



International Health Regulations (2005)

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

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International Health Regulations Coordination
WHO Lyon Office
www.who.int/ihr

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ACRONYMS

ICAO	International Civil Aviation Organization
IHR	International Health Regulations (2005)
ILO	International Labour Organization
IMO	International Maritime Organization
PHEIC	Public health event of international concern
WHO	World Health Organization

I. Introduction:

1.1. Purpose and scope of the document

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 1B. 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 the basis for future development of WHO guidance for certification of airports and ports, according to the International Health Regulations (2005) provisions.

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

The format of this tool follows the list of core capacity requirements described in Annex 1 of the International Health Regulations (2005), hereinafter referred to as "IHR" or "the Regulations." It further describes and identifies measures of compliance for each requirement and provides space for assessing the stage of implementation of the core capacity requirements along with the description of existing capacities and for planning how to strengthen, 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 the competent authorities at points of entry¹, and both the National IHR Focal Point and health authorities at the national, intermediate and local levels, as per in Annex 1A of the Regulations.

The second part (Part B) is a checklist for assessing the core capacity requirements for designated airports, ports and ground crossings, as per Annex 1B of the IHR.

1.2. Background of the IHR

Implementing the IHR is an obligation for WHO and States Parties to the Regulations. One group of such obligations is related to the core capacity requirement for countries to “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.

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. (Articles 1 and 22)

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 is 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 aim to prevent, protect against, control and respond to the international spread of disease while avoiding unnecessary interference with international traffic and trade. The IHR 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 work 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 require each State Party to develop, strengthen and maintain core national public health capacities at the local community level and/or the primary public health response level, intermediate level and national level in order to detect, assess, notify, and report events and to respond promptly and effectively to public health risks and emergencies.

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

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

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, States Parties must designate their 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 neighboring 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). The core capacities required should be implemented by competent authorities at points of entry. States 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 the IHR, it is required that designated airports, ports and ground crossings 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, to supervise service providers, including monitoring and supervising the application of sanitary measures. If evidence is found, disinfection,

decontamination or removal and safe disposal of any contaminated water or food should be carried out.

Under Article 27 of the IHR, if clinical signs or symptoms and information based on fact or evidence of public health risk is found on board conveyances on 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 informing the competent authority at the next known point of entry of the evidence found and the control measures required.

According to the IHR, capacity should be in place to adopt control measures to prevent the spread of disease and its agents at points of entry and on conveyances, such as cleaning and disinfection, decontamination, deratting, disinsecting, etc. Health measures taken pursuant to 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 to baggage, cargo, containers, conveyances, goods or postal parcels (Article 22). These measures shall be initiated and completed without delay, and applied in a transparent and non-discriminatory manner (Article 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 Article 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 for sanitary measures for persons, as appropriate under these Regulations;
- (d) advise conveyance operators, as far in advance as possible, of its 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 conducting 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 Article 24 States 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 Article 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.

States Parties may consider the following when designating points of entry, developing, strengthening and maintaining core national public health capacities, at all times and for responding to a public health emergency:

- population density in and around the point of entry that may be affected by the various types of international traffic operating through this location (risk analysis of the potential impact of the international traffic in a dense population);
- volume and frequency of the various types of international, as compared to other points of entry traffic (magnitude of the travellers/cargo/conveyances movements);
- public health risks existing in areas in which the international traffic originates, or through which it passes, prior arrival at the particular points of entry (risk analysis of the route used for travellers/cargo/conveyances);
- existing facilities and capacities to manage public health risks at the point of entry location (logistics factors);
- potential use of joint designation with neighbouring country (international cooperation);
- epidemiological situation in and around the point of entry location (related to health situation analysis);
- existence of multimodal transportation related to international traffic and potential for dissemination of public health risk in a transportation chain (public health risk analysis according to the transport chain).

II. Assessing IHR Core Capacities for Surveillance and Response

2.1. Aim and objectives of the assessment

The aim of the assessment is for Member States to develop, strengthen and maintain the IHR public health core capacities requirements at designated ports, airports and ground crossings, related to prevention, early warning and response for public health risks and events.

The routine core capacity requirements include assessment and medical care, staff and equipment; equipment and personnel to transport ill travellers; trained personnel for inspection of conveyances; ensuring a safe environment (e.g. water, food, waste); and trained staff and a programme for vector control.

Capacity requirements for responding to a public health emergency of international concern (PHEIC) include, among other, a public health emergency contingency plan and the application of recommended measures to disinsect, disinfect, and decontaminate baggage, cargo, goods, etc.

The objectives of the assessment are to:

- determine the current status of existing core capacities and identify gaps and other system requirements to accommodate the implementation of the IHR at designated ports, airports and ground crossings;
- obtain baseline information that will allow the measurement of progress towards planning and monitoring of IHR implementation;
- support the development of a plan of action that would address the gaps identified and improve the routine risk management, early warning and response systems, to meet the requirements of the IHR as outlined in Annex 1 of the WHO IHR document, related to ports, airports and ground crossings activities.

III. Follow up to the assessment

3.1. Development of work plan

In assessing the current status of existing core capacities and to identify gaps and other system requirements to accommodate the implementation of the IHR at designated ports, airports and ground crossings, States Parties may need to develop and implement plans of action following an initial assessment of the existing national structures and resources available.

In developing plans of action existing plans should be considered, such as pandemic preparedness plans and emergency preparedness plans, in order to harmonize procedures and requirements, for public health protection while avoiding unnecessary interference with international traffic and trade. States Parties could also consider including major elements of IHR plans into existing plans and vice versa.

The plan of action should be in accordance with IHR requirements, national and local administrative and legal requirements and provide a framework for all involved governmental agencies and authorities, travel and transport operators and port, airport and ground crossings administrators to implement activities crucial for the early detection, verification, notification, response and containment of public health events, thereby looking to ensure local, national and global health prevention, alert and response systems.

3.2. Monitoring IHR implementation

The monitoring of IHR implementation enters into effect after 15 June 2009. The IHR request that States Parties achieve the minimum core capacities by 2012.

This process involves monitoring the development and implementation IHR core capacities at ports, airports and ground crossings. WHO monitoring activities will provide country profiles as well as regional and global overviews of the diverse stages of implementation of IHR, in respect of the 2012 deadline. A set of indicators are currently being developed by WHO to monitor IHR implementation and should be

based also on the specific tools for core capacities assessment at ports, airports and ground crossings.

The IHR core capacities assessment tool provided in this document will also help States Parties to develop a monitoring system for regarding the development and implementation of IHR core capacities requirements at designated ports, airports and ground crossings.

For this special purpose an Excel Spreadsheet File Model (see Appendix 2) has been developed to be used along with the checklist for IHR core capacity assessment at points of entry (see Appendix 1), in order to facilitate a summary of the results of the assessments and follow up data, including percentages.

Appendix 1 – Checklist for IHR core capacities assessment at ports, airports and ground crossings

Date of data collection:

Unit responsible for the assessment:

Identification and contact details:

Identification of the port, airport or ground crossings:

Name:
Type: Port/airport/ground crossings
Name of Company/Agency responsible for the Administration:

Localization:
 Country
 State/Province
 City
 Coordinates – GPS Position
Phone:
Fax:
E-mail:
Web page:

Identification of the port, airport or ground crossings public health competent authority

Organizational details:	Contact Person at public health competent authority organization
Name of Organization/Agency:	Name:
Address:	Job Title:
Phone 1:	Address:
Phone 2:	Phone 1:
Fax:	Phone 2:
E-mail:	Mobile :
Web page:	Fax:
	E-mail:

Movement of international entry of conveyances

Period	Passenger Conveyances		Cargo conveyances	
Trimester	Number of Conveyances	Number of Passengers and Crew	Number of Conveyances	Number of Passengers and Crew
1°				
2°				
3°				
4°				
Total				

Movement of international departure of conveyances

Period	Passenger Conveyances		Cargo conveyances	
Trimester	Number of Conveyances	Number of Passengers and Crew	Number of Conveyances	Number of Passengers and Crew
1°				
2°				
3°				
4°				
Total				

List of public agencies and authorities with activities at the point of entry:

Customs yes ☐ no ☐

Immigration yes ☐ no ☐

Public health/quarantine service, etc yes ☐ no ☐

Agriculture and Animal Health/veterinary yes ☐ no ☐

Other (specify) _____ yes ☐ no ☐

A) Checklist for 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 the National IHR Focal Point and health authorities at the national, intermediate and local levels (according to Annex 1A).

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment
	Full	Partial	None	
1. International communication link with competent authorities at other points of entry				
Competent authority at each point of entry has current contact details of officers in charge of international communication with other 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 other 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. (Articles 1 and 22)

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment
	Full	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 in order 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 or 4) additional health measures and their health rationale within 48 hours of implementation. - 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 other 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 other 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.				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment
	Full	Partial	None	
7. Assessment of all reports of urgent events within 24 hours				
Current, regularly updated, documented and tested procedures (including any MoU and protocols) for communication and assessment within 24 hours 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 other 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 conduct inspections and receive reports of cases of illness and or other evidence of public health risk on board arriving conveyances				
<p>National legislation, administrative acts, protocols and/or procedures is in place, updated and disseminated widely, empowering competent authority to conduct inspection to identify public health risks together with required control measures to be applied and 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 web sites.</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 at the point of entry, as appropriate.</p>				

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

1) At all Times (Routine)

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment
	Full	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 nearby 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 other factors). Arrangements for translation and interpreters where needed. Competent/qualified personnel for prompt assessment, care and reporting of ill travellers. Personnel have undergone a training programme, to recognize disease symptoms and are familiar with procedures regarding prompt assessment, care and reporting of ill travellers.				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment</i>
	Full	Partial	None	
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 practices). Desirable to have independent exit passage through which suspect travellers can be transported to medical care facilities, if needed, in order to avoid infecting other 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. Transport service providers should have cleaning/disinfection equipment and supplies in place.				
1.2. Access to personal protective equipment (PPE) for transport staff Transport staff have access to and use adequate personal protective equipment when transporting ill travellers.				
2. Personnel to transport ill travellers				
2.1. Number of trained personnel Appropriate number of trained personnel is available to adequately transport of ill travellers, according to technical requirements.				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment
	Full	Partial	None	
2.2. Training in standard operating procedures for transport of ill travellers 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 in a safe and timely manner.				
(c) Provide trained personnel for the inspection of conveyances				
1. Number of trained personnel				
Appropriate number of trained personnel available in relation to the volume and frequency of traffic; type, size, kind of conveyances at the point of entry to ensure that conveyances are adequately and safely inspected on a timely basis and according to technical requirements.				
2. Training for inspectors				
2.1. Understanding of inspection standard operating procedures - Personnel have undergone a training programme, 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 areas described under points 2.2-2.15, according to the assigned inspection duties.				
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.				
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. 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.				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment
	Full	Partial	None	
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 present and potential risks from air quality.				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment	
	Full	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:					
1.1.1 Treatment Adequate treatment to remove and control public health risks.					
1.1.2 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.					
1.1.3 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 and tick one only)			Describe 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 State or person responsible for point of entry self assessment
	Full	Partial	None	
1.2. Food 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, are 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.				
1.3. Public washrooms 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.				
1.4. Solid and liquid waste– residual water Documented, tested and updated solid waste management, liquid waste – residual water management plans in place and under competent authority supervision, including:				
1.4.1 Waste management quality monitoring 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: <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 ✓ Particularly dangerous waste (medical/infectious, chemical, cutting instruments and sharps, and other) 				
1.4.2 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.				
1.5. Other potential risk areas: indoor air quality A documented, tested and updated indoor air quality management plan in place, where				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment
	Full	Partial	None	
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.				
1.6 Other potential risk areas: human remains Current, regularly updated, documented and tested procedures are in place for monitoring human 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, measures such as issuance of permits, proper sanitary treatment for leakage in the conveyance, and records are available, assessable, traceable and retrievable.				
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 other factors).				
2.2 Competent/qualified personnel for inspection programmes Understanding of inspection standard operating procedures - Personnel have undergone a training programme, 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 (see 2.2.1-2.2.12).				
2.2.1 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.				
2.2.2 Public health events - Knowledge and skills for detecting, reporting, assessing and provide first control measures to public health events.				
2.2.3 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.				
2.2.4 Personal protective techniques and related equipment - Demonstrable knowledge of its application and correct use.				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment
	Full	Partial	None	
2.2.5 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.				
2.2.6 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.				
2.2.7 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.				
2.2.8 Food safety management - Demonstrable Knowledge of use of correct practices of safe food management, especially with regard to handling; supply, source, preparation, storage and distribution.				
2.2.9 Water safety management - Demonstrable Knowledge of use of correct practices of safe water management, especially with regard to source, storage, distribution, treatment and control methods.				
2.2.10 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).				
2.2.11 Swimming pool and SPA - 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).				
2.2.12 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).				
2.3 Harmful contamination other than microbial contamination , such as radionuclear sources, could also be found on ships but is outside the scope of this guidance. There are national and international agencies that handle radionuclear incidents and emergencies. The National IHR Focal Point should have the contact information for these agencies.				

CORE CAPACITIES MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment
	Full	Partial	None	
2.4 Facilities, equipment and supplies for use by inspection staff Facilities, equipment 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 equipment, updated guidance tools and other 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. Plan for vector and reservoir control Integrated vector control programme in place, including special arrangements or agreement/contract covering the following areas: ✓ 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)				
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.				
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.				
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: ✓ insecticides, rodenticides, traps and application equipment ✓ equipment for inspection ✓ workplace and supplies for staff to prepare inspections, complete reports, and to prepare, calibrate and store sampling equipment				

<p align="center">CORE CAPACITIES MEASURE OF COMPLIANCE</p>	<p align="center">Stage of Implementation (Justify answer and tick one only)</p>			<p>Describe 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 State or person responsible for point of entry self assessment</p>
	Full	Partial	None	
<p>(f) Special capacities according to type of point of entry</p>				
<p>1. Airports</p>				
<p>1.1 Procedures in place concerning communication of events for a suspected case of communicable disease or other public health related event on board aircraft, encompassing air traffic control, airport authorities and public health sector competent authorities.</p> <p>1.2 Procedures in place to assess, monitor and safely apply aircraft disinsection, and other vector control measures if required, according to WHO recommendations and guidance, as applicable (this procedures should be part of the integrated vector management control plan at the airport).</p> <p>1.3 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>				
<p>2. Ports and ships</p>				
<p>2.1 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>2.2 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>3. Ground crossings</p>				
<p>3.1 Procedures concerning communication with ground transport conveyance and ground crossing operator regarding border control measures when mass suspect cases or high public health related risk detected, if and when requested by national authority.</p> <p>3.2 Arrangements in place for carrying out public health measures on affected ground transport conveyances, when recommended or requested by national authority.</p>				

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

<p style="text-align: center;">Core Capacities MEASURE OF COMPLIANCE</p>	<p style="text-align: center;">Stage of Implementation (Justify answer and tick one only)</p>			<p>Describe 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 State or person responsible for point of entry self assessment</p>
	Full	Partial	None	
<p>(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</p>				
<p>1. Public health emergency contingency plan</p> <p>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.</p>				
<p>2. Integration with other response plans</p> <p>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:</p> <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 other authorities at point of entry have been notified of this by conveyances operators. 				
<p>3. Training and/or drill exercises</p> <p>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 respective roles and functions within it.</p>				

Core Capacities MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment	
	Full	Partial	None		
(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					
Administrative arrangements and written procedures are in place and agreed with local authorities, conveyance operators and service providers for information sharing and coordinated intersectoral 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 nearby hospitals, clinics, health services, to receive affected travellers from the point of entry for isolation, treatment and other support services ✓ Agreement should describe the potential nature of the risk (e.g. infectious disease; other 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 (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 facilities to which affected travellers from the point of entry are transferred and names and key contact information (address, phone number, distance from point of entry and 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.					

Core Capacities MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment
	Full	Partial	None	
3. Assessment, care and isolation of affected animals				
3.1. A written, formal agreement in place with veterinary centres to provide diagnostic tests, assessment and recommended measures related to affected animals ✓ 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 Written reports of results of affected animal diagnostic tests, follow-up care and infection control.				
3.2. Referral and transport of animals to designated veterinary facility through appropriate safe transport arrangements Documented administrative arrangements are in place : ✓ 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 - 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 to complexity of the point of entry (regarding terminal facilities, destinations and multimodal practice). Desirable to have independent exit passage through which suspect travellers transported to medical care facilities, if needed, in order to avoid infecting other persons. Arrangements for translation and interpreters where needed.				
2. Regularly updated, documented, tested on-site control measures , including equipment and products for cleaning, disinfection and decontamination, for the purpose of elimination all possible contamination at the facility used to interview affected travellers.				
3. Personal protective equipment (PPE) for interviewing ill travellers Access to necessary equipment (e.g. PPE) for initial interview and triage. Personnel use of personal protective equipment for initial interview and triage.				

Core Capacities MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment</i>	
	Full	Partial	None		
(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 nearby hospitals, clinics, health services, or other 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"> ✓ Agreement should describe the potential nature of the risk (e.g. infectious disease; other 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 (PPE) ✓ Procedures in place for routine written reports of traveller transfer, follow-up care and results of laboratory analysis 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.					

Core Capacities MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment</i>
	Full	Partial	None	
(e) To apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat conveyances or baggage, cargo, containers, goods or postal parcels including, when appropriate, at locations specially designated and equipped for this purpose				
1. Location to apply recommended measures Depending on the movement of baggage, cargo, containers, conveyances, goods and postal parcels, a specially equipped location should be designated, for: <ul style="list-style-type: none"> ✓ disinsecting ✓ deratting ✓ disinfecting ✓ decontaminating The location should be properly designed to avoid possible injury/discomfort/harm to persons and damage to the environment. Factors such as wind direction and distance to human habitats should be taken into consideration.				
2. Standard operating procedures Documented, updated and tested standard operating procedures are in place.				
3. Trained Staff Appropriate number of trained personnel available to apply health measures adequately, according to technical requirements, in a timely manner.				
4. Personal protective equipment Equipment available and staff trained in application of personal protective equipment.				
(f) To apply entry or exit controls for arriving and departing travellers				
A formal plan in place to apply entry or exit controls at point of entry, if and when recommended, to enable a risk assessment of the individual traveller during events that may constitute a public health emergency of international concern: <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 				

Core Capacities MEASURE OF COMPLIANCE	Stage of Implementation (Justify answer and tick one only)			Describe 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 State or person responsible for point of entry self assessment</i>
	Full	Partial	None	
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 other, 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 of equipment 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				
Arrangements are in place for transporting suspect travellers to appropriate medical or quarantine facilities by safe, hygienic means of transport. Transport service should have in place cleaning/disinfection equipment and supplies and personal protective equipment for transport staff.				
2. Personnel to transport suspect travellers				
2.1. Appropriate number of trained personnel available to transport suspected travellers according to technical requirements, adequately and in a timely manner.				
2.2. Personnel trained in 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.				

Appendix 2 – Manual of *Excel Spreadsheet File Model* for IHR core capacities assessment at ports, airports and ground crossings

An *Excel Spreadsheet File Model* has been developed to be used along with the assessment tool for core capacity requirements at designated airports, ports and ground crossings in order to facilitate a summary of the results of the assessment, including percentage and initial data for developing a working plan and future monitoring of its implementation.

Appendix 2 is the user manual for the *Excel Spreadsheet File Model*, in a Microsoft Excel® file format, and is run using only calculations (no macros). The absence of macros enables it to be used on any computer, independent of the operating system language.

1. Objectives

- ❖ Summarize the current implementation status of the core capacity requirements at each point of entry (according to IHR Annex 1) relative to results of the assessment, in a standardized way
- ❖ Automatically generate numerical results (including percentages), related to IHR core capacity requirements
- ❖ To gauge the gap between current implementation status of each item and IHR core capacity requirements in a quantitative way
- ❖ Support monitoring and follow up actions for the development and implementation of IHR core capacities over time

2. Presentation of the *Excel Spreadsheet File Model*

A description of the eight modules in the *Excel Spreadsheet File Model* (see Figure 1) is below.

Figure 1. Excel Spreadsheet File Model Modules



1. **Summary:** A full summary of evaluation and assessment of the PoE core capacity in terms of IHR Annex 1B, including "comments and suggestions" which target the strengths and weaknesses observed in the assessment, and expected future improvement.
2. **All groups of core capacities:** A summary of the evaluation of each result.
3. **PoE ID:** The worksheet regarding information of PoE identification which enables the assessors to easily input and manage.
4. **Coordination and communication:** This module gathers information concerning core capacity requirements for coordination, communication of event information and adoption of measures
5. **Core capacity at all times (routine):** This group includes questions related to core capacity requirements for designated airports, ports and ground crossings at all times (routine).
6. **Core capacity for responding to PHEIC:** This group collect the information regarding Core capacity requirements for designated airports, ports and ground crossings for responding to events that may constitute PHEIC (emergencies)
7. **Reference:** The WHO published guidelines with reference to the technical issues for which the assessment tool is relevant.
8. **Language**

The *Excel Spreadsheet* is intended to be used either in English or in other languages. Its initial language is English.

For the time being, it is very important not to modify the technical content in the worksheet. This is recommended because the cells of all modules are linked with the “language” module cells and any change will affect the entire spread sheet.

3. The assessment process

Helpful Hints: The assessment is strongly recommended to be carried out by public health specialists who are knowledgeable about core capacity requirements in the framework of IHR and who have related expertise at the PoE level.

It is important when conducting the assessment to allow sufficient input to obtain an objective assessment.

3.1 Preparation

3.1.1 Identify at least two experts to do the assessment together.

3.1.2 In addition to using the electronic and paper version of the Core Capacity Assessment Tool, it is pertinent to have a notebook and a (digital) camera for documentation.

3.1.3 Develop a specific strategy and timeframes for timely completion of the assessment and identify specific issues or areas of concern in order to complete the assessment

3.1.4 As this assessment involves observing and recording information, it should be conducted during working hours in order to observe the field operations of the PoE.

3.2 Procedure

3.2.1 Start meeting

As a general rule, begin the assessment by introducing the assessment team and outlining the objectives of the assessment to the stakeholders and competent authority of the PoE and confirm their willingness to undertake this assessment.

3.2.2 Document review

The assessors should review all the guidelines, management documents, SOPs, MoUs, protocols that mentioned in the assessment tool.

3.2.3 Field test

The assessors walk around the areas related to the public health operation outlined in the checklist and complete each area on the checklist by writing down clearly specified comments which reflect the rationale in the comments.

During the field test, the assessors document the assessment by taking pictures of the PoE, working staff, facility, equipment, operation, etc. These pictures will help to illustrate and explain the core capacity conditions at the PoE for the final report.

3.2.4 Complete the Core Capacity Assessment Tool

The assessors can initially use the paper version of the tool, for convenience. Once the initial visual evaluation of the PoE is completed, the assessor should then complete the *Excel Spreadsheet File Model*.

4. General recommendations for completing the module

1. Go first to the "language" module to select the appropriate language in the cell A3.
2. Go then to the sheet "PoE ID" and click on each grey cell. Choose the correct answer from the drop-down box. (Y, N or Partial)
3. The assessor fills in all the grey cells of the sheets "Coordination and communication" "Core capacity at all times" and "Core capacity at PHEIC".
4. The assessor checks the calculation of the results in the sheet "All groups"
5. The assessor fills in the text boxes "Comments and suggestions", and can insert some pictures or video clips in the appropriate box.

For each question, and for the entire tool, the assessor has a limited number of possible answers (Figure 2):

Y--Fully implemented

Applies to items the PoE has fully implemented.

N-- Not implemented

Applies to items the PoE has not implemented.

Partial-Partially implemented

Applies to items the PoE has begun but has not fully implemented.

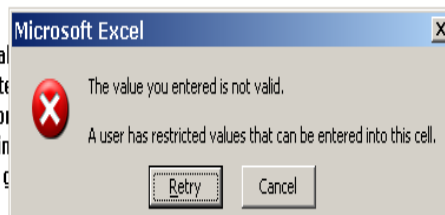
Figure 2. Answers limited to Y, N and Partial

	A	B
1	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)	
2	1.International communication link with competent authorities at others points of entry	
3	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.	N
4	2. National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels	
5	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	Y
6	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: - 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.	Partial

Clicking the drop-down box at the right side of the cell opens a box with authorized values. An error message will appear as below (see Figure 3), when trying to enter values other than the ones listed in the drop-down list:

Figure 3: Error message in case of unauthorized value

	A	B	C	D
1	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)			
2	1.International communication link with competent authorities at other points of entry			100%
3	Competent authority at each point of entry has current contact details of officers in charge of international communication with other 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 other points of entry, internationally, to provide relevant information regarding evidence found and control measures still needed on arrival of affected conveyance.	Y	100%	
4	2. National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels			50%
5	Local, intermediate and national levels (including National IHR Focal points of entry and current, regularly updated, documented and tested MoU and protocols are in place for routine and urgent communication international concern with: 1) the competent authority at other points of entry; 2) other relevant government ministries, agencies, and entry activities			50%



Hence, THE ASSESSOR can only enter an authorized value in the list box.

Helpful hints: All the questions can be answered with a simple response, such as "yes," "no," or "partial". Some capacities require only the presence or absence of certain criteria, while others are comprehensively analyzed based on the on-site performance and document review. But if the assessor thinks that the answer to the question applies to both "Y" and "Partial" or "N" and "Partial", he/she must **SYSTEMATICALLY** choose the most accurate answer of the two.

Examples:

1) If the answer is "yes" in a few cases but "partial" for most cases, the assessor has to choose "partial". This systematic *rigorosity* will allow the observations made by different assessors to be more comparable.

Important notes:

The assessor shall complete the assessment by inputting comments and suggestions in the summary worksheet, highlighting areas where clarification of regulatory requirements is needed or where improvements are needed to attain full implementation of IHR core capacities.

5. Results calculation

When the performance for each group of core capacities is determined and input onto the *Excel Spread Sheet* by the assessor, calculations of groups of core capacities are automatically generated

The calculations are based on the following principles:

- ◆ answering Yes ("Y") gives 1 point (or "100%") to the question
- ◆ answering No ("No") gives 0 (or "0%") points to the question
- ◆ answering not fully implemented "partially" gives 0.5(or "50") points to the question.

The result is calculated from the average of all the questions and appears at the top of the cell E1 (or F1,G1). Calculations can be seen on the right hand side of the questions columns. Figure 4 shows the sample calculations for each group of core capacities.

The calculation of each question is the average of the weighting of sub-questions and is expressed as a percentage, the Figure 4 below shows an example:

Figure 4. Calculation

	A	B	C	D	E	F
1	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)				81%	Observation
2	1.International communication link with competent authorities at other points of entry			100%		
3	Competent authority at each point of entry has current contact details of officers in charge of international communication with other 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 other points of entry, internationally, to provide relevant information regarding evidence found and control measures still needed on arrival of affected conveyance.	Y	100%			81% is the final result of Core Capacity of Coordination and Communication
4	2. National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels			75%		
5	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	Y	100%			75% is the average of the C5 to C6
6	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: - To communicate with NFP in order 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 other points of entry, nationally, to provide relevant information regarding evidence found and control measures needed on arrival of affected conveyance.	Partial	50%			
7	3.Direct operational link with other senior health officials			100%		
8	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	Y	100%			
9	4. Communication link with conveyance operators			100%		
10	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 other health documents and conveyance operators provided with current contact details of competent authority.	Y	100%			

The column E1 in Figure 4 shows the final calculation of this worksheet. The assessor fills in any observations/comments he wishes to be noted.

6. Editing the tool

Each worksheet in the model *Excel Spreadsheet File Model* can be protected against modifications. This is to avoid performing incorrect manipulations that may compromise the calculations, particularly on the right hand of the grey cells.

To protect the worksheet, in the menu bar click on “tools” then “protection”, then "protect sheet". The assessor then inputs the pre-set password. Figure 5 and Figure 6 show how to set the protection.

Figure 5. Worksheet protection

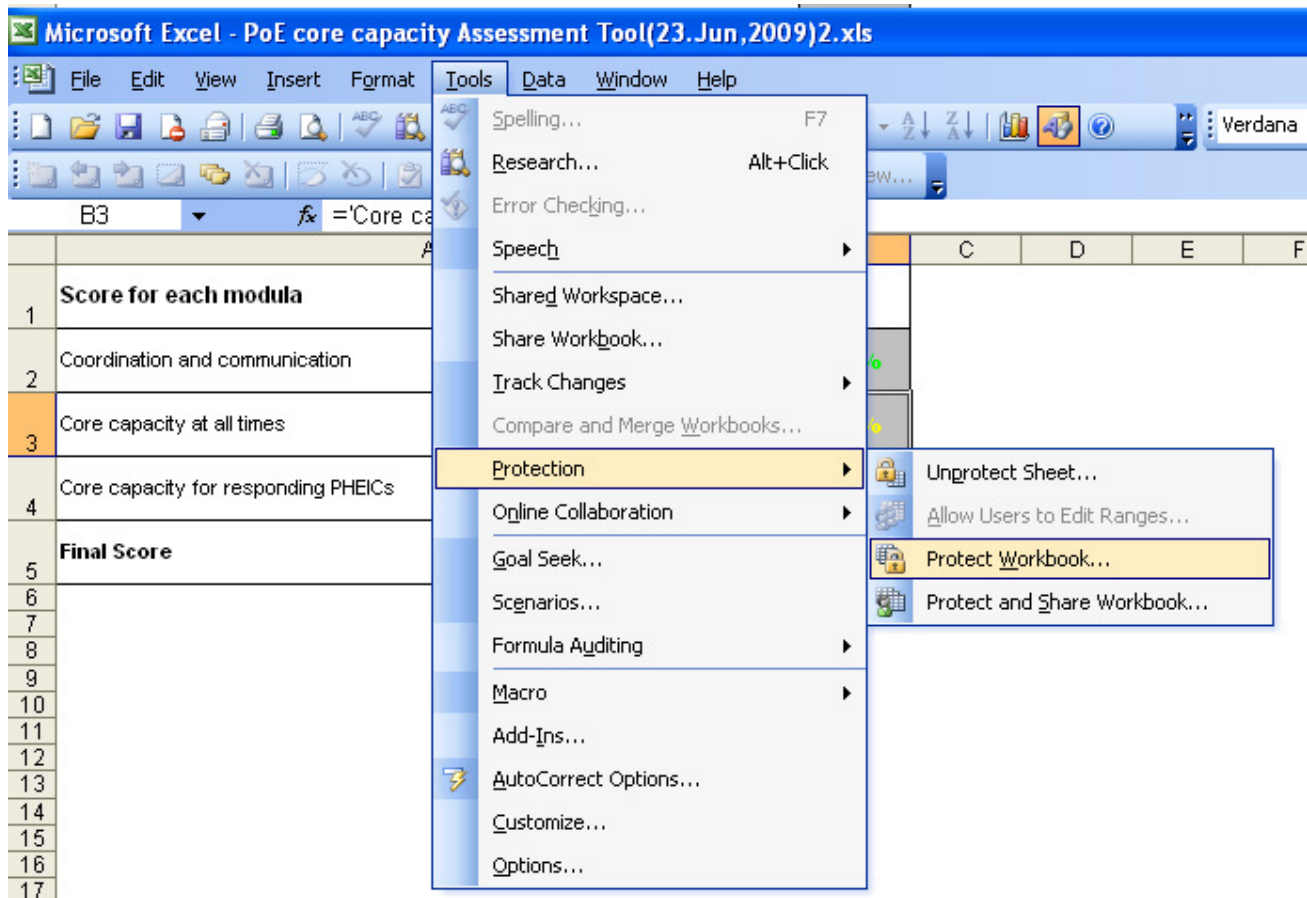
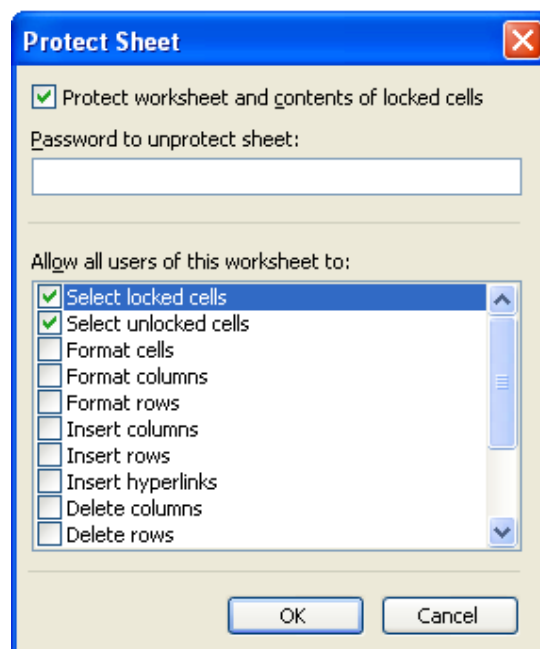


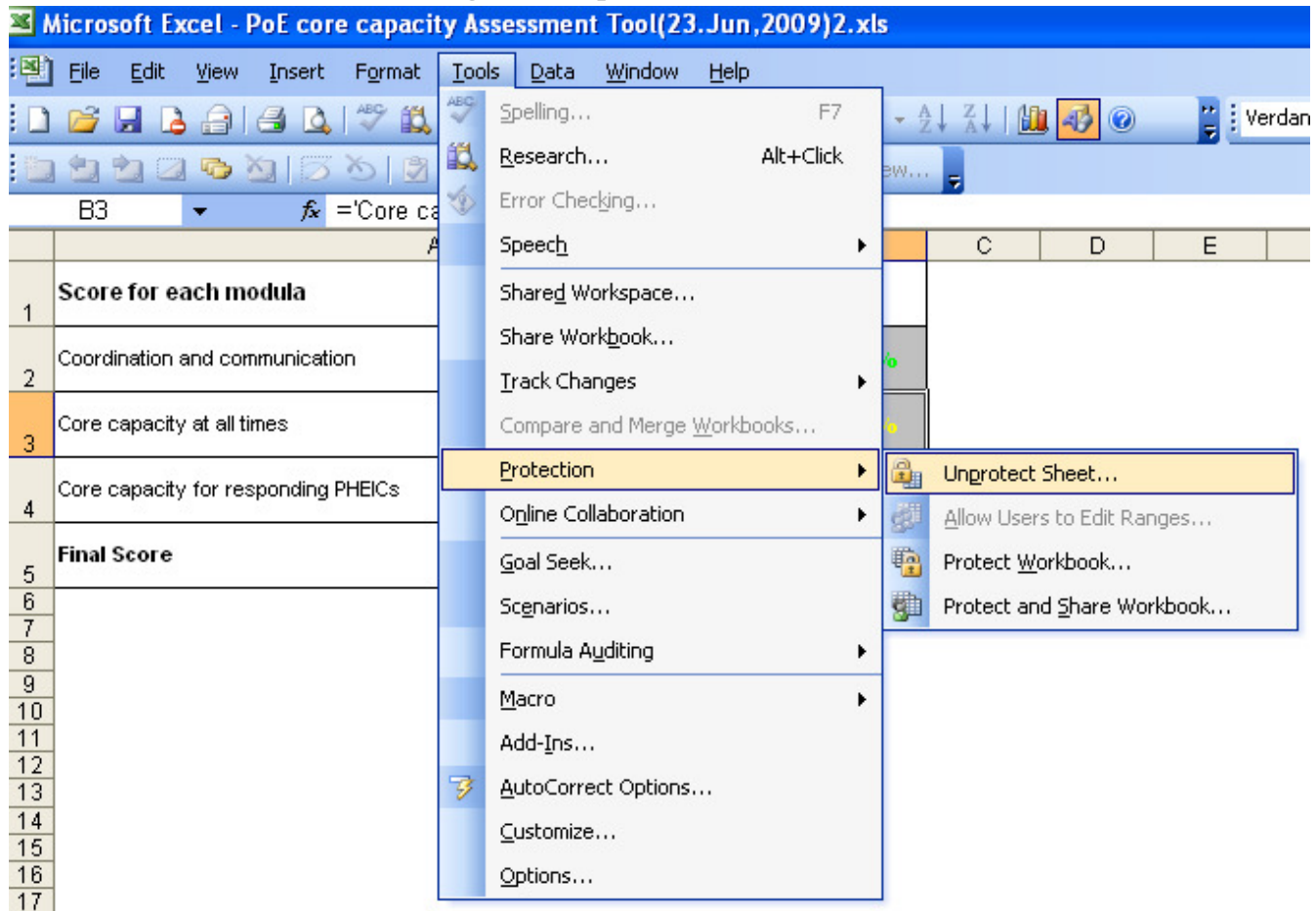
Figure 6. Input the protection password



To unprotect the worksheet, in the menu bar click on “tools” then “protection” then “unprotect sheet” as shown in the diagram below (Figure 7).

Caution: In doing this task, the assessor must first save the work under a different name in order to go back to the original file.

Figure 7. Unprotect the worksheet



7. Evaluation of the results

The evaluation should be done after all the data has been input and all comments concerning the strengths, weaknesses and plans for future improvements have been input (See Figure 9). The results will be expressed with different background colours ranging from red to green:

- ◆ Red: Below 50% - significant improvement needed
- ◆ Yellow: Between 50% and 80% - some improvement needed
- ◆ Green: Above 80% - PoE is fairly consistent with the requirements of IHR Annex 1

Figure 8 is an example of the percentiles and is a graphic representation of results of an assessment according to each group of core capacities.

The final results also will be reflected in numerical and graphical form in the “Summary” worksheet, with space provided for assessors to input their comments and captured evidence (photographs, video clips and observations).

Figure 8. “Summary” worksheet

