



Federal Ministry
of Transport and
Digital Infrastructure

Germany

IHR Implementation

Some lessons learned

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- Status of implementation
- Core capacities
- AIP
- Tiny little problems you might have never thought of
- Putting it into practice: Ebola





Background

- IHR 2005 are applicable
- Legal framework on IHR fully established
- Guidance Material POE (Airports and Ports) developed
- Airports nominated in accordance with Article 20 paragraph 1 IHR 2005





Federal Ministry
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Lessons learned - Common understanding of IHR core capacities

5 Airports as IHR POE across Germany

Objective:

- Common understanding and coherent implementation



Generic guiding document





Lessons learned

Common understanding of IHR core capacities (2)

Content

1. Core capacities required at all times
2. Core capacities for responding to events that may constitute a PHEIC
3. Passenger tracing
4. Training and drills
5. Exchange of experience and evolution of core capacities

Implementation of the International
Health Regulations (2005)
(IHR) in Germany

Recommendation on the core
capacities of airports designated
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of Article 20 of the IHR

Final draft
30 June 2010



Lessons learned

Common understanding of IHR core capacities (3)

... (excerpt)...

1 Core capacities required at all times

1.2 Medical services including diagnostic facilities

Paragraph 1(a) of Annex 1 B of the IHR requires the capacity to provide access at all times

- 1. to an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travelers and**
- 2. adequate staff, equipment and premises.**

Recommendation:

1.2.1 Key information

Key information relating to medical services, including diagnostic facilities, is in place at the airport:

- List of services and relevant facilities, including the names of the points of contact responsible and key information (address, telephone number, fax, email and, if appropriate, distance from airport and map with directions) prepared, maintained and updated, distributed and regularly reviewed for accuracy.
- This list is up to date at all times and accessible to all the relevant staff.

1.2.2 Person in charge of public health service (PHS) operations for medical emergencies

Administrative arrangements and written agreements are in place for:

- 24 hours a day / 7 days a week (24/7) availability of a person in charge of PHS operations for medical emergencies.

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Lessons learned

Common understanding of IHR core capacities (4)

... (excerpt)...

2 Core capacities for responding to events that may constitute a public health emergency of international concern (PHEIC)

2.1 Response to events that may constitute a PHEIC

Paragraph 2(a) of Annex 1 B of the IHR requires the capacity to provide, for responding to events that may constitute a PHEIC, appropriate public health emergency response by establishing and maintaining public health emergency contingency plan, including the nomination of a coordinator and contact points for relevant points of entry, public health and other agencies and services.

Recommendation:

...

2.1.3 Contingency plan and standard operating procedures

- A contingency plan and standard operating procedures – coordinated with the competent public health authorities – are in place (see also point 1.9):
- A defined and documented procedure, familiar to and trained by all parties, for medical entry and exit controls, e.g. colour coding.

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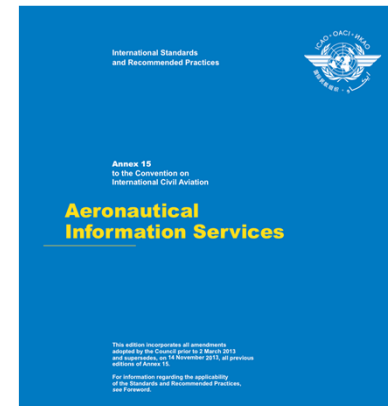


Lessons learned: Tell the world: AIP - Aeronautical Information Publication

GEN 1.3:

Entry, Transit and Departure of Passengers and Crew - Clearance by
Customs, Border Police and Public Health Authorities at Aerodromes

- Health related border control
- POE IHR Airports in Germany
- Duties of pilot in command regarding IHR
- Health Declaration
- Reporting Procedures ANS (PANS-ATM)
- Deviation of an Aircraft
- PLC
- ...Medvacs
- Non-compliance





Lessons learned: The tiny little things

PHA needs vs. security regimes

- Airside security & safety measures
 - Apron driver training
 - Security checks and access priority
 - Access to protected communication means (like police, boarder control, fire brigade)



First Lessons learned during Ebola

Screening

- Evidence based decision making vs. need for symbolic action?

Hard facts:

- 130 pax per month transiting via BRU /PAR/CAS
- 3.300 flights or 270.000 pax per month on average
- Challenge: A common national and European approach on entry screening (non-direct connections)



Questions?

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