The IHR (2005) are the *global governance mechanism for public health preparedness and response*. They entered into force on 15 June 2007 and are *legally binding* for all 196 States Parties. The IHR (2005) enable countries to work together to *prevent, prepare for, respond*, and *recover from* the international spread of diseases, while *avoiding unnecessary interference with international traffic*. Core capacities at Points of Entry for at all times and for responding to events that may *constitute a public health emergency of international concern*. Article 43 of the IHR (2005):

- States Parties implementing additional health measures that significantly interfere with international traffic shall *provide to WHO the public health rationale and relevant scientific information for it*.
- WHO shall share this information with other States Parties – weekly updated reports shared with National IHR Focal points via WHO restricted platform (*Event Information Site*).
IHR implementation at points of entry (PoE) in the European Region

EURO Average of submitted SPAR data 2018-2019

Points of entry are the technical area scoring lowest in the 2019 IHR State Party Annual Reporting.
Collaboration on international travel and transport

• WHO is working in close coordination with other UN agencies on the response to the COVID-19 pandemic under the Inter-agency United Crisis Management Team.

• Several UN agencies and other partner international organization provide regularly updated information on travel and trade restrictions, such as:
  ✓ UNECE observatory on border crossings status due to COVID-19
  ✓ IOM mobility impacts of COVID-19 portal
  ✓ WFP world travel restrictions map
  ✓ Economic Commission coronavirus transport measures and border control measures
  ✓ IATA travel regulations map
  ✓ ICAO Council Aviation Recovery Taskforce (CART) report and guidance
  ✓ European Maritime Safety Agency COVID-19 measures
  ✓ WTO COVID-19 trade and trade-related measures

• WHO continues to monitor and report on the public health rationale of international travel and trade restrictions to all IHR NFPs, and to work with partners to analyze their effects on the international transmission of COVID-19.

• The most common public health rationales provided by WHO/EURO members states for the implementation of these measures are stopping the spread of the virus, followed by public anxiety, safety and security reasons
COVID-19 PoE specific training courses

- easy to navigate and read through in about 1 hour.
- a few scenarios dispersed throughout the course challenging the learners to respond to realistic situations.
- In the end, a few questions to assess the learners comprehension and to provide a review of key points

https://extranet.who.int/hslp/training/course/index.php?categoryid=56
Controlling the Spreading of COVID-19 at Ground Crossings

• identifying priority ground crossings and communities;
• scaling up preparedness and control measures at priority areas, sites and communities most at risk.

Handbook for Handbook for public health capacity-building at ground crossings and cross-border collaboration

EXECUTIVE SUMMARY, RATIONALE, PURPOSE, etc.

OPERATIONAL PLANNING CONSIDERATIONS FOR CAPACITY BUILDING at GROUND CROSSINGS

CONSIDERATIONS FOR CROSS BORDER COLLABORATION

-- developed in collaboration with CDC, IOM
-- two rounds of global consultation + field testing completed involving countries in six regions
THANK YOU