

Update on WHO EURO activities on points of entry

CAPSCA EUR FOCAL POINTS WORKSHOP

Paris, France, 14-15 November 2024

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Outline

- Update on relevant global and regional frameworks
 - Strategy and Action Plan -Health emergency preparedness, response and resilience in the WHO European Region 2024–2029: Preparedness 2.0
 - Targeted amendments to the International Health Regulations (IHR) (2005)
- Overview of WHO EURO support activities on points of entry

WHO European Region

53 Member States

55 IHR States Parties

~1 billion population

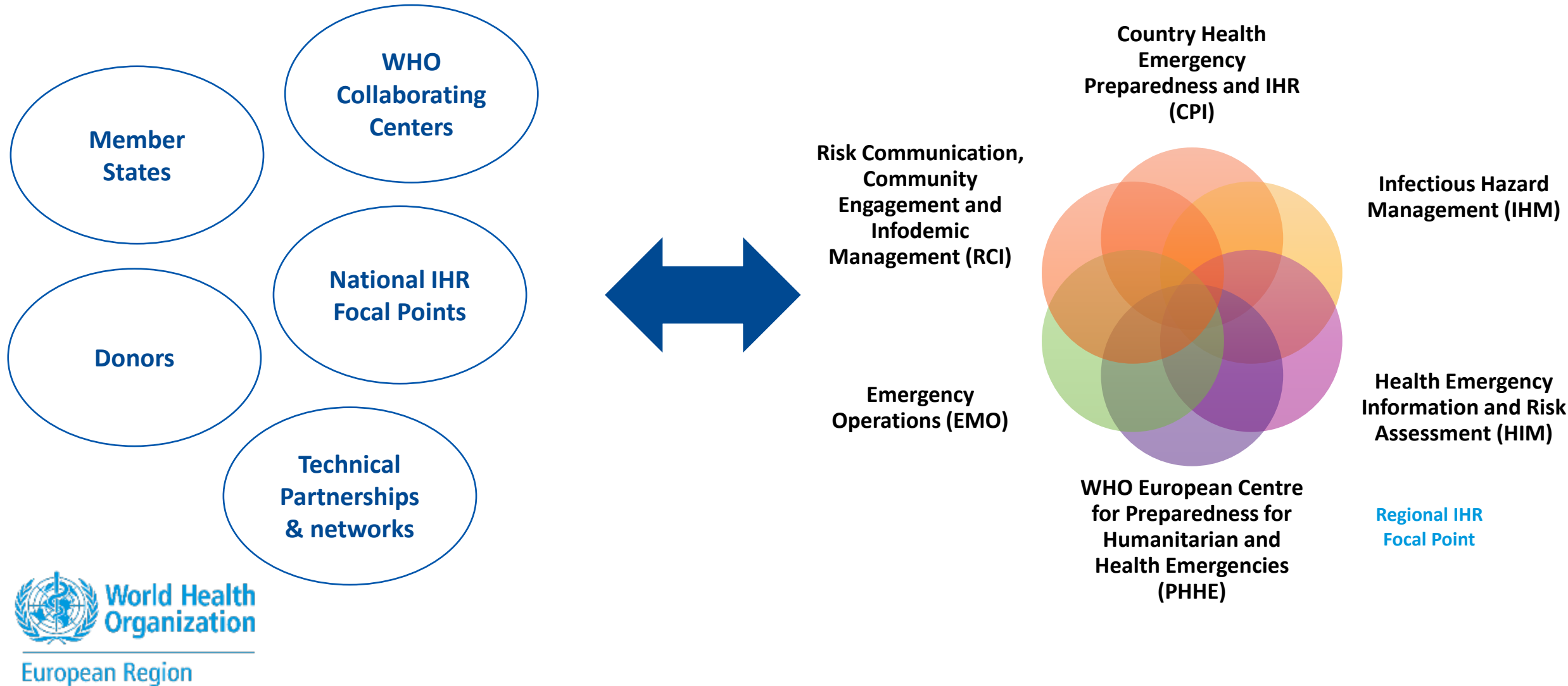
30 WHO Country Offices
9 Geographically Dispersed Office

**100 IHR NFPs related personnel registered
in the IHR NFP Knowledge Network**

The designations employed and the presentation of this material do not imply the expression of any opinion whatsoever on the part of the Secretariat of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers and boundaries. Dotted and dashed lines on maps represent approximate locations for which there may not yet be full agreement.

WHO/Europe Health Emergencies Programme

Working collaboratively with Member States, partners and networks



74th session of the WHO Regional Committee for Europe

29–31 October 2024, Copenhagen, Denmark

74th session of the WHO Regional Committee for Europe



Framework for action on resilient and sustainable health systems in the WHO European Region 2025–2030

Building on the legacy of the Tallin Charter: health systems for health and wealth, adopted by Member States in the WHO European Region in June 2004 and endorsed by the WHO Regional Committee for Europe in September 2005, this document offers an updated vision for health systems in the Region. It is based on the work of the WHO Regional Office for Europe on health systems under the European Programme of Work, 2020–2023, leading up to, and including the outcomes of, a high-level conference on health systems held in Tallinn, Estonia, on 12–13 December 2023.

The framework for action on resilient and sustainable health systems in the WHO European Region 2025–2030, presented in this document, identifies eight priority action areas that build on health system priorities agreed at previous sessions of the Regional Committee. These overarching action areas are brought together by the framework to reflect a systems-oriented approach to addressing the contemporary challenges facing health systems in the Region.

The framework recognizes that health systems are key to the future health and cohesion of our societies; it contextualizes the role of health system resilience in relation to broader issues affecting the Region, including the health impacts of climate change, conflict, social fragmentation, demographic shifts, complex multimorbidity, a volatile social and economic landscape, and rapid societal digitalization. In this challenging context, health systems must transform to meet the physical and mental health needs of individuals and populations.

The aim of the framework is captured in the following vision statement: for everyone to be able to trust that they will receive the right care, at the right time, in the right place, from the right person, without experiencing financial hardship, high-performing health systems that are available to all people across the life course and relevant for a rapidly changing world would be the realization of this vision.

This working document is submitted, together with a draft decision, a supporting information document and a background document, to the Regional Committee for consideration at its 74th session in October 2024.



Health emergency preparedness, response and resilience in the WHO European Region 2024–2029

A new regional strategy and action plan (Preparedness 2.0)

Preparedness 2.0 is a new regional strategy and action plan to strengthen health security across the WHO European Region. It seeks to support Member States in enhancing the capacity and agility of health systems to manage the dual-track approach of maintaining essential health services whilst effectively managing any risk and hazard throughout the emergency management cycle. Preparedness 2.0 builds on a wealth of recommendations, experiences and lessons learned from the COVID-19 pandemic and other emergencies, as well as on the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region 2018–2023. It is expressly tailored to the needs of the Region, while being consistent with WHO's broader activities to strengthen the global architecture for health emergency preparedness, response and resilience (IHEPR) through integration of the five core operational components of the IHEPR framework.¹

Globally, WHO Member States have made strong commitments to strengthen the global health architecture through agreeing to a comprehensive package of amendments to the International Health Regulations (2005) in 2024, and through the progress made towards a new pandemic agreement. Preparedness 2.0 outlines actionable steps for countries to implement some of the 2024 amendments to the International Health Regulations (2005) and the support that is available to Member States from the WHO Regional Office for Europe to implement the resulting outcomes of the evolving global health security architecture.

This working document is submitted, together with the implementation support guide and a draft decision, to the WHO Regional Committee for Europe for consideration at its 74th session in October 2024.

¹ Strengthening the global architecture for health emergency prevention, preparedness, response and resilience. Geneva: World Health Organization; 2023 [accessed 9 July 2024].



Harnessing innovation for public health in the WHO European Region 2025–2030

Preparing for a new strategy

Following the recommendation provided by the Thirty-first Standing Committee of the Regional Committee for Europe (SC31) at its second session in February 2024, the WHO Regional Office for Europe (WHO/Europe) has launched a consultation process with Member States on developing a strategy on harnessing innovation for public health in the WHO European Region for 2025–2030.

The development of the strategy emerged from the recognition of significant gaps in addressing the complex health challenges facing the Region and the underutilization of innovation to address public health issues. The Region is facing a complex set of health challenges that cannot be solved with traditional public health approaches. It is grappling with a high prevalence of noncommunicable diseases, tobacco use, vaccine-preventable diseases, vector-borne diseases, HIV and multi-drug resistant tuberculosis. Additionally, the Region is recording alarming rates of antimicrobial resistance as well as an increase in the ageing population. And these challenges, the Region is presented with unprecedented opportunities characterized by various types of innovation: from organizational and social innovations to advancements in artificial intelligence, precision medicine and genomics.

To bridge the implementation gap and drive large-scale innovation, there is a need for a comprehensive strategic approach. From reframing public health challenges by taking into account the social, political, commercial and digital determinants of health, to determining which measures would maximize the impacts of innovation. The strategy would include safeguarding policies for shared goals, establishing innovation capacities, identifying and scaling up innovation for impact, and developing governance and coordination mechanisms that align the innovation community around the goal of promoting health and well-being. The strategy will prioritize equitable health outcomes by influencing the current markets and economies to prioritize health and well-being and to deliver innovations that address people's health needs equitably and affordably.

This document is submitted to the Thirty-first SC31 for information and to receive the SC31's comments, which will be used as input in developing the final document, to be presented to the WHO Regional Committee for Europe at its 74th session in October 2024. The Regional Committee will be invited to consider the strategy priorities that should underpin the new regional strategy, which will form the basis for a five-year action plan aimed at effectively leveraging innovation for public health in the Region. Substantial momentum was generated by a meeting on innovation held by WHO/Europe on 12–13 March 2024. Subsequent to the meeting, WHO/Europe established the Technical Advisory Group on Building an Innovation Ecosystem for Public Health in the WHO European Region, tasked with advising WHO/Europe on developing and implementing strategic initiatives to support innovation efforts for public health impact.



Harnessing innovation for public health in the WHO European Region 2025–2030

Preparing for a new strategy

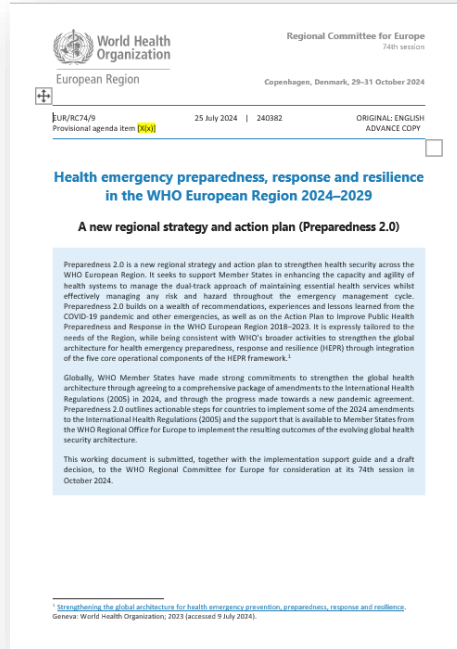
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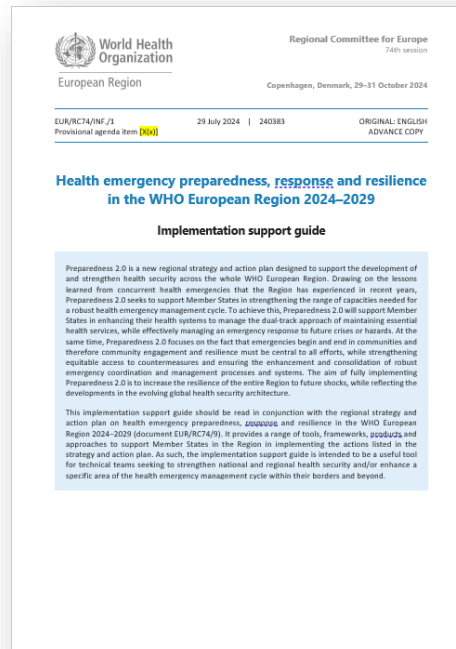
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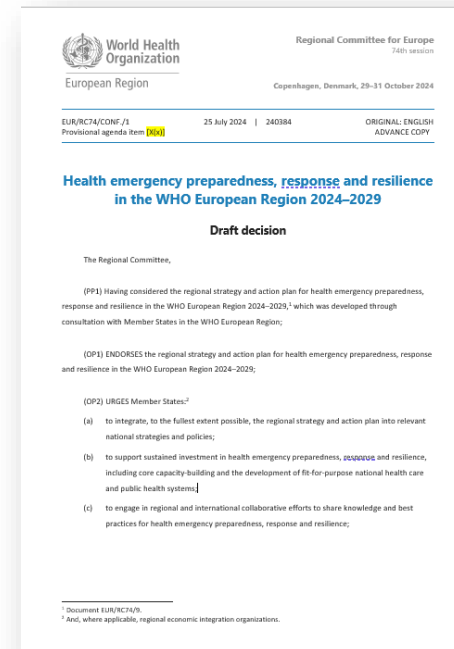
Preparedness 2.0: Strategy and Action plan on Health emergency preparedness, response and resilience in the WHO European Region 2024–2029



Preparedness 2.0 Strategy & Action Plan



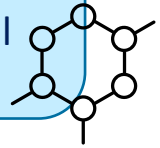
Implementation Support Guide



Draft Decision



Support for enhanced capacity for Operational Research



Leadership & Governance (Fellowship)



WHO EURO Risk mapping/tool



Preparedness 2.0 Implementation Support Package

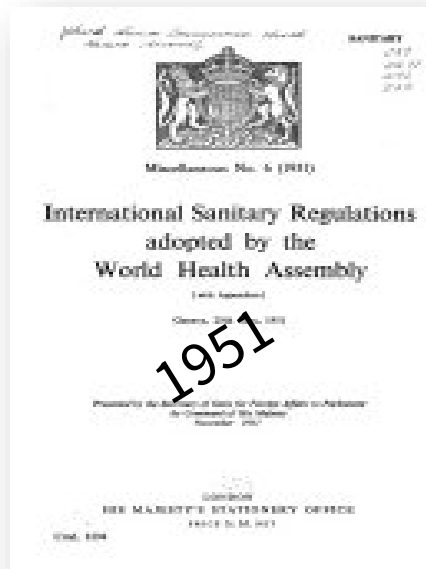
to be developed over the implementation period

Seventy-fourth Regional Committee for Europe: Copenhagen, 29–31 October 2024: health emergency preparedness, response and resilience in the WHO European Region 2024–2029: a new regional strategy and action plan (Preparedness 2.0)

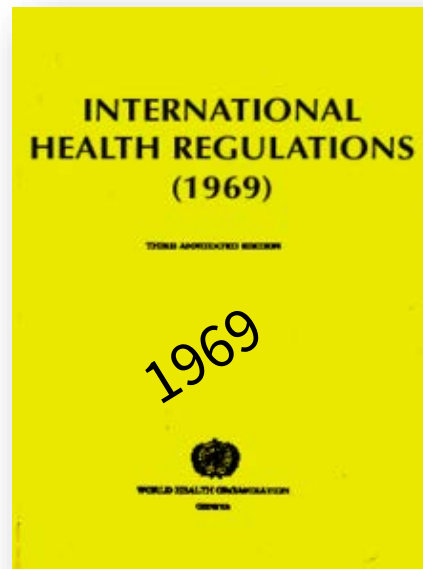
Targeted amendments to the International Health Regulations (IHR) (2005) – implications for air transport

International Health Regulations (IHR) (2005)

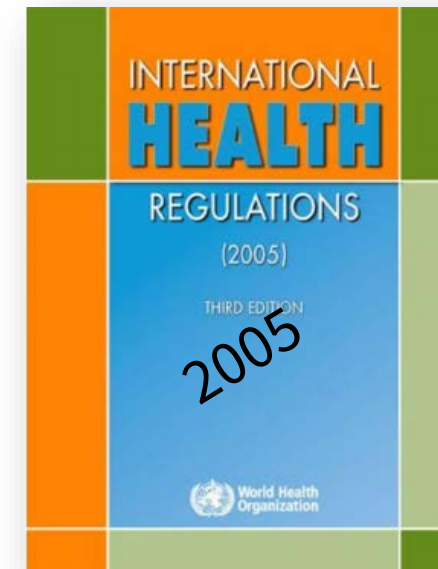
A legally binding agreement among 196 States Parties, **under Article 21(a) of WHO Constitution** to address “sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease.”



Revision →



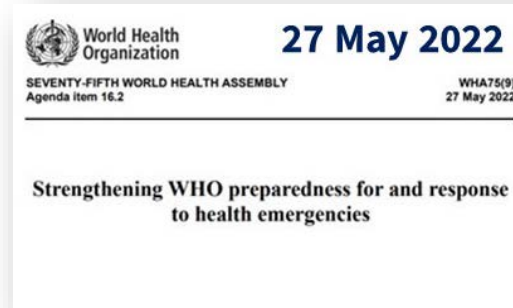
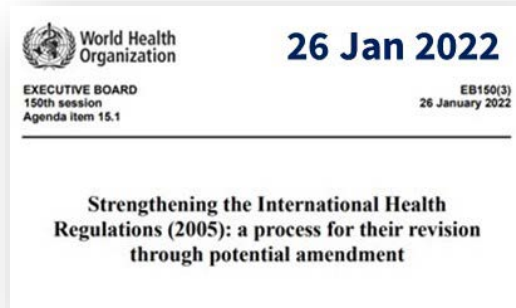
Revision →



Amended: 1973, 1981

Amended: 2014, 2022, 2024

Chronology of 2024 amendments, 26 Jan 2022 – 1 June 2024



By 30 Sept 2022

- *Submission* by States Parties of proposed amendments to the IHR

6 Oct 2022 – 15 Jan 2023

- *IHR Review Committee* regarding amendments to the IHR

14 Nov 2022 – 24 May 2024

- *WGIHR* - Working Group on Amendments to the IHR

29 May – 1 June 2024

- *Drafting Group* established by Committee A of 77th WHA



1 June 2024

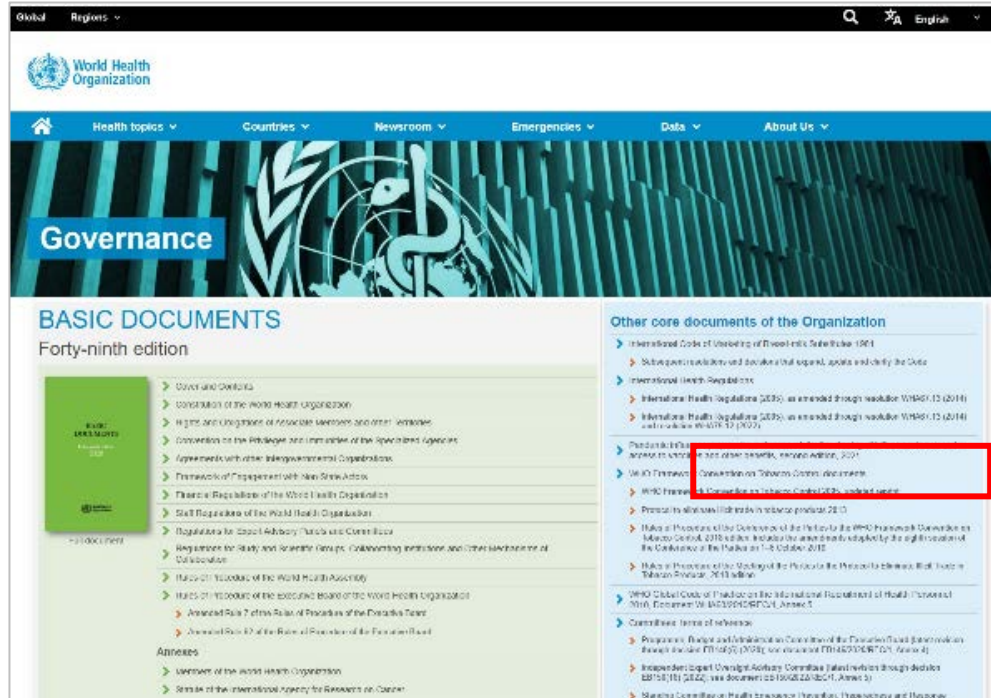
Resolution WHA77.17
adopting the amendments
([link](#))



Summary of 2024 amendments

Amended articles/annexes	Key new elements
28 of 66 existing articles, with 3 new definitions under Art. 1	Establishment of a National IHR Authority (Art. 1 and 4)
6 of 9 existing annexes	Determination and definition of “ pandemic emergency ” (Art. 1 and 12, etc.)
2 new articles	Commitment to solidarity and equity <ul style="list-style-type: none">• Strengthening access to relevant health products (Art. 13 and 44)• Establishment of Coordinating Financial Mechanism (Art. 44 bis)
	Use of non-digital and digital health documents (Art. 35 and Annex 6)
	Establishment of a States Parties Committee for the Implementation of IHR (Art. 54 bis)

Publication of current IHR text(s), and update of web sites/pages



<https://apps.who.int/gb/bd/>



<https://iris.who.int/handle/10665/246107>



https://apps.who.int/gb/bd/pdf_files/IHR_2022-en.pdf

Relevant amendments to air transport

- **Articles 19 (*Points of entry – general obligations*), 20 (*Airports and ports*) and 21 (*Ground crossings*)**

Alignment of terminology “core capacities”

- **Article 24 (*Conveyance operator*)**

Ensure that measures taken by conveyances are in line with those recommended by WHO and States Parties, on board, during embarkation and disembarkation

- **Article 27 (*Affected conveyances*)**

Addition of quarantine (alongside isolation) as potential additional health measures applied to conveyances to prevent the spread of disease

- **Article 35 (*Health documents – general rule*)**

Health documents in digital or non-digital format. Development of ad-hoc WHO guidance on health documents digitally and non-digitally issued



European Region

Relevant amendments to air transport

- **Article 43 (*Additional health measures*)**

Role of the DG to facilitate consultation among States Parties regarding the scientific information and public health rationale of additional health measures

- **Annex 1 (*Core capacities*)**

Addition of arrangements by PoEs with local laboratories for the analysis of samples (annex 1B)

➤ **No changes made to the Health Part of the Aircraft General Declaration (annex 9, IHR (2005))**

ANNEX 9

THIS DOCUMENT IS PART OF THE AIRCRAFT GENERAL DECLARATION,
PROMULGATED BY THE INTERNATIONAL CIVIL AVIATION ORGANIZATION

HEALTH PART OF THE AIRCRAFT GENERAL DECLARATION¹

Declaration of Health

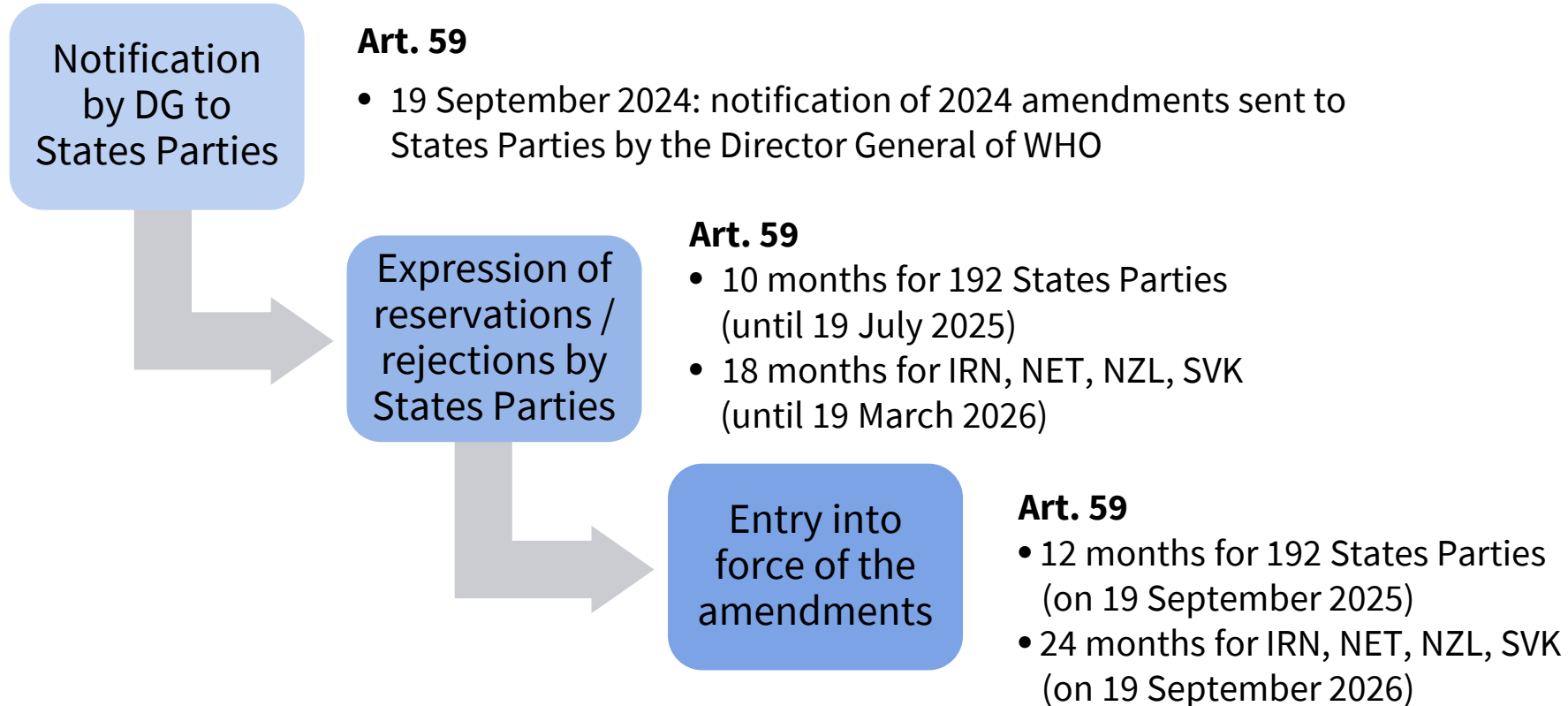
Name and seat number or function of persons on board with illnesses other than airsickness or the effects of accidents, who may be suffering from a communicable disease (a fever - temperature 38°C/100 °F or greater - associated with one or more of the following signs or symptoms, e.g. appearing obviously unwell; persistent coughing; impaired breathing; persistent diarrhoea; persistent vomiting; skin rash; bruising or bleeding without previous injury; or confusion of recent onset, increases the likelihood that the person is suffering a communicable disease) as well as such cases of illness disembarked during a previous stop

Details of each disinsecting or sanitary treatment (place, date, time, method) during the flight. If no disinsecting has been carried out during the flight, give details of most recent disinsecting

Signature, if required, with time and date

Crew member concerned

Steps leading to the entry into force of the 2024 amendments



Next steps and required actions by WHO for the implementation of the 2024 amendments

Actions	Time frame
<ul style="list-style-type: none">Development of explanatory material for internal distribution and further external use	Developed: <ul style="list-style-type: none">“Travaux Préparatoires”Two-pagerQ&A
<ul style="list-style-type: none">Review of existing WHO technical documents for alignment with 2024 amendments	by July 2025
<ul style="list-style-type: none">Development of ad hoc technical documents related to 2024 amendments and resolution WHA77.17 (2024) for dissemination<ul style="list-style-type: none">National IHR AuthoritiesPandemic emergency and conduct of business of the Emergency CommitteeHealth documents digitally and non-digitally issuedStates Parties Committee for the Implementation of the IHR (2005)Coordinating Financial MechanismAnnex 2Risk assessment approach re PHEICs, incl. pandemic emergencies (in consultation with Member States, WHA77.17 (2024))	by Sept/Oct 2025
<ul style="list-style-type: none">Update/development of IT platforms to accommodate 2024 amendments (EMS, EIS, IHR Contact database, e-SPAR, Global Digital Health Certification Network)	by Sept/Oct 2025
<ul style="list-style-type: none">Handling of reservations and rejections of 2024 amendments	Jun/Jul 2025, and Feb/Mar 2026
<ul style="list-style-type: none">Publication of IHR text with 2024 amendments and 4th Edition of IHR (2005)	by Dec 2025

Designation of points of entry (POE) under the IHR (2005)

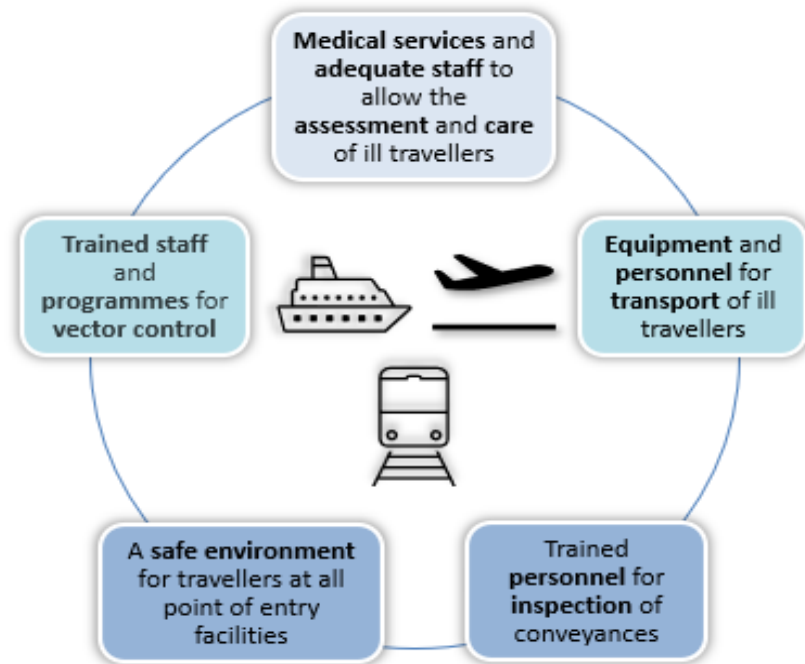
- **3 types of POE:** airport, port, ground crossing
- Airports and ports (article 20): "States Parties **shall** designate the airports and ports that shall develop the capacities provided in Annex 1"
- Ground crossings (article 21): "Where justified for public health reasons, a State Party **may** designate ground crossings that shall develop the capacities provided in

Criteria for designation:

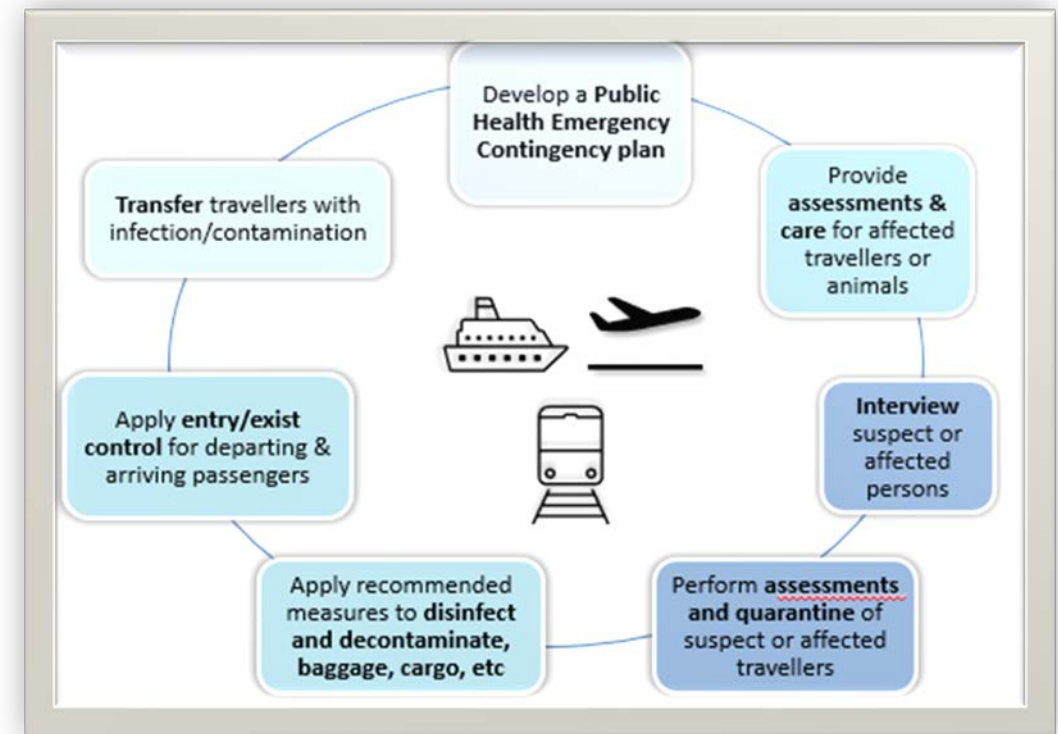
- 1) Population density in and around the POE
- 2) Epidemiological situation in around the POE
- 3) Volume and frequency of international traffic
- 4) Multimodal transportation
- 5) Public health risks in the place of origin and transit of international traffic
- 6) Existing capacities and facilities to manage public health risks at the POE
- 7) Joint designation of POE with neighboring country

IHR Core capacity requirements at designated PoE

At all times (routine)



In response to a public health emergency of international concern (PHEIC)



Reference: Articles 19, 20 and 21, and Annex 1B (IHR 2005)

Update of PoE indicators under the IHR (2005) M&E

SPAR indicator 1: Core capacity requirements at all times for POEs

SPAR indicator 2: Public health response at POEs

SPAR indicator 3 – A risk based approach to international travel related measures (Indicator agreed in 2021)

Indicators	
Level	CI1.1 Core capacity requirements at all times for POEs (airports, ports and ground crossings)
Level 1	Strategic risk assessment for individual PoE as an integral part of a national risk assessment has not been completed
Level 2	Some designated PoE are implementing routine core capacities based on a completed associated strategic risk assessment
Level 3	Some designated PoE are implementing routine core capacities
AND	
Level 4	These are integrated into the national surveillance system for biological hazards/all hazards (e.g., event-based and early warning surveillance)
Level 5	All designated PoE are implementing routine core capacities with an all-hazard and multisectoral approach integrated into the national surveillance system
Level 6	Routine core capacities implemented at all designated PoE are exercised (as appropriate), reviewed, evaluated, updated and actions are taken to improve capacity on a regular basis
Please add below comments describing the rationale for the checked level for this indicator and specify the activities that are related to capacity-building for this indicator. Choose all applicable check boxes according to the status of implementation and the area related to your comments	
Status of implementation:	
<input type="checkbox"/> planned	<input type="checkbox"/> achieved <input type="checkbox"/> strength/best practice
<input type="checkbox"/> ongoing	<input type="checkbox"/> challenges/gaps <input type="checkbox"/> other
Area involved:	
<input type="checkbox"/> financing	<input type="checkbox"/> policy <input type="checkbox"/> leadership & governance <input type="checkbox"/> risk communication
<input type="checkbox"/> guidelines & SOPs	<input type="checkbox"/> infrastructure & logistics <input type="checkbox"/> assessments <input type="checkbox"/> legislation
<input type="checkbox"/> coordination & collaboration mechanisms	<input type="checkbox"/> workforce <input type="checkbox"/> health information systems <input type="checkbox"/> others

Indicators	
Level	CI1.2 Public health response at points of entry
Level 1	PoE designated based on a strategic risk assessment are in the process of developing a PoE public health emergency contingency plan ⁶
Level 2	Some designated PoE have developed a PoE public health emergency contingency plan for events caused by biological hazards
Level 3	All designated PoE have developed PoE public health emergency contingency plans for events caused by biological hazards and integrated into national emergency response plans ⁶
Level 4	All designated PoE have developed PoE public health emergency contingency plans for events caused by all hazards ⁶ and integrated into national emergency response plans
Level 5	All PoE public health emergency contingency plans for events caused by all hazards all designated PoE are exercised (as appropriate), reviewed, evaluated and updated on a regular basis
Please add below comments describing the rationale for the checked level for this indicator and specify the activities that are related to capacity-building for this indicator. Choose all applicable check boxes according to the status of implementation and the area related to your comments	
Status of implementation:	
<input type="checkbox"/> planned	<input type="checkbox"/> achieved <input type="checkbox"/> strength/best practice
<input type="checkbox"/> ongoing	<input type="checkbox"/> challenges/gaps <input type="checkbox"/> other
Area involved:	
<input type="checkbox"/> financing	<input type="checkbox"/> policy <input type="checkbox"/> leadership & governance <input type="checkbox"/> risk communication
<input type="checkbox"/> guidelines & SOPs	<input type="checkbox"/> infrastructure & logistics <input type="checkbox"/> assessments <input type="checkbox"/> legislation
<input type="checkbox"/> coordination & collaboration mechanisms	<input type="checkbox"/> workforce <input type="checkbox"/> health information systems <input type="checkbox"/> others

Indicators	
Level	CI1.3 Risk based approach to international travel related measures
Level 1	National multisectoral process with mechanisms to determine the adoption of international travel-related measures ⁶ on a risk-based manner is not available or under development
Level 2	National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed including guidelines and SOPs for their implementation
Level 3	National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed and being implemented at national level
Level 4	National multisectoral process with mechanisms to determine the adoption of international travel-related measures, on a risk-based manner, is developed and being implemented at national and intermediate levels
Level 5	National multisectoral process and mechanisms to determine the adoption of international travel-related measures are being implemented at national, intermediate and local levels and exercised (as appropriate), reviewed, evaluated and updated on a regular basis, in response to an event or emergency
Please add below comments describing the rationale for the checked level for this indicator and specify the activities that are related to capacity-building for this indicator. Choose all applicable check boxes according to the status of implementation and the area related to your comments	
Status of implementation:	
<input type="checkbox"/> planned	<input type="checkbox"/> achieved <input type="checkbox"/> strength/best practice
<input type="checkbox"/> ongoing	<input type="checkbox"/> challenges/gaps <input type="checkbox"/> other
Area involved:	
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<input type="checkbox"/> guidelines & SOPs	<input type="checkbox"/> infrastructure & logistics <input type="checkbox"/> assessments <input type="checkbox"/> legislation
<input type="checkbox"/> coordination & collaboration mechanisms	<input type="checkbox"/> workforce <input type="checkbox"/> health information systems <input type="checkbox"/> others
Please add any additional comments for the capacity as applicable. Choose all applicable check boxes according to the status of implementation and the area related to your comment as this capacity	
Status of implementation:	
<input type="checkbox"/> planned	<input type="checkbox"/> achieved <input type="checkbox"/> strength/best practice
<input type="checkbox"/> ongoing	<input type="checkbox"/> challenges/gaps <input type="checkbox"/> other
Area involved:	
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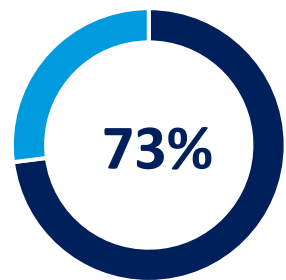
SPAR indicator 3

National process to determine the adoption of international travel-related measures that is:

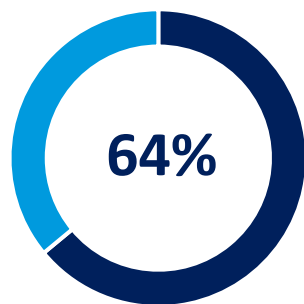
- Multisectoral
- Takes into account a risk-based approach to the implication of such measures
- Includes guidelines and SOPs for implementation
- Is developed and implemented at national, intermediate and local levels
- Is exercised, reviewed, evaluated and updated regularly

WHO EURO 2023 SPAR overview

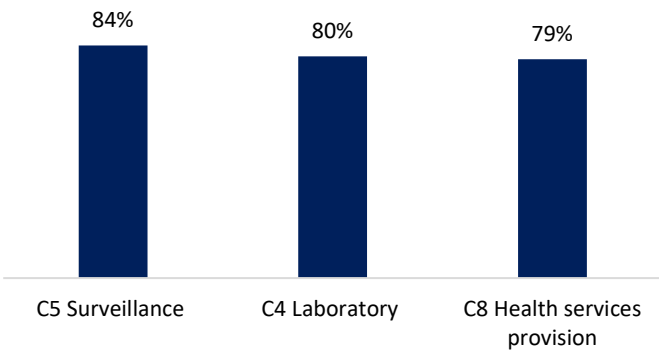
All capacities
EURO average 2023



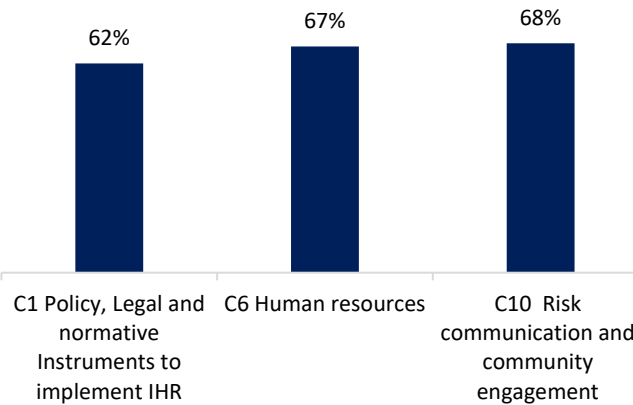
All capacities
Global average 2023



WHO EURO: Main strengths reported



Main challenges reported

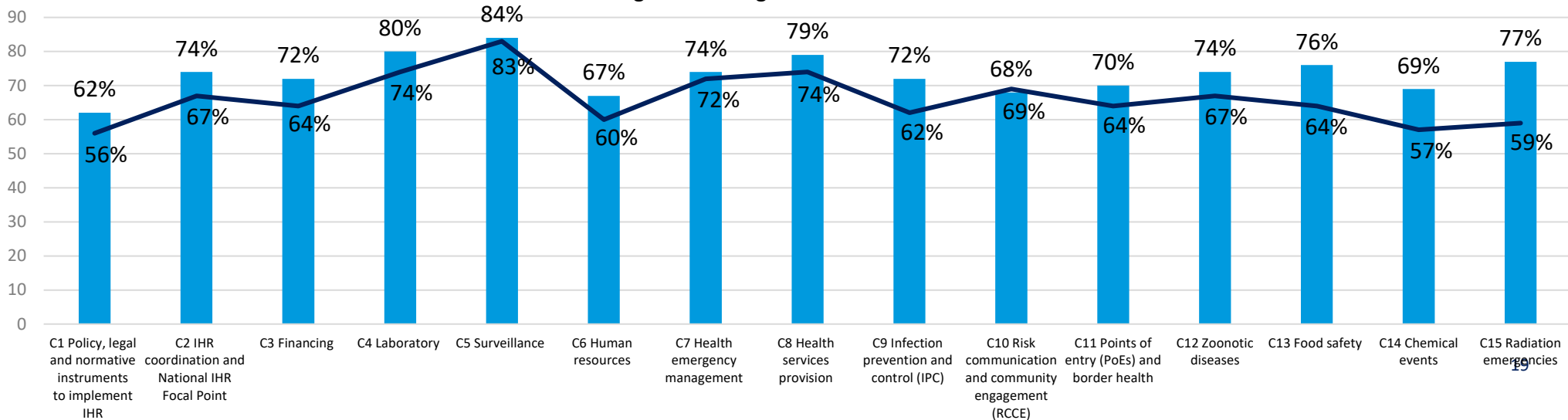


IHR designated points of entry

Ports	233
Airports	241
Ground crossings	225
Number of States Parties reporting authorized ports to issue ship sanitation certificates (SSC)	40

IHR Core capacity average reported in 2023

Regional average based on 54 submissions



WHO EURO SPAR 2023 – Points of entry (PoEs) and border health

70%

Average capacity reported under area 11, Points of Entry (PoEs) and Border Health

699

Total number of designated Points of Entry (PoEs) were reported in 2023

81%

PoEs reported to have a public health emergency contingency plan

71%

PoEs reported to have a programme for vector surveillance and control

233



Designated ports were reported in 2023

241



Designated airports were reported in 2023

225



Designated ground crossings were reported in 2023

40



States Parties reported authorized ports to issue ship sanitation certificates (SSC)

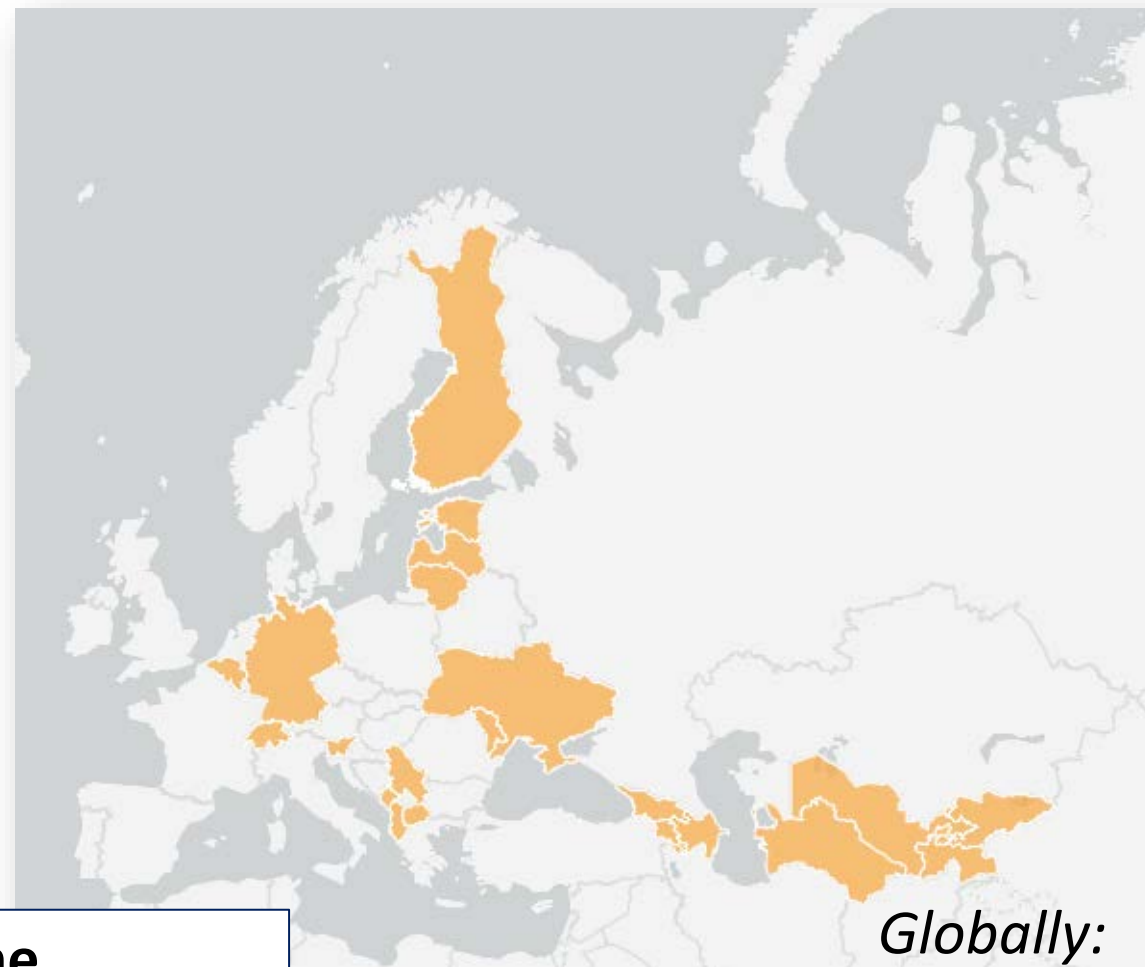
JEE in the WHO European Region

Completed JEEs (25)

- | | |
|-------------------------------|----------------------|
| 1. Albania, 2016 | 15. Montenegro, 2019 |
| 2. Armenia, 2016 | 16. Georgia, 2019 |
| 3. Belgium, 2017 | 17. Tajikistan, 2019 |
| 4. Finland, 2017 | 18. Germany, 2019 |
| 5. Kyrgyzstan, 2016 | 19. Ukraine, 2021 |
| 6. Latvia, 2017 | 20. Uzbekistan, 2022 |
| 7. Liechtenstein, 2017 | 21. Azerbaijan, 2023 |
| 8. Slovenia, 2017 | 22. Kyrgyzstan, 2023 |
| 9. Switzerland, 2017 | 23. Estonia, 2023 |
| 10. Turkmenistan, 2016 | 24. Armenia, 2023 |
| 11. Republic of Moldova, 2018 | 25. Georgia, 2024 |
| 12. Serbia, 2018 | |
| 13. Lithuania, 2018 | |
| 14. North Macedonia, 2019 | |

JEEs in the pipeline

- Tajikistan
- Netherlands (JEE/PHEPA)

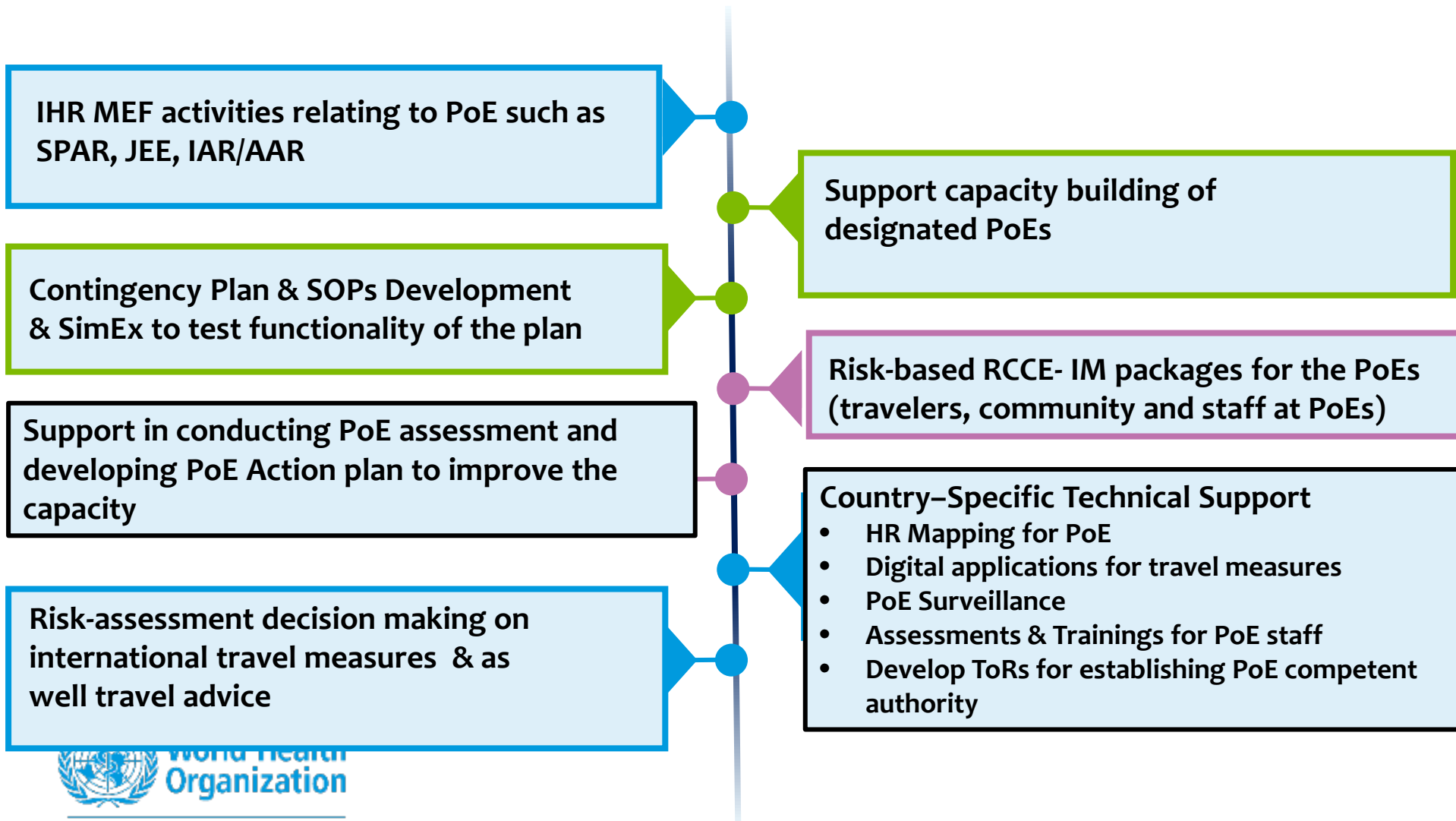


Globally:

**122 countries
+13 in the pipeline**

WHO EURO approach to strengthening Points of entry capacities

WHO EURO approach to supporting PoE capacity strengthening



Recent examples of Border health support activities in the WHO European Region

- **Sub-regional & national trainings on the use of the WHO Assessment tool for core capacity requirements at designated points of entry including for airports** Kazakhstan, June 2023
- **Sub-regional workshops on border health and cross-border collaboration-** Greece, November 2023
- **National IHR Focal Point Trainings** (twice a year)
- **Joint Assessment and Detection of Event (JADE) Functional Exercises**
- **Support for points of entry designation upon request**
- **Sub-regional and national trainings & TOT on ship sanitation certificates**



Support to decision-making and monitoring of Public Health and Social Measures in response to health emergencies

- Comprehensive database of PHSM response to COVID-19, including including international travel measures implemented at airports by **EURO Member States (33k entries, 5k on travel and trade measures)**
- International travel measures shared with IHRNFPs via **WHO restricted platform for public health emergencies** (*Event Information Site, EIS*)
- Published: WHO guidance on monitoring of PHSM, including international travel measures implemented at airports, in response to health emergencies.
- Ongoing: Development of global PHSM Policy monitoring platform, including data collection of PHSM measures implemented at airports.
- Ongoing: The PHSM Bibliographic Library, first in the series of three interconnected tools of the PHSM Knowledge Hub. A dynamic database of global, multidisciplinary PHSM research which is continuously curated and updated by automated feeds and experts.



Regional Meeting of National IHR Focal Points

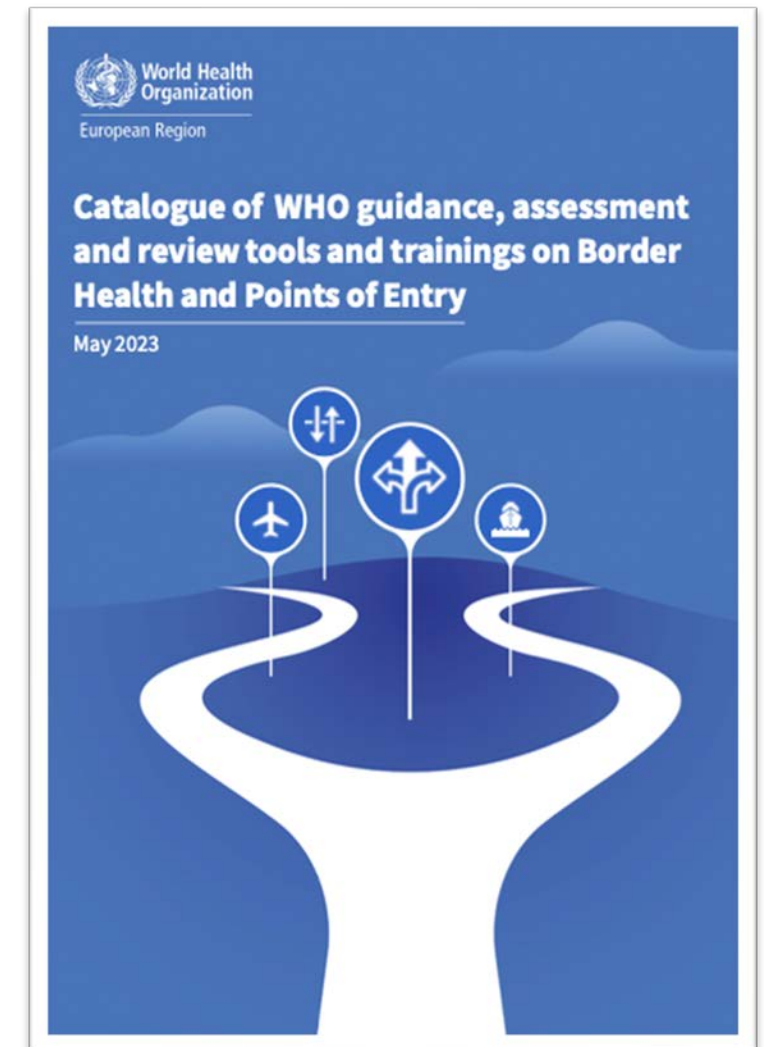
September 2024
Sofia, Bulgaria



European Region

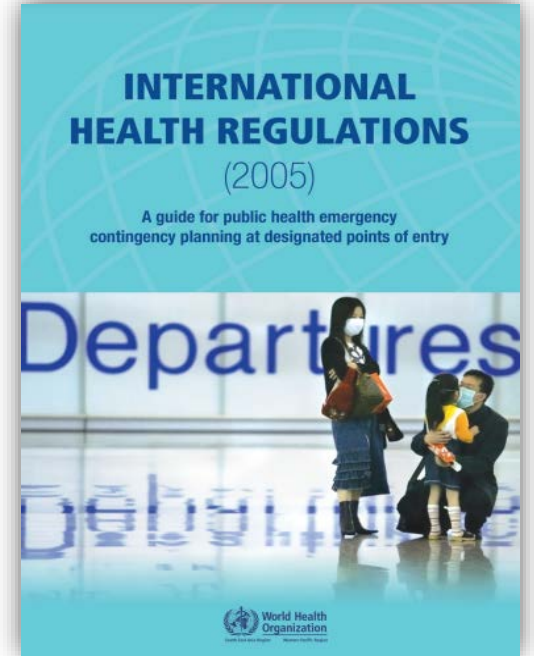
Catalogue of WHO guidance, assessment tools and trainings on Border Health and Points of Entry, including airports

1. WHO guidance
 1. All PoE
 2. **Specific for airports and air transport**, ground crossings and seaports and sea transport
2. Assessment and review tools
3. Trainings
 1. WHO online trainings for PoE & Border Health
 2. Face-to-Face trainings



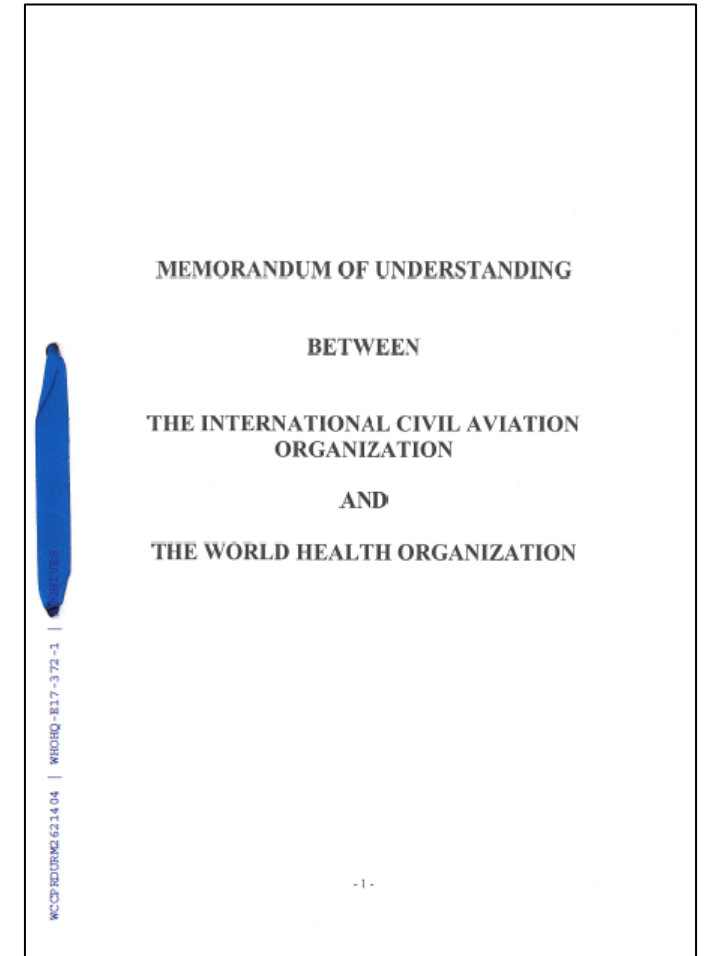
Opportunities for improving coordination between aviation and public health authorities

- Coordination needed between aviation and public health authorities to address gaps in public health emergency contingency planning
 - Joint training of personnel required for implementation of the public health emergency contingency plans
 - Joint simulation exercises to test functionality of public health emergency contingency plans and coordination between all stakeholders
 - Joint workshops to develop public health emergency contingency plans where unavailable
 - Joint development of SOPs for management of specific public health events in aviation
 - Joint trainings on assessment of public health capacities at airports in line with the IHR



WHO-ICAO Memorandum of Understanding

- **Signed by the Director Generals** of the World Health Organization (WHO) and the International Civil Aviation Organization (ICAO) in **November 2022**.
- Provides a **framework of cooperation and understanding** to facilitate collaboration between the two organizations in the following areas:
 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.
- A **joint workplan** is under development to facilitate and monitor the implementation of this MoU.



Thank you!

For further questions on WHO EURO activities please contact:

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