

# Overview of WHO regional activities guidance, tools and recent regional initiatives on border health

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May 2025



# Brief Overview of IHR (2005)



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- **IHR (2005):** An international agreement which helps countries to work together “to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic & trade”
- **PoE:** A **passage** for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as **agencies and areas** providing services to them on entry or exit”
- It includes airports, ports and ground crossings

”

# Increased International Travel & Tourism



Air travel has increased hugely in recent years & decreased travel times



Connectivity between countries has never been greater and this provides ample routes and opportunities for infectious disease spread.



The potential for transmission of communicable diseases, such as severe acute respiratory syndrome (SARS) and extremely drug-resistant tuberculosis ..



The (IATA) estimated overall traveler numbers to reach 4.0 billion in 2024



Passenger numbers to/from/within the Middle East are expected to reach 98% of 2019 in 2024 and 105% in 2025.



EMR hosts some major MGs which attract large international audience in the region (Hajj, Arbaeen, Sport events, cultural events..)



# IHR (2005) Implementation at PoEs

## Articles

### PoE core capacities

- States Parties shall designate the airports and ports that shall develop the capacities provided in Annex 1B
- **Core capacities:** routine capacities and those required in response to PHEICs
- WHO supports MSs in developing these capacities
- IHR Ame

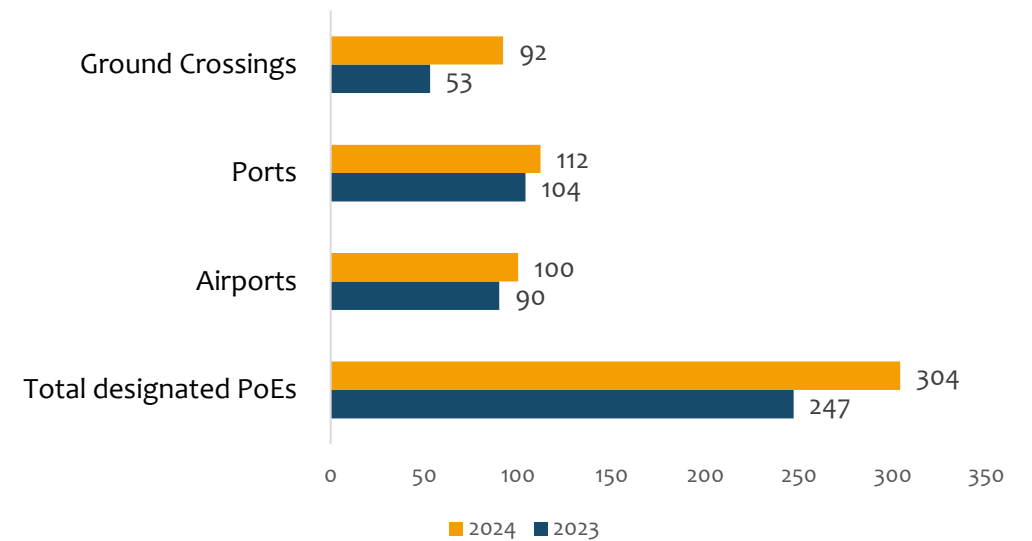
### Monitoring & Evaluation

- IHR MEF [State Party Annual Reporting (SPAR), Joint External Evaluation (JEE), SimEx, IAR/AAR]
- Assessment of PoE core capacity requirements via specific PoE assessment tool

# Status of PoE Core Capacities in EMR, 2024

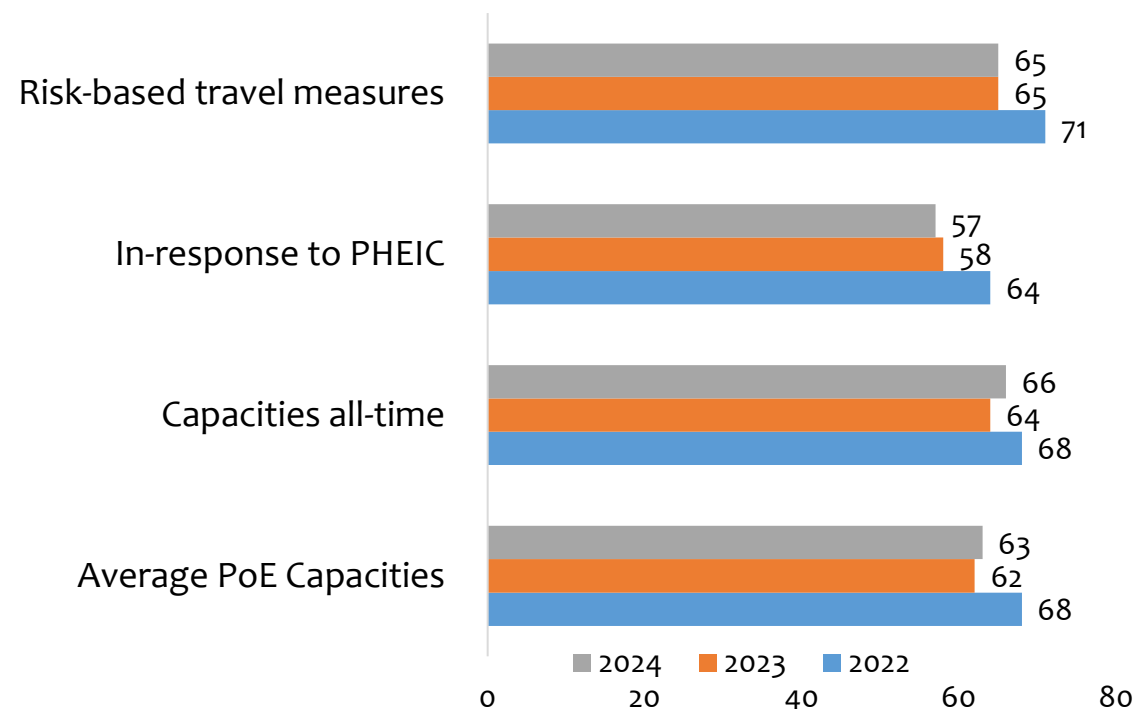
- Average number of PoEs designated by SPs (14)
- More PoEs designated in 2024 to develop the IHR Core capacities (Annex 1B)
- Varying capacities across countries in the region
- Some designated PoEs lack sufficient capacities

PoE designation in EMR, 2024



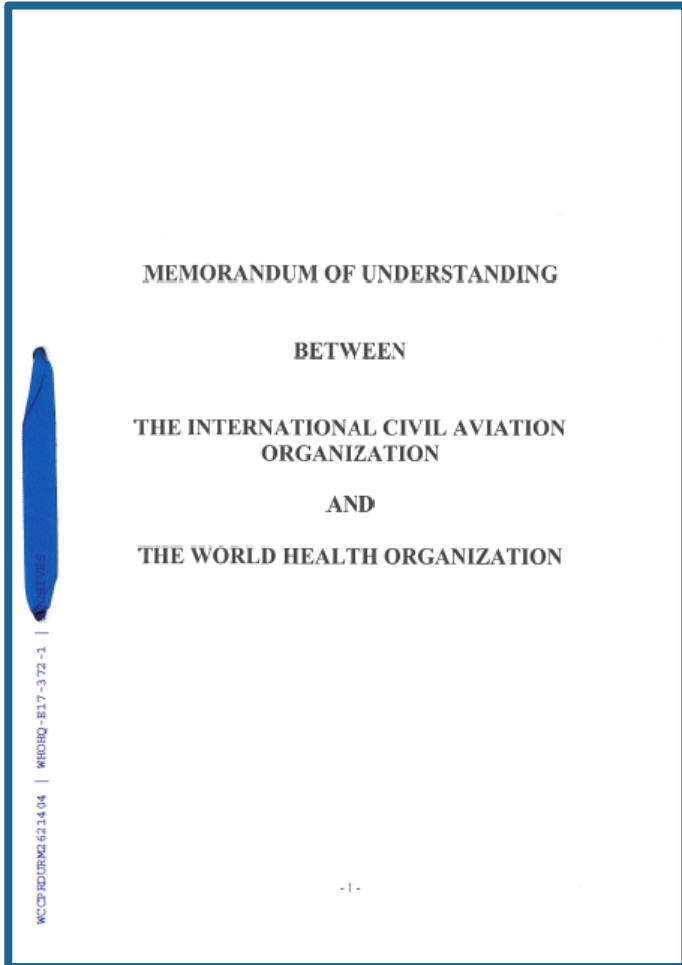
## PoE Capacities in EMR, SPAR (2)

- While the capacities at all-times indicate a minor improvement compared to 2023, there is need to enhance the capacities in response to PHEIC
- **IHR** Amendments also emphasize to develop, strengthen and maintain the core capacities
- **52%** of designated PoEs have developed public health emergency contingency plan



# Joint WHO & ICAO Workplan

- **Signed by the DG** of the WHO and the ICAO in **November 2022**.
- Joint **work plan** to guide the implementation of the MoU finalized in **January 2025**
- Focal points identified in each region and HQ
- Provides a **framework of cooperation and understanding** to facilitate collaboration in:
  1. Provision of **evidence-informed and risk-based advice** on policy and technical matters related to civil aviation and public health during the preparedness and response to health emergencies.
  2. Joint **advocacy and risk communication** efforts on risk-based approaches to international travel in the context of health emergencies.
  3. Share **information and tools** to facilitate **technical cooperation and risk assessment** efforts in the areas of public health and civil aviation





# ICAO & WHO Workplan – EMR Priority Activities

## • Advocacy and coordination

- Quarterly **inter-agency** coordination calls during routine situations and increased frequency during emergency situations
- Annual planning of activities
- Use of **health surveillance and travel air** data to inform risk assessments
- Sharing **information and reports** regarding surveillance, risk management, risk communication, stakeholder engagement, monitoring and implementation activities
- Coordinating and supporting **cross-sectoral decision-making** and implementation mechanisms considering the different mandates of relevant stakeholders

## • Technical assistance, operational and capacity-building support to countries

- Joint **roster** of experts on public health in civil aviation
- Planning of **global and regional** CAPSCA meetings
- Design and **conduct SimEx** to test the functionality of airport public health contingency plans and SOPs
- Joint **assessments of public health risks** and/or capacities at airports/in aviation
- Support the development and revision of **public health contingency plans** and SOPs for public health event management at airport/in aviation, including aerodrome emergency plans
- Training on the **assessment of public health capacities**
- Training on the **management of public health events**
- Training on the development of **PHECP**
- Training **on crowd management** at airports



# WHO support to developing PoE capacities (1/2)

## ■ Coordination & collaboration

- Technical support & strategic guidance/framework to develop **PoE capacities** by enhancing the enabling environments, multi-sectoral coordination, cross-border collaboration, workforce capacity building,
- Collaboration with other UN Agencies & Partners (IOM, ICAO, UNHCR, Africa CDC)
- Facilitating cross-border collaboration & surveillance amongst member states
- Facilitating peer-to-peer learning and country twinning exchange opportunities
- Develop ToR for PoE competent authority & multi-sectoral coordination platform



# WHO support to developing PoE capacities (2/2)

## ■ Technical Support

- Develop, test, & update PHECP & SOPs for all PoEs including airport
- Develop national training curriculum for PoE staff
- Risk-based approach guidance for travel measures in response to outbreaks (i.e. mpox, cholera..)
- Multi-country cross-border SimEx and PoE-specific SimEx
- Conduct PoE assessment and mapping of cross-border collaboration
- Training on IHR Core Capacities Requirements & specific technical areas:
  - PoE assessment
  - Risk-assessment & PoE designation
  - Vector surveillance & control
- Digital application for travel measures platform to monitor health requirements
- Guidance & SOPs for integration of PoE surveillance with national public health surveillance systems

# PoE Staff Capacity Building & Training

- Comprehensive PoE training (Intro, intermediate and advanced) for both health and non-health sectors
- Support developing national training curriculum for PoE staff
- Specialized trainings on ship sanitation and control certificates, vector surveillance, PoE surveillance, Contingency Plans, Risk-assessment...

## Course 1: Introductory training; basic of IHR at PoE

- |   |   |
|---|---|
| 1 | Module 1: Training package introduction       |
| 2 | Module 2: Introduction to IHR at PoE          |
| 3 | Module 3: Core capacities and designated PoEs |
| 4 | Module 4: PoE Assessment                      |
| 5 | Module 5: Key public health risks             |

## Course 2: Intermediate Training

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|---|---|
| 1 | Module 1: Surveillance                                |
| 2 | Module 2: Cross border collaboration                  |
| 3 | Module 3: Vector surveillance & control               |
| 4 | Module 4: Emergency planning at PoE                   |
| 5 | Module 5: Public health event management at PoE       |
| 6 | Module 6: Risk Assessment                             |
| 7 | Module 7: Risk communication and community engagement |

## Course 3: Advanced/specialized PoE training

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|---|---|
| 1 | Module 1: Environmental health at PoE <ul style="list-style-type: none"> <li>• Module 1a: Sanitation &amp; Hygiene at PoE</li> <li>• Module 1b: Food &amp; Water Safety at PoE</li> </ul>   |
| 2 | Module 2: Basics of ship inspection & sanitation  |
| 3 | Module 3: Aircraft inspection   |
| 4 | Module 4: Cargo, Container & Goods Inspection <ul style="list-style-type: none"> <li>• Module 4: Cargo inspection</li> <li>• Module 4b: Food Inspection at PoE</li> <li>• Module 4c: Animal Movement Management &amp; Quarantine</li> </ul> |
| 5 | Module 5: Chemical & Radiological Events Management at PoE <ul style="list-style-type: none"> <li>• Module 5a: Chemical events</li> <li>• Module 5b: Radiological events</li> </ul>   |

# Challenges & Lessons Learned

- 1 Insufficient multi-sectoral coordination & collaboration between public health, & other sectors including civil aviation, airport authorities, immigration, and customs.
- 2 Emergency preparedness is often untested, with no routine exercises or follow-up improvements.
- 3 Delays in detecting, reporting, and responding to public health events among travellers at the PoEs and communities
- 4 Turnover of PoE staff or lack of dedicated team at PoEs results in shortage of trained team at PoEs
- 5 Diverse expertise needed in PoE technical support – further expansion within National & Regional roster
- 6 Some airports have insufficient core capacities developed as per Annex 1B ( i.e. limited access to health service, isolation, quarantine... )
- 7 Inadequate infrastructure to support digital documentation, passenger locator forms, or traveller tracking platforms.

# Way forward

- Enhance IHR (2005) **core capacity requirements** at designated airports and necessary elements at non-designated PoEs
- Strengthening for public health event management in aviation **cross-border, regional collaboration and joint planning**
- Institutionalize **multisectoral coordination platforms** for IHR implementation, including at PoEs
- Develop and institutionalize standardized **national training packages** for PoE staff
- Facilitate **peer-to-peer learning, country twinning**, and joint planning frameworks among Member States
- Embed **PoE capacity building within broader health system** and development agendas
- Establish national and regional **rosters of trained public health experts** for PoEs
- Conduct regular **simulation exercises (SimEx)**, and after-action reviews at PoEs
- Scale up use of digital platforms for traveller monitoring, cross-border communication, and health documents
- Promote **risk-based application** of health measures in travel and trade

# Thank you

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