

# **International Health Regulations (2005)**

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

October 2009

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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 entry<sup>1</sup>, 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.

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<sup>1</sup> 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).

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