

# **EU HEALTHY GATEWAYS**

## **Joint Action 04-2017**

### **Preparedness and action at points of entry (ports, airports, ground crossings)**

**Barbara Mouchtouri, MSc, PhD**

**Leader of Work Package 7**

**of EU HEALTHY GATEWAYS Joint Action**

**Department of Hygiene and Epidemiology, University of Thessaly, Greece**



Co-funded by  
the Health Programme  
of the European Union

**Joint Action 04-2017**  
**Preparedness and action at points of entry**  
**(ports, airports, ground crossings)**

**HEALTHY GATEWAYS**

3 year action: 2018-2021 → Sustainability  
3 million EUR EC funding

## Joint Action 04-2017

Preparedness and action at points of entry  
(ports, airports, ground crossings)

# HEALTHY GATEWAYS

### Consortium:

- **26 Member States**
- **31 Authorities**

### Duration:

- **36 months**

### Starting date:

- **1<sup>st</sup> of May 2018**

# EU HEALTHY GATEWAYS Consortium

## Partners (Beneficiaries & Affiliated entities)

	Organisation name	Country
1	University of Thessaly – Laboratory of Hygiene and Epidemiology – Special Account Funds for Research of University of Thessaly	<b>Greece</b>
2	Dept. Communicable Diseases, Crisis Management, Disease Control; Federal Ministry of Health and Women's Affairs	<b>Austria</b>
3	Ministry of Civil Affairs of Bosnia and Herzegovina	<b>Bosnia and Herzegovina</b>
	Ministry of Health	
4	Ministry of Health - Health Promotion and Diseases Prevention Directorate	<b>Bulgaria</b>
	Varna Regional Health Inspectorate	
5	Croatian Institute of Public Health	<b>Croatia</b>
6	University Medical Center Hamburg-Eppendorf	<b>Germany</b>
7	Ministero della Salute	<b>Italy</b>
	Istituto Superiore di Sanità (affiliated entity)	
8	National Public Health Center	<b>Lithuania</b>
9	Ministry for Health - Environmental Health Directorate -	<b>Malta</b>
10	National Agency of Public Health	<b>Moldova (Republic of)</b>
11	National Institute of Public Health and the Environment	<b>Netherlands</b>
12	The National Institute of Public Health - National Institute of Hygiene	<b>Poland</b>
13	Directorate-General of Health	<b>Portugal</b>
	Institute of Public Health of Republic of Serbia	<b>Serbia</b>
14	Sole beneficiary of Serbia for the implementation of the joint action	
15	National Institute of Public Health	<b>Slovenia</b>
16	Folkhälsomyndigheten, The Public Health Agency of Sweden	<b>Sweden</b>
17	Department of Health - Public Health England	<b>United Kingdom</b>

## Collaborating stakeholders

	Organisation name	Country
1	Saniport Hoofdgeneesheer   Service Aide Urgente / Dienst Dringende Hulpverlening   DG GS - Soins de Santé	<b>Belgium</b>
2	Ministry of Health	<b>Cyprus</b>
3	Centre of Maritime Health and Society, University of Southern Denmark	<b>Denmark</b>
4	Health Board	<b>Estonia</b>
5	Ministry of Social Affairs and Health, Department for Promotion of Welfare and Health (HTO)	<b>Finland</b>
6	City of Porvoo, Environmental Health	<b>Finland</b>
7	Health Service Executive	<b>Ireland</b>
8	Norwegian Directorate of Health Department of Community Health Care Services	<b>Norway</b>
9	Public Health Authority of the Slovak republic	<b>Slovakia</b>
10	Subdirección General de Sanidad Exterior, Ministerio de Sanidad, Servicios Sociales e Igualdad	<b>Spain</b>
11	Centro Nacional de Epidemiología Instituto de Salud Carlos III	<b>Spain</b>

26 Member States

31 Authorities

# General objective

To support **cooperation and coordination** between Member States in order to improve their **capacities at the points of entry**, in preventing and combating cross-border health threats affecting or inherently coming from the **transport sector**, and therefore contribute to a high level of public health protection in the European Union.

# General objective

In the case of public health emergencies of international concern, the joint action will move from the **interepidemic** mode to an **emergency** mode with the objective to support coherent response of MS according to Decision No 1082/2013/EU and implementation of temporary recommendations issued by the WHO according to the International Health Regulations.

# DECISION No 1082/2013/EC

On serious cross-border threats to health

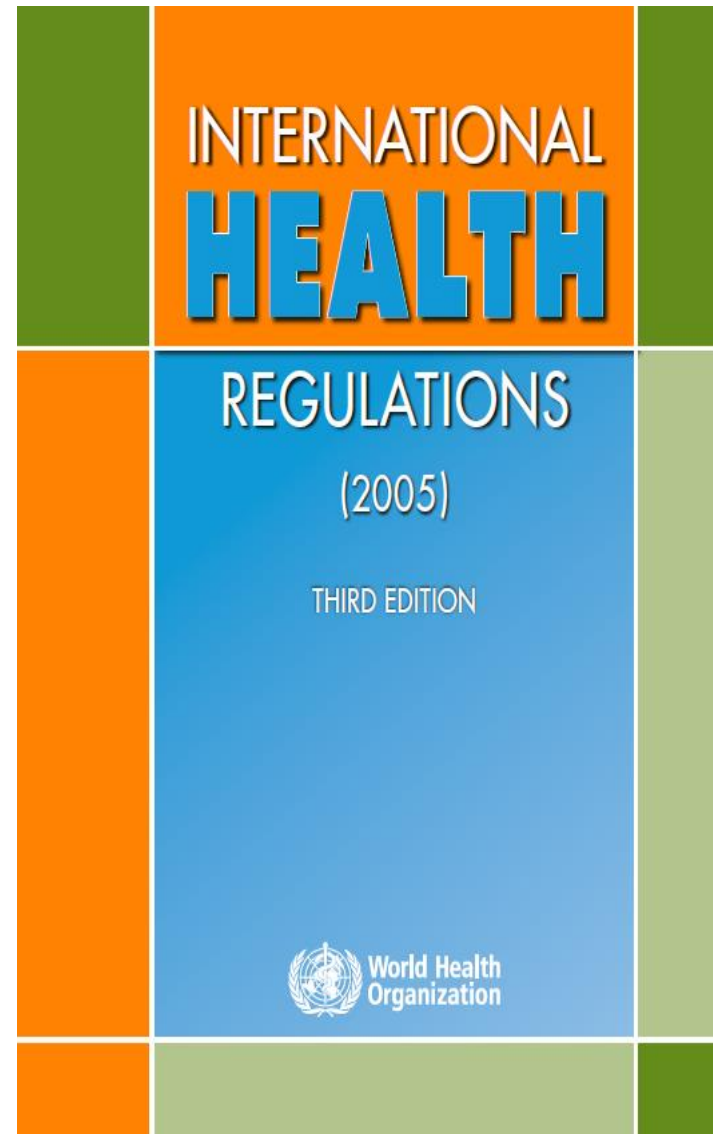
CHAPTER II

PLANNING

*Article 4*

**Preparedness and response planning**

*(d) supporting the implementation of core capacity requirements for surveillance and response as referred to in Articles 5 and 13 of the IHR.*



# Specific objectives

## Specific Objective 1

- To facilitate MSs **evaluating and monitoring of core capacities at PoE** by using the existing guidance and tools from international organizations, and according to the IHR 2005 and Decision No 1082/2013/EU of 22 October 2013, by month 12.

## Specific Objective 2

- To put in place a **network to communicate and notify rapidly in case of cross-border risks to health**, by strengthening inter sectoral and cross sectoral collaboration and using electronic means, supplementing and avoiding overlapping with existing systems, by month 12.

## Specific Objective 3

- To produce catalogues of tested best practices, guidelines and validated action plans, for the use of the MSs' health authorities to be **implemented at operational level** through agencies and stakeholders in the field of transport, covering all types of health threats, contingency planning, risk communication and advice for event management, by cooperating with **international organisations**, competent and other **transport authorities**, pilot-testing and validating deliverables and taking into consideration lessons learned from previous public health emergencies of international concern, by month 24.



#### Specific Objective 4

- To provide capacity building including **training** on tested best practices, guidelines and validated action plans, at European, country and local level, by month 36, considering the local and national context and ensuring replicability, transferability and sustainability.

#### Specific Objective 5

- To facilitate the MSs implementation of best practice documents provided for coordinating and executing **hygiene inspections on conveyances**, in order to prevent cross border disease spread and improve compliance with European legislation standards, throughout the duration of the joint action.

#### Specific Objective 6

- To promote coordinated cross sectoral actions and interoperability of plans to combat all types of health threats, including infectious disease transmission and possible **vectors for pathogens on ground transportation, on ships, and in aircraft**, throughout the joint action implementation, by involving actors from different sectors and levels (strategic, regulatory, implementation) and by performing table top /simulation exercises.

#### Specific Objective 7

- To support response to possible future **public health emergencies of international concern** (implementation of IHR) upon request from the EC, the Health Security Committee and the MS, and by ensuring coherent implementation of temporary recommendations issued by the WHO and avoiding unnecessary interfering with international transport and trade.

# Work packages

EU HEALTHY GATEWAYS WORK PACKAGES

## Horizontal work packages

Coordination  
WP1

Dissemination  
WP2

Evaluation  
WP3

Sustainability  
WP4

## Core work packages

Chemical threats  
WP8

Training  
WP9

## Subject-matter work packages

Ground crossings  
WP5

Airports  
WP6

Ports  
WP7

# Work packages

WP	Title	Leaders and Co-leaders		
1	Coordination of the action	UTH	EL	Greece
2	Dissemination	NIJZ	SI	Slovenia
3	Evaluation of the action	MINSAL& ISS	IT	Italy
4	Integration in National Policies and Sustainability	UKE	DE	Germany
5	Ground crossings	NIPH - NIH	PL	Poland
		NVSC	LT	Lithuania
6	Air transport	UKE	DE	Germany
		FOHM	SE	Sweden
7	Maritime transport	UTH	EL	Greece
8	Chemical threats	DH	UK	United Kingdom
		NIJZ	SI	Slovenia
9	Capacity building - Training	RIVM	NL	Netherlands

# Management structure

## Steering committee

Joint Action  
Coordinator

All work package  
leaders

## General Assembly

All associated and collaborating partners

Horizontal Working packages  
Policy, Dissemination, Evaluation, Sustainability

Sustainability  
Working  
Group

Core work packages

Technical  
Working  
Groups

Scientific and policy advisory group  
DG SANTE, CHAFEA, other EC DGs and agencies, ECDC,  
WHO, ILO, ICAO, IATA others

# Working groups

Working group for evaluation

Working group to design an information system

Sustainability working group

Working group for ground crossings

Working group for airports

Working group for ports

Ad hoc technical expert (emergency mode) working group

# JOINT EXTERNAL EVALUATION TOOL

SECOND EDITION - January 2018

INTERNATIONAL HEALTH REGULATIONS (2005)



## COUNTRY EVALUATION TOOL

<b>PREVENT</b>	<b>13</b>
National legislation, policy and financing	13
IHR coordination, communication and advocacy	19
Antimicrobial resistance	22
Zoonotic disease	30
Food safety	34
Biosafety and biosecurity	38
Immunization	45
<b>DETECT</b>	<b>49</b>
National laboratory system	49
Surveillance	56
Reporting	60
Human resources	63
<b>RESPOND</b>	<b>70</b>
Emergency preparedness	70
Emergency response operations	75
Linking public health and security authorities	80
Medical countermeasures and personnel deployment	85
Risk communication	88
<b>IHR RELATED HAZARDS AND POINTS OF ENTRY</b>	<b>95</b>
Points of entry	95
Chemical events	99
Radiation emergencies	104

**19 technical areas**  
**49 indicators**

# JOINT EXTERNAL EVALUATION TOOL

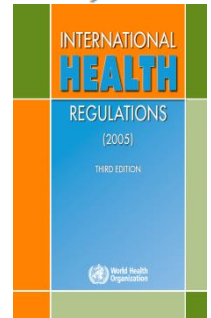
Score	Indicators: Points of entry	
	PoE.1 <u>Routine capacities established at points of entry</u>	PoE.2 <u>Effective public health response at points of entry</u>
<b>No capacity - 1</b>	No capacity at points of entry for appropriate medical services	Public health emergency contingency plan <sup>1</sup> for each designated point of entry for responding to public health emergencies occurring at points of entry is not in place or under development.
<b>Limited capacity - 2</b>	Designated points of entry have access to appropriate medical services including diagnostic facilities for the prompt assessment and care of sick travellers and with adequate staff, equipment and premises (Annex 1B, 1 (a))	Public health emergency contingency plan in place at each designated point of entry for responding to <u>public health</u> emergencies occurring at points of entry, integrated with generic emergency preparedness and response plan of each designated point of entry, involving all relevant sectors and services at points of entry, and developed and disseminated to all key stakeholders
<b>Developed capacity - 3</b>	Designated points of entry have developed other routine capacities prescribed in the IHR Annex 1B "1. At all times" in addition to appropriate medical services, such as equipment and personnel for the transport of sick travellers to an appropriate medical facility	Public health emergency contingency plans at designated points of entry are integrated into the national emergency response plan and <u>ad hoc measures</u> related <u>to travellers at points</u> of entry (such as referral system, transport) for the safe transfer of sick travellers to appropriate medical facilities, are in place
<b>Demonstrated capacity - 4</b>	All routine core capacities prescribed in the IHR Annex 1B "1. At all times" are developed and functioning as an all-hazard, multisectoral approach	Demonstrated capacities <sup>2</sup> of applying <u>recommended measures</u> to disinsect, derat, disinfect, decontaminate or otherwise treat baggage, cargo, containers, conveyances, goods or postal parcels. Establishment of regular testing and updating of an all-hazard, multisectoral system of assessment and care of affected animals, probably implemented through arrangements with local veterinary facilities
<b>Sustainable capacity - 5</b>	All routine core capacities prescribed in IHR Annex 1B "1. At all times" are functioning as an all-hazard, multisectoral approach, with evidence of periodic evaluation and continuous improvement	<u>Evaluation of effectiveness</u> in responding to public health events at points of entry conducted, and evidence of an existing periodic evaluation and continuous improvement are shared with relevant stakeholders

# Catalogues of best practices

- Best practices on core capacities implementation at **ground crossings** for event detection, surveillance and management and contingency planning
- Best practices on core capacities implementation at **airports** for event detection, surveillance and management and contingency planning
- Best practices on core capacities implementation at **ports** for event detection, surveillance and management and contingency planning
- Best practice for inspection auditing and for **inspecting conveyances for vectors**



## B. CORE CAPACITY REQUIREMENTS FOR DESIGNATED AIRPORTS, PORTS AND GROUND CROSSINGS



1. At all times

The capacities:

- (a) to provide access to (i) an 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;
- (b) to provide access to equipment and personnel for the transport of ill travellers to an appropriate medical facility;
- (c) to provide trained personnel for the inspection of conveyances;
- (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
- (e) to provide as far as practicable a programme and trained personnel for the control of vectors and reservoirs in and near points of entry.

2. For responding to events that may constitute a public health emergency of international concern

# Guidelines

- Options for improving of **detection and surveillance** of public health events at ports, airports and ground crossings
- Guidance for dealing with chemicals and **chemical incidents** at airports, ports and ground crossings
- Guidelines for **inter-country communication and information flow** in outbreak investigations and management of public health events on ships.
- SOPs for specific **vector surveillance** and control activities at airports, ports and ground crossings
- SOPs for **inspection of conveyances for vectors** will be developed and guidelines will be composed for focused inspections of conveyances in case of outbreaks
- **Auditing guidelines** for hygiene inspections on ships

# Validated action plans

- Toolkit for **contingency plan development and assessment** for
  - ground crossings
  - airports
  - ports
- Tool to assess chemical preparedness at ports, airports and ground crossings

# Training at EU level

Training of the trainers' 3 day face-to-face courses

Subject	Number	Month	Location
Preparedness and response to public health events at ground crossings	1	M20	Poland
Preparedness and response to public health events at airports	1	M11	Serbia
Preparedness and response to public health events at ports	1	M13	Piraeus
Vector surveillance and control at PoE	1	M19	Croatia

# Training at national level

Subject	Number	Location
1. Preparedness and response to public health events at <b>ground crossings</b>	26	Each country
2. Preparedness and response to public health events at <b>airports</b>		
3. Preparedness and response to public health events at <b>ports</b>		
4. <b>Vector surveillance</b> and control at PoE		
5. <b>Information system use</b>		

# Tabletop /simulation exercises

Subject	Number	Location	Responsible	
			For material development	For implementation
<b>EU level</b>				
Table top exercise at EU level	1	Through the web	NIPH-NIH-PL, NVSC-LT, UKE-DE, FOHM-SE, UTH-EL, RIVM-NL	UKE-DE
<b>National level</b>				
Multi sectorial table top /simulation exercise at National level	26	Countries	NIPH-NIH-PL, NVSC-LT, RIVM-NL	Each country
<b>Local level</b>				
Public health event at ground crossing	4 scheduled to Germany, Poland, Finland, and Bulgaria using Version 1. At least at one ground crossing per countries using Version 2	Designated crossings at the 26 countries	NIPH-NIH-PL, NVSC-LT, RIVM-NL	Local authorities at each country
Public health event at airport	At least at one airport per countries	Designated airports, at the 26 countries	UKE-DE, FOHM-SE, RIVM-NL	Local authorities at each country
Public health event at port	At least at one port per countries	Designated ports at the 26 countries	UTH-EL, RIVM-NL	Local authorities at each country

# Exchange of visits

- A **representative** from one Member State can attend table top/simulation exercise of another country (exchange of visit) as observer.
- Alternatively, **two countries** can organise a tabletop /simulation exercise involving both countries to share best practices and knowledge (i.e. at ground crossings of neighbouring countries, inland ports of neighbouring countries).

# Webinars

- A six month schedule for **webinars** for various topics will be developed and updated including ad hoc webinars as necessary.
- Webinars will be organised in cooperation with work packages 5,6,7,8 and 9.
- The target group of the webinars will be professionals responsible for core capacities, preparedness planning and event management at PoE.
- Webinars will be organised to address issues in management of public health events that are common to all types of points of entry.



# Deliverables

Deliverable Number	Deliverable Name
D.1.1	Consortium agreement
D.3.1	Interim and final evaluation reports
D.5.1	State of the art report for ground crossings
D.5.2	Strengthening core capacities at ground crossings: best practices on core capacities implementation for event detection, surveillance and management and contingency planning; table top /simulation exercises; tool for contingency plan development and assessment; options for improving of detection and surveillance of public health events
D.6.1	Strengthening core capacities at airports: best practices on core capacities implementation for event detection, surveillance and management and contingency planning; table top /simulation exercises; tool for contingency plan development and assessment; options for improving of detection and surveillance of public health events
D.7.1	Best practice for coordinating and executing hygiene inspections on ships
D.7.2	Strengthening core capacities at ports: best practices on core capacities implementation for event detection, surveillance and management and contingency planning; table top /simulation exercises; tool for contingency plan development and assessment; options for improving of detection and surveillance of public health events