articles 19, 20 and 21; Annex 1)

2. How many points of entry should a State Party designate?

- The IHR do not specify a particular number of designations of points of entry to develop these capacities. The IHR make clear that the designation and development of ports and airports are part of the core requirements for States Parties and are essential elements for their fulfilling the public health purpose and objectives of the IHR including the role for designated points of entry in national emergency response plans. To achieve these objectives, States Parties need to designate, at a minimum, one airport and one port (depending upon the geographical context of the State Party). For larger countries and those with high levels of international traffic, the Secretariat would strongly encourage the designation of additional points of entry.

Frequent Questions & Answers

II. Designated points of entry (Main IHR articles 19, 20 and 21; Annex 1)

3. Is there a time frame to designate a point of entry?

- The IHR provide that the time frames applicable to development of the other core capacities under Annex 1, also apply to development of the core capacities at designated points of entry. The first target date for establishment of these capacities at designated points of entry is also 15 June 2012, with two years possible extension for 15 June 2014 and exceptionally other 2 years extension up to 15 June 2016.

Frequent Questions & Answers

II. Designated points of entry (Main IHR articles 19, 20 and 21; Annex 1)

4. Can extensions be obtained for capacities at points of entry?

- If the capacities are not fully established in all designated points of entry by the deadline, States Parties can obtain an extension according to the procedures described in the letter from the Assistant Director-General sent to all States Parties in September 2011

Frequent Questions & Answers

II. Designated points of entry (Main IHR articles 19, 20 and 21; Annex 1)

5. Can additional points of entry be designated and develop these capacities after the above time frames?

- The time frame for initial designation and capacity establishment should not restrict States Parties from continuing to designate and develop these capacities at additional points of entry as the national and international contexts evolve over time. In such cases, States Parties should advise WHO of the additional points of entry where they have determined to develop the required capacities for designated points of entry and when the capacities have been achieved.

Frequent Questions & Answers

II. Designated points of entry (Main IHR articles 19, 20 and 21; Annex 1)

6. Can a designation of a point of entry be withdrawn?

- Designations of points of entry may be withdrawn at any time, taking into consideration the need for States Parties to have a minimum of one designated airport and one designated port (depending upon the geographical context of the State Party). States Parties should advise WHO of any change to a point of entry's designation.