Public Health Emergency
Planning at PoE

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Emergency Plans at PoE

One of the core capacities requirements for designated PoE,

But also related to other international agreements (e.g. ICAO)

Needs Coordinated multi-agency effort for develop. / test it.

Not one size fits all, each PoE to develop its own, but general structure maybe common

Health measures at the right measure during emergency!
IHR Core Capacity Requirements for Public Health Emergency Planning at PoE
Capacity requirements for responding to potential PHEIC (emergency)

- **Public Health Emergency Contingency plan:** coordinator, contact points for relevant PoE, PH & other agencies
- **Transfer of travellers with infection/contamination:** Provide access to required equipment, personnel with protection gear for
- **Provide assessment & care for affected travellers or animals:** arrangements with medical, veterinary facilities for isolation, treatment & other services
- **Interview suspect or affected persons:** Provide space, separate from other travellers
- **Assessment and quarantine of suspect or affected travellers:** preferably in facilities away from airport
- **To apply recommended measures:** disinsect, disinfect, decontaminate, baggage, cargo, containers, conveyances, goods, postal parcels, etc
- **To apply entry/exit control for departing & arriving passengers**
## IHR provisions concerning public health events

<table>
<thead>
<tr>
<th>IHR article</th>
<th>Content</th>
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<tr>
<td>Art 5, 6, 8, 9, 10, 13 &amp; Annex 1A, 2</td>
<td>Surveillance, verification, notification, response</td>
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<td>Art.19, 20 &amp; 21 &amp; Annex 1B</td>
<td>PoE core capacity requirements, communication and coordination, capacities at all times, capacity for responding to PHEIC</td>
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<tr>
<td>Art.22, 24</td>
<td>Role of Competent authorities, Conveyance operators</td>
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<tr>
<td>Art.23, 25, 27,28,30,31,42,43 &amp; Annex 4</td>
<td>Public health measures, Health measures on arrival and departure, Ships and Aircraft in transit, Affected conveyances, Ships and aircraft at points of entry</td>
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<td>Art. 37, 39 &amp; Annex3, 8</td>
<td>Health Documents, Maritime Declaration of Health, Ship Sanitation Certificates</td>
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IHR Provisions on Public Health Events Reporting and Verification, including PoE
States Parties have are required to notify potential PHEICs to WHO in a timely manner.

<table>
<thead>
<tr>
<th>Always Notifiable Events</th>
<th>Potentially Notifiable Events</th>
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<td>WHO must be immediately notified of these, irrespective of the context in which they occur.</td>
<td>Assess these events using the Annex 2 decision algorithm to determine whether to notify WHO.</td>
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<td>A single case of:</td>
<td>Events including:</td>
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<tr>
<td>• Smallpox;</td>
<td>• Cholera;</td>
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<td>• Poliomyelitis (via wild type poliovirus);</td>
<td>• Pneumonic plague;</td>
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<td>• Human influenza caused by a new subtype;</td>
<td>• Yellow fever;</td>
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<td>• Severe acute respiratory syndrome (SARS).</td>
<td>• Viral hemorrhagic fevers;</td>
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<td>• Other epidemic-prone diseases of special national or regional concern;</td>
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<td>• Other biological, radiological or chemical events when the events “have demonstrated the ability to cause serious public health impact and to spread rapidly internationally.”</td>
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### National Obligations Under IHR: events related to international travel and trade

**Inform WHO within 24h public health risks identified outside its territory (Art. 9):**

- Imported or exported:
  - Human cases;
  - Vectors which carry infection or contamination; or
  - Goods that are contaminated.

**Affected Conveyances (Art. 27):**

- Report to the IHR National Focal Point about additional health measures, including isolation of the conveyances;
- Inform competent authority of next known point of entry if not able to take required control measures and obtain satisfactory results.
4 diseases that shall be notified: **polio** (wild-type polio virus), smallpox, human influenza new subtype, SARS.

Disease that shall always lead to utilization of the algorithm: **cholera**, pneumonic plague, yellow fever, VHF (Ebola, Lassa, Marburg), West Nile Fever (WNF), others.

**Q1:** Public health impact serious?

**Q2:** Unusual or unexpected?

**Q3:** Risk of international spread?

**Q4:** Risk of travel/trade restriction?

Insufficient information: reassess
Public Health Preparedness and Response at PoE

Hospitals & facilities

Public health authority: National Surveillance and Response system

WHO

IHR

NFP

**Arrangements:**
- transportation
- treatment
- isolation
- diagnosis

**Mechanisms:**
- Event communication
- Collaborative investigation
- Coordinated response
(e.g. examination, disinsection, derating, disinfection, decontamination, contact tracing, etc)

**Arrangements**
- Quarantine
- Conveyance inspection
- vector control
- disinfection…

**Relevant sectors & stakeholders**

**PoE Coordinator**

Public health events

Communication
Example of IHR Framework

WHO Director-General

WHO IHR Contact Point

National IHR Focal Points (NFP)

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

National surveillance and response systems

Ministries and sectors concerned
Other competent organizations (IAEA etc.)
Notification Consultation Report Verification

Communication

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

Emergency Committee
Review Committee
Expert Roster

PoE
Art 28

Officers in command of ships and pilots, or their agents, shall make known to the port or airport control, as early as possible before arrival at the port or airport of destination, any cases of illness indicative of disease of an infectious nature or evidence of a public health risk on board as soon as such illnesses or public health risks are made known to the officer or pilot.

Communications concerning ill passengers and other health risks detected onboard

Port

Public health authority: National S&R system

Maritime sector and other stakeholders

Detect and report any urgent or unexpected events

NFP

International Health Regulations

World Health Organization
IHR Requirements on Coordinated Response at PoE
Response to public health emergency

- Coordination for response (Ex: Pandemic (H1N1)2009, Cholera in Haiti, Japan 2011)
  - WHO specific emergency technical guidance and advice
  - Monitoring public health measures at PoE and survey
  - International Coordination and networking - Ad hoc task force/working group among international organizations (ICAO, IMO, UNWTO-TERN, IAEA, IATA...)

- Preparedness: Legislation, procedures, guidelines and core capacity building
  - Update WHO documents and harmonization of legislation, procedures, recommendations and standards with others International agreements (e.g. ICAO, IMO, ILO Conventions)
  - International collaboration/harmonization of practices and technical guidance (e.g. EU-SHIPSAN, EU-REACT and RAGIDA Projects, CAPSCA, etc)
  - Assessment and development of core capacities (routine and emergency), training, simulation exercises at points of entry.
Public Health Contingency Plan at PoE
Contingency Planning at PoE

INTERNATIONAL HEALTH REGULATIONS (2005)
A guide for public health emergency contingency planning at designated points of entry

Guidance for public health measures and emergency planning at designated points of entry (WPRO)
POE public health emergency planning...

- Developing a PHECP at designated POE is an important minimum requirement under IHR.

- Improving and sustaining “readiness” is a continuing process (e.g. EOC, risk assessment capacity and operational research).

- A broader approach is required to operationalize the plans (local, national and international context).
Purpose & Scope

- **Scope:**
  - For national and local public health authorities, emergency planners and POE planners to develop a PHECP at designated POE’s

- **Purpose:**
  - Drive collaboration to develop an effective PHECP
  - Secondary objectives:
    - IHR compliance, interoperability with national plans, strategic relationships (local, national, international), core capacity building & up-skilling of POE health officials

“Identify, build and connect the required relationships between Local POE, national (PH and other authorities), & international stakeholders”

“Develop a plan – not just that achieves IHR compliance but is the best defense of dealing with the next PH emergency or PHEIC” – in times of emergency people need to have a plan to focus them
Core Themes and Guiding Principles

Guiding Principles

- Flexibility to suit a range of PH emergencies
- Consideration and harmonization with existing plans
- Plan to develop “surge capacity” on an as-required basis
- Place equal emphasis on readiness, and recovery phases – not just response
- Ensure adequate budgeting for developing, exercising & refreshing / updating plans
- Ensure full respect for dignity, human rights and freedoms as per IHR (2005)
Key Planning Considerations

“The considerations with the most impact on success or failure of a response”

1. Communication
2. Relationships
3. Command & Control Structures
4. Decision Support / Making
5. People & resources
6. Interoperability of Plans

7. Additional Planning Considerations
   - Risk profile (national, local, POE)
   - Policies & Legislation (national, local)
   - Mandatory requirements of other bodies eg. ICAO
Recommended Steps to Developing a PHECP

“Develop a plan that is realistic & sustainable for the POE taking into account existing and surge capacity, requirements and resources available”

1. Establish a planning team
2. Prepare for Planning phase
3. Initiate the planning phase
4. Write the plan
5. Review the plan
6. Test the plan
7. Stakeholder sign-off
8. Publish and communicate
9. Brief and train required personnel
10. Schedule regular exercises
11. Review, update and maintain as required
Emergency Plans at PoE

Lessons learned from Pandemic and other events

i) Need for preparedness (past experience and training counts…)

ii) Updating/validating guidance and tools,

iii) Revising standards

iv) Cooperation and coordination

v) Risk assessment and risk communication

vi) Political pressure and potential and real impact of event

vii) Globalization of information and risk perception

viii) IHR and new role of PoE (NOT ONLY ENTRY BARRIER) Involves traveller, employees and its potential impact
Specialized network for points of entry & public health

https://extranet.who.int/pagnet/

PAGnet brings together public health officials at points of entry and partners to coordinate public health activities at ports, airports and ground crossings, including preparedness and response to public health emergency affecting international travel and transport.
Thank you
Asante
Merci
Gracias
Obrigado

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