Designation of points of entry under the International Health Regulations (2005)
Technical brief

The International Health Regulations (IHR, 2005) define a point of entry (PoE) as a passage for the 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.

There are three types of PoEs: international airports, ports and ground crossings.

Designation of PoEs under the IHR (2005) serves a dual purpose. On the one hand, it establishes a process through which national authorities can prioritize and direct limited public health resources to those PoEs that are most relevant from a public health perspective, depending on their risk profile. On the other hand, it contributes to global accountability for health security, as States Parties to the IHR (2005) commit through this process to report annually on progress towards establishing and maintaining core public health capacities at designated PoEs.

While designation of PoEs under the IHR (2005) enables countries to prioritize available resources and capacities consistent with standard public health criteria, it is important to remember that public health risks are not limited to specific geographic locations and may therefore occur in or affect PoEs that have not been previously designated. For this reason, it is advisable to develop and maintain IHR (2005) core capacities as much as possible at non-designated PoEs and in adjacent local communities.

Legal provisions

Under the IHR (2005), States Parties do not have a legal obligation to designate all types of PoEs.

→ As per Article 20 of the IHR (2005), States Parties shall designate the international airports and ports that shall develop the capacities provided in Annex 1 of the IHR (2005).

→ As outlined in Article 21 of the IHR (2005), States Parties may designate ground crossings, where justified for public health reasons, that shall develop these capacities taking into account the volume and frequency of international traffic as compared to other PoEs; and public health risks existing in areas in which the international traffic originates, or through which it passes, prior to arrival at a particular ground crossing.

It is important to note that the terminology “shall” entails a legal obligation towards the designation of international airports and ports under the IHR (2005), whereas this process is optional in the case of ground crossings from an international legal perspective (hence the use of “may”).
Criteria to decide on designation of PoEs

The criteria used to decide which PoEs should be designated under the IHR (2005) are outlined in the WHO Assessment tool for core capacity requirements at designated airports, ports and ground crossings:

→ population density in and around the PoE that may be affected by various types of international traffic operating through this location (risk analysis of the potential impact of the international traffic in a dense population);
→ volume and frequency of international traffic: the various types of international traffic, as compared to traffic in other PoEs (magnitude of movement of travellers/cargo/conveyances);
→ public health risks in the place of origin and transit of international traffic: public health risks existing in areas in which the international traffic originates, or through which it passes, prior to arrival at the particular PoE (risk analysis of the route used by travellers/cargo/conveyances);
→ existing facilities and capacities to manage public health risks at the PoE location (logistic factors);
→ potential use of joint designation with neighbouring country (international cooperation, mainly applied to ground crossings);
→ epidemiological situation in and around the PoE location, including in adjacent communities (related to the health situation analysis); and
→ existence of multimodal transportation related to international traffic and potential for dissemination of public health risks in a transportation chain (public health risk analysis of the transport chain).

Table 1 illustrates some of the key factors and characteristics identified through strategic risk assessment than can influence the decision as to whether a specific airport, port or ground crossing should be designated under the IHR (2005).

### Table 1. Factors and characteristics influencing PoE designation

<table>
<thead>
<tr>
<th>Airport</th>
<th>Port</th>
<th>Ground crossing</th>
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<tbody>
<tr>
<td><strong>Main factor:</strong></td>
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<td>→ High volume of international traffic</td>
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<td>→ High level of dispersal of traffic inside the country or towards other countries (including through multimodal transportation)</td>
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<td><strong>Other supporting factors:</strong></td>
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<td>→ Presence of known disease reservoirs or history of public health events at or near the ground crossing</td>
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<td>→ Known human, animal or environmental health issues at or near the ground crossing that may represent a public health risk.</td>
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<tr>
<td>→ Presence of known disease reservoirs or history of public health events at or near the airport</td>
<td>→ Presence of known disease reservoirs or history of public health events at or near the port</td>
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<tr>
<td>→ Known human, animal or environmental health issues at or near the airport that may represent a public health risk.</td>
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<td>→ Possibility to pursue joint designation with neighbouring country.</td>
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Core capacity requirements that need to be developed and maintained at designated PoEs

Annex 1B of the IHR (2005) outlines core public health capacities that designated PoEs are required to establish and maintain. These include routine capacities that must be in place at all times, as well as specific capacities to respond to events that may constitute a public health emergency of international concern (PHEIC). In addition, WHO’s Assessment tool for core capacity requirements at designated airports, ports and ground crossings outlines the core capacity requirements for coordination, communication of event information and adoption of measures at designated PoEs, in alignment with Annex 1A of the IHR (2005).

WHO’s Assessment tool for core capacity requirements at designated airports, ports and ground crossings supports health authorities by providing a common framework and practical tool for the assessment of these capacities.

Core capacity requirements for coordination, communication of event information and adoption of measures:

→ international communication link with competent authorities at other PoEs;
→ national communication link between competent authorities at PoEs and health authorities at local, intermediate and national levels;
→ direct operational link with other senior health officials;
→ communication link with conveyance operators;
→ communication link with travellers for health-related information;
→ communication link with service providers;
→ assessment of all reports of urgent events within 24 hours;
→ communication mechanism for the dissemination of information and recommendations received from WHO; and
→ 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.
Routine core capacities at all times to:

- provide access to an appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and adequate staff, equipment and premises;
- provide access to equipment and personnel for transporting ill travellers to appropriate medical facilities;
- provide trained personnel for the inspection of conveyances;
- ensure a safe environment for travellers using PoE 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
- as far as practicable, provide a programme and trained personnel for the control of vectors and reservoirs in and near the PoE.

Core capacities for responding to events that may constitute a PHEIC 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 PoE, public health and other agencies and services;
- 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;
- provide appropriate space, separate from other travellers, to interview suspected or affected persons;
- provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the PoE;
- apply recommended measures to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels including, when appropriate, at locations specially designed and equipped for this purpose;
- apply entry or exit controls for arriving and departing travellers; and
- 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.

Public health risk assessment for capacity development at ground crossings

As per the provisions outlined in the IHR (2005), designated ground crossings should develop all core capacities outlined in Annex 1B to prevent, prepare for, detect and respond to all hazards.

In some instances, public health authorities may wish to develop solely a specific set of capacities tailored to the priority public health risks that are identified in and around a particular non-designated ground crossing. For this purpose, WHO has published the Handbook for public health capacity-building at ground crossings and cross-border collaboration. This handbook provides guiding questions to facilitate the identification and prioritization of cross-border public health risks, improve the understanding of existing preparedness, readiness and response capacities, and identify gaps when planning further capacity building. This tool can be used, for instance, to identify priority public health risks that should be addressed through contingency planning at ground crossings. It also pinpoints ways in which cross-border collaboration between neighbouring countries can be enhanced through joint capacity-building preparedness activities and readiness and response operations.
Similarities and differences between the PoE designation process under the IHR (2005) and the authorization process for ports to issue ship sanitation certificates

States Parties must maintain a list of ports which are authorized by national authorities to issue:

1. Ship Sanitation Control Certificates (SSCCs) (and which provide services related to Annexes 1 and 3 of the IHR (2005)) or;
2. Ship Sanitation Control Exemption Certificates (SSCECs); and/or
3. extension of the SSCEC for a period of one month until the arrival of the ship in the port at which the certificate (SSCC or SSCEC) may be received.

The official lists of ports authorized by States Parties, and the specific types of certificates offered at each port, are available on WHO’s website at: https://extranet.who.int/ihr/poedata/public/en. National IHR Focal Points or delegated authorities are granted access to keep this list up to date.

Conveyance operators should refer to this list of ports to guide the ship in need of a certificate to a port offering these services. Certificates from ports that do not appear on the authorized ports list are considered invalid for ships travelling internationally.

The designation of ports under the IHR (2005), and their authorization to issue ship sanitation certificates, are two separate processes. Not all ports authorized to issue these certificates are necessarily designated under the IHR (2005), and vice versa. On the one hand, the designation of ports under the IHR (2005) requires the development within them of all capacities listed in Annex 1 of the IHR (2005). On the other hand, the process of authorizing ports relates exclusively to the permission of ports to issue the above-mentioned certificates, which are mostly related to identifying evidence of a public health risk and the application of control and corrective measures on board ships through inspection programmes in line with WHO’s Handbook for inspection of ships and issuance of ship sanitation certificates.

Nonetheless, since designated ports are required to have capacities in place for inspection of conveyances (which is part of the requirements of Annex 1B of the IHR (2005)), every effort should be made to authorize these designated ports for ship inspection and issuance of both SSCC and SSCEC as well, including extension of both these certificates.