IHRs - Application to point of entry and current status of implementation in Egypt

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Introduction about Points of entry in Egypt:

- The main structure of POE in Egypt consists of general department of Quarantine and 31 sections, one at each designated point of entry.
- There are 15 airports, 12 ports, 4 ground crossings distributed in 13 governorates.
- The main sources of legislations are International Health Regulations and National legislations.
- Legislations include preventive procedures of passengers, goods, conveyances & dead bodies.
Current status of IHRs Implementation at POE

Points of entry development core capacity requirements at the designated POE to meet the requirements of the IHRs 2005 as outlined in Annex 1-B of the IHRs.

WHAT IS ANNEX 1-B?
Annex 1-B: Core capacity requirement at points of entry

1. At all time: The capacities:
   a) To provide access to an appropriate medical service, adequate staff and equipment
   b) To provide access to equipment & personnel for the transport of ill travellers
   c) To provide trained personnel for the inspection of conveyances
   d) To ensure a safe environment for travellers as potable water, catering & waste disposal services
2-For responding to PHEIC

The capacities:

a) To provide, establishing and maintaining a public health emergency plan

b) To provide assessment of and care for affected travellers

c) To provide appropriate space, separate from others

d) To apply recommended measures to disinsect, derat, disinfect and decontamination

e) To apply entry or exit controls

f) To provide well trained personnel with appropriate personal protection
IHR Core Capacity Development at points of entry in EGYPT

The key points are:

1) national legislations
2) The main structure
3) Support the human resources
4) Training programs
5) Equipments & Tools
6) FINANCIAL SUPPORT
7) Isolation unit
8) International vaccination center
IHR Core Capacity Development at points of entry

1) national legislations:
We have updated national legislations and government instruments according to IHR2005
Then published and implemented at all designated points of entry
2) The main structure

Construction of new buildings and reconstruction of the old one according to the IHR requirements at all time and for responding to Public Health Emergency
3) Support the human resources:

There are basic well trained personnel and other extra reserve personnel not belong to the basic team but took Avery good training to be in help at once in case of emergency
4) Training programs:

Continuous good training programs for the main and reserve Personnel on implementation of IHR and field exercises.
5) Equipments & Tools:

Support Points of entry with equipments, tools, cares, boats and recent equipments as thermal scanner which used in H1N1 & other epidemics (which does not used in ordinary times but At emergencies only for that we do regular maintenance for it).
6) FINANCIAL SUPPORT:

We have a financial support only for requirements of emergency plan under responsibility of general quarantine department.
7) Isolation unit:

For each point of entry.

**Contains** :- out patient clinic.

- Isolation rooms: there are fixed numbers of rooms at all times & we can increase its number and capacity in emergencies.

- Places for duties (doctors, inspectors, nurses & paramedical).

- Fridge for dead bodies.

- Site for medical training & lecturers.

- Medical waste incinerator.
8) International vaccination center:
- contains international vaccinations as: yellow fever, meningitis.
- Vaccinations of pilgrims & omra.
- Provide advice & guidance according to WHO international travel and health.
Briefing on Public Health Emergency Plan At Points Of Entry in Egypt

There are 3 stages:

A) pre-event stage.
B) Confrontation and response stage.
C) Post-event stage.
A) Pre-event stage

The objective of this stage is: underpin the core capacities development at points of entry by:

1) update national legislations.
2) strengthen The main structure.
3) Support the human resources.
4) Support Training programs.
5) renew Equipments & Tools.
6) Increase Financial support.
7) Plan for each point of entry.
8) Increase room numbers & capacity in isolated unites.
9) Strengthen international vaccination services.
Plan for each point of entry:

There is an individual plan for each point of entry with coordination and collaborations of all relevant stakeholders and agencies as a protocol of defining roles and responsibilities with contact info of them. (This plan we updated it according to the last recommendations of WHO work team at May 2011 by Dr. John Jabbour and Dr. ninglan)
B) Confrontation and response stage:

- Increase preparedness degree and bring up the reserve personnel
- Follow up of epidemic situations and outbreaks
- Identify preventive procedures
- Implementation of preventive procedures on passengers, goods, conveyances and dead bodies
- Strengthen vector control programs
C) Post-event stage

- Evaluation, identify gaps and lessons learnt.
- Limit the losses in personnel and facilities.
- Rehabilitation and reconstruction.
- Underpin the core capacities development at points of entry and return again to pre-event stage.
Main Findings at Points of Entry:
(according to the last recommendations of WHO work team)

1- Strong legislation support (national quarantine law)

2- Robust POE structure

3- National Plans for core Capacity development plan for routine times and PHEIC.
4- Informal multilateral coordination and communication among stakeholders and ancillary service providers

5- Trained and committed physicians and port health officers carrying out functions in the context of IHR (2005) at Points of Entry

6- Operational procedures in various technical areas established.
Problems and Challenges

1- Public health emergency contingency planning for each designated PoE is still wanting.

2- Potable water, sewage and solid waste, cleaning and disinfection, vector surveillance and control management are challenged by weak or inadequate planning at PoE.
Actions to be taken
general Quarantine Department

THANK YOU