

## 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:**

Name of Organization/Agency:  
Address:  
Phone 1:  
Phone 2:  
Fax:  
E-mail:  
Web page:

#### **Contact Person at public health competent authority organization**

Name:  
Job Title:  
Address:  
Phone 1:  
Phone 2:  
Mobile :  
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 entry<sup>2</sup>, 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.)  <b>To be filled in by competent authority of Member State or person responsible for point of entry self assessment</b>
	Full	Partial	None	
<b>1. International communication link with competent authorities at other points of entry</b>				
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.				
<b>2. National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels</b>				
<b>Local, intermediate and national levels (including National IHR Focal Point)</b> 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				

<sup>2</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)

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><b>Competent authority at each point of entry</b> 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"> <li>- 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.</li> <li>- 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.</li> <li>- 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.</li> </ul>				
<b>3. Direct operational link with other senior health officials</b>				
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				
<b>4. Communication link with conveyance operators</b>				
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.				
<b>5. Communication link with travellers for health related information</b>				
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.				
<b>6. Communication link with service providers</b>				
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	
<b>7. Assessment of all reports of urgent events within 24 hours</b>				
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.				
<b>8. Communication mechanism for the dissemination of information and recommendations received from WHO</b>				
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.				
<b>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</b>				
<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		
<b>(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</b>					
<b>1. Assessment and care of ill travellers</b>					
<b>1.1. Access to medical and diagnostic facilities</b> 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.					
<b>1.2. Assessment of requirements concerning vaccination or prophylaxis</b> 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.					
<b>1.3. Key information regarding medical and diagnostic facilities</b> 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.					
<b>2. Adequate staff, equipment and premises</b>					
<b>2.1. Staff</b> 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	
<b>2.2. Adequate space to conduct private interviews with ill travellers</b> 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.				
<b>2.3. Personal protective equipment (PPE) for interviewing ill travellers</b> Access to necessary equipment (e.g. PPE) for initial interview and triage. Personnel use personal protective equipment for initial interview and triage.				
<b>(b) Provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility</b>				
<b>1. Equipment to transport ill travellers</b>				
<b>1.1. Equipment for transport of ill travellers to appropriate medical facility</b> 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.				
<b>1.2. Access to personal protective equipment (PPE) for transport staff</b> Transport staff have access to and use adequate personal protective equipment when transporting ill travellers.				
<b>2. Personnel to transport ill travellers</b>				
<b>2.1. Number of trained personnel</b> Appropriate number of trained personnel is available to adequately transport of ill travellers, according to technical requirements.				

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	Full	Partial	None	
<b>2.2. Training in standard operating procedures for transport of ill travellers</b>  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.				
<b>(c ) Provide trained personnel for the inspection of conveyances</b>				
<b>1. Number of trained personnel</b>				
<b>Appropriate number of trained personnel</b> 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.				
<b>2. Training for inspectors</b>				
<b>2.1. Understanding of inspection standard operating procedures</b> - 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.				
<b>2.2. Required health related documents for conveyances</b> – 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.				
<b>2.3. Epidemiological situation of the point of entry</b> - 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.				
<b>2.4. Public health events</b> - Knowledge and skills for detecting, reporting, assessing and provide first control measures to public health events.				
<b>2.5. Public health risks from microbiological, chemical and radiological agents</b> – 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.				
<b>2.6. Personal protective techniques and related equipment</b> - 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.) <b>To be filled in by competent authority of Member State or person responsible for point of entry self assessment</b>
	Full	Partial	None	
<b>2.7. Public health measures</b> - Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection, decontamination, isolation, quarantine, contact tracing, entry and exit control.				
<b>2.8. Testing and sampling techniques</b> - 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.				
<b>2.9. Vector control</b> - Demonstrable knowledge of the use of correct control methods of relevant vector-borne diseases and for, hosts and vectors, including disinsecting and deratting.				
<b>2.10. Food safety management</b> - Knowledge of use of correct practices of safe food management, especially with regard to handling; supply, source, preparation, storage and distribution.				
<b>2.11. Water safety management</b> - Knowledge of use of correct practices of safe water management, especially with regard to source, storage, distribution, treatment and control methods.				
<b>2.12. Solid and liquid waste management</b> - 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).				
<b>2.13. Swimming pool and SPA</b> - 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.				
<b>2.14. Medical facilities</b> - 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.				
<b>2.15 Air quality management</b> –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		
<b>(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.</b>					
<b>1. Safe environment for travellers using point of entry facilities</b>					
<b>1.1. Water</b> 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:					
<b>1.1.1 Treatment</b> Adequate treatment to remove and control public health risks.					
<b>1.1.2 Source</b> 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.					
<b>1.1.3 Water quality monitoring programme</b> 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"> <li>✓ Public distribution within Point of entry boundary</li> <li>✓ Passenger terminals</li> <li>✓ Cargo and containers terminals</li> <li>✓ Infrastructure and courtyards</li> <li>✓ Transport and water service providers for conveyances</li> <li>✓ Water supply services for food production</li> </ul>					

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>1.2. Food</b> 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.				
<b>1.3. Public washrooms</b> 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.				
<b>1.4. Solid and liquid waste– residual water</b> Documented, tested and updated solid waste management, liquid waste – residual water management plans in place and under competent authority supervision, including:				
<b>1.4.1 Waste management quality monitoring</b> 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"> <li>✓ Public collection within point of entry boundary</li> <li>✓ Passenger terminals</li> <li>✓ Cargo and containers terminals</li> <li>✓ Infrastructure and courtyards</li> <li>✓ Transport and waste service providers for conveyances</li> <li>✓ Waste services for food production</li> <li>✓ Particularly dangerous waste (medical/infectious, chemical, cutting instruments and sharps, and other)</li> </ul>				
<b>1.4.2 Final destination of the solid and liquid waste generated at the point of entry</b> 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.				

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	Full	Partial	None	
<b>1.5. Other potential risk areas: indoor air quality</b> A documented, tested and updated indoor air quality management plan in place, where 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.				
<b>1.6 Other potential risk areas: human remains</b> 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.				
<b>2. Inspection programmes</b>				
<b>2.1 Sufficient number of staff for inspections</b> 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).				
<b>2.2 Competent/qualified personnel for inspection programmes</b> 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).				
<b>2.2.1 Epidemiological situation of the point of entry</b> - 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.				
<b>2.2.2 Public health events</b> - Knowledge and skills for detecting, reporting, assessing and provide first control measures to public health events.				
<b>2.2.3 Public health risks from microbiological, chemical and radiological agents</b> – 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.				
<b>2.2.4 Personal protective techniques and related equipment</b> - Demonstrable knowledge				

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	
of its application and correct use.				
<b>2.2.5 Public health measures</b> - Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection, decontamination, isolation, quarantine, contact tracing, entry and exit control.				
<b>2.2.6 Testing and sampling techniques</b> - 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.				
<b>2.2.7 Vector control</b> - Demonstrable knowledge of the use of correct control methods of relevant vector-borne diseases and for, hosts and vectors, including disinsecting and deratting.				
<b>2.2.8 Food safety management</b> - Demonstrable Knowledge of use of correct practices of safe food management, especially with regard to handling; supply, source, preparation, storage and distribution.				
<b>2.2.9 Water safety management</b> - Demonstrable Knowledge of use of correct practices of safe water management, especially with regard to source, storage, distribution, treatment and control methods.				
<b>2.2.10 Solid and liquid waste management</b> - 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).				
<b>2.2.11 Swimming pool and SPA</b> - 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).				
<b>2.2.12 Medical facilities</b> - 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).				
<b>2.3 Harmful contamination other than microbial contamination</b> , 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.				
<b>2.4 Facilities, equipment and supplies for use by inspection staff</b> 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.				

<p align="center"><b>CORE CAPACITIES MEASURE OF COMPLIANCE</b></p>	<p align="center"><b>Stage of Implementation</b> (Justify answer and tick one only)</p>			<p><b>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.)</b> To be filled in by competent authority of Member State or person responsible for point of entry self assessment</p>
	Full	Partial	None	
<p><b>(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</b></p>				
<p><b>1. Plan for vector and reservoir control</b> Integrated vector control programme in place, including special arrangements or agreement/contract covering the following areas:  <ul style="list-style-type: none"> <li>✓ Passenger terminals</li> <li>✓ Cargo and containers terminals</li> <li>✓ Infrastructure and courtyards</li> <li>✓ Service providers facilities at terminal and for conveyance ground support operation</li> <li>✓ Surrounding areas of Point of entry (minimum 400 meters)</li> </ul> </p>				
<p><b>2. Trained personnel for control of vector and reservoirs</b> 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.</p>				
<p><b>3. Monitoring of vectors in the points of entry facility and in the surrounding area of at least 400 meters from terminal</b> 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.</p>				
<p><b>4. Dedicated space, equipment and supplies for use by vector and reservoir control staff</b> Dedicated and secure space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies, including:  <ul style="list-style-type: none"> <li>✓ insecticides, rodenticides, traps and application equipment</li> <li>✓ equipment for inspection</li> <li>✓ workplace and supplies for staff to prepare inspections, complete reports, and to prepare, calibrate and store sampling equipment</li> </ul> </p>				
<p><b>(f) Special capacities according to type of point of entry</b></p>				
<p><b>1. Airports</b></p>				
<p><b>1.1</b> 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><b>1.2</b> 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</p>				

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	Full	Partial	None	
<p>applicable (this procedures should be part of the integrated vector management control plan at the airport).</p> <p><b>1.3</b> 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>				
<b>2. Ports and ships</b>				
<p><b>2.1</b> 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><b>2.2</b> 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>				
<b>3. Ground crossings</b>				
<p><b>3.1</b> 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><b>3.2</b> 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)**

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) 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					
1. Public health emergency contingency plan 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.					
2. Integration with other response plans 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:  ✓ 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.					
3. Training and/or drill exercises 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.					



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>(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</b>					
<b>1. Affected travellers on board</b>					
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.					
<b>2. Assessment of, and care for affected travellers</b>					
<b>2.1. Access to treatment, isolation and diagnostic facilities</b> 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					
<b>2.2. Key information regarding treatment, isolation and diagnostic facilities and transport for affected travellers</b> 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.)  To be filled in by competent authority of Member State or person responsible for point of entry self assessment
		Full	Partial	None	
<b>(d) To provide for the assessment and if required, quarantine of suspect travellers, preferably in facilities away from the point of entry</b>					
<b>1. Assessment of suspect travellers</b>					
<b>1.1. Staff</b> 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.					
<b>1.2. Procedures for reporting</b> 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.					
<b>2. Quarantine of suspect travellers</b>					
<b>2.1. Designation of facilities</b> 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"> <li>✓ Agreement should describe the potential nature of the risk (e.g. infectious disease; other sources of contamination) and the responsibilities of each signatory</li> <li>✓ Reference source, date and expiry of the agreement</li> <li>✓ Facilities and types support and logistics services covered</li> <li>✓ Competent/qualified personnel for quarantine of suspected travellers, assigned for these duties</li> <li>✓ Access to laboratory facilities</li> <li>✓ Access to necessary equipment, supplies and personal protective equipment (PPE)</li> <li>✓ Procedures in place for routine written reports of traveller transfer, follow-up care and results of laboratory analysis</li> </ul> Arrangements for translation and interpreters where needed.					
<b>2.2. Staff</b> 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.)  To be filled in by competent authority of Member State or person responsible for point of entry self assessment
		Full	Partial	None	
<b>(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</b>					
<b>1. Location to apply recommended measures</b> 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"> <li>✓ disinsecting</li> <li>✓ deratting</li> <li>✓ disinfecting</li> <li>✓ decontaminating</li> </ul> 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.					
<b>2. Standard operating procedures</b> Documented, updated and tested standard operating procedures are in place.					
<b>3. Trained Staff</b> Appropriate number of trained personnel available to apply health measures adequately, according to technical requirements, in a timely manner.					
<b>4. Personal protective equipment</b> Equipment available and staff trained in application of personal protective equipment.					
<b>(f) To apply entry or exit controls for arriving and departing travellers</b>					
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"> <li>✓ An identified staff/committee to make, coordinate and implement key decisions on entry/exit controls at point of entry</li> <li>✓ A communication procedure on sharing/ disseminating information to the public and travellers</li> </ul>					

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	
<div>regarding entry/exit controls in place during a public health emergency</div> <div><div>✓ A ‘toolbox’ of methods is available for screening, including visual inspection, questionnaire/health declaration forms and temperature measurement (using thermal scanners or other suitable methods)</div><div>✓ Operational standards procedures</div><div>✓ 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</div><div>✓ Reliable equipment calibrated and maintained in accordance with the manufacturer’s recommendations</div><div>✓ Personnel trained in procedures and use of equipment and in the interpretation of recordings</div><div>✓ A system to incorporate the results of exit screening at airports with the national surveillance and reporting system for outbreaks of a specified illness</div><div>✓ Logistics, especially baggage, security and customs formalities for travellers arriving from and to abroad, for suspected cases and for asymptomatic contacts</div></div>					
<div>(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</div>					
<div>1. Provide access to special equipment</div>					
<div>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.</div>					
<div>2. Personnel to transport suspect travellers</div>					
<div>2.1. Appropriate number of trained personnel available to transport suspected travellers according to technical requirements, adequately and in a timely manner.</div>					
<div>2.2. Personnel trained in application of personal protective equipment and disinfectant techniques, as applicable.</div>					
<div>2.3. Personnel trained in the use of key information regarding hospital/clinic/diagnostic facilities related to the point of entry.</div>					

## 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 wording in the “Language” module and in any module other than the appropriate lines/cells used for the answers 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*.