

6<sup>th</sup> Humanitarian Aviation Safety Campaign  
Collaborating for Effective Disaster Response and Preparedness  
August 13-15, 2025

*"Bridging Borders in Emergencies: The Power of Regional Cooperation"*

**International Health Regulations(2005) (IHR):  
mandates for public health in airports**

**PAHO**



Pan American  
Health  
Organization



World Health  
Organization  
REGIONAL OFFICE FOR THE Americas

Tamara Mancero  
PHE/IHR  
PAHO / WHO  
13 August 2025

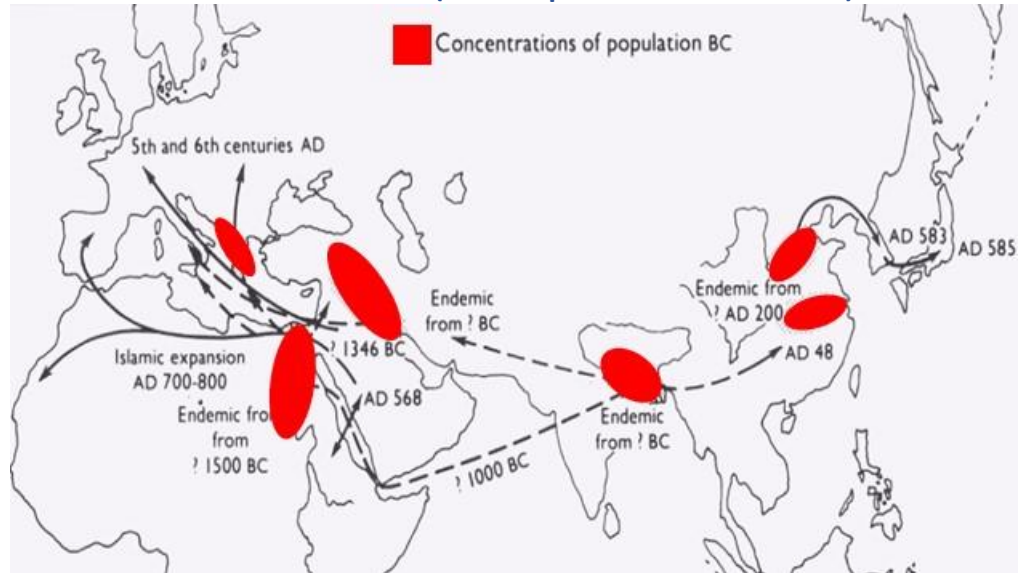
# Pandemics and spread of diseases



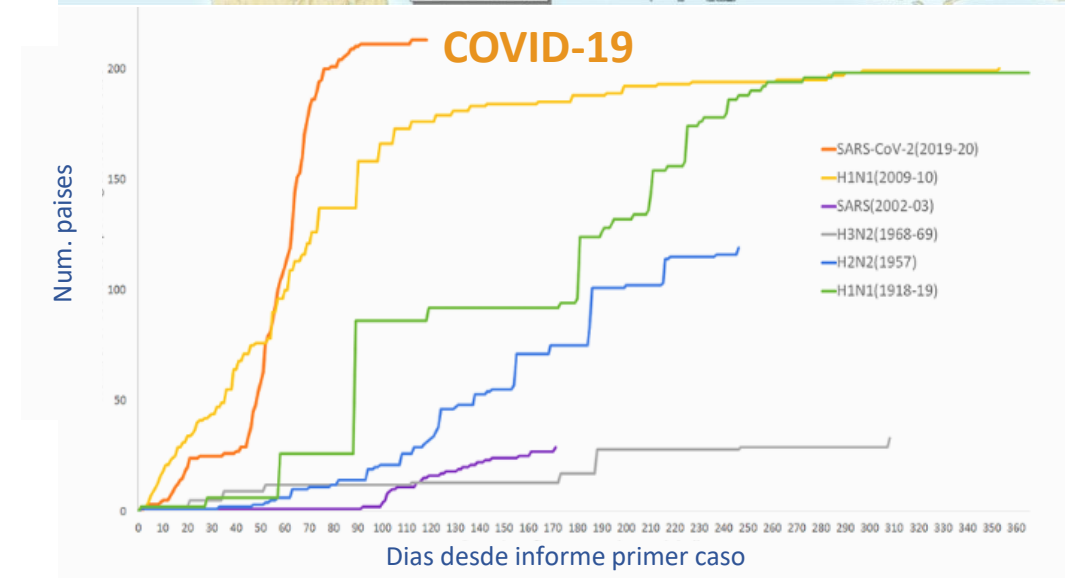
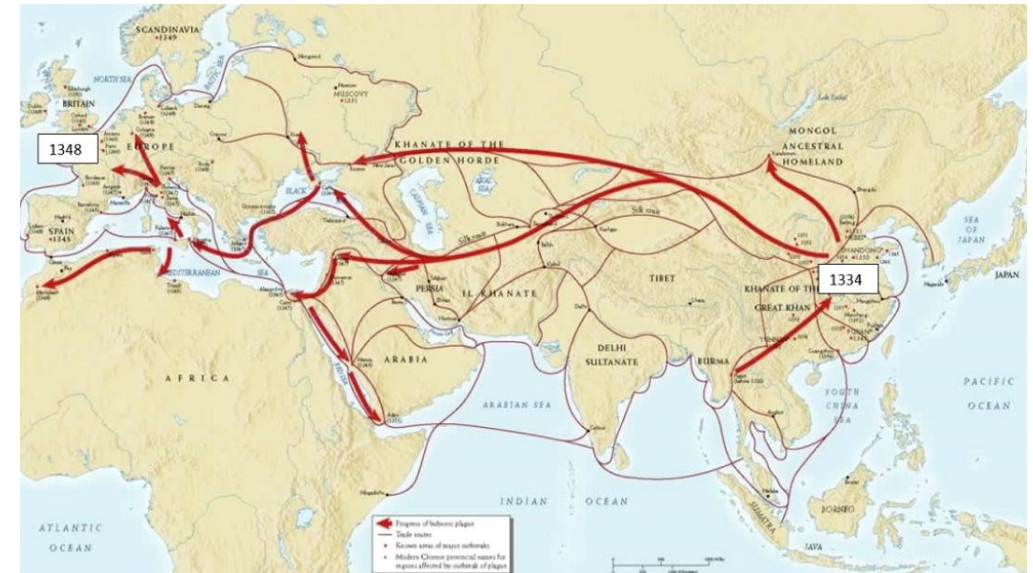
- Pandemics have accompanied mankind throughout history.
- **Smaller scale outbreaks are continuously occurring.**
- Bigger cities, broader commercial routes, closer contact between humans-animals-environment increase the risk of pandemics.
- Faster transmission requires faster response.

# “Plagues” / Pandemics: Speed of geographical spread in history

Variola (smallpox – centuries)



Bubonic plague (“Black Death”) - 15 years

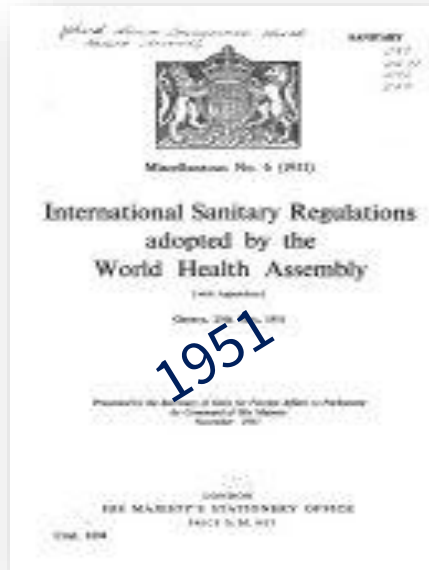


COVID-19 - 8 weeks



# International Health Regulations (2005)

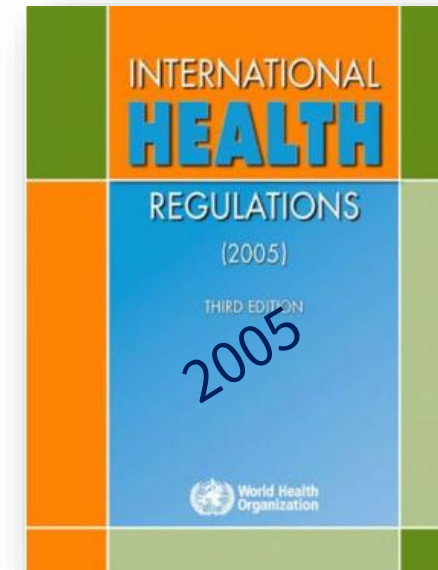
A **legally binding agreement** among 196 States Parties, under **Article 21(a) of WHO Constitution** to address “sanitary and quarantine requirements and other procedures designed to prevent the international spread of disease.”



Revision →



Revision →



Amended

1973

1981

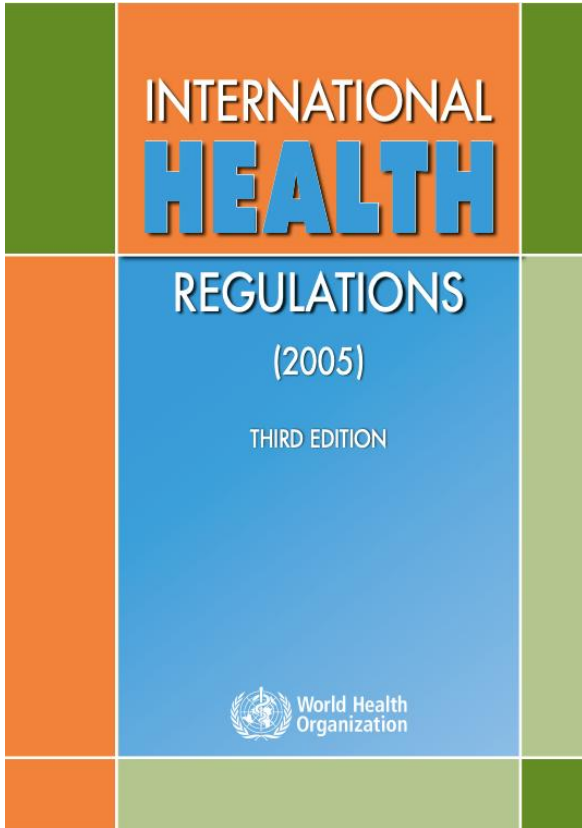
Amended

2014

2022

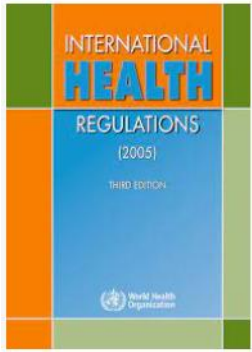
**2024**

# International Health Regulations (2005)



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 and trade**

**ICAO** key implementing partner of the IHR in the civil aviation sector (page 3, the IHR 2005)



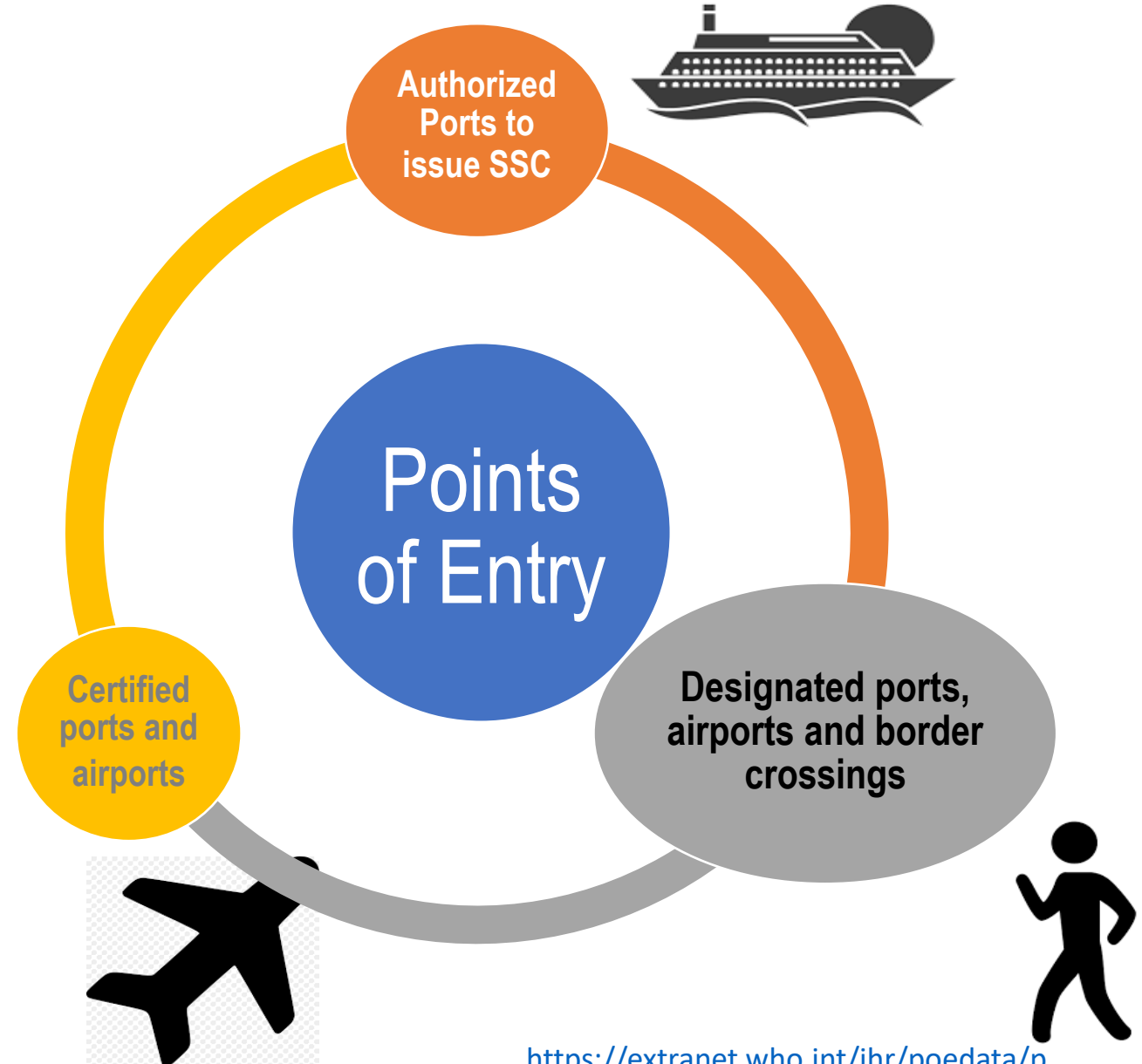
# Member States and WHO

- 1. Develop and maintain the capacities to implement the IHR effectively (art 5 and 13)**
2. Notify the WHO within 24 hours of all events that may constitute a public health problem of international concern (art 6) and respond to WHO requests for information verification (art 10)
3. Establish a National Focal Point (NFP) for the IHR, available 24/7 for urgent communications with the WHO (art. 4)
4. Provide WHO with justification for additional health measures that significantly interfere with trafficking (art 43)
- 5. Report to the World Health Assembly on the implementation of the IHR (art 54)**



# Points of Entry

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. (IHR, 2005)



<https://extranet.who.int/ihr/poedata/public/en>

# Points of Entry and Border Health

Prevention and control

**Containment of  
known public health  
risks**



Routine sanitary controls at  
points of entry and means of  
transportation

Early warning

**Detection and  
response to unusual  
health events**



Integration with national  
monitoring and response  
mechanisms

Response

**Response to public  
health emergencies**



Activation of contingency plans  
for adopting health measures

**Integrated and cross-sectoral**



# IHR (2005) provisions on points of entry

**Airports and ports** (article 20): “States Parties **shall** designate the airports and ports that shall develop the capacities provided in Annex 1”

**Designation** of POEs under the IHR (2005) serves a dual purpose:

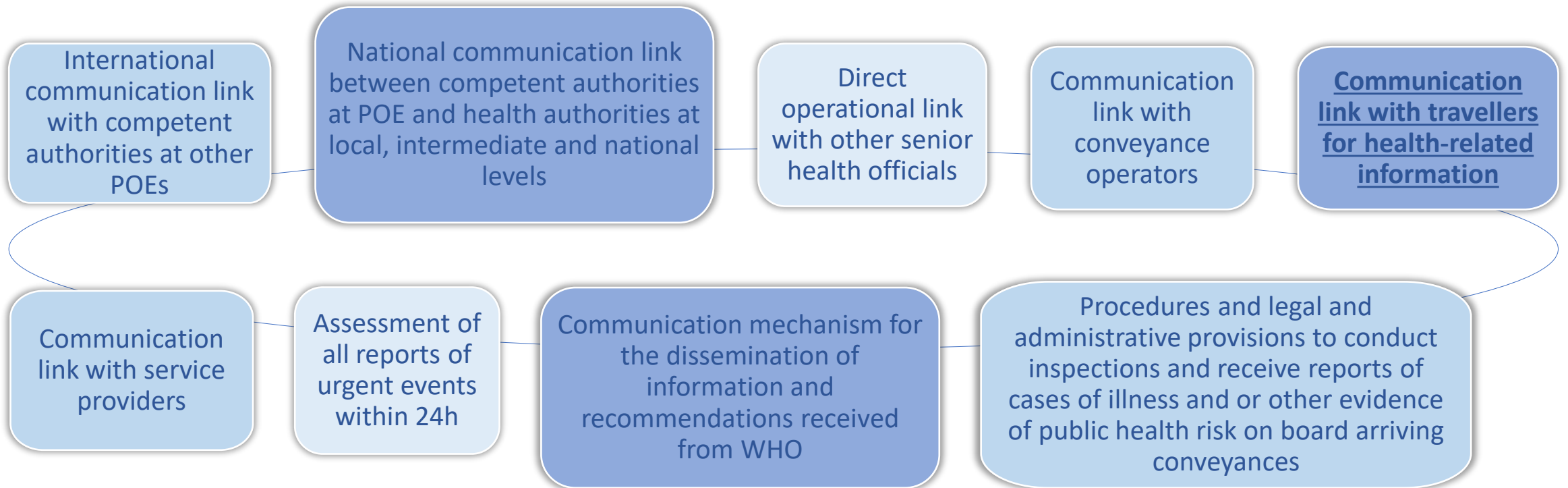
- **Prioritization** to direct limited public health resources to most relevant POEs from a public health perspective
- **Global accountability** for health security (annual SPAR reporting)

## 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

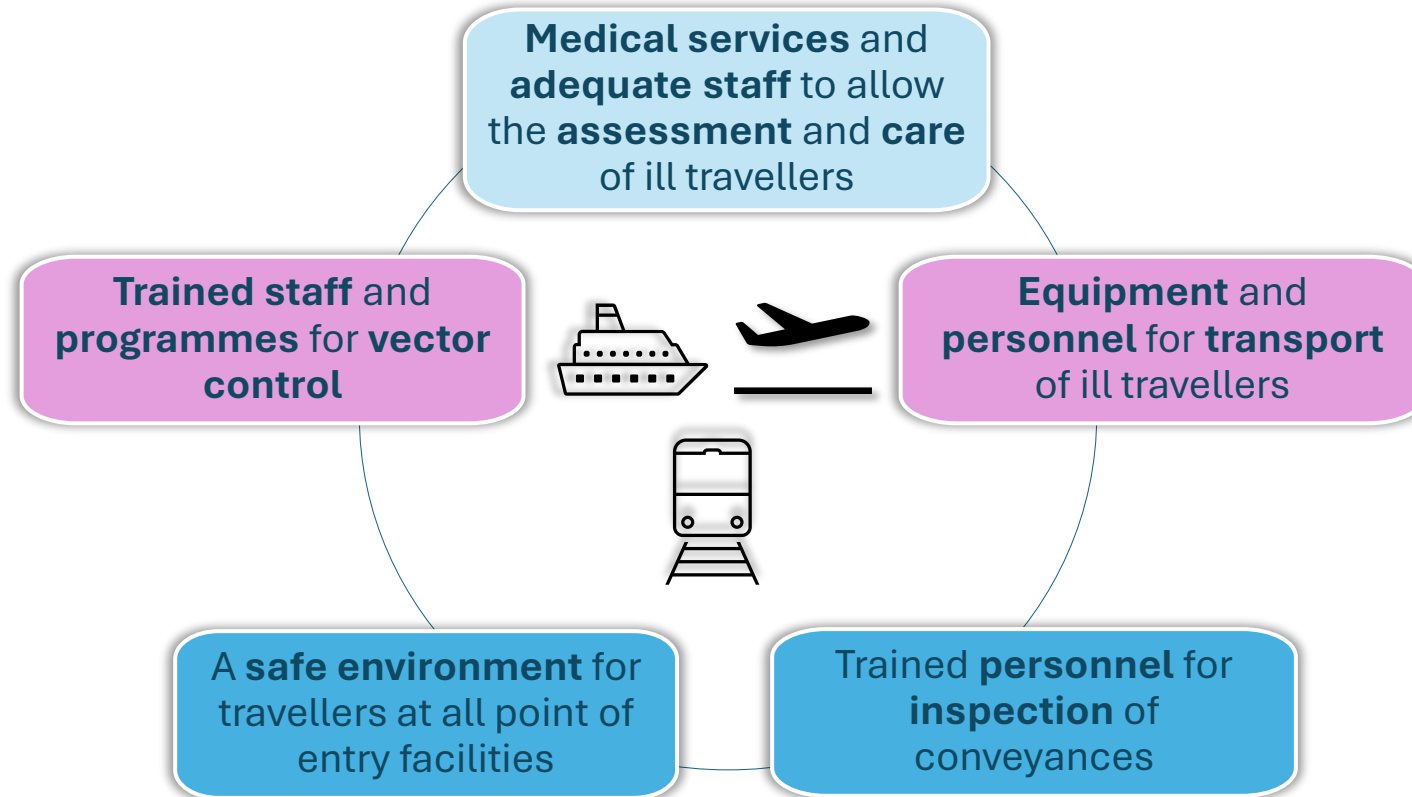
# IHR (2005) provisions on points of entry

Core capacity requirements that need to be developed and maintained at designated airports – capacities for coordination, communication of event information and adoption of measures



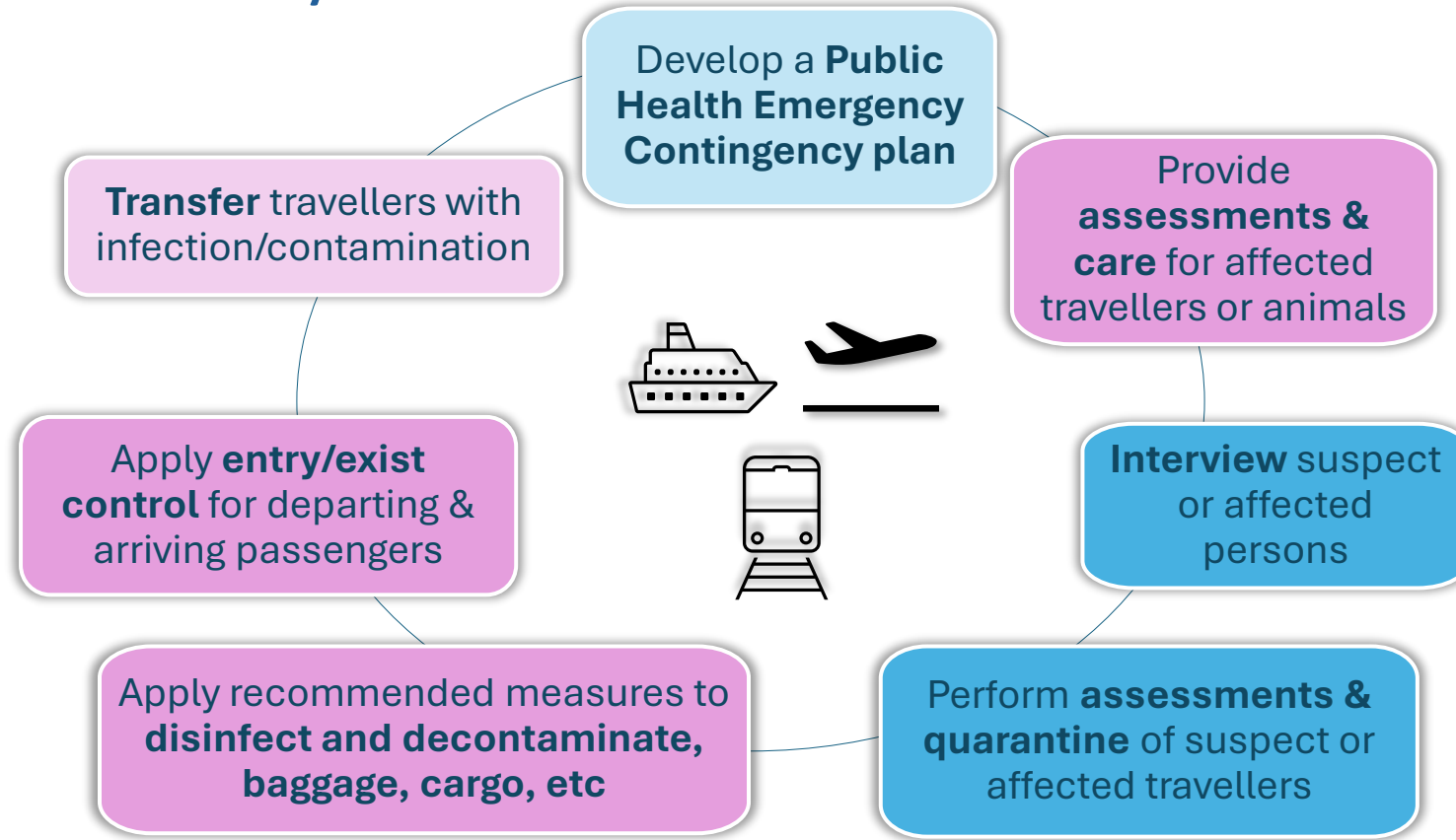
# IHR (2005) provisions on points of entry

Core capacity requirements that need to be developed and maintained at designated airports – routine core capacities at all times:



# IHR (2005) provisions on points of entry

Core capacity requirements that need to be developed and maintained at designated airports – core capacities for responding to events that may constitute a PHEIC:



# Implementation of IHR 2005 for Vector Control at POE



## Annex 5

1. WHO, shall publish, on a regular basis, a list of areas where disinsection or other vector control measures are recommended for conveyance arriving from these areas

4. State Parties shall establish programmes to- control vectors that may transport an infectious agent that constitutes a public health risk to a minimum distance of 400 metres from those areas of point of entry facilities that are used by travellers, conveyances, containers, cargo and postal



Arts. 22, 24, 27 and Annex 4:

PoEs are required to ensure that facilities used by travellers at points of entry are maintained in a sanitary condition and are kept free of source of infection and contamination, including vectors and reservoirs



Annex 3 and Annex 9:

technical requirements respectively on the vector surveillance and control with regard to ship inspection and those of disinsecting or sanitary treatment measures in aircrafts

Vector and vector borne diseases



# Vector control at Points of Entry and aircrafts

Why implement a surveillance plan for vectors species at points of entry?

1 Ships, aircraft and other conveyances transport vectors from one country to another

2 Main vector species carry viruses and parasites



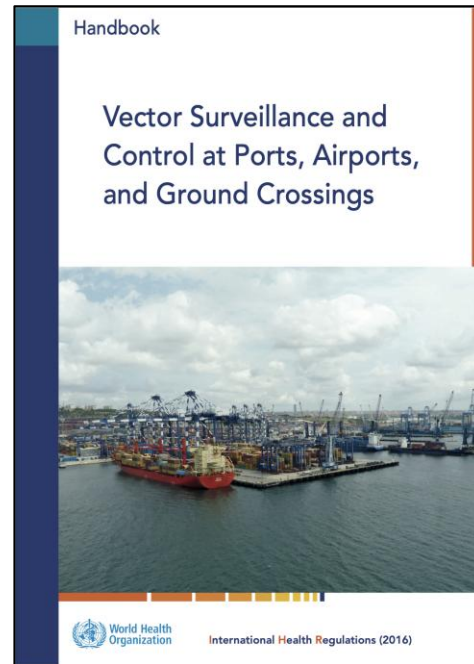
3 Increasing international travel and transport



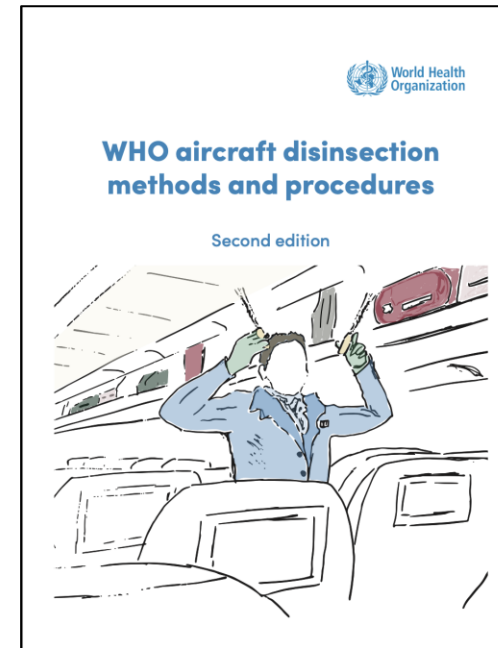
A **VECTOR-FREE ZONE** of at least 400-meters away from the POE operational areas to control invasion risk at its root and prevent the spread of vector-borne diseases

## INTERNATIONAL HEALTH REGULATIONS

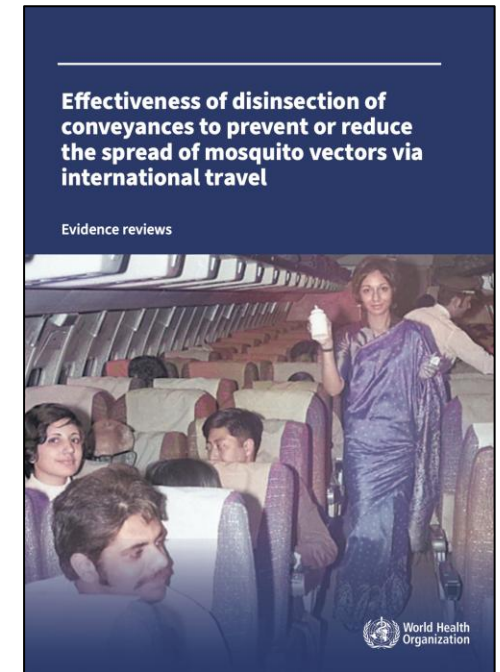
The States Parties must develop core capacities to detect and control vectors at ports, airports, and ground crossings.



[https://iris.who.int/bitstream/handle/10665/204660/9789241549592\\_eng.pdf](https://iris.who.int/bitstream/handle/10665/204660/9789241549592_eng.pdf)

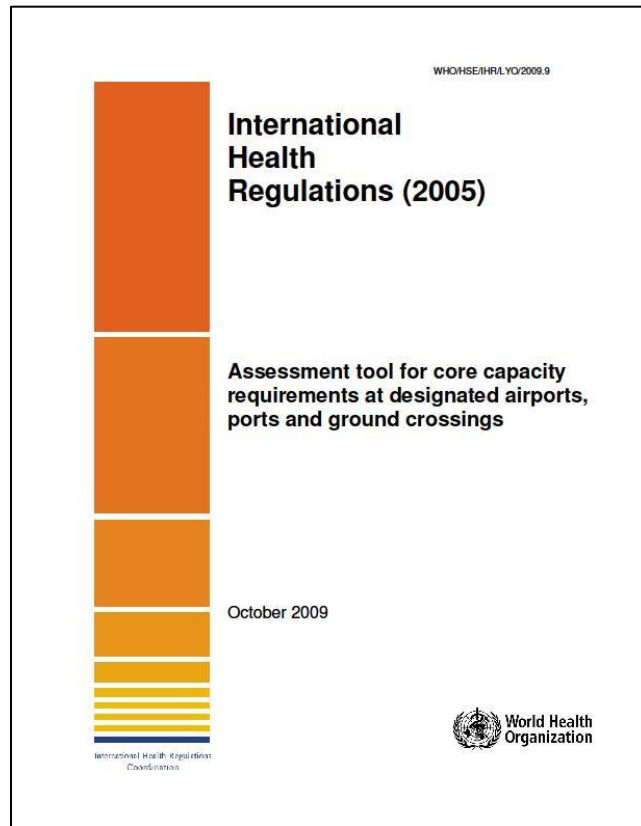


<https://iris.who.int/bitstream/handle/10665/374318/9789240080317-eng.pdf?sequence=1>



<https://iris.who.int/bitstream/handle/10665/380213/B09173-eng.pdf?sequence=1>

# Assessment tool for core capacity requirements at designated airports



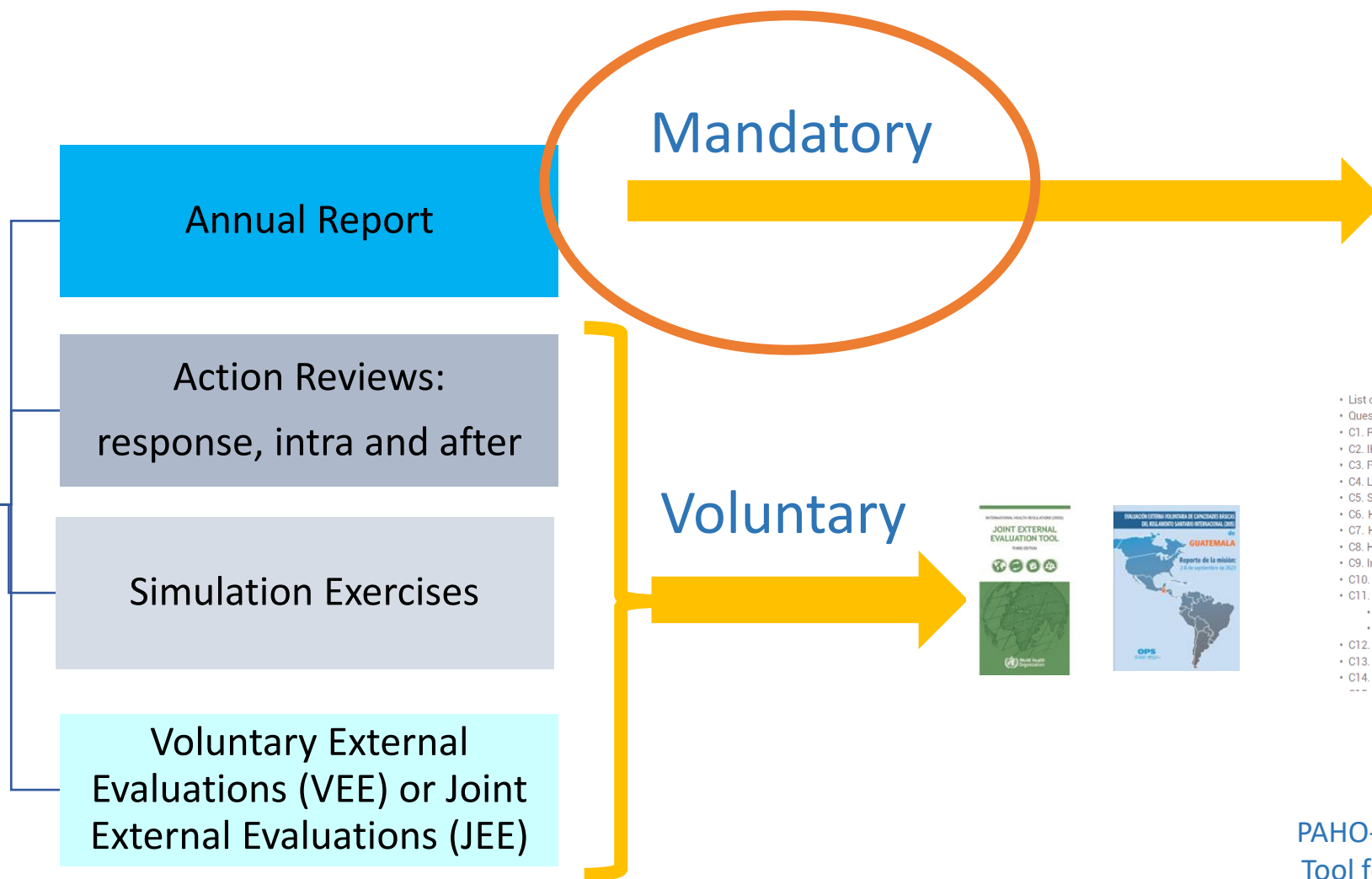
<https://apps.who.int/iris/handle/10665/70839>

## Objectives

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



# IHR Monitoring and Evaluation framework



- List of capacities and indicators
- Questionnaire for reporting the level of capacities
- C1. Policy, legal and normative Instruments to implement IHR
- C2. IHR Coordination, National IHR Focal Point functions and advocacy
- C3. Financing
- C4. Laboratory
- C5. Surveillance
- C6. Human resources
- C7. Health emergency management
- C8. Health services provision
- C9. Infection prevention and control (IPC)
- C10. Risk communication and community engagement (RCCE)
- C11. Points of entry (PoEs) and border health
  - Section 1. Information by type of PoE
  - Section 2. Core capacities at PoEs and international travel-related r
- C12. Zoonotic diseases
- C13. Food safety
- C14. Chemical events



PAHO- Performance Monitoring Tool for the National Expanded Program on Immunization

# State Party Self-Assessment annual Reporting Tool (SPAR)

## RESPONDING THE SELF-ASSESSMENT AND REPORTING QUESTIONNAIRE

- Respondent identification
- Completion of annual report
- Reporting level of capacities using indicators and its attributes
- List of capacities and indicators
- Questionnaire for reporting the level of capacities
- C1. Policy, legal and normative Instruments to implement IHR
- C2. IHR Coordination, National IHR Focal Point functions and advocacy
- C3. Financing
- C4. Laboratory
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- C11. Points of entry (PoEs) and border health
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  - Section 2. Core capacities at PoEs and international travel-related measures
- C12. Zoonotic diseases
- C13. Food safety
- C14. Chemical events
- C15. Radiation emergencies

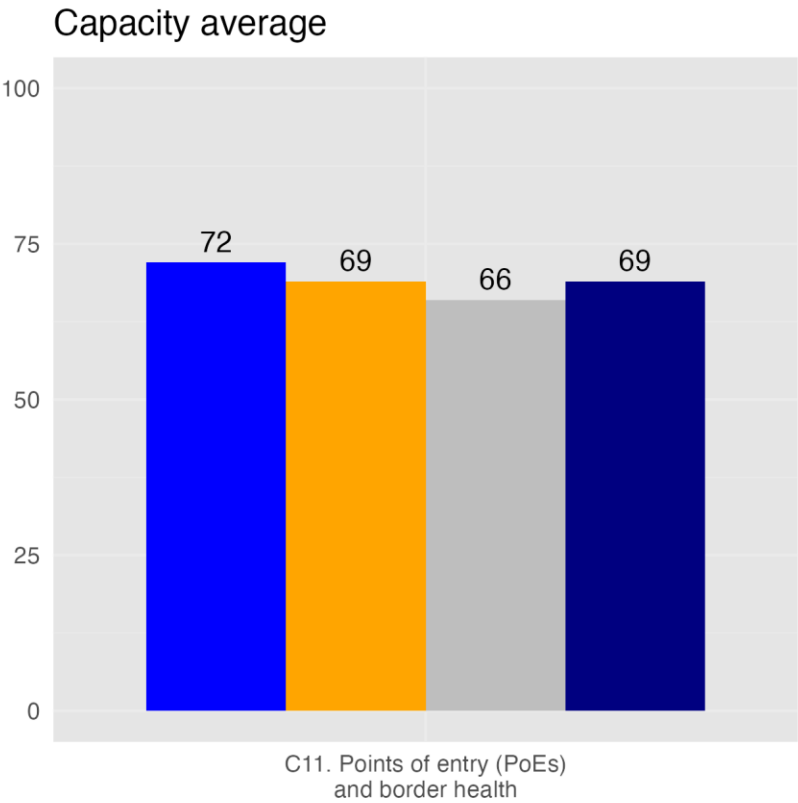




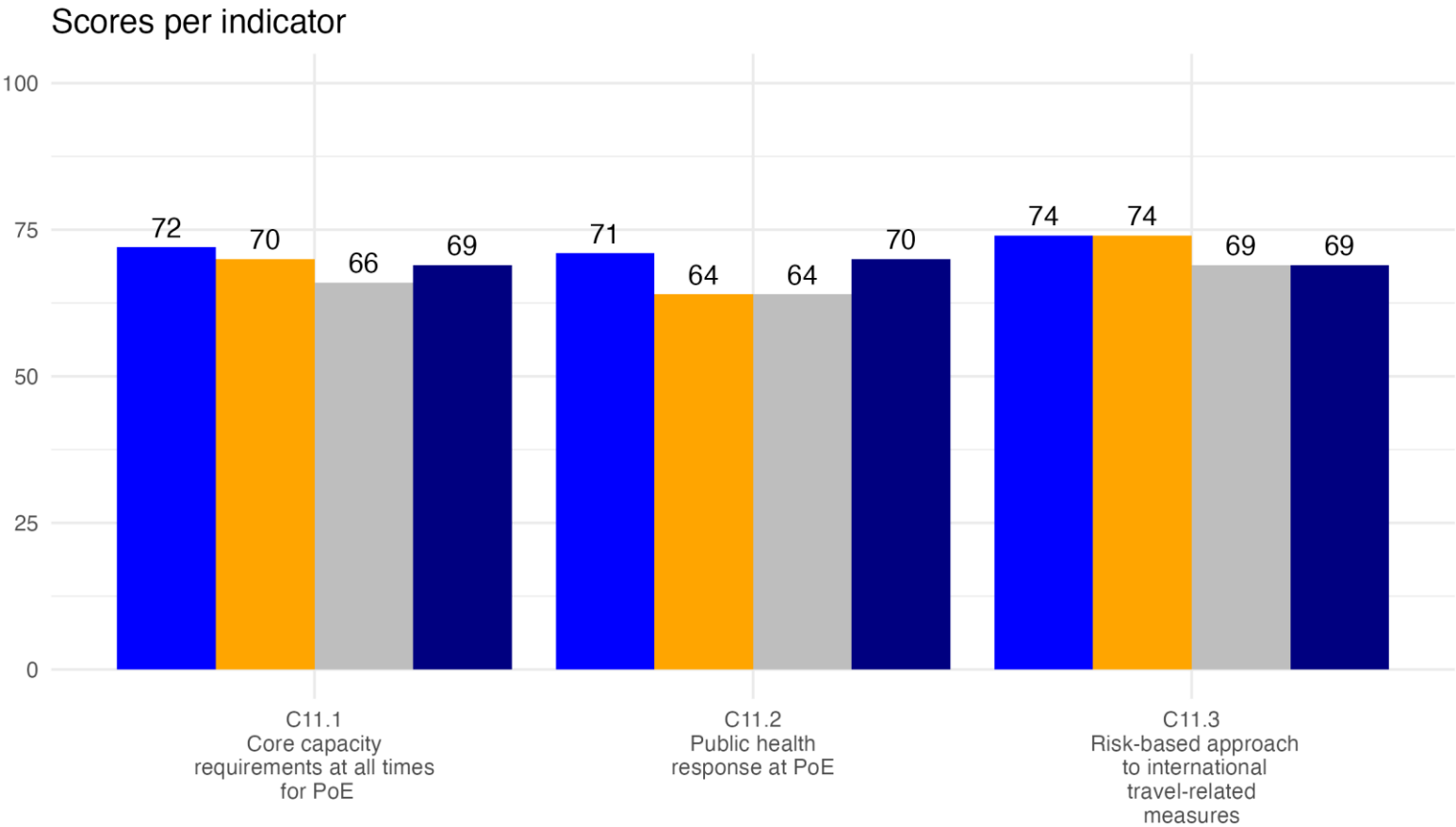
| Designated Points of Entry(PoE)<br>2024 |                |        |
|-----------------------------------------|----------------|--------|
| Region of the Americas                  |                |        |
| Subregion                               | Designated PoE | Number |
| CAM                                     | Airports       | 12     |
| CAR                                     | Airports       | 30     |
| NAM                                     | Airports       | 25     |
| SAM                                     | Airports       | 30     |
| Total                                   |                | 97     |

# The Americas Region

## C11. Points of entry (PoEs) and border health



Year SPAR 2021 SPAR 2022 SPAR 2023 SPAR 2024

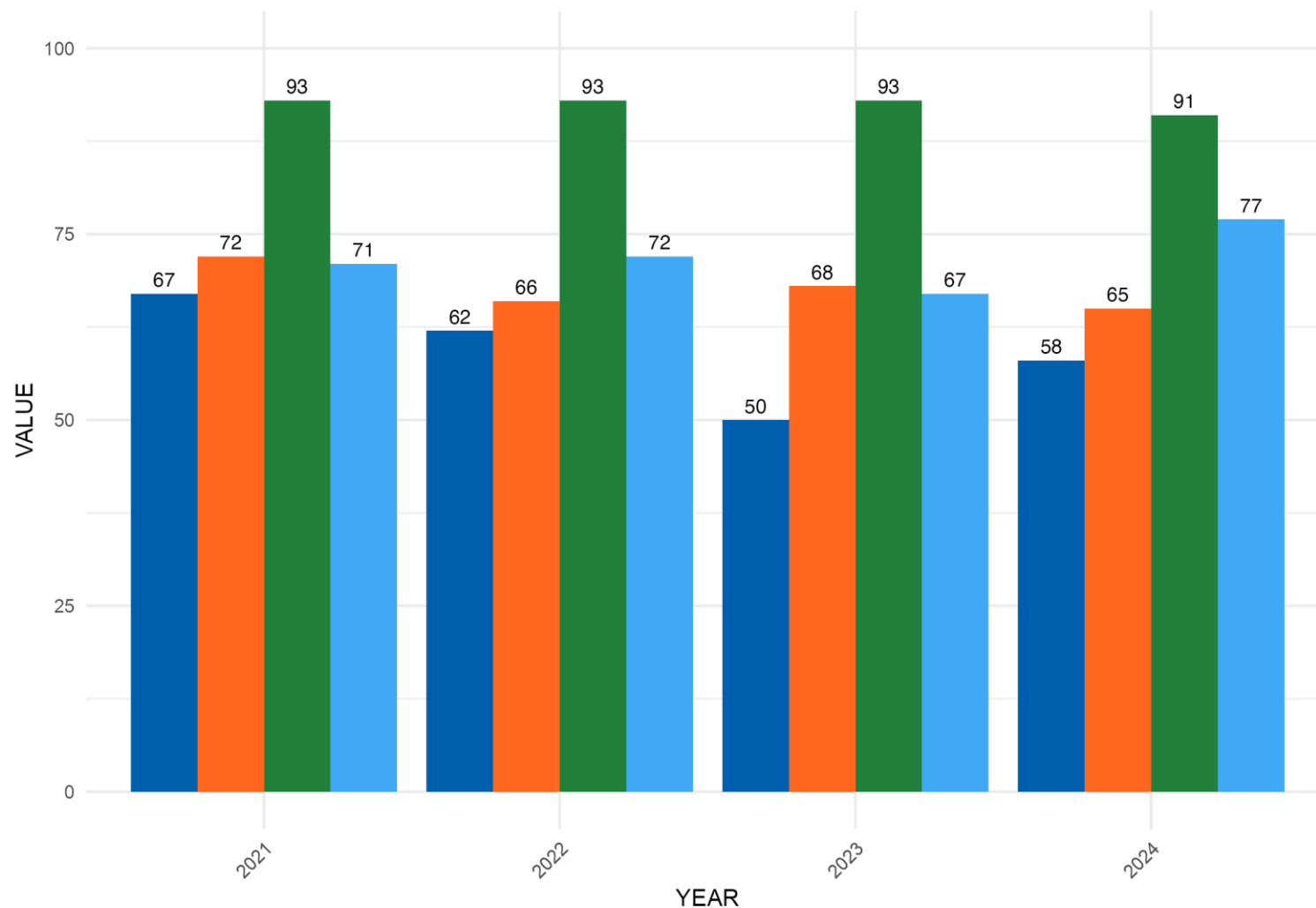


Year SPAR 2021 SPAR 2022 SPAR 2023 SPAR 2024



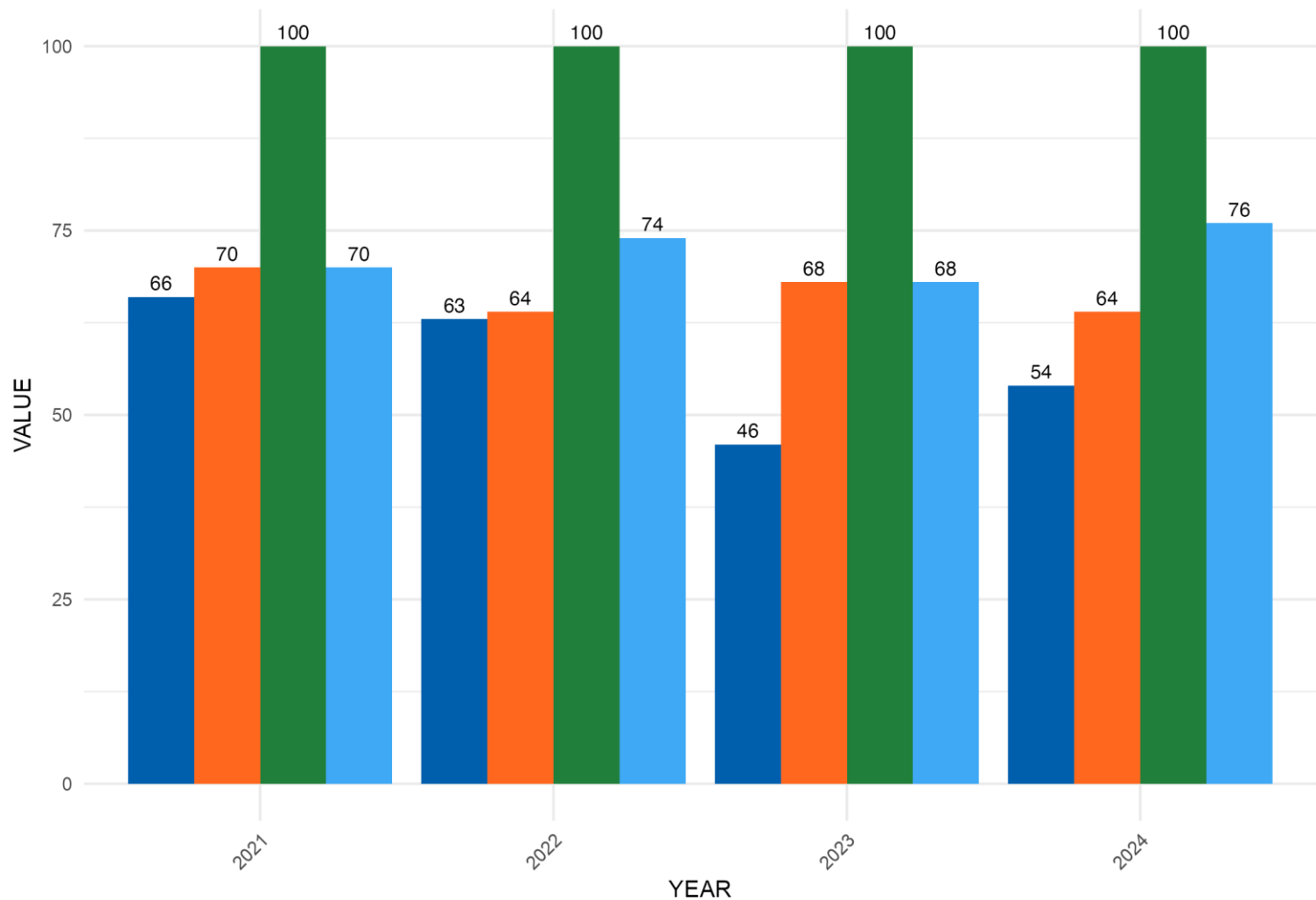
# SPAR C11 Points of entry and border Health average by subregion 2021-2024

| SUBREGION |
|-----------|
| CAM       |
| CAR       |
| NAM       |
| SAM       |



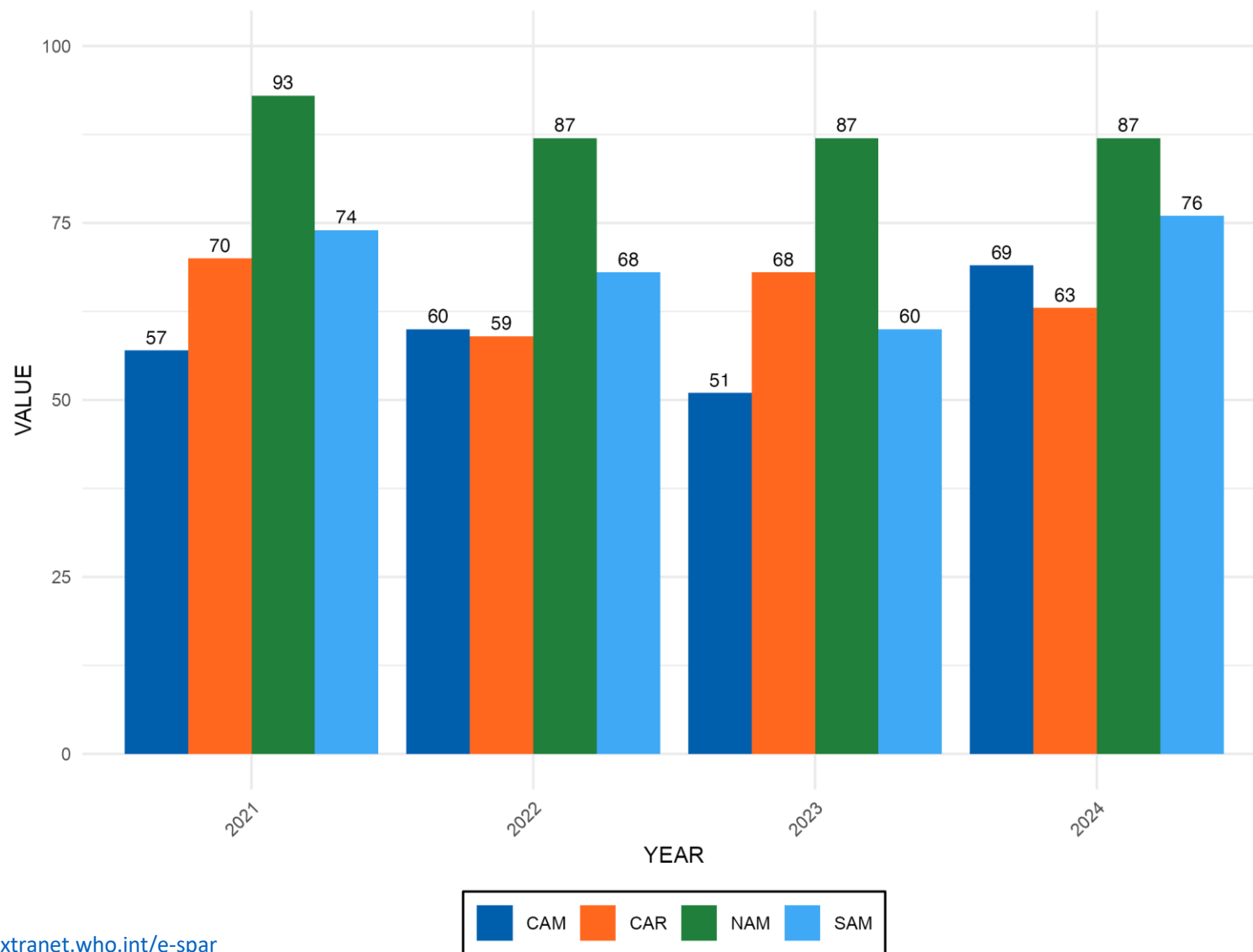
# SPAR C11.1 Core capacity requirements at all times for PoEs (airports, ports and ground crossings) average by subregion 2021-2024

| SUBREGION |
|-----------|
| CAM       |
| CAR       |
| NAM       |
| SAM       |



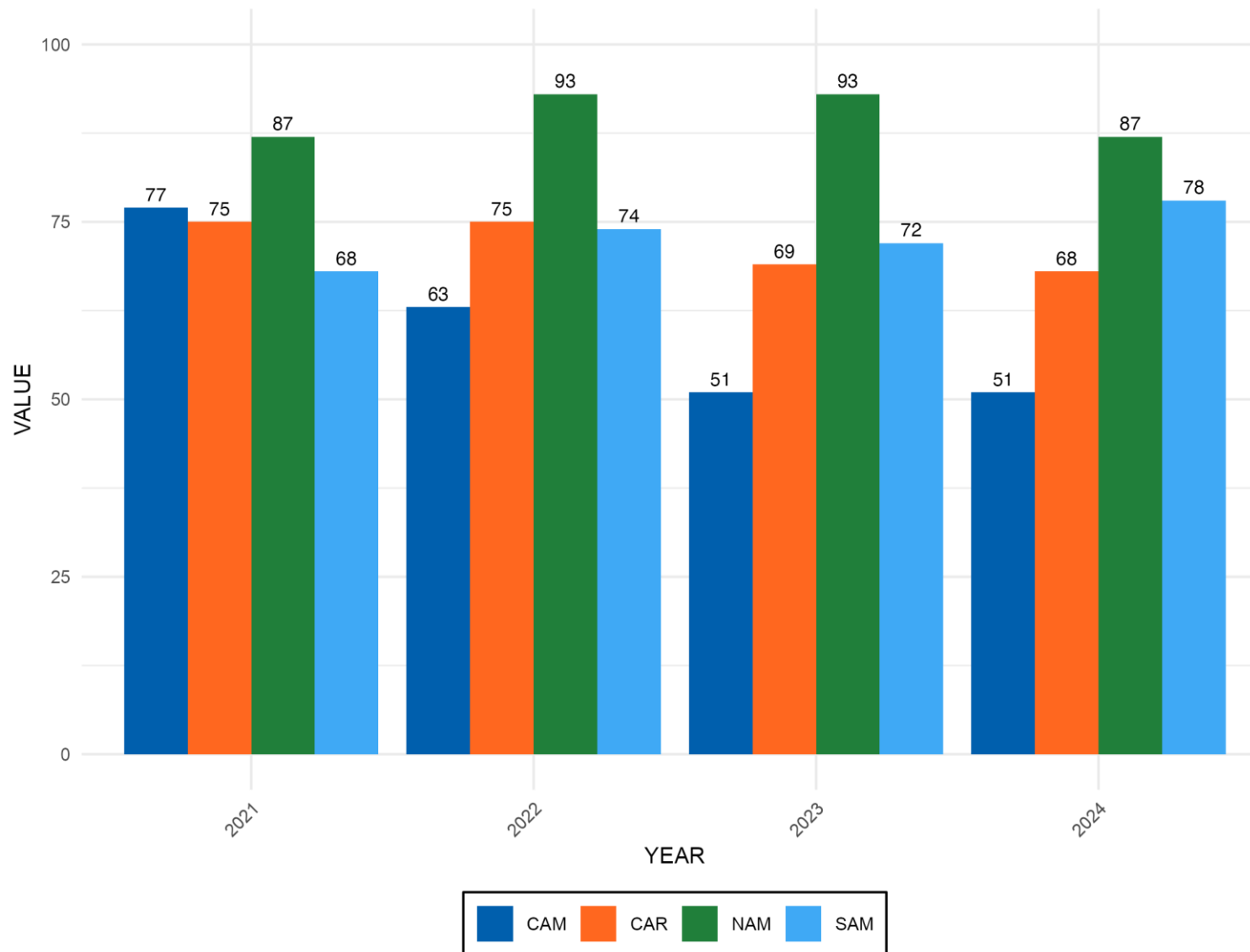
# SPAR C11.2 Public health response at PoEs average by subregion 2021-2024

| SUBREGION |
|-----------|
| CAM       |
| CAR       |
| NAM       |
| SAM       |



# SPAR C11.3 Risk-based approach to international travel-related measures average by subregion 2021-2024

| SUBREGION |
|-----------|
| CAM       |
| CAR       |
| NAM       |
| SAM       |



# Mandates



ICAO coordinates assistance and capacity building for States in support of numerous aviation development objectives; and undertakes audits of States' civil aviation oversight capabilities in the areas of safety and security.

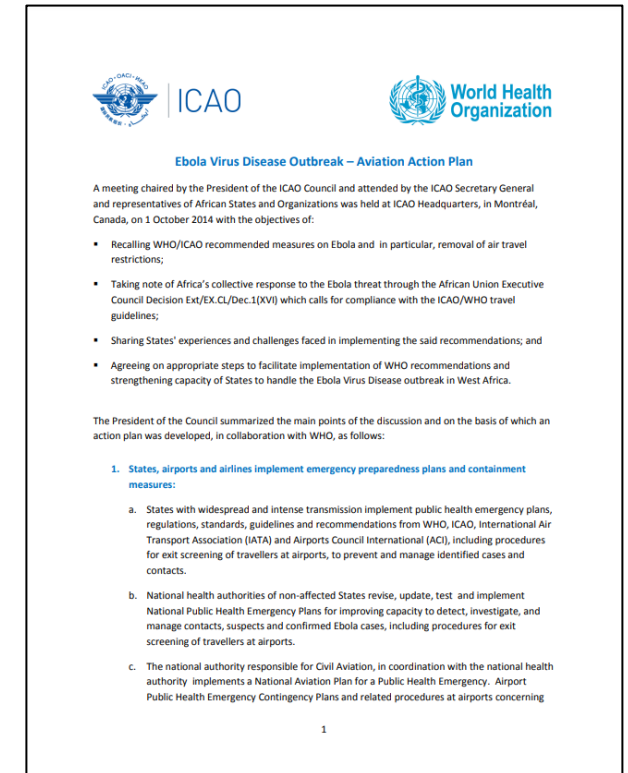


WHO is the UN specialized agency for health which acts as the directing and coordinating authority on international health, and provides leadership on global health matters, shapes the health research agenda, sets health norms and standards, articulates evidence-based policy options, provides technical supports to countries, and monitors and assesses health trends.

*Memorandum of understanding between ICAO and WHO*

# Inter-agency collaboration 2014-16 EVD response

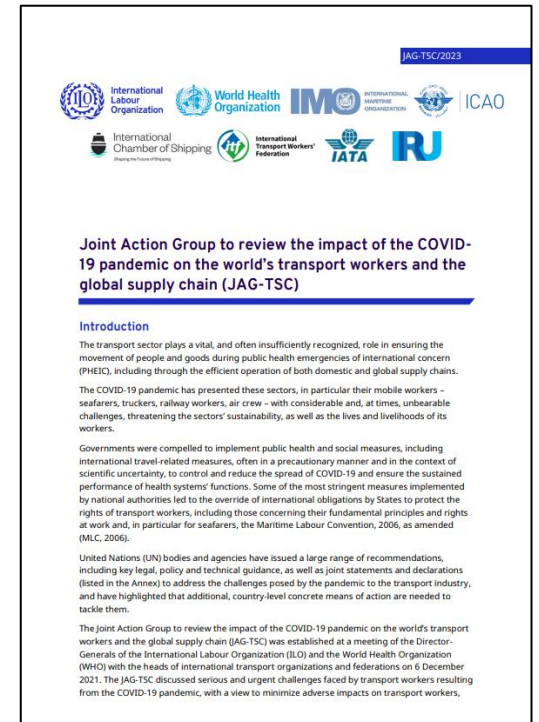
- MoU signed between UNDP and 11 other implementing UN agencies, including WHO and ICAO, regarding “operational aspects of Ebola Response Multi-Partner Trust Fund” in 2014
- Trust Fund established to support the relief operation in West Africa
- ICAO/WHO collaboration on:
  - Development of Aviation Action Plan
  - Awareness and advocacy on WHO recommended health measures, as per the IHR (2005)





# Good global practices during the COVID-19 pandemic

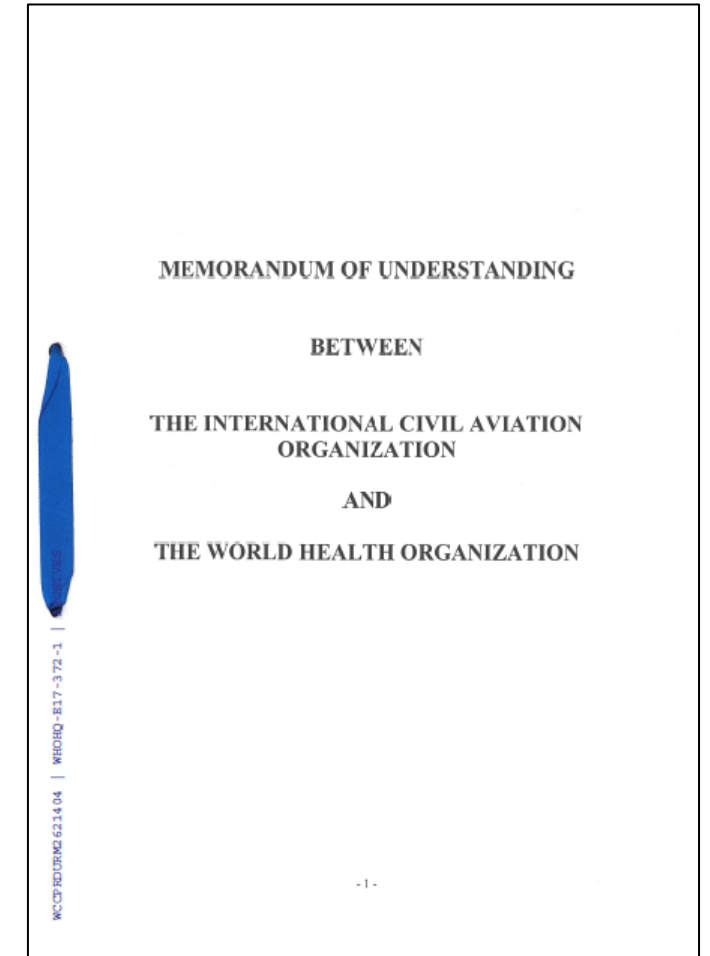
- Close **WHO-ICAO collaboration** to promote **alignment of policy and technical recommendations** and **joint advocacy**:
  - WHO's participation in the COVID-19 Council Aviation Recovery Taskforce (CART)
  - WHO's review of the various updates to ICAO's COVID-19 take-off guidance
  - ICAO's participation in the IHR Emergency Committee for the COVID-19 pandemic
  - ICAO's review of the various updates of WHO's technical guidance on the implementation of a risk-based approach to international travel during the COVID-19 pandemic
  - Participation in the Joint Action Group to review the impact of the COVID-19 pandemic on transportation workers and the global supply chain (JAG-TSC)
  - Participation in the UN taskforce to review the impact of the COVID-19 on seafarers



[Link to the document](#)

# 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 by each Region.



# PAHO – ICAO workplan for the Americas

**Integration of 2 evaluation tools:** ICAO/CAPSCA and airport assessment from WHO (Initiative proposed by Colombia)

- Pilot of **integrated tool** in Palmerola airport in Honduras with Central American civil aviation and health delegates
- Integrated tool under review in HQ
- Future: integrated tool to be used in the Americas to evaluate designated airports and other
- Joint mission to assess capacities
- Pandemic Fund proposal ALERTO to support PoE in Central America
- Among others...





La **seguridad global en salud** se nutre de la acción de los países en reducción de riesgo, preparación, respuesta y recuperación ante emergencias de salud



Organización  
Panamericana  
de la Salud



Organización  
Mundial de la Salud  
OPERA REGIONAL PARA LAS Américas



# THANK YOU!

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OPSPAHO



#HealthForAll  
#MentalHealth  
#GetVax  
#pahowho  
#BeatNCDs  
#UniversalHealth



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Organization

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