

International Health Regulations (2005)

**Assessment tool for core capacity
requirements
Designated airports, ports and ground
crossings**

February/2009

Lyon Office - International Health Regulations Coordination
Health Security and Environment
World Health Organization, **Geneva, Switzerland**
www.who.int/ihr

© World Health Organization 2009

All rights reserved.

DRAFT VERSION - This information material is intended for a restricted audience only. It may not be reviewed, abstracted, quoted, reproduced, transmitted, distributed, translated or adapted, in part or in whole, in any form or by any means, without previous WHO agreement.

The designations employed and the presentation of the material in this publication 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 lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication and in the preparation of the summaries. However, the published material is being distributed without warranty of any kind, either express or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

The inclusion of, or reference to, particular governmental legislation, regulations or other legal, administrative or procedural instruments, or summaries or abstracts thereof, shall not imply or constitute an endorsement of any such instruments or summaries, but are provided for informational purposes only. The text in the language version(s) published officially by the government from which it originates should be considered as authentic. The inclusion of links to external websites does not imply or constitute an endorsement of those sites by WHO, but are provided for information purposes only. WHO accepts no responsibility or the validity or accuracy of the content of those sites.

CONTENTS

Acronyms.....	4
Foreword.....	5
Introduction.....	6
A) Core capacity requirements for coordination, communication of event information and adoption of measures (in regard to activities concerning designated airports, ports and ground crossings, according to annex 1a).....	9
B) B - Core capacity requirements for designated airports, ports and ground crossings.	12
II - For responding to events that may constitute PHEIC (Emergencies).....	24

ACRONYMS

GDWQ	Guidelines for Drinking-water Quality
GHSA	Guide to Hygiene and Sanitation in Aviation
GSS	Guide to Ship Sanitation
HACCP	Hazard analysis and critical control point
IHR	International Health Regulations (2005)
PHEIC	Public health event of international concern
WHO	World Health Organization
WSP	Water safety plan

DRAFT

FOREWORD

This document is intended to serve as a tool to be used to support States Parties in determining existing capacities and capacity needs at points of entry when deciding which airports, ports and ground crossing to designate under article 20.1 and annex 1.b. States Parties may also use it when deciding which airports, ports and ground crossing to designate under article 19(a). It also will be used as basis for future development and who guidance for certification of airports and ports, according to the International Health Regulations (2005) provisions.

It was developed, thru international collaboration, WHO internal consultation and informal technical working group meetings of experts in points of entry from different regions of the world, since 2007.

The format of this tool follows the list of core capacity requirements described in Annex 1 of the International Health Regulations (2005), herein referred to as IHR. It further describes and identifies measures of compliance for each requirement and provides space for assessing the stage of implementation of the core capacities requirements along with the description of existing and needs for planning how to strength, develop and maintain these core capacities.

The first part (Part A) of the document is for assessing the establishment of a communication/collaboration structure between these competent authorities at points of entry¹, and both the National IHR Focal Point, and health authorities at the national, intermediate and local levels, some of the requirements in Annex 1A of the Regulations.

The second part (Part B) is a check list, is for assessing the core capacity requirements for designated airports, ports and ground crossings, as listed in annex 1B of the IHR.

¹ The competent authority is the authority responsible for the implementation and application of health measures under the International Health Regulations (2005). The National IHR Focal Point is the national centre designated by a State Party to the International Health Regulations (2005) that is accessible at all times for communication with the World Health Organization contact points. (art.1 and 22)

INTRODUCTION

Implementing the IHR is an obligation for WHO and State Parties to the Regulations. One group of such obligations is those related to the core capacity requirement for countries “detect, assess, notify and report events in accordance with the regulations” and to “respond promptly and effectively to public health risks and public health emergencies of international concern”(PHEIC); there are also obligations concerning designated ports and airports, in relation to routine prevention and control measures and response to events that may constitute a PHEIC .

The International Health Regulations (2005) or IHR, adopted by the Fifth-eighth World Health Assembly in May 2005, entered into force on 15 June 2007 and are a legally-binding international instrument to help countries work together to save lives and minimize the impact on livelihoods by events that cause the international spread of diseases. The IHR (2005) aims to prevent, protect against, control and respond to the international spread of disease while avoiding unnecessary interference with international traffic and trade. The IHR (2005) is also designed to reduce the risk of disease spread at international airports, ports and ground crossings.

Born of an extraordinary global consensus, the IHR (2005) works to strengthen the collective defenses against the multiple and varied public health risks and events that today's globalized world is facing and which have the potential to rapidly spread through expanding travel and trade.

The IHR (2005) requires each State Party to develop, strengthen and maintain core national public health capacities at the local community level and/or primary public health response level, intermediate level and national level in order to detect, assess, notify, report events and to respond promptly and effectively to public health risks and emergencies.

State Parties should also assess their national legislation and regulations, and make any revisions necessary for compliance with the IHR (2005), including requirements to provide key sanitary and health services and facilities at points of entry designated by State Parties

States Party have up to two years from 15 June 2007 to assess the situation and develop a plan for core capacities, and five years to implement such plan, i.e. meet the core capacity requirements set out in Annex 1 of the IHR (WHO, 2005)..

The term "point of entry" used in this document includes international airports, ports and ground crossings. To minimize the risk of international spread of disease through transportation, travel and trade, State Parties must designate the international ports or airports. Additionally, where justified for public health reasons, States Parties may designate certain ground crossings that should also develop these capacities. Depending on the volume and frequency of international traffic, the epidemiological situation and public health risks at origin and destination, it is often necessary/desirable for a State Party to enter into dialogue with a neighbouring country in order to jointly assess and potentially designate shared points of entry.

Routine and emergency public health measures and required health documents are necessary to ensure that conveyances and facilities at airports, ports and ground crossing are kept free from sources of infection and are important with regard to the potential for international spread of disease, as outlined in the IHR (Articles 19-39,

Annexes 1, 3, 4, 5, 6, 7, 8, 9) and the core capacities required, should be implemented by competent authorities at points of entry. State Parties should further establish national plans for surveillance and response, considering their activities at designated airports, ports and ground crossings.

Under the above mentioned provisions of IHR, it is required from designated airports, ports and ground crossings to have capacities to ensure a safe environment for travellers using the facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms and appropriate solid and liquid waste disposal services. Competent authorities are required to conduct inspections, to provide vector control programmes and for supervision of service providers, including monitoring and supervising the application of sanitary measures, if evidence is found, such as disinfection, decontamination or removal and safe disposal of any contaminated water or food.

Under Art.27 of IHR, if clinical signs or symptoms and information based on fact or evidence of public health risk is found on board of conveyances in a international voyage, the competent authority shall apply control measures at the point of entry, or, if not able to carry out the required measures, the competent authority shall, nevertheless allow the departure of the aircraft, ship or ground transport subject to inform the competent authority of next known point of entry of the evidence found and the control measures required.

According to IHR, capacity should be in place to adopt control measures to prevent the spread of disease and its agents at points of entry and conveyances, such as cleaning and disinfection, decontamination, derrating, disinsecting, etc. Whenever health measures are taken pursuant the IHR shall be carried out so as to avoid injury and as far as possible discomfort to persons, or damage to the environment in a way which impacts on public health, or damage baggage, cargo, containers, conveyances, goods or postal parcels (Art. 22) and initiated and completed without delay, and applied in a transparent and non-discriminatory manner (Art.42) (WHO, 2005).

The competent authority responsible for the implementation and application of health measures under the IHR at points of entry is required, under Art. 22 to:

- (a) be responsible for monitoring baggage, cargo, containers, conveyances, goods, postal parcels and human remains departing and arriving from affected areas, so that they are maintained in such a condition that they are free of sources of infection or contamination, including vectors and reservoirs;
- (b) ensure, as far as practicable, that facilities used by travellers at points of entry are maintained in a sanitary condition and are kept free of sources of infection or contamination, including vectors and reservoirs;
- (c) be responsible for the supervision of any deratting, disinfection, disinsection or decontamination of baggage, cargo, containers, conveyances, goods, postal parcels and human remains or sanitary measures for persons, as appropriate under these Regulations;
- (d) advise conveyance operators, as far in advance as possible, of their intent to apply control measures to a conveyance, and shall provide, where available, written information concerning the methods to be employed;
- (e) be responsible for the supervision of the removal and safe disposal of any contaminated water or food, human or animal dejecta, wastewater and any other contaminated matter from a conveyance;
- (f) take all practicable measures consistent with these Regulations to monitor and control the discharge by ships of sewage, refuse, ballast water and other potentially

disease-causing matter which might contaminate the waters of a port, river, canal, strait, lake or other international waterway;

(g) be responsible for supervision of service providers for services concerning travellers, baggage, cargo, containers, conveyances, goods, postal parcels and human remains at points of entry, including the conduct of inspections and medical examinations as necessary;

(h) have effective contingency arrangements to deal with an unexpected public health event; and

(i) communicate with the National IHR Focal Point on the relevant public health measures taken pursuant to these Regulations.

Under Art 24 Parties shall take all practicable measures consistent with these Regulations to ensure that conveyance operators:

(a) comply with the health measures recommended by WHO and adopted by the State Party;

(b) inform travellers of the health measures recommended by WHO and adopted by the State Party for application on board; and

(c) permanently keep conveyances for which they are responsible free of sources of infection or contamination, including vectors and reservoirs. The application of measures to control sources of infection or contamination may be required if evidence is found.

Specific provisions pertaining to conveyances and conveyance operators under Art.21 are provided in Annex 4. Specific measures applicable to conveyances and conveyance operators with regard to vector-borne diseases are provided in Annex 5.

(to be further developed)

-Comments on criteria for designating airports, ports and ground crossing to have core capacities. Joint assess and designation with neighbouring country; volume and frequency of international traffic, epidemiological situation and public health risk for origin and destination of international movement of conveyances.

-instructions for using the tool.

DRAFT NOT FOR DISTRIBUTION

A) Core capacity requirements for coordination, communication of event information and adoption of measures (in regard to activities concerning designated airports, ports and ground crossings, according to annex 1A)

This first part is for assessing the establishment of a communication/collaboration structure between competent authorities at points of entry², and both the National IHR Focal Point, and health authorities at the national, intermediate and local levels, some of the requirements in Annex 1A of the Regulations.

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Suggestion and comment
	Fully	Partial	None	
1. International communication link with competent authorities at others points of entry				
Competent authority at each point of entry has current contact details of officers in charge of international communication with others points of entry abroad and means of communication and procedures are available to inform relevant public health measures taken pursuant to the International Health Regulations, such as: - communication with competent authorities at others points of entry, internationally, to provide relevant information regarding evidence found and control measures still needed on arrival of affected conveyance.				
2. National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels				
Local, intermediate and national levels (including National IHR Focal Point) have current contact details of competent authorities at points of entry and current, regularly updated, documented and tested procedures, including any Memorandum of understanding - MoU and protocols, are in place for routine and urgent communication and collaboration during a public health emergency of international concern with: 1) the competent authority at other points of entry and health authorities at local, intermediate and national levels; 2) other relevant government ministries, agencies, government authorities and other partners involved with points of entry activities				

² The competent authority is the authority responsible for the implementation and application of health measures under the International Health Regulations (2005). The National IHR Focal Point is the national centre designated by a State Party to the International Health Regulations (2005) that is accessible at all times for communication with the World Health Organization contact points. (art.1 and 22)

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Suggestion and comment
	Fully	Partial	None	
<p>Competent authority at each point of entry has current contact details of officers within local, intermediate and national levels, including contact details of National IHR Focal Point and means of communication and procedures are available to inform relevant public health measures taken pursuant to the International Health Regulations. Such as:</p> <ul style="list-style-type: none"> - To communicate with NFP to inform WHO within 24 hours of receipt of evidence , as manifested by exported or imported: 1) human cases; 2) vectors which may carry infection or contamination or 3) goods that are contaminated, that may cause international disease spread - report all available essential information on event occurring and point of entry by competent authority to health authority at local, intermediate or national level for public health assessment, care and response. - for communication with competent authorities at others points of entry, nationally, to provide relevant information regarding evidence found and control measures needed on arrival of affected conveyance. 				
3. Direct operational link with other senior health officials				
Current, regularly updated, documented and tested procedures, including any MoU and protocols, for direct operational link between local point of entry competent authority officer and other senior health officials, are in place for rapid decision approval, risk assessment and implementation of containment and controls measures				
4. Communication link with conveyance operators				
Current contact details of conveyance operators (including its agents or legal representatives at shore), means of communication and procedures are available for advance notice of application of control measures, for issuance of Ship Sanitation Certificates and for receipt of others health documents and conveyance operators provided with current contact details of competent authority.				
5. Communication link with travellers for health related information				
Current contact details of competent authority at point of entry and means of communication and procedures are available for notice of application of control measures, for receipt of health documents and to provide health related information for travellers.				
6. Communication link with service providers				
Current contact details of service providers and means of communication and procedures are available for advance notice of application of control measures. Service providers have current contact details of competent authority:				
7. Assessment of all reports of urgent events within 24 hrs				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Suggestion and comment
	Fully	Partial	None	
Current, regularly updated, documented and tested procedures (including any MoU and protocols) for communication and assessment within 24hs all reports of urgent events related to ports, airports and ground crossings, including direct operational links exists among hospitals, clinics, airports, ports, ground crossings authorities, laboratories and other key operational areas.				
8. Communication mechanism for the dissemination of information and recommendations received from WHO				
Current, regularly updated, documented and tested communication mechanism for handling WHO reports, regarding national events or events in others countries involving point of entry activities and related public health measures, for use by competent authorities at points of entry.				
9. Procedures and legal and administrative provisions to receive report of cases of illness and or other evidence of public health risk on board of arriving conveyances				
<p>National legislation, administrative acts, protocols and/or procedures is in place, updated and disseminated widely, providing requirements to report public health related events on board.</p> <p>Guidance documents explaining the requirements and procedures to immediately relay reports to the competent authority to ensure appropriate assessment, care and other public health measures, are developed and disseminated to cruise lines, airlines, ground transportation and their relevant industry associations and posted on appropriate websites.</p> <p>A standard operating procedure for competent authorities is in place to receive reports from arriving conveyances of all cases of illness indicative of an infectious disease or evidence of a public health risk on board</p> <p>All the above activities should be provided on a 24-hour basis, seven days a week (24/7) or according to working hours of the points of entry, as appropriate.</p>				

B) B - core capacity requirements for designated airports, ports and ground crossings.

I At all Times (Routine)

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
	Fully	Partial	None	
(a) Provide access to (i) appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises				
1. Assessment and care of ill travellers				
1.1. Access to medical and diagnostic facilities Administrative arrangements and MoUs are in place to grant access to medical and diagnostic facilities for assessment and care of ill or suspect travellers, in consultation with local and/or proximate health services. If on-site, specialized warehouse for medicine and medical instruments and records for their use and replacement.				
1.2. Assessment of requirements concerning vaccination or prophylaxis Capability to do on-site assessment of proof of vaccination and prophylaxis recommended by WHO, such as for yellow fever, as applicable, and accordingly to the epidemiological situation, risk analysis and national requirements				
1.3. Key information regarding medical and diagnostic facilities List of all facility names and key contact information (address, phone number, distance from Point of entry and map of routes) created, maintained and updated, disseminated, regularly tested for accuracy and accessible to all relevant personnel, to which ill or suspect travellers from the Point of entry are to be transferred.				
2. Adequate staff, equipment and premises				
2.1. Staff Sufficient personnel Access to appropriate number of trained personnel assigned for these duties, in relation to volume and frequency of travellers and complexity of the Point of entry (regarding terminal facilities, destinations and multimodal practice in place among others factors). Arrangements for translation and interpreters where needed(?)				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
	Fully	Partial	None	
Competent/qualified Personnel for prompt assessment, care and reporting of ill travellers Personnel have undergone a training program, to recognize disease symptoms and familiar with procedures regarding prompt assessment, care and reporting of ill travellers.				
2.2. Adequate space to conduct private interviews with ill travellers Hygienic and environmentally safe space(s) set aside to conduct private interviews that are of adequate size in relation to volume, type of conveyance and frequency of travellers and complexity of the Point of entry (regarding terminal facilities, destinations and multimodal practice). Desirable to have independent exit passage which suspect travellers can be transported to medical care facilities, if needed, and avoid infecting others persons.				
2.3. Personal protective equipment (PPE) for interviewing ill travellers Access to necessary equipment (e.g. PPE) for initial interview and triage. Personnel use personal protective equipment for initial interview and triage.				
(b) Provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility				
1. Equipment to transport ill travellers				
1.1. Equipment for transport of ill travellers to appropriate medical facility Arrangements are in place for transporting Ill travellers to appropriate medical facility by safe, hygienic means of transport. <i>Transport service should have in place cleaning/disinfection equipment and supplies.</i>				
1.2. Access to personal protective equipment (PPE) for transport staff Transport staff have access and uses adequate personal protective equipment, when transporting ill travelers.				
2. Personnel to transport ill travellers.				
2.1. Number of trained personnel Appropriate number of trained personnel is available, providing transport of ill travellers adequately, according to technical requirements, in a timely manner.				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
	Fully	Partial	None	
<p>2.2. Training of Standard operational procedures for transport of ill travellers</p> <p>Personnel trained and knowledgeable in infection control techniques for the safe removal of ill travellers, application of personal protective equipment and use of key information regarding contacting and accessing medical facilities on a safety and timely manner.</p>				
(c) Provide trained personnel for the inspection of conveyances				
1. Number of trained personnel				
<p>1.1. Appropriate number of trained personnel is available, in relation to the volume and frequency of traffic; type, size, kind of conveyances at the point of entry; providing conveyances are inspected adequately, according to technical requirements on a safety and timely basis by trained personnel.</p>				
2. Training for inspectors				
<p>2.1. Understanding of inspection standard operating procedures - Personnel have undergone a training program, can produce certificates/ documentation and/or can demonstrate a thorough understanding of standard operating procedures set in place for the sanitary inspection of conveyances, and should demonstrate competency in the following areas, according to the assigned inspection duties:</p>				
<p>2.2. Required health related documents for conveyances – Demonstrable knowledge of required health related documents and the correct use of its information for detecting, reporting, assessing and provide first control measures to public health events, according to type and kind of conveyances.</p>				
<p>2.3. Epidemiological situation of the point of entry - Knowledge of common public health risks detected on a routine basis and about the usual public health risks associated to type, size and kind, common origins and destinations of conveyances that uses the point of entry;</p>				
<p>2.4. Public health events - Knowledge and skills for detecting, reporting, assessing and provide first control measures to public health events;</p>				
<p>2.5. Public health risks from microbiological, chemical and radiological agents – Knowledge of How they can affect human health and be transmitted person to person and by food, air water, waste, vectors, fomites and the environment;</p>				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
	Fully	Partial	None	
2.6. Personal protective techniques and related equipment - Demonstrable knowledge of its application and its correct use.				
2.7. Public health measures - Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection, decontamination, isolation, quarantine, contact tracing, entry and exit control.				
2.8. Testing and sampling techniques - Demonstrable knowledge of the use of correct testing and sampling techniques and equipment to support initial observation, detection and assessment of public health risk, e.g. water, food, vector control.				
2.9. Vector control - Demonstrable Knowledge of the use of correct control methods of relevant vector-borne diseases and for, hosts and vectors, including disinsecting and deratting.				
2.10. Food safety management - Knowledge of use of correct practices of safe food management, especially with regard to handling; supply, source, preparation, storage and distribution.				
2.11. Water safety management - Knowledge of use of correct practices of safe water management, especially with regard to source, storage, distribution, treatment and control methods;				
2.12. Solid and liquid waste management - Knowledge of solid and liquid waste treatment, control methods and systems for detection, assessment and recommended control measures for present and potential risks from solid and liquid waste (including bilge water and ballast water for ships).				
2.13. Swimming pool and SPA -A Knowledge of present and potential risks from recreational swimming and spa areas on board and methods and systems for detection, assessment and recommended control measures.				
2.14. Medical facilities - Knowledge of requirements, bio safety procedures, equipment, medical chest and environmental requirements for medical facilities on board, according to the size, type and kind of conveyance and related applicable guidelines (e.g. WHO, IMO, ILO, ICAO). -Foreign language skills or Arrangements for translation and interpreters where needed.				
2.15 Air quality management –understanding of correct practices of air health quality management. Capacity for detection, assessment and recommended control measure for				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) To be filled in by competent authority of Member States or responsible for self assessment at the point of entry
	Fully	Partial	None	
present and potential risks from air quality.				

DRAFT

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) To be filled in by competent authority of Member States or responsible for self assessment at the point of entry
	Fully	Partial	None	
(d) To ensure a safe environment for travellers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential risk areas, by conducting inspection programmes, as appropriate; and adequate numbers of trained staff.				
1. Safe environment for travellers using point of entry facilities				
1.1. Water A documented, tested and updated water safety programme, conducted or under supervision of competent authority, maintenance of records and testing results are documented and available, including:				
1.2. Treatment Adequate treatment to remove and control public health risks.				
1.3. Source Potable water sources, under surveillance and supervision, in secure places, far away from sources of pollution, approved by the relevant health authority and quality considered satisfactory under national standards.				
1.4. Water quality monitoring programme Water quality is regularly monitored, including the effect of disinfection at the points of potable water: all present and potential public health risks from water supply are detected, assessed and recommended control measures are implemented and programme agenda, dates and results of testing and inspection are recorded and accessible covering: <ul style="list-style-type: none"> ✓ Public distribution within Point of entry boundary ✓ Passenger terminals ✓ Cargo and containers terminals ✓ Infrastructure and courtyards ✓ Transport and water service providers for conveyances Water supply services for food production				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
	Fully	Partial	None	
<p>1.5. Food</p> <p>Eating establishment/food suppliers/production stores approved or considered satisfactory by the relevant health administration and/or under competent authority supervision, including flight catering facilities, meals or foods and other perishable commodities that are prepared from outside the point of entry jurisdictional area, but destined for use on conveyances, is regularly monitored: all present and potential public health risks from food are detected, assessed and recommended control measures are implemented, maintenance of records and testing results are documented and available. food safety, including eating and catering facilities,</p>				
<p>1.6. Public washrooms</p> <p>Public washroom premises consistent with volume and frequency of travelers, in good operational conditions and are regularly and hygienically cleaned with regard to the volume of passengers and personnel using the terminal and other facilities at the point of entry.</p>				
<p>1.7. Solid Waste</p> <p>A documented, tested and updated solid waste management plan in place and under competent authority supervision, where all present and potential public health risks from solid and liquid waste are detected, assessed and recommended control measures are implemented, maintenance of records and testing results are documented and available, covering:</p> <ul style="list-style-type: none"> ✓ Public collection within point of entry boundary ✓ Passenger terminals ✓ Cargo and containers terminals ✓ Infrastructure and courtyards ✓ Transport and waste service providers for conveyances ✓ Waste services for food production ✓ Especial dangerous waste (Medical/infectious, chemical, Cutting instruments and sharps, and others) 				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
	Fully	Partial	None	
<p>1.8. Liquid Waste – Residual water A documented, tested and updated liquid waste – residual water management plan in place and under competent authority supervision, where all present and potential public health risks from liquid waste – residual water are detected, assessed and recommended control measures are implemented, maintenance of records and testing results are documented and available, covering:</p> <ul style="list-style-type: none"> ✓ Public collection within Point of entry boundary ✓ Passenger terminals ✓ Cargo and containers terminals ✓ Infrastructure and courtyards ✓ Transport and liquid waste service providers for conveyances ✓ Waste services for food production ✓ Especial dangerous waste (Medical/infectious, chemical and others) 				
<p>1.9. Final destination of the solid and liquid waste generated at the point of entry The above documented, tested and updated solid and liquid waste management programmes including standard operating procedures, for safe transport and final destination of the solid and liquid waste generated and or treated at the point of entry, according to its type and volume.</p>				
<p>1.10. Other potential risk areas: indoor air quality A documented, tested and updated indoor air quality management plan in place, where applicable, to avoid sources of contamination and infection and under competent authority supervision, where all present and potential health risks from Indoor air quality are detected and identified and recommended control measures are implemented, maintenance records and testing results are documented and available.</p>				
<p>1.11. Other potential risk areas: humans remains Current, regularly updated, documented and tested procedures are in place for monitoring humans remains departing and arriving from affected areas and for the use of specific health measures to ensure the safe handling and transport of human remains; under the supervision of competent authority, such as measures of issuance of permits, proper sanitary treatment for leakage in the conveyance, records are available, assessable, traceable and retrievable.</p>				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) To be filled in by competent authority of Member States or responsible for self assessment at the point of entry
	Fully	Partial	None	
2. Inspection programmes				
2.1. Sufficient number of staff for inspections Access to appropriate number of trained personnel assigned for these duties, in relation to volume and frequency of travellers and complexity of the Point of entry (regarding terminal facilities, destinations and multimodal practice in place among others factors).				
2.2. Competent/qualified personnel for inspection programmes Understanding of inspection standard operating procedures - Personnel have undergone a training program, can produce certificates/ documentation and/or can demonstrate a thorough understanding of standard operating procedures set in place for the sanitary inspection, and should demonstrate competency in the following areas, according to the assigned inspection duties:				
2.3. Epidemiological situation of the point of entry - Knowledge of common public health risks detected on a routine basis and about the usual public health risks associated to type, size and kind, common origins and destinations of conveyances that uses the point of entry;				
2.4. Public health events - Knowledge and skills for detecting, reporting, assessing and provide first control measures to public health events;				
2.5. Competent/qualified Personnel for inspection programmes Public health risks from microbiological, chemical and radiological agents – Knowledge of how they can affect human health and be transmitted person to person and by food, air water, waste, vectors, fomites and the environment;				
2.6. Personal protective techniques and related equipment - Demonstrable knowledge of its application and its correct use.				
2.7. Public health measures - Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection, decontamination, isolation, quarantine, contact tracing, entry and exit control.				
2.8. Testing and sampling techniques - Demonstrable knowledge of the use of correct testing and sampling techniques and equipment to support initial observation, detection and assessment of public health risk, e.g. water, food, vector control.				
2.9. Vector control - Demonstrable knowledge of the use of correct control methods of relevant vector-borne diseases and for, hosts and vectors, including disinsecting and deratting.				
2.10. Food safety management - Knowledge of use of correct practices of safe food management, especially with regard to handling; supply, source, preparation, storage and distribution.				
2.11. Water safety management - Knowledge of use of correct practices of safe water				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
	Fully	Partial	None	
management, especially with regard to source, storage, distribution, treatment and control methods;				
2.12. Competent/qualified Personnel for inspection programmes Solid and liquid waste management - Knowledge of solid and liquid waste treatment control methods and systems for detection, assessment and recommended control measures for present and potential risks from solid and liquid waste (including bilge water and ballast water for ships).				
2.13. Swimming pool and SPA -A Knowledge of present and potential risks from recreational swimming and spa areas and methods and systems for detection, assessment and recommended control measures (including on board systems).				
2.14. Medical facilities - Knowledge of requirements, bio safety procedures, equipment, medical chest and environmental requirements for medical facilities, according to the size, type and kind of conveyance and related applicable guidelines (e.g. WHO, IMO, ILO, ICAO).				
2.15. Harmful contamination other than microbial contamination, such as radio nuclear sources, could also be found on ships but is outside the scope of this guidance. Both, national and international agencies exist to deal with radio nuclear incidents and emergencies. The IHR National Focal Point should have the contact information for these agencies.				
2.16. Facilities, equipment and supplies for use by inspection staff Facilities, equipments and supplies are available for use by inspection staff, according to the needs of its duties and kept in safe and hygienic conditions; including: communication devices, testing and sampling supplies and equipments, updated guidance tools and others technical information sources, personal protective equipment, vector control devices and supplies, records/data collection storage and forms; etc.				
(e) To provide as far as practicable a programme and trained personnel for the control of vector and reservoirs in and near points of entry				
1 Control of vectors and reservoirs				
1.1. Plan for vector and reservoir control Integrated vector control programme in place, including special arrangements or agreement/contract covering the following areas: <ul style="list-style-type: none"> ✓ Passenger terminals ✓ Cargo and containers terminals ✓ Infrastructure and courtyards ✓ Service providers facilities at terminal and for conveyance ground support operation ✓ Surrounding areas of Point of entry (minimum 400 meters) 				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) To be filled in by competent authority of Member States or responsible for self assessment at the point of entry
	Fully	Partial	None	
<p>1.2. Trained personnel for control of vector and reservoirs Adequate number of personnel with training and knowledge to detect and control public health risks of vectors and reservoirs as well as to oversee and audit services and facilities of the point of entry.</p>				
<p>1.3. Monitoring of vectors in the points of entry facility and in the surrounding area of at least 400 meters from terminal. Monitoring is maintained updated in place: vectors and reservoirs are detected, identified, tested for pathogen and controlled. Results of the latest audit of services and facilities are available and accessible.</p>				
<p>1.4. Dedicated space, equipment and supplies for use by vector and reservoir control staff Dedicated and secure space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies, including: <ul style="list-style-type: none"> ✓ insecticides, rodenticides, traps and their application equipment ✓ equipment for inspection ✓ workplace and supplies for staff to prepare inspections, complete reports, and to prepare, calibrate and store sampling equipment </p>				
<p>1.5. (f) Special capacities according to type of point of entry: [TO BE COMPLETED]</p> <p><u>Airports</u></p> <p>1.5.1 Procedures concerning communication of events on board of aircraft, when a suspected case of communicable disease or other public health related event should be in place, involving air traffic control, airport authorities and public health sector competent authorities.</p> <p>1.5.2. Procedures in place to assess, monitor and apply safely aircraft disinsection, and other vector control measures if required, according to WHO recommendation and guidance, as applicable (this procedures should be part of the integrated vector management control plan at the airport)</p> <p>1.5.3 Procedures concerning communication with aircraft and air transport operators, regarding free pratique(including radio free pratique) request and authorization and health part of the General Declaration of Aircraft, if and when requested by national authorities</p>				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
	Fully	Partial	None	
<p>PORTS and ships</p> <p>1.6.1 Procedures concerning communication with ship and ship industry operators, regarding free pratique(including radio free pratique) request and authorization and the Maritime Health Declaration, if and when requested by national authorities.</p> <p>1.6.2 Arrangements in place for designated ship quarantine anchorage area, if and when requested, according to risk assessment (such as vector borne disease, ballast water, waste and other public health risks) and safety, security and facilitation principles, as applicable.</p>				
<p><u>1.7 ground crossing</u></p> <p>(All above to be completed according to future field testing)</p>				

II - For responding to events that may constitute PHEIC3 (Emergencies)

Core Capacities	MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) To be filled in by competent authority of Member States or responsible for self assessment at the point of entry
		Fully	Partial	None	
(a) to provide appropriate public health emergency response by establishing and maintaining a Public Health Emergency Contingency Plan, including the nomination of a coordinator and contact points for relevant point of entry, public health and other agencies and services					
1. Public health contingency plan					
	1.1. An agreed, updated, documented public health emergency contingency plan, integrated with other public health response plans (national/intermediate/local levels) and other emergency operational plans at point of entry, covering relevant services at point of entry and disseminated to all key stakeholders.				
	1.2. Integration with other response plans A clearly structured allocation of functions within the public health emergency contingency plan, for all services and sectors involved at point of entry to carry out policy /guidance, coordination, management and evaluation functions during a public health response: <ul style="list-style-type: none"> ✓ Coordinator/committee identified; ✓ Sub-sector/ services contacts and plans in place ✓ Sub-sector/service contact points identified. ✓ contact points for key sectors/services at point of entry identified/nominated and details shared with competent authority. ✓ integration with possible sectoral plans contact points of key sectors/services at point of entry, including public health, immigration, transportation, security, public information/media ✓ Identification of mechanism/system in operation and procedures in place for communication/collaboration between public health authorities, within national health surveillance system, with regard to reporting, information exchange, assessment and coordinated response, in coordination with national, intermediate and local public health alert and response plans. ✓ a reliable system for informing the local competent authority in charge to implement health measures of the pending arrival of a suspected case of a communicable disease, when traffic control or others authorities at point of entry have been notified of this by conveyances operators; 				
	1.3. Training and/or drill exercises				

³ Public Health Event of International Concern

Core Capacities	MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
		Fully	Partial	None	
Periodic training and/or drill exercises to familiarize contact points of key sectors/services at point of entry with the public health contingency plan and their respective roles and functions within it.					
(b) to provide assessment of, and care for, affected travellers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment and other support services that may be required					
1. Affected travellers on board					
1.1. Administrative arrangements and written, procedures are in place and agreed with local authorities, conveyance operators and service providers; for information sharing, coordinated intersectorial alert and response actions, for affected conveyances, regarding support and decision making for ill or suspect traveller on board, as part of the public health emergency contingency plan.					
2. Assessment of, and care for affected travellers					
2.1. Access to treatment, isolation and diagnostic facilities Administrative arrangements and a written, formal agreement, such as memorandum of understanding, are in place with local and/or proximate hospitals, clinics, health services, to receive affected travellers from the point of entry for isolation, treatment and other support services ✓ This agreement should describe the potential nature of the risk (e.g. infectious disease; others sources of contamination) and the responsibilities of each signatory; ✓ Reference source, date and expiry of the agreement; ✓ Facilities and types of health care covered (e.g. assessment, isolation, treatment such as first aid, intensive care unit, contagious disease reference centre, etc.); ✓ Competent/qualified Personnel for prompt assessment, care and isolation of affected travellers assigned for these duties; ✓ Access to laboratory facilities; ✓ Access to necessary equipment, supplies and personal protective equipment (e.g. PPE) ; ✓ Procedures in place for routine written reports of traveller transfer, follow-up care and results of laboratory analysis. ✓ Arrangements for translation and interpreters(?)					
2.2. Key information regarding treatment, isolation and diagnostic facilities and transport for affected travellers List of all facility to which affected travellers from the point of entry are to be transferred and names and key contact information (address, phone number, distance from point of entry and					

Core Capacities	MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) To be filled in by competent authority of Member States or responsible for self assessment at the point of entry
		Fully	Partial	None	
map of routes) created , disseminated and maintained updated, regularly tested for accuracy and accessible to all relevant personnel. Key information provided to transportation services regarding the name, address, distance and route to hospitals/ clinics facility to which affected travellers from the points of entry must be taken.					
3. Assessment, care and isolation of affected animals					
<p>3.1.A written, formal agreement in place with veterinary centres to provide diagnostic tests, assessment and recommended measures related to affected animals</p> <ul style="list-style-type: none"> ✓ Staff trained in infection control and available on-site or on-call to examine affected animals; ✓ Standby infection control plan, including adequate equipment and procedures to manage or to use other clinical care facilities to deal with heightened level of public health risk (other than routine level risk) ; ✓ Personal protective equipment and personnel trained available to carry out assessment, treatment and isolation of affected animals; <p>Written reports of results of affected animal diagnostic tests, follow-up care and infection control.</p>					
<p>3.2.Referral and transport of animals to designated veterinary facility through appropriate safe transport arrangements</p> <p>Documented administrative arrangements are in place :</p> <ul style="list-style-type: none"> ✓ Cleaning/disinfection equipment and supplies and personnel familiar with these procedures; ✓ Personal protective equipment to transport staff. 					
(c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons					
1. Space to interview suspect or affected travellers					
<p>1.1.Hygienic and environmentally safe space(s) set aside to conduct private interviews that are of adequate size in relation to volume, type of conveyance and frequency of travellers and complexity of the Point of entry (regarding terminal facilities, destinations and multimodal practice). Desirable to have independent exit passage which suspect travellers can be transported to medical care facilities, if needed, and avoid infecting others persons. Arrangements for translation and interpreters where needed(?)</p>					

Core Capacities	MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
		Fully	Partial	None	
	1.2.Regular-updated, documented, tested on-site control measures for the purpose of elimination all the possible contamination at the facility used to interview affected travellers, including equipments and products for cleaning, disinfection and decontamination.				
	1.3.Personal protective equipment (PPE) for interviewing ill travellers Access to necessary equipment (e.g. PPE) for initial interview and triage. Personnel use personal protective equipment for initial interview and triage.				
(d) to provide for the assessment and if required, quarantine of suspect travellers, preferably in facilities away from the point of entry					
1. Assessment of suspect travellers					
	1.1. Staff Appropriate number of trained personnel, proportional to the volume and frequency of travellers, available at short notice, on or off site, to interview and to provide first assessment of suspect travellers on a timely basis.				
	1.2. Procedures for reporting Procedures in place to report to the competent authority for the point of entry, events related to travellers, indicative of infectious disease or evidence of a public health risk to ensure appropriate assessment, care and other public health measures				
2. Quarantine of suspect travellers					
	2.1. Designation of facilities Administrative arrangements and a written, formal agreement, such as memorandum of understanding, are in place with local and/or proximate hospitals, clinics, health services, or others facilities to receive suspected travellers from the point of entry for quarantine and other support services (preferably away from the point of entry). <ul style="list-style-type: none"> ✓ This agreement should describe the potential nature of the risk (e.g. infectious disease; others sources of contamination) and the responsibilities of each signatory; ✓ Reference source, date and expiry of the agreement; ✓ Facilities and types support and logistics services covered; ✓ Competent/qualified personnel for quarantine of suspected travellers, assigned for these duties; ✓ Access to laboratory facilities; ✓ Access to necessary equipment, supplies and personal protective equipment (e.g. PPE) ; ✓ Procedures in place for routine written reports of traveller transfer, follow-up care and results of laboratory analysis. 				

Core Capacities	MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
		Fully	Partial	None	
Arrangements for translation and interpreters where needed(?)					
2.2. Staff Appropriate number of trained personnel at the quarantine facility to recognize disease symptoms and who are familiar with procedures and measures for suspect travellers.					
(e) to apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage. Cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose					
1. Location and apply recommended measures					
1.1. Designation of specially equipped location, designed properly to avoid possible injury or discomfort and harm to persons and damage to the environment (factors, such as direction of the wind, distance to human-resident community, should be taken into consideration, which contributes greatly to the harmful effect to people and environment.), to apply recommended measures, according to the movement of baggage, cargo, containers, conveyances, goods and postal parcels, as applicable, for: <ul style="list-style-type: none"> ✓ disinsecting ✓ deratting ✓ disinfecting ✓ decontaminating ✓ treating 					
1.2. Standard operational procedures Documented, updated and tested standard operational procedures are in place					
1.3. Trained Staff Appropriate number of trained personnel is available, providing application of health measures adequately, according to technical requirements, in a timely manner.					
1.4. Personal protective equipment Equipment available and staff trained with application of personal protective equipment.					
(f) to apply entry or exit controls for arriving and departing travellers					
1. Entry or exit controls for travellers					
1.1. A formal plan to apply entry exit controls at point of entry, if and when recommended, to enable a risk assessment of the individual traveller to be made during events that may					

Core Capacities	MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer right column)			Description stage of implementation of capacities and/or action to be taken (e.g. progress, gaps and plan for capacity development, including resource and timelines, etc.) <i>To be filled in by competent authority of Member States or responsible for self assessment at the point of entry</i>
		Fully	Partial	None	
constitute a public health emergency of international concern should be in place and have: <ul style="list-style-type: none"> ✓ An identified staff/committee to make, coordinate and implement key decisions on entry/exit controls at point of entry ✓ A communication procedure on sharing/ disseminating information to the public and travellers regarding entry/exit controls in place during a public health emergency ✓ A ‘toolbox’ of methods is available for screening, including visual inspection, questionnaire/health declaration forms and temperature measurement (using thermal scanners or other suitable methods). ✓ Operational standards procedures ✓ Training/briefing/drills to orient staff, including public health, airlines, travel agents, security, customs and others, on additional responsibilities in carrying out entry/exit controls. ✓ Reliable equipment calibrated and maintained in accordance with the manufacturer’s recommendations. ✓ Personnel trained in procedures and use equipments and in the interpretation of recordings. ✓ A system to incorporate the results of exit screening at airports with the national surveillance and reporting system for outbreaks of a specified illness. ✓ Logistics, especially baggage, security and customs formalities for travellers arriving from and to abroad, for suspected cases and for asymptomatic contacts. 					
(g)to provide access to specially designated equipment, and to trained personnel with appropriate personal protection, for the transfer of travellers who may carry infection or contamination					
1. Provide access to special equipment					
1.1. Arrangements are in place for transporting suspected travellers to appropriate medical or quarantine facility by safe, hygienic means of transport. Transport service should have in place cleaning/disinfection equipment and supplies and personal protective equipment provided to transport staff.					
2. Personnel to transport suspect travellers.					
2.1. Appropriate number of trained personnel is available, providing transport of suspected travellers adequately, according to technical requirements, in a timely manner;					
2.2. Personnel trained with application of personal protective equipment and disinfectant techniques, as applicable.					
2.3. Personnel trained in the use of key information regarding hospital/clinic/diagnostic facilities related to the point of entry.					

c)

DRAFT