International Health Regulations

IHR (2005) implementation at Points of Entry Challenges in the African region

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In May 2005, The 58th World Health Assembly adopted the revised International Health Regulations, “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.
2. Strengthen national disease surveillance, prevention, control and response systems

3. Strengthen public health capacities in travel and transport – points of entry

Timeline


Assessing Planning Implementation extensions

"As soon as possible but no later than five years from entry into force …" (Articles 5, 13)
Core capacity requirements for designated points of entry PoE
Art.19, 20 & 21

● DESIGNATION OF POINTS OF ENTRY
  – States Parties shall designate Airports and Ports for developing capacities – Annex 1b
  – States Parties where justified for PH reasons, may designate ground crossings for developing capacities – Annex 1b, taking into consideration volume and frequency of international traffic and public health risks of the areas in which international traffic originates.
  – States Parties sharing common borders should consider:
    • Bilateral and multilateral agreements
    • Joint designation of adjacent ground crossing for capacities – Annex 1b
  – Identify competent authority for each designated point of entry

● WHO CERTIFICATION FOR AIRPORTS AND PORTS
  – Under request of State Party WHO may arrange to certify it
    • Need to develop procedures and guidelines by WHO
PoE Core capacity requirements at all times (routine)

(a) Assessment and Medical care, staff & equipment

(b) Equipment & personnel for transport ill travellers

(c) Trained personnel for inspection of conveyances

(d) Ensure safe environment: water, food, waste, wash rooms & other potential risk areas - inspection programmes

(e) Trained staff and programme for vector control
PoE Capacity requirements for responding to potential PHEIC (emergency)

a. Public Health Emergency Contingency plan: coordinator, contact points for relevant PoE, PH & other agencies

b. Provide assessment & care for affected travellers, animals: arrangements with medical, veterinary facilities for isolation, treatment & other services

c. Provide space, separate from other travellers to interview suspect or affected persons

d. Provide for assessment, quarantine of suspect or affected travellers

e. To apply recommended measures, disinsect, disinfect, decontaminate, baggage, cargo, containers, conveyances, goods, postal parcels etc

f. To apply entry/exit control for departing & arriving passengers

g. Provide access to required equipment, personnel with protection gear for transfer of travellers with infection/contamination
### IHR Key Functions at ports, airports and ground crossings

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<th>PREVENTION</th>
<th>EARLY WARNING</th>
<th>RESPONSE</th>
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<td>Containing known public health risks</td>
<td>Detecting relevant health events</td>
<td>Responding to public health emergencies</td>
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<td>Routine control of “Sanitary conditions” at points of entry and conveyances</td>
<td>Inspection, screening, Information and verification</td>
<td>Support to investigation and contingency plans to adopt control measures</td>
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<td><strong>Risk management</strong></td>
<td><strong>Risk assessment</strong></td>
<td><strong>Event management</strong></td>
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<td>Conveyances inspection programmes and control measures</td>
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**International Health Regulations**
PoE capacities scoring, Regional Profile, African region, 2011

- A review meeting (or other appropriate method) to designate PoE held: 66
- Ports/airports designated for development of capacities: 61
- A list of ports authorized to offer certificates relating to ship sanitation sent to WHO: 36
- Relevant legislation, regulations, administrative acts, protocols, procedures and other Gvt instruments updated: 25
- Updated IHR health documents implemented at designated PoE(s): 50
- Designated PoE been assessed: 36
- Joint designation of PoE for core capacity development between countries carried out: 16

(Source: SP MTR, n=37)
PoE core capacities scoring, Regional profile, African region, 2011 (Source: SP MTR, n=37)

- Priority conditions for surveillance at designated PoE identified: 55
- Surveillance information at designated PoE been shared with the surveillance department/unit: 55
- Mechanisms for the exchange of information between designated PoE and medical facilities in place: 52
- Review of surveillance of health threats at designated PoE carried out in the last 12 months and results published: 11
PoE Core capacities scoring, Regional Profile, African region, 2011 (Source: SP MTR, n=37)

- SOPs for response at designated PoE available: 25
- Public health emergency contingency plans at designated PoE tested and updated: 5
- Results of the evaluation of effectiveness of response to PH events at PoE published: 8
 Achievement by WHO (1)

- Translation and Dissemination of IHR Core capacities assessment tools

- 43 countries supported to conduct in-depth assessment or desk review of surveillance and response capacities as well as core capacities at PoE

- Support to the strengthening of capacity for PoE and during mass gatherings (WC South Africa, African cup (Gabon & Equatorial Guinea))

- Training of staff from Portuguese speaking countries on ship sanitation certificate inspection and issuance in Portugal and Brazil
Achievement by WHO (2)

- Integration of points of entry activities to national surveillance system
- Support to the assessment of core capacity and development of Port health strategy in Botswana in close collaboration with Hamburg Port Health expert
- Contribution to the development of PoE Tools and guidelines in close collaboration with HQ & Partners
Cooperation with ICAO and IATA
Action taken

- Launch of CAPSCA Africa Project in Libreville, 2007
- At least one staff certified for specimen transportation in all 46 MS
- At least one staff trained on biosafety/Biosecurity
- Airport field assistance assessment in Nigeria, Mali & Lesotho
- CAPSCA Meetings in Libreville, Bamako, Abuja
Challenges in the AFR (1)

- Designation of PoE to develop, maintain and strength core capacities
- Capacity building of staff at PoE
- Infrastructure & Equipment maintenance
- Implementation of WHO Certification for IHR core capacities requirements for ports and airports
Challenges in the AFR (2)

- Strengthening intersectoral coordination and collaboration for designation, assessment and development of routine and response core capacity at PoE (e.g. transport, customs, immigration, environment, etc.)

- Development of integrated emergency contingency plans for PoE

- Development of strategic approach for international communication and cooperation for response to events involving points of entry, travel and transport

Harmonization of activities at PoE with national health surveillance and response system
Challenges in the AFR (3)

- Determining list of areas where disinfection are recommended for aircraft arriving from these areas

- National harmonization of IHR requirements with commitments/requirements from others International agreements (e.g. ICAO, IMO, ILO Conventions)

- Need for Aviation and Health sectors to better understand each other.
Aviation sector is time critical

*Minutes delay can be important*

Public health recommendations are often not ‘real time’

Aviation-related action may need to be taken before threat is accurately characterized

Inter and intra sectoral collaboration is needed at all levels for an effective and timely response
Questions to: ihr@afro.who.int

www.who.int/ihr/ports_airports/en/