



Report for IHR External Evaluation of the Core
Capacity & Sustainable Development
at Designated Points of Entry in Taiwan, 2018

「IHR指定港埠核心能力之維運暨保全計畫」
107年第一期指定港埠外部專家評核結果報告

Report for IHR External Evaluation of the Core Capacity & Sustainable Development at Designated Points of Entry in Taiwan, 2018

指導單位：行政院

秘書單位：衛生福利部疾病管制署

參與單位：交通部、衛生福利部、內政部、外交部、法務部、國防部、
經濟部、財政部、行政院農業委員會、行政院環境保護署、
行政院原子能委員會、海洋委員會



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ACRONYMS

CIQS	Customs, Immigration, Quarantine and Security
EPA	Environmental Protection Agency
IHR	International Health Regulations
IHR NFP	IHR National Focal Point
JEE	Joint External Evaluation
MOF	Ministry of Finance
MOHW	Ministry of Health and Welfare
MOI	Ministry of Interior
MOTC	Ministry of Transportation and Communications
PHEIC	Public Health Emergency of International Concern
PoE	Point of Entry
PoK	Port of Kaohsiung
TCDC	Taiwan Centers for Disease Control
TFDA	Taiwan Food and Drug Administration
TIA	Taoyuan International Airport
PoK, TIPC, Ltd.	Port of Kaohsiung, Taiwan International Ports Corporation, Ltd.
WHO	World Health Organization

Executive Summary

Prof. Christos Hadjichristodoulou and Dr. Barbara Mouchtouri from WHO Europe Collaborating Center and EU HEALTHY GATEWAYS Joint Action were invited to serve as the assessment team. The designated PoEs, TIA and PoK, were assessed on 27th and 29th of August, respectively. The objective of assessment was to examine the level of achievement of the core capacities in IHR (2005), following the methods in the WHO Joint External Evaluation (JEE) tool 2nd edition and WHO Assessment tool for core capacity requirements at designated airports, ports and ground crossings.

The assessment team found that Taiwan implements IHR (2005) following a multi-sectorial and all hazard approach at TIA and PoK. Preparedness plans have been tested through exercises, procedures are documented through SOPs, staff are familiar and trained in applying the SOPs, and cooperation among different sectors and authorities is defined in legislative documents or agreements of cooperation. Response capacities have been demonstrated after real life incidents such as the Zika PHEIC, Ebola PHEIC and a measles outbreak among airline's staff and passengers. The assessment team reached the conclusion that both indicators (PoE.1 and PoE.2) in WHO JEE tool received score at the higher level (5), demonstrating sustainable capacity to fulfil the IHR requirements for points of entry and scored TIA and PoK with 100% using the WHO assessment tool for PoE.

The assessment team recommends continuation of the capacities implemented in the TIA and the PoK, including operation in a multi-sectorial approach involving all actors at the PoE, vector surveillance and control activities, entry screening measures, training activities on application of SOPs, and Megaports Initiative activities at PoK. In addition, the assessment team recommends that service providers work together with the competent supervisory authorities in preparedness and response planning and participate in exercises. The supervision of implementation of SOPs for drinking water supply at PoE and regular monitoring of water quality are also recommended.

摘要

「IHR 指定港部核心能力之維運暨保全計畫」第一期指定港埠外部專家評核，邀請世界衛生組織歐盟合作中心（WHO Europe Collaborating Center）及歐盟港埠衛生聯合行動計畫（EU HEALTHY GATEWAYS Joint Action）之 Prof. Christos Hadjichristodoulou 及 Dr. Barbara Mouchtouri 擔任外部評核專家。受評港埠桃園國際機場及高雄港分別在 8 月 27 日及 29 日接受評核，目的係檢視港埠於建置國際衛生條例(IHR 2005)核心能力之維運保全情形，其評核工具係採用 WHO 公布之聯合外部評核工具（JEE tool）第二版及指定港埠核心能力需求評估文件（共 95 項指標）。

歐盟專家指出桃園國際機場及高雄港兩個指定港埠團隊皆已建置完善的溝通協調機制及採取全災害管理模式，經由此次評核可確認該兩指定港埠依 IHR 2005 持續維運保全。另一方面，整備計畫平時有經過演練測試、建立相關標準作業程序（SOP）及工作指引、人員接受過訓練並熟悉運用各項 SOP、各權責單位間之合作皆有明文記載或簽訂合作協議。指定港埠建立之緊急應變能力機制，也透過實際發生之公共衛生事件（例如茲卡、伊波拉及麻疹群聚事件等），再次印證港埠具備卓越的核心能力。歐盟專家經過文件審查、人員交叉訪談及實地訪查後，採用 WHO JEE tool 第二版及指定港埠核心能力需求評估文件（95 項指標），給予桃園國際機場及高雄港皆 5 級分及 100 分的滿分評價，認可該兩港埠已符合 IHR 入境港埠核心能力要求，並且展現永續發展的能力。

歐盟專家建議兩港埠持續落實港埠團隊間跨單位之溝通協調機制、病媒防治監測與控制措施、入境檢疫措施、辦理人員相關 SOP 訓練及執行高雄港大港倡議計畫。此外歐盟專家亦建議負責監督之主管當局與合約廠商（服務提供者）在應處計畫及實務演練時都應密切合作，也建議港埠在飲用水供水系統部分須落實執行各項 SOP 並定期進行水質檢測、監督及維護機制等。

1. Objectives of the Assessment

Taiwan has 7 designated PoEs (4 airports and 3 seaports). These PoEs, covering over 95% of passenger and 86% cargo movement, meet the requirements of IHR (2005) core capacities to ensure national health and safety. The evaluation of IHR (2005) core capacities of these PoEs were carried out in 2 phases, which were supervised by the Office of Homeland Security of Executive Yuan. The first phase (2010–2013) required that the airport (Taoyuan International Airport, TIA) and seaport (Port of Kaohsiung, PoK) with the highest traffic volume should meet IHR (2005) core capacities. Both PoEs completed a self-assessment and met the requirements in the international external evaluation, using the assessment indicators and scoring system in the “Assessment tool for core capacity requirements at designated airports, ports and ground crossings”, published by WHO in 2009 (herein referred to as “WHO assessment tool”). This successful experience was extended to another 5 PoEs in the second phase of the project (2014–2016). In 2016, Taiwan also initiated an external assessment of its national capacity using the “Joint external evaluation tool: International Health Regulations (2005)” (herein referred to as “JEE tool”). The indicators regarding PoEs focused on routine capacities and effective public health response at PoE. The external assessment team gave Taiwan PoEs the highest score on both indicators.

To ensure that these PoEs are able to maintain core capacities and coordination infrastructure, annual self-assessment is necessary and an external evaluation is required every 5 years. TIA and PoK were scheduled to be assessed by international external reviewers in August 2018. The aim of the assessment is to ensure the efforts made by the designated PoEs (TIA and PoK) are consistent with IHR core capacities to prevent, detect and respond to public health threats. The objectives of the assessment are to verify current status and progress, to identify gaps in achieving the targets, and to further develop sustainable capacity and capabilities according to the identified gaps and recommendations from the assessment.

2. Methodology

2.1 Preparedness

Assessment Team

Prof. Christos Hadjichristodoulou and Dr. Barbara Mouchtouri from WHO Europe

Collaborating Center and EU HEALTHY GATEWAYS Joint Action were invited to serve as external reviewers (herein referred to as "the reviewers") and formed the assessment team.

In order to facilitate the assessment process, staff from Division of Quarantine, Taiwan Centers for Disease Control (TCDC) was responsible for planning, logistics arrangement and coordination with the assessment team and PoEs. In addition, Northern and Kaohsiung-Pingtung Regional Centers of TCDC, whose jurisdictions are TIA and PoK, respectively, assisted in certain logistics matters while the reviewers visited the PoEs.

Activity Timeframe

The assessment of two designated PoEs was carried out in the end of August 2018. TIA and PoK were assessed on 27th and 29th of August, respectively. A closing and synthesis discussion for two designated PoEs was held on 30th of August. See Annex 1 for the detailed timeframe of the assessment activity.

Method, Assessment Protocol and Background Materials

The WHO assessment tool was applied to assess the indicators of established routine capacities and effective public health response at PoE, based on the Joint External Evaluation (JEE) tool 2nd edition (<https://extranet.who.int/sph/joint-external-evaluation-tool-2nd-edition>). In addition, WHO Assessment tool for core capacity requirements at designated airports, ports and ground crossings (http://www.who.int/ihr/ports_airports/PoE/en/) was utilized to assess the 95 core capacity indicators of coordination and communication, routine and emergency response.

The assessment protocol and relevant documents were sent to the reviewers 6 weeks in advance as background material in order to provide the reviewers a full picture of designated PoEs' updated status and their core capacity development. The documents sent were as listed below:

- Introduction of core capacity and sustainability development at designated PoEs and the experience of effective public health responses in the past 5 years.
- Briefing the results of the assessment conducted by external experts in 2013, including findings and suggestions from the reviewers.
- Abstract for current status for IHR core capacities at each designated PoE,

describing the current status by each core capacity indicator listed in WHO assessment tool.

In addition to aforementioned materials, reviewers had selected 13 (12%) core capacity indicators from 95 indicators in the WHO assessment tool (1 from Part A, 7 from Part B I , 5 from Part B II) for document verification and 3±1 sites in each PoE for field assessment. Each PoE was informed of pre-determined documents to be verified and selected sites to be visited 3 weeks prior to the assessment day in order to facilitate document preparation (e.g. title in English) and transportation arrangement.

TCDC staffs and the assessment team held a pre-assessment coordinating meeting on 26th of August. In the meeting the assessment framework was introduced, including objectives, methodology, timeframe and process of the assessment. Moreover, the assessment team requested to assess “drinking water facilities”, which were not included in the initial planning for site visits in TIA and PoK.

2.2 Field Assessment

On each assessment day at PoE, conveners held a 20-minute pre-assessment meeting to introduce current core capacity progress of the designated PoE. After reconfirming the selected indicators and sites to be reviewed, the staff at PoE then introduced transportation plan of site review accordingly.

Desk Review

Based on pre-determined IHR core capacity indicators (Annex 2), the assessment team raised questions in turns which covered the administrative infrastructure, operational procedures, communication, and coordination of the PoEs. Delegated staffs by each stakeholder replied the enquiries and explained the PoE’s role and responsibilities, together with relevant documents. During the 3-hour desk review, the assessment team not only evaluated strengths and gaps in meeting core capacity requirements, but also shared their experience and opinions on relevant subjects through interaction with the staff.

Site Review

The transportation route was arranged according to the assessment team pre-determined 3±1 sites by each PoE (Annex 3). In this 2.5 hours section, member staffs of the responsible site replied assessment team’ enquiries, explained the routine work on scene, displayed relevant equipment as well as scenario exercises

demonstration.

Closed-door Meeting

In this section the assessment team discussed findings, noted down questions for clarification, recommendations and feedback. The meeting took 50 minutes in a separate room with two reviewers and staff from secretariat (Division of Quarantine, TCDC) for assistance.

Post-assessment Meeting

Before closing the assessment day, a mutual discussion took place to give feedback concerning findings and recommendations of core capacity requirements. During the discussion, the assessment team and PoE stakeholders engaged in 30–50 minutes fruitful experiences exchange.

2.3 Data Analysis

Scoring for the assessment

To assess the implementation status of established routine capacities and effective public health response at PoE, the color scoring system in JEE tool was applied. The results of both indicators were categorized into red (1: no capacity), yellow (2: limited capacity; 3: developed capacity), or green (4: demonstrated capacity; 5: sustainable capacity). In addition the “Checklist for core capacity requirements for coordination, communication of event information and adoption of measures” and “Checklist for core capacity requirements for designated airports, ports and ground crossings” from the WHO assessment tool were used as scoring system. Final score >80% was defined as adequately consistent with requirements. The assessment team went through each indicator to categorize the stage of core capacity implementations into Full, Partial or None, based on the background materials reviewed and verification during the field assessment. Finally, the assessment team submitted the final assessment report, as well as the results of aforementioned checklists for core capacity requirements, on 1st of October, 2018.

3. Finding of the Assessment

3.1 Descriptive Results

TCDC organized a sustainable assessment of TIA and PoK in August 2018. The organizers of the assessment in Taiwan provided well in advance the necessary documents for review and preparation to the assessment team (port and airport profile information,

self-assessment results, reports describing measures in response to real life incidents and previous external assessment results). The assessment team attended presentations from the management board explaining the legislation, structures, policies and practices of the TIA and PoK. Moreover, the assessment team reviewed documents, records and logs, interviewed representatives from various sectors that were present in the assessment and conducted site visits at the facilities of TIA and PoK.

3.2 General Findings

Taiwan authorities at central and peripheral levels have taken seriously the IHR (2005) requirements for the points of entry. They have allocated the necessary resources, have planned the designation promptly and are well prepared for meeting the obligation at all times of IHR (2005) for points of entry, as well as for responding to public health events.

Central level authorities (TCDC is supervised by Office of Homeland Security of Executive Yuan) have cooperated and developed synergies with the intermediate, local and port and airport authorities and effectively coordinate and support preparedness and response activities. At a central level, an intergovernmental collaborating committee have been established with representatives from the following sectors: health, agriculture, environment, transportation, interior affairs, atomic energy, security, legislation and others.

Moreover, at the point of entry local level, both TIA and PoK competent authorities are engaged and motivated at high managerial level and have achieved the IHR core capacities at both points of entry. The competent authorities at the local level have established inter-sectorial committees with port/airport authority, local health authority, conveyance operators, CIQS and other authorities.

Taiwan implements IHR (2005) following a multi-sectorial and all hazard approach at TIA and PoK designated PoE. Preparedness plans have been prepared and tested through exercises. Procedures are documented through SOPs, staff are familiar and trained in applying the SOPs. Cooperation among different sectors and authorities is defined in legislative documents or agreements of cooperation. Exercises and drills are implemented on a regular basis to test the SOPs and reports are produced in most of the cases. Workshops and conferences have been organised addressing issues for points of entry. Mechanisms for threat detection and response are in place. Response capacities have been demonstrated after real life incidents such as the Zika PHEIC, Ebola PHEIC and a measles outbreak among airline's staff and passengers.

During the capacities assessment at the TIA and the PoK, representatives from central and local level authorities, as well as point of entry authorities and contractors actively participated. Communication among the assessment team and the authorities' representatives and staff was supported by two interpreters. Representatives of those authorities demonstrated knowledge and awareness about their roles and responsibilities in regards to IHR (2005) and the importance of their involvement in the preparedness, detection and response mechanisms.

In conclusion, according to WHO JEE tool, both indicators (PoE.1 and PoE.2) "Routine capacities are established at PoE" and "Effective Public Health Response at Points of Entry" receive score at the higher level (5), demonstrating sustainable capacity to fulfil the IHR requirements for points of entry. Moreover, the assessment team scored TIA and PoK with 100% using the WHO assessment tool for PoE.

3.3 Taoyuan International Airport (TIA)

Assessment Day: 2018.08.27

TIA is located in Dayuan District, Taoyuan City. It is an international aviation hub in Taiwan and is operated by Taoyuan International Airport Corporation. The airport has an estimated 1171.5 hectares land. There are 2 runways, 116 parking spaces and 2 terminal buildings. TIA provides airline transportation, passenger arrival and departure operations, quarantine, customs operations and other passenger service facilities. In addition to shipping and warehousing operations, there are post, telecommunication, customs administration buildings, Northern regional center of TCDC, Bureau of Animal and Plant Inspections and Quarantine Hsinchu Branch, the Aviation Police Bureau, Food and Drug Administration and other administrative service areas.

There are 88 airlines stationed at TIA with air routes to and from 167 cities. The total passenger amount in the year of 2017 was 44,880,000; the total number of flights arrival and departure was 240,000, and the total cargo amount was 2.25 million metric tons. In the past five years, the annual average number of passengers was more than 38 million passengers, and the average number of take-off and landing aircrafts was 220,000 vehicles. TIA is the largest among the national passenger traffic airports.

In response to the rapid growth of economic and air passenger and cargo traffic in the Asia-Pacific region, TIA, as a gateway to Taiwan, plays an important role in global economic and trade integration. In order to strengthen the service energy, TIA has actively launched the "Taoyuan Aviation City" project since 1998, which can promote the development of the neighbouring areas and enhance the overall competitiveness of

Taiwan. TIA has established the TIA Hygiene Safety Team and the IHR project Team. A total of 21 agencies participated in project teams as follows:

- A. Taoyuan International Airport Corporation Ltd
- B. CIQS-related units stationed in the Port of Taoyuan
 - (a) Taipei Customs, Customs Administration, MOF
 - (b) Border Affairs Corps of National Immigration Agency, MOI
 - (c) Bureau of Animal and Plant Health Inspection and Quarantine, Council of Agriculture, Executive Yuan
 - (d) Northern Regional Center, Centers for Disease Control, MOHW
 - (e) Aviation Police Office, National Police Agency, MOI
- C. Taoyuan City Government
- D. Four Warehouse: Taiwan Air Cargo Terminal Limited, Evergreen Air Cargo Services Corporation, Farglory Trade Zone Corporation, Everterminal Co. Ltd.
- E. Chunghwa Post Co., Ltd.
- F. Airline company representatives: EVA Air, China Airlines, Cathay Pacific, Japan Airlines
- G. Two ground services companies: Taoyuan International Airport Services Co., Ltd., Evergreen Airline Services Corp.
- H. Three sky catering services: China Pacific Catering Services, Evergreen Sky Catering Corporation, TransAsia Catering Services Ltd.

During the assessment representatives from the above mentioned authorities were present and interviewed. Communication plans, flow charts, contact lists, agreements for cooperation among authorities were reviewed to assess the communication links of the competent authority at the airport with the competent authorities at local, intermediate and central level, as well as on an international level. Moreover, the following procedures, SOPs, documents, records and logs were reviewed:

- To assess the communication links of the competent authority at the airport with the service providers for cleaning and disinfection the following were reviewed:

- Communication plan of the airport and of individual authorities, flow charts, contact lists, agreements for cooperation among authorities
- To assess access to medical service and adequate staff, equipment and premises for ill travelers the following were reviewed:
 - SOPs and proofs of drills exercises, educational seminars and training courses, statistical data on vaccination, emergency cases handled and other.
- To assess appropriate public health response, the following were reviewed:
 - Contingency plan of the airport, contingency plans of individual authorities, agreements of cooperation, SOPs, training records and other training proofs, proofs of exercises conducted, experiences from the measles outbreak among airline crew.
- To assess application of recommended measures to disinsect, derat, disinfect, decontaminate, the following were reviewed:
 - SOPs, logs and records of service providers (cleaning, disinfection, derating and disinsection services) and of TCDC, maps presenting the location of vector surveillance and trapping points, list of pesticides used, types of traps used, training proofs, proofs of drills and exercises.
- To assess application of entry and exit screening measures, the following were reviewed:
 - Protocols of entry screening, publications of results from entry screening, statistics from entry screening.

During the assessment, the following sites were visited:

- Medical Centers - TIA Cooperation Ltd.
 - Number and shifts of staff, equipment and facilities were examined. Hygiene plans and SOPs were demonstrated for cleaning, disinfection and sterilization of equipment. Responsibilities and tasks of the contracting hospital services and of the TCDC were examined. Links, terms and conditions of cooperation of the TIA Cooperation Ltd. with the hospital and procedures for the transfer of ill travelers were discussed and explained.
- Operation Control Center - TIA Cooperation Ltd.

- The assessment team visited the facilities of the Operation Control Center. A presentation was given about the operating procedures. Specific provision about what will happen in case of public health events and coordination of efforts and cooperation with TCDC were presented to the assessment team.
- Fever Screen & Quarantine Station – TCDC
 - The assessment team was introduced to the screening procedures, the operation of equipment was demonstrated, and the SOPs for primary and secondary screening were explained on site. Isolation and quarantine procedures and sites were presented on site as well.
- Detecting & Personal Protection Equipment for Radiation, Bio pathogens and Toxic chemical – TIA Cooperation Ltd., TCDC
 - Equipment for detection of chemical agents was presented and operation was demonstrated. PPE use was also demonstrated on site by the fire department personnel.
- Drinking water facilities (not included in the initial planning for site visits)
 - The drinking water tanks of terminal 2 and treatment units were inspected. The water supply points from terminal 2 to aircrafts were also visited by the assessment team.

The assessment team observed excellent airport operations and high level of staff awareness. Multi-sectorial approach has been achieved through the Hygiene and Safety Committee, the responsibilities of the various authorities have been agreed and documented in the decision. The communication procedures and rules are clear and up to date and all staff is aware. Biological, chemical and radiological threats including deliberate release have been considered and addressed in the preparedness and response plans of the airport. Procedures are documented with SOPs and staff is trained in SOPs. TIA in cooperation with the Office of Homeland Security of Executive Yuan work together on activities for business continuity and protection of critical infrastructure.

The external assessment team identified that:

- Medical care for ill travelers are offered in the medical center of the airport. Medical facilities have medical assessment room, dentistry, electric car, portable EKG, radiography, laboratory and other equipment. Landseed Hospital is responsible for the management of TIA medical center. There are two doctors, two nurses and one

EMT available 24/7. They have received training specifically for aviation medicine and possess other additional certificates. Vaccination and travel medicine services are provided through TCDC, which has contracted hospitals for outpatient services in travel medicine.

- Medical inspection and evaluation for suspected infectious diseases case will be executed by quarantine personnel. Medical education and training has been provide to health care staff on aviation medicine, travel medicine, emergency medical practices; to airport employees on first aid knowledge and skills; and to tourist guides on travel medicine to improve knowledge and skills for traveler health care.
- Inspection of environmental hygiene, security, food catering, restrooms, air-conditioning, waste management and vector surveillance and control are performed by trained personnel
- Entry screening measures are implemented on a routine basis. According to the quarantine business statistics of TIA in a period of 3 years (2015–2017) the following data was recorded: the inbound passenger volume was found to be 17,249,638 in 2015, 18,771,321 in 2016 and lastly 19,831,567 in 2017. A total of 14,087 (0.8‰) symptomatic passengers (febrile passenger means w/ symptoms or body temperature equivalent or more over 38 degree in Celsius) were identified in 2015, 19,857 (1.1‰) in 2016 and 19,170 (1.0‰) in 2017. Concerning the febrile passenger 13,297 (0.8‰) were identified in 2015, 18,937 (1.0‰) in 2016 and 18,244 (0.9‰) in 2017. Furthermore, blood samples (D/were taken from 1,955 (14.70%) passengers in 2015, 3,270 (17.27%) in 2016 and 3,370 (18.47%) in 2017. The laboratory results detected 138 positive samples in 2015 (135 for dengue fever and 3 for chikungunya), 169 in 2016 (158 for dengue fever, 7 for chikungunya and 4 for Zika virus infection) and finally 137 in 2017 (128 for dengue fever, 3 for chikungunya and 2 for Zika virus infection).
- Emergency response plans and drills according to the TIA Critical Infrastructure Protection Programme have been developed and tested for natural disaster, toxic chemical, radiation and biological pathogen, emergency patients and deaths. Drills have been implemented for scenarios on pandemic SARS, mass victims suspected of food poisoning or infectious diseases, biological protection and refractory disease investigation exercise, radiation and toxic chemical disaster rescue exercise.
- A special separate gate lounge has been assigned for the assessment and quarantine of suspected infectious travelers or animals.

- Well-trained personnel on nuclear, biological, chemical and protection equipment for evacuation, disinsection, disinfection and decontamination is available and TIA is in contract with designated units.
- Real-life events that response measures were essential were the 2014 Ebola Virus Disease PHEIC, the 2016 Zika Virus Disease PHEIC, the 2015 MERS-CoV epidemic, the 2016 TIA flooding event and the 2018 TIA measles outbreak among airline staff and passengers. In those events the response teams reacted following the contingency plans, risk communication was conducted for travelers and staff and for the general public.

3.4 Port of Kaohsiung (PoK)

Assessment Day: 2018.08.29

The PoK is located to the south of the west coast of Taiwan. The Port of Kaohsiung was approved as a designated point of entry during the first phase plan of the “Establishment of IHR Designated Port Core Capacities” in January 2011. After the two reviews – an initial self-assessment review in 2011 and a second review conducted in 2013 by external experts from Japan and Australia, rolling corrections have been performed according to the improvement items subsequently identified and the excellent scores of 97 and 99.9 points have been obtained, demonstrating great recognition worldwide.

The Port of Kaohsiung establishes the IHR designated port core capacity project promotion team as the platform for the port cross unit coordination and energy integration. Relevant units participating in the port core capacity maintenance for operations are the following:

- A.** Business operations institution: Port of Kaohsiung, Taiwan International Ports Corporation
- B.** Marine agency: Marine Affairs Center, Maritime Port Bureau, MOTC
- C.** CIQS-related units stationed in the Port of Kaohsiung
 - (f) Kaohsiung Customs, Customs Administration, MOF
 - (g) Port of Kaohsiung Border Affairs Team of Border Affairs Corps, National Immigration Agency, MOI
 - (h) Kaohsiung Office, Bureau of Animal and Plant Health Inspection and Quarantine,

Council of Agriculture, Executive Yuan

(i) Kaohsiung-Pingtung Regional Center, Centers for Disease Control, MOHW

(j) Kaohsiung Harbor Police Department, National Police Agency, MOI

(k) South Branch, Coast Guard Administration, Ocean Affairs Council

(l) Kaohsiung Harbor Fire Brigade, National Fire Agency, MOI

D. Local government: Kaohsiung City Government

E. Other public agencies: Southern Management Center, Food and Drug Administration, MOHW

Competent authorities have established the following groups: Kaohsiung International Port Health and Safety Team, Kaohsiung Port International Vessel Development and Service Team, and Kaohsiung Port Vessel CIQS unit group. Two-way communications and horizontal and vertical flows have been used in the communication plans.

During the assessment representatives from the above mentioned authorities were present and interviewed. Moreover, the following procedures, SOPs, documents, records and logs were reviewed:

- To assess the communication links of the competent authority at the port with the competent authorities at local, intermediate and central level the following were reviewed:
 - Communication plans, flow charts, contact lists, agreements for cooperation among authorities
- To assess the communication links of the competent authority at the port with the service providers for cleaning and disinfection the following were reviewed:
 - Communication plans, flow chart, contact lists, agreements for cooperation among authorities
- To assess access to medical service and adequate staff, equipment and premises for ill travelers the following were reviewed:
 - SOPs and proofs of drills exercises

- To assess appropriate public health response, the following were reviewed:
 - Contingency plan of the port, contingency plans of individual authorities, risk assessment methods and procedures, agreements of cooperation, SOPs, training records and other training proofs, proofs of exercises conducted.
- To assess application of recommended measures to disinsect, derat, disinfect, decontaminate, the following were reviewed:
 - SOPs, logs and records of service providers (cleaning, disinfection, derating and disinsection services) and of TCDC, maps presenting the location of vector surveillance and trapping points, list of pesticides used, types of traps used, training proofs, proofs of drills and exercises.
- To assess application of entry and exit screening measures, the following were reviewed:
 - Protocols of entry screening, plans and schematic of facilities.

During the assessment, the following sites were visited:

- Megaports Initiative Central Alarm Station - Kaohsiung Customs
- Equipment to Transport Affected Passenger and Drill of Medical Treatment - Kaohsiung Harbor Fire Brigade
- Vectors Monitoring Station - TCDC
- Inspection Area – TFDA
- Drinking water facilities (not included in the initial planning for site visits)

The external assessment team identified that:

- Medical care for ill travelers offered in the hospital medical center located in a short distance from the port (Kaohsiung Medical Hospital and Kaohsiung Municipal Min-Sheng Hospital). Vaccination and travel medicine services are provided through TCDC, which has contracted hospitals for outpatient services in travel medicine.
- Medical inspection and evaluation for suspected infectious diseases case will be executed by quarantine personnel.
- Inspection of environmental hygiene, security, food catering, restrooms, air-

conditioning, waste management and vector surveillance and control are performed by trained personnel.

- Emergency response plans and drills have been developed and tested for biochemical terrorist attacks, fire event, marine oil pollution, toxic chemical event and radiation detection.
- A special separate entry point has been assigned for the assessment and quarantine of suspected infectious travelers or animals.
- Well-trained personnel on nuclear, biological, chemical and protection equipment for evacuation, disinsection, disinfection and decontamination is available and PoK is in contract with designated units. The following workshops and training events have been conducted: Guide for cruise ship quarantine and communicable disease event team meeting, the Kaohsiung International Port Health and Safety Team meeting twice a year, organised by TCDC. Moreover, a drill was organised for Kaohsiung Port suspicious arrival passenger infected by novel influenza A virus for hospital treatment procedures and environmental cleaning. Moreover, the port rat communicable diseases educational training was held in March 2018 and the training course of dangerous goods handling storage and transportation took place in 2017. In September 2017, the conference on public health management at IHR designate points of entry was held.

4. Recommendations

4.1 Recommendations in General

The assessment team identified the following areas as strengths of the capacities implemented in the TIA and the PoK and recommends its continuation and where possible enhancement:

- Continue to operate in a multi-sectorial approach involving all actors at the points of entry as well as authorities at central, intermediate and local levels and both private and public sectors. Meetings and cross-unit drills can be organised jointly by all sectors.
- Continue the vector surveillance and control activities and pathogen identification with emphasis on rats at PoK, as well as for mosquitos at both TIA and PoK.
- Entry screening measures for infectious diseases at the TIA has been proved effective to identify imported cases.

- Continue the Megaports Initiative activities at PoK that are of utmost importance.
- Continue training activities on application of SOPs addressing different events and using different scenarios, covering biological, chemical and radiological events including deliberate release of agents.
- Continue drills and exercises implementation at different levels: small scale, organised by each authority to test specific SOPs, as well as large scale exercises involving all actors of a point of entry and general involving sectors at local, intermediate and central levels. Continue and produce reports after each exercise and where necessary the SOPs to be revised. Reports should be also produced after real life incidents and where necessary the SOPs to be revised.

4.2 Recommendations for TIA

- In regard to the coordination of preparedness planning and response the assessment team recommended the following:
 - Continue maintaining and improving the 21 contingency procedures for Taoyuan International Airport Corporation (TIAC), and provide operational links with external units. Continue to involve service providers in preparedness plans in order to be better prepared to deal with unexpected emergency events. Continue to provide training to service providers on the authorities' national guidelines produced by TCDC SOPs for disinfection, disinsection, cleaning procedures etc. Continue to supervise training and application of SOPs and involve service providers in drills and exercises of authorities.
- Continue to implement the vector surveillance and control activities for rats and mosquitoes.
- Service providers are important key players and in the contract agreements a provision should be included to work together with the competent supervisory authorities in preparedness and response planning and be trained in national SOPs of competent authorities and participate in exercises (e.g. cleaning and disinfection services should be trained in hospital infection control).
- Continue to conduct testing of drinking water and of water of cooling towers for *Legionella* spp. every six months.

4.3 Recommendations for PoK

- The assessment team made the following recommendations to improve the

coordination mechanisms:

- Continue maintaining and improving the disaster and incident reporting system table that integrates the specific contingency plans of the various sectors including Kaohsiung City Government, Bureau of Animal and Plant Health Inspection and Quarantine and TCDC with the port contingency plan.
- Vector control
 - Continue operating at high level the vector surveillance activities especially for rats and pathogen testing.
 - Continue to closely work and link the container companies vector control activities with the port contractors vector surveillance and control activities and TCDC vector surveillance and control activities.
- All relevant staff in the port: continue to familiarise staff with existing SOPs for infectious diseases (highly infectious diseases, vaccine preventable diseases, respiratory disease), by providing regular training, since in the implementation of the contingency plan all sectors will share responsibilities and tasks.
 - Continue implementation of the Megaports Initiative activities, with an emphasis in the existing reporting procedures: Megaports Initiative monitoring center notifies the Atomic Energy Council (AEC) of suspect contaminated cargoes with above radioactive limits. If the AEC determines that such cargoes are affected, the AEC informs Kaohsiung Customs and the port of origin, through the Ministry of Foreign Affairs, before returning the affected cargoes. The competent authority shall inform the next ports of calls of the ships carrying the cargoes according to IHR.
- Drinking water supplied to the ships
 - Supervise implementation of SOPs for supplying water from the port facilities to the water boats and from water boats to the ships.
 - Conduct regular monitoring of water quality parameters at the port water tanks, at the connection points of the hoses at the dock and at the water boats drinking water tanks.

Annex 1. The timeframe of the assessment

Date	Time	Subject	Location
27 th August (Mon.)	09:00–09:20	Pre-assessment Meeting	Taoyuan International Airport(TIA)
	09:20–12:20	Desk Review	
	13:40–16:10	Site Review	
	16:10–17:00	Closed-door meeting	
	17:00–17:30	Post-assessment Meeting	
29 th August (Wed.)	09:00–09:20	Pre-assessment Meeting	Port of Kaohsiung (PoK)
	09:20–12:20	Desk Review	
	13:40–16:10	Site Review	
	16:10–17:00	Closed-door meeting	
	17:00–17:30	Post-assessment Meeting	
30 th August (Thu.)	10:00–10:10	Opening Remarks	TCDC
	10:10–10:20	Briefing the Highlights of the External Evaluation	
	10:20–10:50	General Comments and Suggestions	
	10:50–11:20	Mutual Discussion	
	11:20–11:30	Closing Remarks	

* One hour extended on 27th and 29th August due to well active interaction.

Annex 2. Pre-determined indicators and documents to be reviewed

➤ Taoyuan International Airport (TIA)

Part	Requirement for Selection	Indicators with abstract
Part A. Coordination & Communication	10 items in total, please select <u>2</u> item among them.	<input checked="" type="checkbox"/> 2.1 National communication Link-Local, Intermediate and national levels <input checked="" type="checkbox"/> 6. Communication link with service providers
Part BI. Routine	61 items in total, please select <u>7</u> items among them.	(a) Access to Medical Service and Adequate Staff, Equipment and Premises for Ill Travellers <input checked="" type="checkbox"/> 1.1 <input checked="" type="checkbox"/> 1.2 <input checked="" type="checkbox"/> 1.3
		(e) Vector and Reservoirs Control <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
Part BII. Emergency Response	24 items in total, please select <u>8</u> items among them.	(a) Appropriate Public Health Response <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
		(e) Apply Recommended Measures to Disinsect, Derat, Disinfect, Decontaminate <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
		(f) Apply Entry or Exit Control <input checked="" type="checkbox"/> 1

➤ **Port of Kaohsiung (PoK)**

Part	Requirement for Selection	Indicators with abstract
Part A. Coordination & Communication	10 items in total, please select <u>2</u> item among them.	<input checked="" type="checkbox"/> 2.1 National communication Link-Local, Intermediate and national levels <input checked="" type="checkbox"/> 6. Communication link with service providers
Part B1. Routine	61 items in total, please select <u>7</u> items among them.	(a) Access to Medical Service and Adequate Staff, Equipment and Premises for Ill Travellers <input checked="" type="checkbox"/> 1.1
		(e) Vector and Reservoirs Control <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
		(f) Special Capacities According to Type of PoE <input checked="" type="checkbox"/> 2.1 <input checked="" type="checkbox"/> 2.2
Part B11. Emergency Response	24 items in total, please select <u>12</u> items among them.	(a) Appropriate Public Health Response <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3
		(d) Assessment and Quarantine of Suspect Travelers <input checked="" type="checkbox"/> 1.1 <input checked="" type="checkbox"/> 1.2 <input checked="" type="checkbox"/> 2.1 <input checked="" type="checkbox"/> 2.2
		(e) Apply Recommended Measures to Disinsect, Derat, Disinfect, Decontaminate <input checked="" type="checkbox"/> 1 <input checked="" type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input checked="" type="checkbox"/> 4
		(f) Apply Entry or Exit Control <input checked="" type="checkbox"/> 1

Annex 3. Pre-determined sites to be reviewed

Designated PoE	Sites	Competent Authority/organisation
Taoyuan International Airport (TIA)	<ol style="list-style-type: none"> 1. Medical Centers 2. Operation Control Center 3. Fever Screen & Quarantine Station 4. Detecting & Personal Protection Equipment for Radiation, Bio-pathogens and Toxic chemical 5. Drinking water facilities* 	<ol style="list-style-type: none"> 1. TIA Cooperation Ltd. 2. TIA Cooperation Ltd. 3. TCDC 4. TCDC, TIA Cooperation Ltd. 5. TIA Cooperation Ltd.
Port of Kaohsiung (PoK)	<ol style="list-style-type: none"> 1. Megaports Initiative Central Alarm Station 2. Equipment to Transport Affected Passenger and Drill of Medical Treatment 3. Vectors Monitoring Station 4. Inspection Area 5. Drinking water facilities* 	<ol style="list-style-type: none"> 1. Kaohsiung Customs 2. Kaohsiung Harbor Fire Brigade 3. TCDC 4. TFDA 5. PoK, TIPK Ltd.

* Not included in the initial planning for site visits

Annex 4. The Summarised Results of the Assessment

A. Taoyuan International Airport (TIA)

Score: Self-assessment 100%; External evaluation 100%

Requirements	indicators	N/A	Full (%)	Partial (%)	None (%)
Part A	10	0	10 (100%)	0 (0%)	0 (0%)
Part BI	61	6	55 (100%)	0 (0%)	0 (0%)
Part BII	24	0	24 (100%)	0 (0%)	0 (0%)
Total	95	6	89 (100%)	0 (0%)	0 (0%)

WHO File Model output	
Requirements	Score
Part A Coordination & Communication	100%
Part BI Core Capacity at all time	100%
Part BII Core Capacity for Responding to PHEIC	100%
Total	100%

B. Port of Kaohsiung (PoK)

Score: Self-assessment 100%; External evaluation 100%

Requirements	indicators	N/A	Full (%)	Partial (%)	None (%)
Part A	10	0	10 (100%)	0 (0%)	0 (0%)
Part BI	61	5	56 (100%)	0 (0%)	0 (0%)
Part BII	24	0	24 (100%)	0 (0%)	0 (0%)
Total	95	5	90 (100%)	0 (0%)	0 (0%)

WHO File Model output	
Requirements	Score
Part A Coordination & Communication	100%
Part BI Core Capacity at all time	100%
Part BII Core Capacity for Responding to PHEIC	100%
Total	100%

Annex 5. Assessment Result of 27th and 29th August, 2018

[Airport and Seaport combination version]

(A) Checklist for core capacity requirements for coordination, communication of event information and adoption of measures (in regard to activities concerning designated airports, ports and ground crossings, according to Annex 1A)

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
1. International communication link with competent authorities at other points of entry		
<p>Competent authority at each point of entry has current contact details of officers in charge of international communication with other points of entry abroad and means of communication and procedures are available to inform relevant public health measures taken pursuant to the International Health Regulations, such as:</p> <ul style="list-style-type: none"> - communication with competent authorities at other points of entry, internationally, to provide relevant information regarding evidence found and control measures still needed on arrival of affected conveyance. 	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2. National communication link between competent authorities at points of entry and health authorities at local, intermediate and national levels		
<p>Local, intermediate and national levels (including National IHR Focal Point) have current contact details of competent authorities at points of entry and current, regularly updated, documented and tested procedures, including any Memorandum of Understanding - MoU and protocols are in place for routine and urgent communication and collaboration during a public health emergency of international concern with: 1) the competent authority at other points of entry and health authorities at local, intermediate and national levels; 2) other relevant government ministries, agencies, government authorities and other partners involved with points of entry activities</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
<p>Competent authority at each point of entry has current contact details of officers within local, intermediate and national levels, including contact details of National IHR Focal Point and means of communication and procedures are available to inform relevant public health measures taken pursuant to the International Health Regulations. Such as:</p> <ul style="list-style-type: none"> - To communicate with NFP in order to inform WHO within 24 hours of receipt of evidence, as manifested by exported or imported: 1) human cases; 2) vectors which may carry infection or contamination, or 3) goods that are contaminated, that may cause international disease spread - report all available essential information on event occurring at point of entry by competent authority to health authority at local, intermediate or national level for public health assessment, care and response. - for communication with competent authorities at other points of entry, nationally, to provide relevant information regarding evidence found and control measures needed on arrival of affected conveyance. 	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
3. Direct operational link with other senior health officials		
<p>Current, regularly updated, documented and tested procedures, including any MoU and protocols, for direct operational link between local point of entry competent authority officer and other senior health officials, are in place for rapid decision approval, risk assessment and implementation of containment and controls measures</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
4. Communication link with conveyance operators		
<p>Current contact details of conveyance operators (including its agents or legal representatives at shore), means of communication and procedures are available for advance notice of application of control measures, for issuance of Ship Sanitation Certificates and for receipt of other health documents and conveyance operators provided with current contact details of competent authority.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
5. Communication link with travellers for health related information		

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
Current contact details of competent authority at point of entry and means of communication and procedures are available for notice of application of control measures, for receipt of health documents and to provide health related information for travellers.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
6. Communication link with service providers		
Current contact details of service providers and means of communication and procedures are available for advance notice of application of control measures. Service providers have current contact details of competent authority:	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
7. Assessment of all reports of urgent events within 24 hrs		
Current, regularly updated, documented and tested procedures (including any MoU and protocols) for communication and assessment within 24hrs all reports of urgent events related to ports, airports and ground crossings, including direct operational links exists among hospitals, clinics, airports, ports, ground crossings authorities, laboratories and other key operational areas.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
8. Communication mechanism for the dissemination of information and recommendations received from WHO		
Current, regularly updated, documented and tested communication mechanism for handling WHO reports, regarding national events or events in other countries involving point of entry activities and related public health measures, for use by competent authorities at points of entry.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
9. Procedures and legal and administrative provisions to conduct inspections and receive reports of cases of illness and/or other evidence of public health risks on board arriving conveyances		

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
<p>National legislation, administrative acts, protocols and/or procedures is in place, updated and disseminated widely, empowering competent authority to conduct inspections to identify public health risks together with required control measures to be applied and providing requirements to report public health related events on board.</p> <p>Guidance documents explaining the requirements and procedures to immediately relay reports to the competent authority to ensure that appropriate assessment, care and other public health measures are developed and disseminated to cruise lines, airlines, ground transportation and their relevant industry associations and posted on appropriate websites.</p> <p>A standard operating procedure for competent authorities is in place to receive reports from arriving conveyances of all cases of illness indicative of an infectious disease or evidence of a public health risk on board.</p> <p>All the above activities should be provided on a 24-hour basis, seven days a week (24/7) or according to working hours at the points of entry, as appropriate.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

B) Checklist for core capacity requirements for designated airports, ports and ground crossings.

I) At all Times (Routine)

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
(a) Provide access to (i) appropriate medical service including diagnostic facilities located so as to allow the prompt assessment and care of ill travellers, and (ii) adequate staff, equipment and premises		
1. Assessment and care of ill travellers		
1.1. Access to medical and diagnostic facilities Administrative arrangements and MoUs are in place to grant access to medical and diagnostic facilities for assessment and care of ill or suspect travellers, in consultation with local and/or nearby health services. If on-site, specialized warehouse for medicine and medical instruments and records for their use and replacement.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
1.2. Assessment of requirements concerning vaccination or prophylaxis Capability to do on-site assessment of proof of vaccination and prophylaxis recommended by WHO, such as for yellow fever, as applicable, and accordingly to the epidemiological situation, risk analysis and national requirements	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
1.3. Key information regarding medical and diagnostic facilities List of all facility names and key contact information (address, phone number, distance from Point of entry and map of routes) created, maintained and updated, disseminated, regularly tested for accuracy and accessible to all relevant personnel, to which ill or suspect travellers from the Point of entry are to be transferred.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2. Adequate staff, equipment and premises		

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
<p>2.1. Staff</p> <p>Sufficient personnel</p> <p>Access to appropriate number of trained personnel assigned for these duties, in relation to volume and frequency of travellers and complexity of the point of entry (regarding terminal facilities, destinations and multimodal practice in place among other factors).</p> <p>Arrangements for translation and interpreters where needed.</p> <p>Competent/qualified personnel for prompt assessment, care and reporting of ill travelers.</p> <p>Personnel have undergone a training program to recognize disease symptoms and are familiar with procedures regarding prompt assessment, care and reporting of ill travellers.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>2.2. Adequate space to conduct private interviews with ill travellers</p> <p>Hygienic and environmentally safe space(s) set aside to conduct private interviews that are of adequate size in relation to volume, type of conveyance and frequency of travellers and complexity of the point of entry (regarding terminal facilities, destinations and multimodal practices).</p> <p>Desirable to have independent exit passage through which suspect travellers can be transported to medical care facilities, if needed, and in order to avoid infecting other persons.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>2.3. Personal protective equipment (PPE) for interviewing ill travellers</p> <p>Access to necessary equipment (e.g. PPE) for initial interview and triage. Personnel use personal protective equipment for initial interview and triage.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>(b) Provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility</p>		
<p>1. Equipment to transport ill travellers</p>		

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
1.1. Equipment for transport of ill travellers to appropriate medical facility Arrangements are in place for transporting ill travellers to appropriate medical facility by safe, hygienic means of transport.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
1.2. Access to personal protective equipment (PPE) for transport staff Transport staff have access to and uses adequate personal protective equipment, when transporting ill travellers.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2. Personnel to transport ill travellers.		
2.1. Number of trained personnel Appropriate number of trained personnel available to adequately transport ill travellers, according to technical requirements	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2. Training of Standard operational procedures for transport of ill travellers Personnel trained and knowledgeable in infection control techniques for the safe removal of ill travellers, in application of personal protective equipment and in use of key information regarding contacting and accessing medical facilities in a safe and timely manner	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
c) Provide trained personnel for the inspection of conveyances		
1. Number of trained personnel		
Appropriate number of trained personnel available in relation to the volume and frequency of traffic, type, size, kind of conveyance at the point of entry to ensure that conveyances are adequately and safely inspected on a timely basis and according to technical requirements.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
2. Training for inspectors		
2.1. Understanding of inspection standard operating procedures - Personnel have undergone a training program, can produce certificates/ documentation and/or can demonstrate a thorough understanding of standard operating procedures set in place for the sanitary inspection of conveyances, and should demonstrate competency in the following areas, according to the assigned inspection duties:	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2. Required health related documents for conveyances – Demonstrable knowledge of required health related documents and the correct use of information therein for detecting, reporting, assessing and providing first control measures for public health events, according to type and kind of conveyance.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.3. Epidemiological situation at the point of entry - Knowledge of common public health risks detected on a routine basis and of the usual public health risks associated with type, size, kind, common origins and destinations of conveyances that use the point of entry;	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.4. Public health events - Knowledge and skills for detecting, reporting, assessing and provide first control measures to public health events;	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.5. Public health risks from microbiological, chemical and radiological agents – Knowledge of how they can affect human health and be transmitted person to person and by food, air water, waste, vectors, fomites and the environment;	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
2.6. Personal protective techniques and related equipment - Demonstrable knowledge of application and correct use.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.7. Public health measures - Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection, decontamination, isolation, quarantine, contact tracing, entry and exit control.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.8. Testing and sampling techniques - Demonstrable knowledge of the use of correct testing and sampling techniques and equipment to support initial observation, detection and assessment of public health risk, e.g. water, food, vector control.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.9. Vector control - Demonstrable knowledge of the use of correct control methods for relevant vector-borne diseases and for hosts and vectors, including disinsecting and deratting.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.10. Food safety management - Knowledge of use of correct practices for safe food management, especially with regard to handling, supply, source, preparation, storage and distribution.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.11. Water safety management - Knowledge of correct practices of safe water management, especially with regard to source, storage, distribution, treatment and control methods	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
2.12. Solid and liquid waste management - Knowledge of solid and liquid waste treatment, control methods and systems for detection, assessment and recommended control measures for present and potential risks from solid and liquid waste (including bilge water and ballast water for ships).	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.13. Swimming pool and SPA -Knowledge of present and potential risks from recreational swimming and spa areas on board and methods and systems for detection, assessment and recommended control measures.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for Airport.
2.14. Medical facilities - Knowledge of requirements, bio safety procedures, equipment, medical chest and environmental requirements for medical facilities on board, according to the size, type and kind of conveyance and related applicable guidelines (e.g. WHO, IMO, ILO, ICAO). -Foreign language skills or arrangements for translation and interpreters, where needed.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.15 Air quality management –Understanding of correct practices of air health quality management. Capacity for detection, assessment and recommended control measures for present and potential risks from air quality.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
(d) To ensure a safe environment for travellers using point of entry 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 adequate numbers of trained staff.		
1. Safe environment for travellers using point of entry facilities		

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
1.1. Water A documented, tested and updated water safety programme, conducted or under supervision of competent authority; maintenance records and testing results are documented and available, including:	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
1.1.1 Treatment Adequate treatment to remove and control public health risks.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
1.1.2 Source Potable water sources, under surveillance and supervision, in secure places, far away from sources of pollution, approved by the relevant health authority and quality considered satisfactory under national standards.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
1.1.3 Water quality monitoring programme Water quality regularly monitored, including the effect of disinfection at the points of potable water: all present and potential public health risks from water supply are detected, assessed and recommended control measures are implemented and programme agenda, dates and results of testing and inspection are recorded and accessible, covering: <ul style="list-style-type: none"> -Public distribution within point of entry boundary -Passenger terminals -Cargo and container terminals -Infrastructure and courtyards -Transport and water service providers for conveyances -Water supply services for food production 	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
<p>1.2. Food</p> <p>Eating establishment/food suppliers/production stores approved or considered satisfactory by the relevant health administration and/or under competent authority supervision, including flight catering facilities, meals or foods and other perishable commodities that are prepared from outside the point of entry jurisdictional area, but destined for use on conveyances, are regularly monitored: all present and potential public health risks from food are detected, assessed and recommended control measures are implemented, maintenance records and testing results are documented and available. food safety, including eating and catering facilities.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>1.3. Public washrooms</p> <p>Public washroom premises consistent with volume and frequency of travelers, in good operational condition and are regularly and hygienically cleaned with regard to the volume of passengers and personnel using the terminal and other facilities at the point of entry.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>1.4. Solid and liquid waste– residual water</p> <p>Documented, tested and updated solid waste management, liquid waste – residual water management plans in place and under competent authority supervision, including:</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
<p>1.4.1 Waste management quality monitoring</p> <p>where all present and potential public health risks from solid and liquid waste are detected, assessed and recommended control measures are implemented, maintenance of records and testing results are documented and available, covering:</p> <ul style="list-style-type: none"> -Public collection within Point of entry boundary -Passenger terminals -Cargo and containers terminals -Infrastructure and courtyards -Transport and liquid waste service providers for conveyances -Waste services for food production -Espcial dangerous waste (Medical/infectious, chemical and other) 	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>1.4.2. Final destination of the solid and liquid waste generated at the point of entry</p> <p>The above documented, tested and updated solid and liquid waste management programmes, including standard operating procedures, for safe transport and final destination of the solid and liquid waste generated and or treated at the point of entry, according to its type and volume.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>1.5. Other potential risk areas: indoor air quality</p> <p>A documented, tested and updated indoor air quality management plan in place, where applicable, to avoid sources of contamination and infection and under competent authority supervision, where all present and potential health risks from Indoor air quality are detected and identified and recommended control measures are implemented, maintenance records and testing results are documented and available.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
<p>1.6. Other potential risk areas: human remains</p> <p>Current, regularly updated, documented and tested procedures are in place for monitoring human remains departing and arriving from affected areas and for the use of specific health measures to ensure the safe handling and transport of human remains; under the supervision of competent authority, such as measures of issuance of permits, proper sanitary treatment for leakage in the conveyance, records are available, assessable, traceable and retrievable</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>2. Inspection programmes</p>		
<p>2.1. Sufficient number of staff for inspections</p> <p>Access to appropriate number of trained personnel assigned for these duties, in relation to volume and frequency of travellers and complexity of the point of entry (regarding terminal facilities, destinations and multimodal practice in place among other factors).</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>2.2. Competent/qualified personnel for inspection programmes</p> <p>Understanding of inspection standard operating procedures - Personnel have undergone a training program, can produce certificates/ documentation and/or can demonstrate a thorough understanding of standard operating procedures set in place for the sanitary inspection, and should demonstrate competency in the following areas, according to the assigned inspection duties:</p>		
<p>2.2.1. Epidemiological situation of the point of entry - Knowledge of common public health risks detected on a routine basis and of the usual public health risks associated with type, size, kind, common origins and destinations of conveyances that use the point of entry</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
2.2.2. Public health events - Knowledge and skills for detecting, reporting, assessing and providing first control measures to public health events;	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2.3. Public health risks from microbiological, chemical and radiological agents – Knowledge of how they can affect human health and be transmitted person to person and by food, air water, waste, vectors, fomites and the environment;	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2.4. Personal protective techniques and related equipment - Demonstrable knowledge of application and correct use.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2.5. Public health measures - Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection, decontamination, isolation, quarantine, contact tracing, entry and exit control.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2.6. Testing and sampling techniques - Demonstrable knowledge of the use of correct testing and sampling techniques and equipment to support initial observation, detection and assessment of public health risk, e.g. water, food, vector control.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2.7. Vector control - Demonstrable knowledge of the use of correct control methods for relevant vector-borne diseases and for hosts and vectors, including disinsecting and deratting.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
2.2.8. Food safety management - Knowledge of use of correct practices of safe food management, especially with regard to handling; supply, source, preparation, storage and distribution	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2.9. Water safety management - Knowledge of use of correct practices of safe water management, especially with regard to source, storage, distribution, treatment and control methods	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2.10. Solid and liquid waste management - Knowledge of solid and liquid waste treatment control methods and systems for detection, assessment and recommended control measures for present and potential risks from solid and liquid waste (including bilge water and ballast water for ships).	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2.11 Swimming pool and SPA - Knowledge of present and potential risks from recreational swimming and spa areas and methods and systems for detection, assessment and recommended control measures (including on board systems).	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for Airport.
2.2.12. Medical facilities - Knowledge of requirements, bio safety procedures, equipment, medical chest and environmental requirements for medical facilities, according to the size, type and kind of conveyance and related applicable guidelines (e.g. WHO, IMO, ILO, ICAO).	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.3. Harmful contamination other than microbial contamination , such as radionuclear sources, could also be found on ships but is outside the scope of this guidance. There are national and international agencies exist to deal with radionuclear incidents and emergencies. The National IHR Focal Point should have the contact information for these agencies.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
<p>2.4. Facilities, equipment and supplies for use by inspection staff</p> <p>Facilities, equipment and supplies are available for use by inspection staff, according to the needs of its duties and kept in safe and hygienic conditions; including: communication devices, testing and sampling supplies and equipment, updated guidance tools and other technical information sources, personal protective equipment, vector control devices and supplies, records/data collection storage and forms; etc.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>(e) To provide as far as practicable a programme and trained personnel for the control of vector and reservoirs in and near points of entry</p>		
<p>1. Plan for vector and reservoir control</p> <p>Integrated vector control programme in place, including special arrangements or agreement/contract covering the following areas:</p> <ul style="list-style-type: none"> -Passenger terminals -Cargo and containers terminals -Infrastructure and courtyards -Service providers facilities at terminal and for conveyance ground support operation -Surrounding areas of Point of entry (minimum 400 meters) 	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>2. Trained personnel for control of vector and reservoirs</p> <p>Adequate number of personnel with training and knowledge to detect and control public health risks of vectors and reservoirs as well as to oversee and audit services and facilities of the point of entry.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
<p>3. Monitoring of vectors in the point of entry facilities and in the surrounding area of at least 400 meters from terminal.</p> <p>Monitoring is continuous done on site: vectors and reservoirs are detected, identified, tested for pathogens and controlled. Results of the latest audit of services and facilities are available and accessible</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>4. Dedicated space, equipment and supplies for use by vector and reservoir control staff.</p> <p>Dedicated and secure space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies, including:</p> <ul style="list-style-type: none"> -insecticides, rodenticides, traps and application equipment -inspection equipment -workplace and supplies for staff to: prepare inspections, complete reports, and to prepare, calibrate and store sampling equipment 	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
(f) Special capacities according to type of point of entry:		
1. Airports		
<p>1.1 Procedures in place concerning communication of events for a suspected case of communicable disease or other public health related event on board aircraft, encompassing air traffic control, airport authorities and public health sector competent authorities.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	<p>Not Applicable for seaport.</p>

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
1.2. Procedures in place to assess, monitor and safely apply aircraft disinsection and other vector control measures if required, according to WHO recommendations and guidance, as applicable (this procedures should be part of the integrated vector management control plan at the airport)	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for seaport.
1.3 Procedures concerning communication with aircraft and air transport operators regarding: free pratique (including radio free pratique) request and authorization; and health part of the General Declaration of Aircraft, if and when requested by national authorities	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for seaport.
2. Ports and ships		
2.1 Procedures concerning communication with ship and ship industry operators regarding: free pratique (including radio free pratique) request and authorization; and the Maritime Health Declaration, if and when requested by national authorities	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for airport.
2.2 Arrangements in place for designated ship quarantine anchorage area, if and when requested, according to risk assessment (such as vector borne disease, ballast water, waste and other public health risks) and safety, security and facilitation principles, as applicable	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for airport.
3. Ground crossings		
3.1 Procedures concerning communication with ground transport conveyances/ground crossing operators regarding border control measures when massive suspected cases or high public health related risk detected, if and when requested by national authority.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for 2 PoEs.

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
3.2 Arrangements in place for carrying out public health measures on affected ground transport conveyances, when recommended or requested by national authority.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	Not Applicable for 2 PoEs.

BII-For responding to events that may constitute PHEIC (Emergencies)

Core Capacities Measure of Compliance	State of mplementation by the reviewers	Note
(a) 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 point of entry, public health and other agencies and services		
1.Public health emergency contingency plan An agreed, updated, documented public health emergency contingency plan, integrated with other public health response plans (national/intermediate/local levels) and other emergency operational plans at point of entry, covering relevant services at point of entry and disseminated to all key stakeholders	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of mplementation by the reviewers	Note
<p>2. Integration with other response plans</p> <p>A clearly structured allocation of functions within the public health emergency contingency plan, for all services and sectors involved at point of entry to carry out policy /guidance, coordination, management and evaluation functions during a public health response:</p> <ul style="list-style-type: none"> -Coordinator/committee identified; -Sub-sector/ services contacts and plans in place -Sub-sector/services contact points identified. -contact points for key sectors/services at point of entry identified/nominated and details shared with competent authority. -integration with possible sectoral plans contact points of key sectors/services at point of entry, including public health, immigration, transportation, security, public information/media -Identification of mechanism/system in operation and procedures in place for communication/collaboration between public health authorities, within national health surveillance system, with regard to reporting, information exchange, assessment and coordinated response, in coordination with national, intermediate and local public health alert and response plans. -a reliable system for informing the local competent authority in charge to implement health measures of the pending arrival of a suspected case of a communicable disease, when traffic control or others authorities at point of entry have been notified of this by conveyances operators; 	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of mplementation by the reviewers	Note
3. Training and/or drill exercises Periodic training and/or drill exercises to familiarize contact points of key sectors/services at point of entry with the public health contingency plan and their respective roles and functions within it.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
(b) to 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		
1. Affected travellers on board		
Administrative arrangements and written procedures are in place and agreed with local authorities, conveyance operators and service providers for information sharing and coordinated intersectoral alert and response actions for affected conveyances regarding support and decision making for ill or suspect traveller on board, as part of the public health emergency contingency plan.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2. Assessment of, and care for affected travellers		

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
<p>2.1. Access to treatment, isolation and diagnostic facilities</p> <p>Administrative arrangements and a written, formal agreement, such as memorandum of understanding, are in place with local and/or nearby hospitals, clinics, health services, to receive affected travellers from the point of entry for isolation, treatment and other support services</p> <ul style="list-style-type: none"> -This agreement should describe the potential nature of the risk (e.g. infectious disease, other sources of contamination) and the responsibilities of each signatory; -Reference source, date and expiry of the agreement; -Facilities and types of health care covered (e.g. assessment, isolation, treatment such as first aid, intensive care unit, contagious disease reference centre, etc.); -Competent/qualified personnel assigned for prompt assessment, care and isolation of affected travellers; -Access to laboratory facilities; -Access to necessary equipment, supplies and personal protective equipment (e.g. PPE) ; -Procedures in place for routine written reports of traveller transfer, follow-up care and results of laboratory analysis. -Arrangements for translation and interpreters. 	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>2.2. Key information regarding treatment, isolation and diagnostic facilities and transport of affected travellers</p> <p>List of all facilities to which affected travellers from the point of entry are to be transferred and names and key contact information (address, phone number, distance from point of entry and map of routes) created , disseminated and maintained/updated, regularly tested for accuracy and accessible to all relevant personnel.</p> <p>Key information provided to transportation services regarding the name, address, distance and route to hospitals/ clinics facility to which affected travellers from the points of entry must be taken.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of mplementation by the reviewers	Note
3. Assessment, care and isolation of affected animals		
<p>3.1. A written, formal agreement in place with veterinary centres to provide diagnostic tests, assessment and recommended measures related to affected animals</p> <p>-Staff trained in infection control and available on-site or on-call to examine affected animals;</p> <p>-Standby infection control plan, including adequate equipment and procedures to manage or to use other clinical care facilities to deal with heightened level of public health risk (other than routine level risk) ;</p> <p>-Personal protective equipment and personnel trained available to carry out assessment, treatment and isolation of affected animals;</p> <p>-Written reports of results of affected animal diagnostic tests, follow-up care and infection control.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>3.2. Referral and transport of animals to designated veterinary facility through appropriate safe transport arrangements.</p> <p>Documented administrative arrangements are in place:</p> <p>-Cleaning/disinfection equipment and supplies and personnel familiar with these procedures;</p> <p>-Personal protective equipment to transport staff.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
(c) to provide appropriate space, separate from other travellers, to interview suspect or affected persons		

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
1. Space to interview suspect or affected travellers- Hygienic and environmentally safe space(s) set aside to conduct private interviews that are of adequate size in relation to volume, type of conveyance and frequency of travellers and complexity of the point of entry (regarding terminal facilities, destinations and multimodal practice). Desirable to have independent exit passage which suspect travellers can be transported to medical care facilities, if needed, and avoid infecting other persons. Arrangements for translation and interpreters where needed	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2. Regularly updated, documented, tested on-site control measures, including equipment and products for cleaning, disinfection and decontamination, for the purpose of elimination all possible contamination at the facility used to interview affected travelers.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
3. Personal protective equipment (PPE) for interviewing ill travellers Access to necessary equipment (e.g. PPE) for initial interview and triage. Personnel use personal protective equipment for initial interview and triage.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
(d) to provide for the assessment and, if required, quarantine of suspect travellers, preferably in facilities away from the point of entry		
1. Assessment of suspect travellers		
1.1. Staff Appropriate number of trained personnel, proportional to the volume and frequency of travellers, available at short notice, on or off site, to interview and to provide first assessment of suspect travellers on a timely basis.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of mplementation by the reviewers	Note
<p>1.2. Procedures for reporting</p> <p>Procedures in place for reporting to the competent authority at the point of entry events related to travellers, indicative of infectious disease or evidence of a public health risk to ensure appropriate assessment, care and other public health measures</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
<p>2. Quarantine of suspect travellers</p>		
<p>2.1. Designation of facilities</p> <p>Administrative arrangements and a written, formal agreement, such as memorandum of understanding, are in place with local and/or nearby hospitals, clinics, health services, or other facilities to receive suspect travellers from the point of entry for quarantine and other support services (preferably away from the point of entry).</p> <p>-This agreement should describe the potential nature of the risk (e.g. infectious disease; other sources of contamination) and the responsibilities of each signatory;</p> <p>-Reference source, date and expiry of the agreement;</p> <p>-Facilities and type of support and logistics services covered;</p> <p>-Competent/qualified personnel for quarantine of suspected travellers, assigned to these duties;</p> <p>-Access to laboratory facilities;</p> <p>-Access to necessary equipment, supplies and personal protective equipment (e.g. PPE) ;</p> <p>-Procedures in place for routine written reports of traveller transfer, follow-up care and results of laboratory analysis.</p> <p>Arrangements for translation and interpreters where needed.</p>	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
2.2. Staff Appropriate number of trained personnel at the quarantine facility to recognize disease symptoms and who are familiar with procedures and measures for suspect travellers	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
(e) to 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 designated and equipped for this purpose		
1. Location for application of recommended measures - Depending on the movement of baggage, cargo, containers, conveyances, goods and postal parcels, a specially equipped location should be designated, for: -disinsecting -deratting -disinfecting -decontaminating The location should be properly designed to avoid possible injury/discomfort/harm to persons and damage to the environment. Factors such as wind direction and distance to human habitats should be taken into consideration,	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2. Standard operational procedures Documented, updated and tested standard operational procedures are in place	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
3. Trained staff Appropriate number of trained personnel available to apply health measures according to technical requirements, adequately and in a timely manner.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
4. Personal protective equipment Equipment available and staff trained in application of personal protective equipment	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
(f) to apply entry or exit controls for arriving and departing travellers		
1. Entry or exit controls for travellers		
<p>A formal plan in place to apply entry exit controls at point of entry, if and when recommended, to enable a risk assessment of the individual traveller to be made during events that may constitute a public health emergency of international concern; the plan should have:</p> <ul style="list-style-type: none"> -An identified staff/committee to make, coordinate and implement key decisions on entry/exit controls at point of entry -A communication procedure for sharing/ disseminating information to the public and travellers regarding entry/exit controls during a public health emergency -A 'toolbox' of methods for screening, including visual inspection, questionnaire/health declaration forms and temperature measurement (using thermal scanners or other suitable methods). -Operational standard procedures -Training/briefing/drills to orient staff, including public health, airlines, travel agents, security, customs and other, on additional responsibilities in carrying out entry/exit controls. -Reliable equipment calibrated and maintained in accordance with the manufacturer's recommendations. -Personnel trained in procedures and use of equipment and in the interpretation of recordings. -A system to incorporate the results of exit screening at airports with the national surveillance and reporting system for outbreaks of a specified illness. -Logistics, especially baggage, security and customs formalities for travelers arriving from and to abroad, for suspected cases and for asymptomatic contacts. 	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	

Core Capacities Measure of Compliance	State of Implementation by the reviewers	Note
(g) to provide access to specially designated equipment and to trained personnel using appropriate personal protection, for the transfer of travellers who may carry infection or contamination		
1. Provide access to special equipment		
Arrangements are in place for transporting suspect travellers to appropriate medical or quarantine facilities by safe, hygienic means of transport. Transport service should have in place cleaning/disinfection equipment and supplies and personal protective equipment for transport staff.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2. Personnel to transport suspect travellers.		
2.1. Appropriate number of trained personnel available to transport suspect travellers according to technical requirements, adequately and in a timely manner.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.2. Personnel trained in application of personal protective equipment and disinfection techniques, as applicable.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	
2.3. Personnel trained in the use of key information regarding hospital/clinic/diagnostic facilities related to the point of entry.	<input checked="" type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> None	