Report

IHR (2005) Joint Core Capacity Assessment and Action Plan Development

For International Airports in East and Horn of Africa

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EAST, CENTRAL AND SOUTHERN AFRICA HEALTH COMMUNITY
Fostering Regional Cooperation for Better Health

World Health Organization

UK Health Security Agency

IOM UN MIGRATION

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List of abbreviations

BIA	Bole International Airport
CAA	Civil Aviation Authority
CBRN	Chemical, Biological, Radiological, and Nuclear
COVID-19	Coronavirus Disease 2019
DHIS2	District Health Information System 2
ECSA-HC	East, Central, and Southern Africa Health Community
EIA	Entebbe International Airport
ePHEM	Electronic Public Health Emergency Management
HIV	Human Immunodeficiency Virus
ICAO	International Civil Aviation Organization
IHR	International Health Regulations
JKIA	Jomo Kenyatta International Airport
JNIA	Julius Nyerere International Airport
KAA	Kenya Airports Authority
KCAA	Kenya Civil Aviation Authority
MoH	Ministry of Health
MOU	Memorandum of Understanding
MVD	Marburg Virus Disease
NFP	National Focal Points
PHEIC	Public Health Emergency of International Concern
PHEOC	Public Health Emergency Operations Centre
PHERP	Public Health Emergency Response Plan
PoE	Point of Entry
SIMEX	Simulation Exercise
SITREP	Situation Report
SoP	Standard Operating Procedure
SPAR	State Party Annual Reporting
TTX	Tabletop Exercise

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Executive Summary

This report outlines the findings of the Joint International Health Regulations (IHR) Core Capacity Assessment at four major international airports in East and Horn of Africa: Bole International Airport (Ethiopia), Jomo Kenyatta International Airport (Kenya), Julius Nyerere International Airport (Tanzania), and Entebbe International Airport (Uganda). The assessment, conducted in December 2025, aimed to evaluate the airports' capacities to manage public health emergencies, including the prevention, detection, and response to threats such as Ebola, Marburg virus, and cholera among others.

The assessment identified several strengths across the airports, including functional coordination with national health authorities, established emergency response plans, and competent authority active participation in multi-sectoral airport committees. These strengths demonstrate a foundational level of preparedness and an existing structure upon which further improvements can be built. However, none of the airports fully met the IHR core capacity requirements, revealing substantial gaps in multiple areas. Key weaknesses included inadequate coordination and communication mechanisms, limited quarantine and isolation facilities, and insufficient staff training in public health emergency management. Additional challenges such as the absence of international communication procedures, low staffing levels, and inadequate infrastructure to support large-scale health emergencies continue to hinder progress toward full IHR compliance.

To address these gaps, the report suggests several actions, including, improving communication systems both nationally and internationally, enhancing airport medical and diagnostic facilities, and increasing staffing levels and training to manage public health threats better. It also highlights the importance of strengthened regional cooperation and the development of standardized procedures and guidelines for health screening, quarantine, and emergency response. Investing in these areas is critical for ensuring that regional airports are better prepared to meet future health emergencies and fully comply with IHR standards, thereby contributing to regional and global health security.

Acknowledgments

The successful completion of the Joint International Health Regulations (IHR 2005) Core Capacity Assessment would not have been possible without the leadership, collaboration, and strong commitment of the Government ministries and agencies involved. The Ministries of Health of Kenya, Tanzania, and Uganda, together with the Ethiopian Public Health Institute (EPHI), are sincerely appreciated for their coordination, institutional support, and provision of the necessary resources that ensured the effective and efficient conduct of the assessment.

The assessors and technical experts involved in this exercise are gratefully acknowledged for their exceptional professionalism, dedication, and technical expertise. Their in-depth knowledge of the International Health Regulations (IHR) framework and cross-border health, combined with their meticulous assessment of core capacities, data analysis, and formulation of practical recommendations, was critical to the quality and credibility of the findings presented in this report.

The East, Central, and Southern Africa Health Community (ECSA-HC) is highly commended for the exceptional facilitation, technical and financial support, and coordination of the assessment process. ECSA-HC's commitment to strengthening regional health systems and advancing cross-border health security was fundamental to the successful execution of this joint evaluation.

Finally, utmost gratitude is extended to the International Organization for Migration (IOM), the World Health Organization (WHO), and the United Kingdom Health Security Agency (UK-HSA). Their sustained partnership, technical assistance, and financial contributions were instrumental in enabling and supporting the conduct of the Joint IHR (2005) Core Capacity Assessment for international airports.

1. Introduction

1.1 Background

Public health emergencies of international concern continue to challenge health systems globally, with the African region remaining particularly vulnerable due to recurrent and overlapping outbreaks of emerging and re-emerging infectious diseases. Pathogens such as Ebola virus (including Sudan virus disease), Marburg virus, cholera, yellow fever, Mpox, chikungunya, measles, and other vaccine-preventable or vector-borne diseases have, over the last decade, repeatedly tested the resilience of countries in East Africa and the Horn of Africa. The speed of modern air travel enables an infected individual to traverse continents within a matter of hours, highlighting the pivotal role of international airports in the early prevention, detection, and containment of public health threats before they can spread widely.

The International Health Regulations (IHR 2005) provide the global legal framework that guides States Parties in building and maintaining core capacities for surveillance, early detection, risk assessment, notification, and response to events that may constitute a public health emergency of international concern. Under Articles 19, 20, and 21, and Annex 1B, States Parties are required to designate Points of Entry (PoEs) and ensure that they have the necessary public health capacities in place to manage events that may occur during routine operations and during public health emergencies of international concern. This includes having appropriate arrangements for surveillance, inspection, isolation, safe medical evacuation, vector control, environmental health, and coordination among multiple agencies operating at the airport. International Civil Aviation Organization (ICAO) complements and reinforces these requirements through its Standards and Recommended Practices (SARPs), particularly under ICAO Annex 9 (Facilitation) and Annex 14 (Aerodromes).

In this context, a joint assessment of International Health Regulations (IHR 2005) core capacities was carried out at four major international airports in the region. The assessment of Bole International Airport (BIA) in Ethiopia was conducted earlier, in August 2025, followed by similar assessments at Jomo Kenyatta International Airport (JKIA) in Kenya, Julius Nyerere International Airport (JNIA) in the United Republic of Tanzania, and Entebbe International Airport (EIA) in Uganda. These assessments were undertaken with the support of ECSA-HC, through the AFE Health Emergency Preparedness, Response, and Resilience (HEPPR) Programme.

These airports are among the busiest international gateways in the region and function as critical nodes for passenger and cargo traffic, humanitarian operations, and regional connectivity. Assessing their IHR core capacities provides an important basis for strengthening preparedness and response to public health emergencies at the national and international levels.

1.2 Epidemiological Context and Recent Disease Outbreaks

The assessment took place in the context of a dynamic and often demanding disease outbreak environment across East and Central Africa. In early 2025, Uganda reported an outbreak of Ebola caused by the Sudan virus, with cases confirmed in Kampala and surrounding districts. By late April 2025, the WHO had documented 12 confirmed and two probable cases, including four deaths, before the outbreak was effectively contained. Occurring just a few years after the 2022 Sudan virus event, this outbreak underscored the persistent threat of filoviruses in the region. It reinforced the importance of ensuring that major airports, particularly Entebbe, are equipped to promptly identify suspected cases, initiate isolation measures, and coordinate timely, safe referral.

The United Republic of Tanzania experienced its second documented Marburg virus disease (MVD) outbreak in early 2025, following an earlier event in 2023. The 2025 outbreak, centred in Biharamulo District in Kagera Region, resulted in a cumulative total of two confirmed and eight probable cases, all of whom died, underscoring the high case-fatality ratio associated with Marburg virus. Although the epicentre was remote from the main aviation hub in Dar es Salaam, the potential for spillover via road and air transport reinforced the importance of robust IHR capacities at JNIA, particularly in detecting febrile travellers and managing suspected viral haemorrhagic fever cases.

Kenya, similarly, has confronted multiple concurrent public health events. Between January and April 2 025, cholera outbreaks were reported in several counties, including Migori, Kisumu, Nairobi, and Narok. Over the same period, the country has continued to respond to an on-going Mpox outbreak since mid-2024, with dozens of confirmed cases reported, mainly in urban centres. In addition, the country has been experiencing chikungunya outbreaks in 2025, which could be reflected in a rise in arboviral diseases in the region. These events illustrate the complexity of the regional epidemiological situation, in which waterborne, vector-borne, and zoonotic diseases coexist and often overlap in both time and geography.

Furthermore, Ethiopia has now emerged as a critical part of this regional picture. In November 2025, the country confirmed its first-ever outbreak of Marburg virus disease, reported in the south Ethiopia region. In addition to MVD, Ethiopia continues to grapple with recurrent outbreaks of cholera, measles, dengue, and other communicable diseases, which place additional strain on national public health capacities. As Africa's second-most populous nation and a regional transportation hub, Ethiopia's disease burden and outbreak risk magnify cross-border health threats.

Beyond these headline events, the region continues to grapple with endemic diseases such as malaria, HIV, and tuberculosis. Climate variability, rapid urbanization, and increasing mobility all contribute to dynamic patterns of disease transmission. Airports amplify both risk and opportunity. The recent outbreak history has therefore reinforced the need for all-hazards approach to IHR 2005 implementation, ensuring that airports are prepared not only for high-profile viral haemorrhagic fevers but also for respiratory pathogens, food- and waterborne diseases, vector-borne threats, and chemical or radiological incidents.

1.3 Contextual description of assessed airports

1.3.1 Jomo Kenyatta International Airport

Jomo Kenyatta International Airport (JKIA) is Kenya's primary international gateway and the busiest airport in East and Central Africa, serving as a major hub for Kenya Airways and numerous global carriers connecting the region to Europe, Asia, the Middle East, and the Americas. JKIA plays a central role in national and regional connectivity. Port Health services operates under the Ministry of Health, overseeing traveller screening, verification of vaccination requirements such as yellow fever, management of ill travellers, aircraft and food safety inspections, and environmental health standards, including water, sanitation, and vector control among others. Screening procedures by use of thermal scanners for temperature monitoring, health declarations, and offsite quarantine facilities, were strengthened during COVID-19 and subsequent outbreaks, with established referral pathways to designated facilities in Nairobi for high-risk or symptomatic travellers. Given its high operational complexity, involving aviation authorities, airlines, security, customs, immigration, medical services, and other stakeholders, effective IHR implementation at JKIA relies heavily on strong inter-agency coordination, clear SOPs, efficient communication mechanisms, and ongoing joint exercises to enhance readiness for public health emergencies.

1.3.2 Julius Nyerere International Airport

Julius Nyerere International Airport (JNIA) is the country's primary international gateway and a major hub for Air Tanzania and other regional carriers, serving steadily increasing passenger volumes fueled by growth in tourism, trade, and business travel. The airport consists of several terminals; Terminal 2 for domestic and some regional flights, and Terminal 3, opened in 2019, for international traffic supported by an extensive runway and cargo-handling infrastructure. Port Health services, delivered by the Ministry of Health, ensure continuous traveller screening, verification of yellow fever vaccination, surveillance for infectious diseases, and risk-based facility inspections, with established coordination channels linking the airport to outbreak alert systems, laboratories, and designated referral hospitals. Recent public health events, including the Marburg outbreak in Kagera Region, have further emphasized the importance of strong surveillance and response capacity at JNIA, especially given Tanzania's position as a major tourism destination where malaria, chikungunya, cholera, and other epidemics remain potential risks.

1.3.3 Entebbe International Airport

Entebbe International Airport (EIA) is located on the shores of Lake Victoria and managed by the Uganda Civil Aviation Authority. EIA is the country's primary international gateway, processing more than 2.2 million international passengers in 2024 and continuing to expand as post-COVID-19 air travel recovers. Ongoing terminal upgrades and infrastructure improvements reflect its increasing operational demands and central role in regional connectivity. Port Health services at EIA are currently delivered through a Public–Private Partnership (PPP) under the oversight of the Ministry of Health.

Given Uganda's recurrent experience with high-risk pathogens, including Ebola and other viral haemorrhagic fevers, Port Health at EIA possesses considerable practical experience in detecting and managing such threats. The airport's close proximity to the Uganda Virus Research Institute provides a significant advantage in rapid laboratory diagnosis during public health events, as demonstrated during the Sudan virus outbreak in early 2025. EIA maintains designated screening areas, isolation rooms, and structured referral pathways, while strong coordination between Port Health, immigration, security agencies, airlines, ground handlers, and medical teams facilitates

timely detection, assessment, and management of suspected cases reflecting an integrated and comprehensive approach to IHR implementation.

1.3.4 Bole International Airport

Bole International Airport (BIA), Ethiopia's main international gateway and one of Africa's busiest hubs, handles over 19 million passengers in 2024 and operates 24/7 with extensive intercontinental, regional, and transit traffic driven by Ethiopian Airlines' Group global network. Although its terminal infrastructure is built for 25 million passengers per year, rising volumes continue to strain facilities and systems. Port Health, operated by the Ethiopian Public Health Institute (EPHI), an autonomous body under the Ministry of Health, oversees traveller screening, vaccination and medical document verification, laboratory testing, cargo and human remains inspection, aircraft disinsection, airport hygiene monitoring, staff training, and dissemination of health alerts. The 2025 Marburg virus disease (MVD) outbreak underscored BIA's vulnerability and highlighted the need to strengthen IHR core capacities to ensure BIA remains a secure and resilient Airport Point of Entry supporting Ethiopia's regional and global health security.

1.4 Rationale

The joint assessment was undertaken to respond to the increasing frequency and complexity of public health emergencies, fulfil IHR obligations at designated Points of Entry, and harmonize preparedness and response capacities across four of the most important aviation hubs in the region. BIA, JKIA, JNIA, and EIA collectively handle millions of passengers and substantial volumes of cargo each year, connecting the area to the rest of the continent and the wider world. Their performance in detecting and managing health threats has direct implications not only for the four countries but also for regional and global health security.

The assessment, therefore, sought to provide an objective picture of each airport's IHR core capacities, identify strengths and gaps, and generate evidence-based recommendations for improvement. It was also intended to inform national IHR State Party Annual Reporting (SPAR) and the Joint External Evaluation (JEE) and lay the groundwork for regional standardization of PoE capacities and procedures.

1.5 Objectives

1.5.1 General objective

To assess the International Health Regulations (IHR 2005) core capacities at Bole, Jomo Kenyatta, Julius Nyerere, and Entebbe International Airports in relation to their level of preparedness, operational functionality, and ability to prevent, detect, and respond to public health threats and emergencies of international concern.

1.5.2 Specific objectives

1. To assess the available IHR core capacities and functional preparedness of international airports in the four participating countries.
2. To determine existing strengths, limitations, and capacity gaps in public health emergency detection, response, and management at Points of Entry.
3. To promote cross-country collaboration, peer learning, and experience sharing to strengthen regional public health emergency readiness.
4. To generate actionable recommendations to improve IHR compliance and advance airport-level health security across the participating countries.

2. Assessment methodology

2.1 Assessment team

A multidisciplinary assessment team was constituted to ensure a comprehensive and balanced evaluation of core capacities at the assessed airports. The team comprised technical experts and senior personnel from Ministries of Health, National Public Health Institute, and Port Health Services of each participating country. In addition, regional technical support was provided by ECSA-HC.

2.2 Training of assessors

A two-day training was a critical preparatory step undertaken prior to the core capacity assessment, aimed at ensuring that all assessment team members had a shared understanding of the assessment tool, its indicators, and the standardized data-collection methodologies. It was also done to enhance consistency and objectivity in scoring, clarified roles and responsibilities, and strengthened the teams' ability to accurately interpret evidence across technical areas assessed. As a result, the whole exercise was carried out in a systematic, reliable, and comparable way, which supported the credibility and quality of the findings from the core capacity assessment.

2.3 Assessment tool

The assessment was conducted using the WHO standard assessment tool for core capacity requirements at points of entry (https://www.who.int/publications/i/item/WHO-HSE-IHR-LYO-2009.9).The tool assesses the existence and functionality of structures, systems, human resources, infrastructure, coordination mechanisms, standard operating procedures, and response capacities required to prevent, detect, assess, report, and respond to public health risks with potential international implications. It covers key domains such as coordination and communication, routine public health capacities, and capacities for responding to events that may constitute a PHEIC. The use of this standardized tool ensured consistency, objectivity, and comparability of findings across the participating countries and airports.

2.4 Data collection and analysis

Data collection was carried out through a combination of the following methods to ensure a comprehensive and reliable assessment of IHR core capacities at the selected airports.

First, after the courtesy meeting conducted with the airport authorities and representatives of other stakeholders for the introduction of the objectives and methodology of the assessment the assessment started by reviewing the relevant documents, including the legislation and regulations related to public health at Points of Entry, standard operating procedures, emergency response contingency plans and training records were reviewed to verify compliance and operational readiness.

Figure 1: Courtesy meeting at JNIA and EIA

Then direct site observation (walkthroughs) activity were performed as per the granted security clearance and conducted in key operational areas of the airports, including health screening points at arrival and departure terminals, private interview rooms, vaccination, temporary isolation and holding areas, emergency landing area, medical clinics, port health offices, ambulance, stores for stock management, waste management zones, cargo handling zones, food establishments, vector control sites and animal quarantine sites. These allowed the assessment team to directly observe the functionality, adequacy, and readiness of existing facilities and systems.

Figure 2: Team of assessors on a walkthrough at JNIA and JKIA

During the walkthrough, key informant interviews were conducted to gain valuable insights into operational practices, inter-agency coordination, communication mechanisms, and practical challenges faced during routine operations and public health emergencies.

Figure 3: Assessment of ambulance services at EIA

At the end of the field assessment, a meeting was held to facilitate scoring using the excel tool, and a consensus was reached among assessors and all airport stakeholders. This process involved systematic discussion, consensus-building, and validation among team members to ensure objectivity and consistency of results.

Figure 4: After-assessment scoring meeting at JNIA

To further enhance accuracy and comparability, a joint validation session at Dar es Salaam was later conducted involving representatives from all participating countries. During this session, preliminary findings, scores, identified strengths, and gaps were reviewed, harmonized, and jointly endorsed.

Finally, based on the validated findings, the assessment team identified priority strengths, critical weaknesses, and strategic areas for improvement. These formed the basis for the development of a joint regional action plan, including areas for cross-border integration, harmonization of procedures, joint capacity-building initiatives, and strengthened collaboration mechanisms among Ethiopia, Kenya, Tanzania, and Uganda.

2.5 Contextual considerations of the assessment

Bole International Airport (BIA) was initially slated for inclusion in the Joint IHR Core Capacity Assessment; however, the scheduled assessment coincided with Ethiopia's response to an active Marburg Virus Disease (MVD) outbreak, making joint fieldwork unfeasible. Instead, findings from a recent and credible assessment conducted in August 2025 were incorporated. This

assessment undertaken by a multisectoral team from the Tanzania Ministry of Health, ECSA-HC, UKHSA, IOM, and EPHI conformed with the joint IHR assessment methodology, including preparatory training, field deployment, evidence review, and a validation workshop to harmonize results and develop a budgeted action plan.

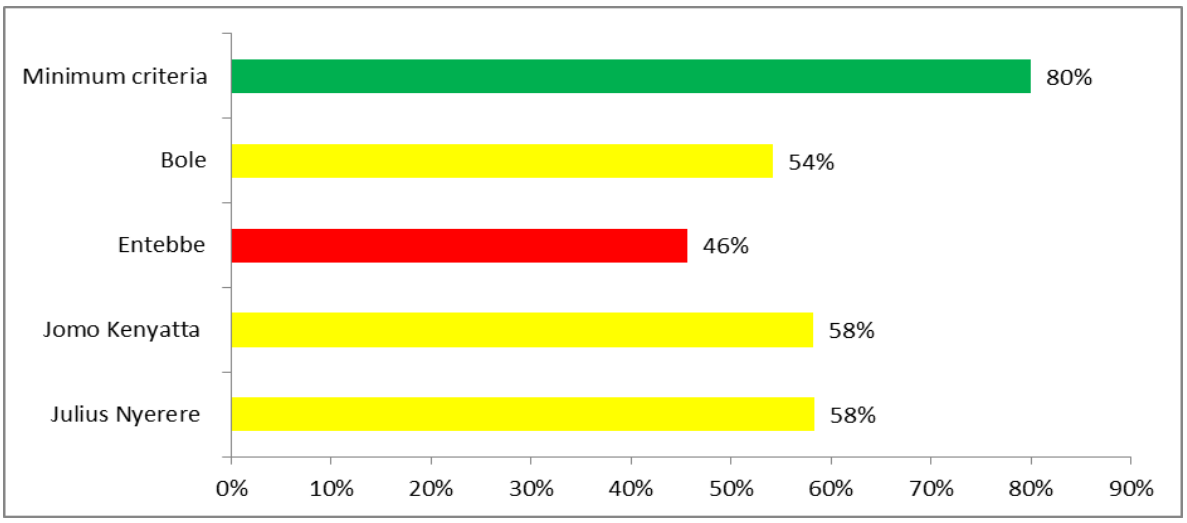
Several action points identified in the month of August had already been strengthened by the time of the joint validation session. As a result, BIA's scores were updated based on newly presented evidence, reflecting the availability of an aligned and endorsed Multi-Hazard Public Health Emergency Contingency Plan tested through SIMEX/TTX, the presence of a stand-by ambulance with dedicated clinical staffing, and a fully digitalized, interoperable system capable of assessing all urgent event reports within 24 hours. These updates were jointly reviewed, verified, and validated to ensure accuracy and consistency. All remaining findings are presented as originally documented, in full alignment with EPHI's role in the validation and action-planning process.

3. Findings of the joint core capacity assessment

3.1 General scores

In the overall assessment of all core capacity groups, JNIA and JKIA both achieved 58%, BIA followed at 54%, and Entebbe International Airport at 46%. None of the airports demonstrated strong overall capacity, and the results point to consistent performance gaps across multiple technical areas. EIA remains the most constrained, while JNIA and JKIA show relatively better, but still insufficient levels of readiness. These findings highlight the need for comprehensive investment in infrastructure, human resources, coordination, and emergency preparedness at all Points of Entry.

Figure 5: General scores (overall performance)

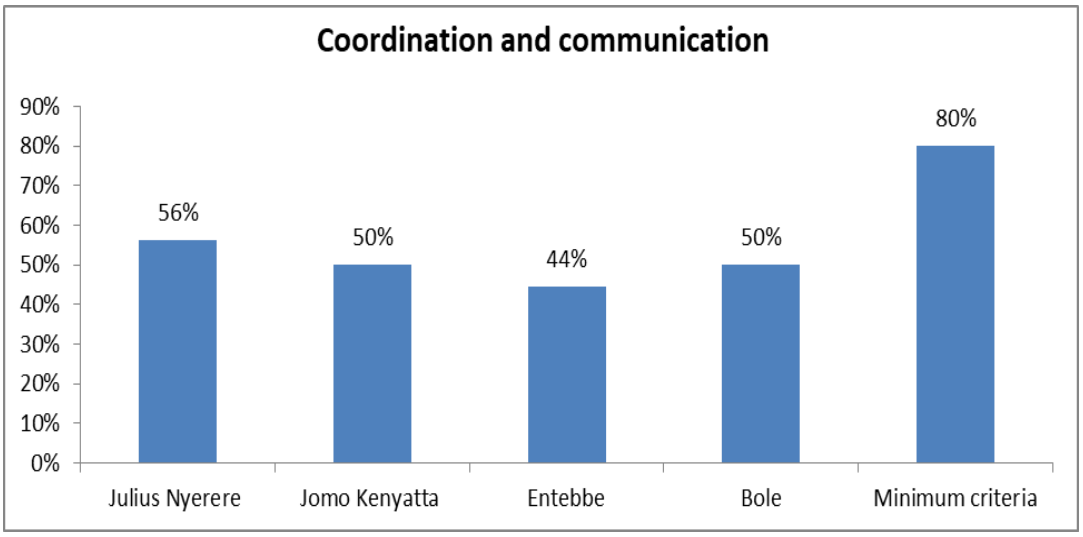


3.2 Findings by core capacity domain

3.2.1 Coordination and communication

Coordination and communication capacities remain at modest levels across the four assessed PoEs. JNIA recorded the highest at 56%, followed by JKIA and BIA at 50%, and EIA at 44%. Overall, coordination and communication systems remain undocumented, with no international contact directories and protocol for direct PoE-to-PoE communication and incomplete national-level communication procedures, including escalation pathways for urgent communication and urgent decision approval.

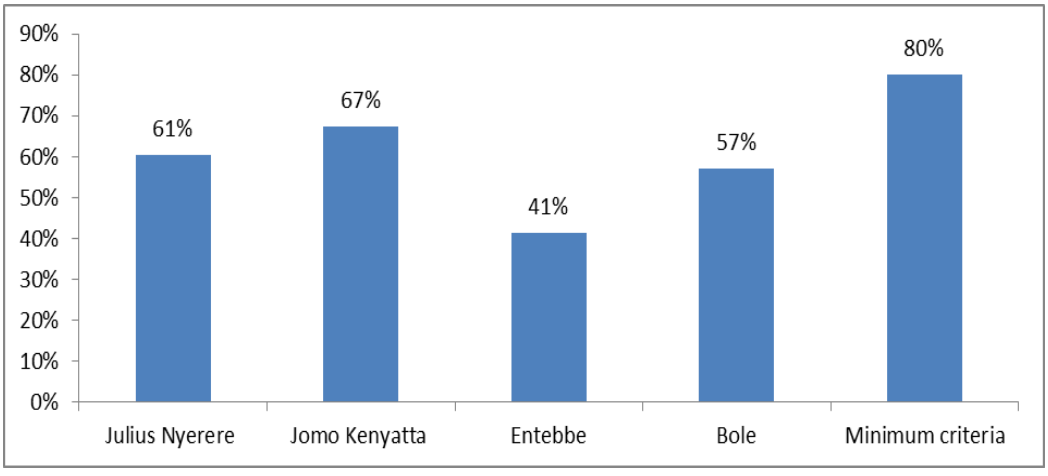
Figure 6: Coordination and communication



3.2.2 Core capacity at all times

JKIA demonstrated the strongest capacity to maintain core public health functions at all times, with a score of 67%, followed by JNIA at 61%, BIA at 57% and EIA at 41%, suggesting significant limitations in maintaining continuous operational readiness. While some capacity is evident across the airports, the overall performance indicates gaps in staffing, resources, and systems to sustain 24/7 functionality.

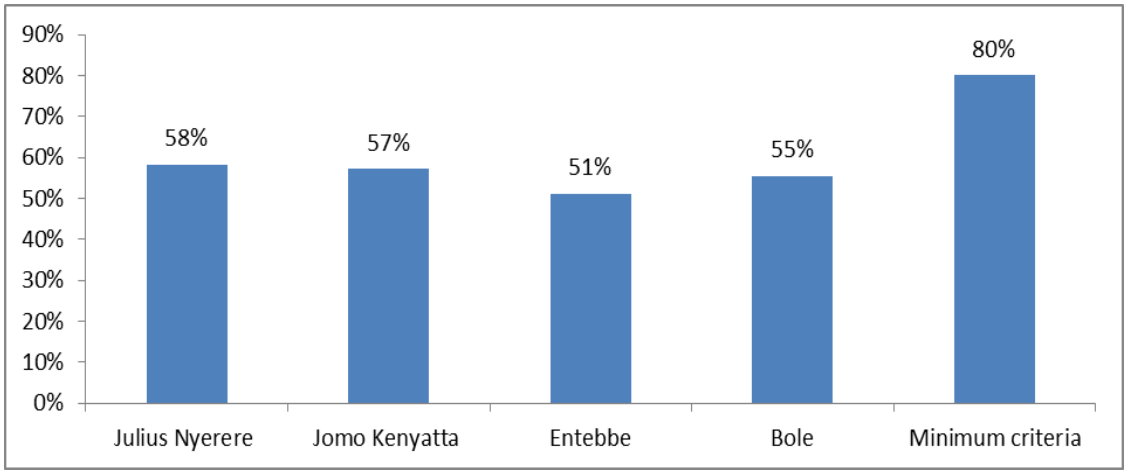
Figure 7: Core capacity at all times



3.2.3 Core capacity for responding to PHEICs

All four airports demonstrated moderate capacity to respond to Public Health Emergencies of International Concern (PHEICs). JNIA led with 58%, JKIA with 57%, BIA with 55%, and EIA with 51%. This relatively narrow range across the airports suggests similar levels of preparedness; however, the results indicate that response mechanisms, surge capacity, and emergency coordination still require improvement to ensure effective management of cross-border health threats.

Figure 8: Core capacity for responding to PHEICs



3.3 General strengths and gaps

3.3.1 Common strengths across airports

All four airports demonstrated foundational public health capacity within their communication and operational systems. Each PoE maintains functional links with national public health authorities and is integrated into IHR/NFP reporting pathways, enabling upward transmission of alerts, surveillance data, and emergency notifications when required. Although the completeness and update frequency vary, all airports possess contact lists for senior health officials, airport stakeholders, and service providers, allowing a structured connection to operational partners when incidents arise. Importantly, each PoE participates in multi-sectoral airport committees, including facilitation, safety, and emergency committees, which support inter-agency coordination and provide a platform for decision-making and information sharing during events.

WHO disease alerts and other global health intelligence are consistently transmitted to PoEs through Ministry of Health channels, demonstrating a functioning flow of information from

international to national to PoE level. JKIA remains a strong performer in this area, having conducted simulation and tabletop exercises (SIMEX/TTX) to evaluate and refine its response systems, demonstrating a more mature emergency coordination structure. At BIA, digital integration with the national Public Health Emergency Operations Centre (PHEOC) via DHIS2/ePHEM platforms further strengthens readiness by enabling timely reporting, information sharing, and rapid activation during potential health events.

From a public health service delivery perspective, all airports have functional on-site medical clinics equipped to provide initial clinical evaluation and stabilization of travellers, supported by standby ambulances for emergency medical evacuation. Temporary holding rooms for suspected cases are available at each PoE, offering capacity for isolation pending referral. Formal referral arrangements with designated hospitals are in place across all airports, operationalized through Memoranda of Understanding or documented agreements. Operational mandates at each PoE are grounded in national public health legislation, with legally enforceable powers for screening, inspection, vaccination verification, and response. Additionally, port health personnel demonstrated an adequate general awareness of SOPs and program responsibilities, indicating a baseline level of competence across health functions.

3.3.2 Common gaps identified across airports

Despite the foundational strengths, several critical capacity gaps were identified across all airports. None of the PoEs possessed an international PoE-to-PoE communication directory, meaning that communication with port health authorities abroad currently relies on national-level structures rather than direct operational channels, a weakness that could delay response during cross-border events. SOPs for communicating with foreign PoEs and airport service providers, as well as for escalation to higher authorities during emergencies, were either incomplete or unavailable. This lack of formalized procedures limits the speed and clarity of decision-making, especially in rapidly evolving public health events.

Port health contact information remains poorly displayed across all four airports, with limited visibility in passenger flow areas such as arrival and departure halls. This restricts travellers' ability to report illness, request assistance, or direct public health concerns promptly. Workforce capability also emerged as a major constraint. None of the assessed PoEs has personnel trained to

WHO/ICAO standards for aircraft inspection, and specialist skills in air quality monitoring and chemical, biological, radiological, and nuclear (CBRN) risk management are significantly lacking. These gaps are particularly concerning within an all-hazards preparedness framework. Additionally, staffing levels at Port health units fall short of operational needs, particularly given aircraft movements, passenger volume, and the increasing complexity of public health threats associated with international air travel.

Infrastructure limitations were observed across multiple airports, particularly regarding physical spaces for public health interviewing, isolation, and risk assessment. Private medical interview rooms were either insufficient or inappropriate, reducing confidentiality and efficiency. Furthermore, cargo terminals lacked adequate space for disinfecting cargo, containers, and parcels, hindering the capacity to enforce quarantine or evaluation of suspected hazards. Except for BIA, Port health emergency response plans were largely biological-hazard in design, with limited integration of multi-hazard scenarios such as chemical exposure events, or radiological threats. This gap constrains readiness for emerging and unpredictable public health emergencies.

4. Recommendations

4.1 Country specific (general) recommendations

1. Complete the costing and time frame of the proposed action plan
2. Disseminate the report to airport stakeholders (Airport facilitation committee, CAPSCA committee)
3. Mobilize resources to support implementation of proposed activities.
4. Establish or update Port Health staffing structure and competency frameworks to guide recruitment, deployment, and professional development.
5. Conduct annual IHR core capacity assessment as part of routine monitoring framework.

4.2 Joint recommendations

1. Develop and institutionalize joint SOPs for international information sharing among Port Health authorities at the designated airports.
2. Develop standardized regional guidelines outlining the minimum health service package for assessment and management of ill travellers at international airports.
3. Implement a harmonized digital traveller vaccination certification system, interoperable across the four countries.
4. Conduct joint training on aircraft inspection as per the ICAO and WHO standard, followed by national roll-out to build consistent technical capacity for Port Health staff.
5. Develop a regional IHR Core Capacity Assessment Implementation Guide to harmonize monitoring and improvement across all airports.
6. Strengthen environmental health capacities through training on Water Safety Plan development, sanitation standards, and routine monitoring for PoE.
7. Provide basic epidemiology and data analysis training to improve the quality and use of screening and surveillance data at PoEs.
8. Develop a regional SIMEX manual to standardize planning, execution, and evaluation of simulation exercises at PoEs.
9. Pilot the regional SIMEX manual at selected airports to refine implementation processes.
10. Train Port Health staff in SIMEX implementation to enable coordinated, routine multi-hazard preparedness exercises across all four airports.
11. Establish a joint dashboard to monitor IHR core capacities within the region.

5. Conclusion

The Joint IHR Core Capacity Assessment reveals both notable progress and persistent weaknesses in international airports' preparedness across the participating countries. With overall performance ranging from 46% to 58%, none of the assessed PoEs attained the minimum core capacity requirement in accordance with IHR (2005). Across all assessed airports, critical gaps remain; most prominently in communication and coordination mechanisms, inadequate staffing, continuity of core operations, and quarantine or isolation capability indicating the need for more targeted support to improve resilience and reduce vulnerability to cross-border public health threats.

These results underscore the urgent need for sustained investment in infrastructure, legal and governance frameworks, human resource strengthening, communication systems, and public health emergency management capacity. Addressing these areas will significantly improve PoE readiness, reduce the risk of international disease spread, and accelerate progress toward full IHR compliance. With commitment from governments and partners, and through coordinated, adequately resourced implementation of the recommended actions, all four airports can evolve from moderate capability to strong, resilient PoEs able to protect national, regional, and global health security.

Annex I: Joint Action Plan

SN	Capacity requirements	Activity/ Milestone	Host Country	Expected Output	Time frame	Coordinating country	Budget (USD)	Source of Funds
	Objective 1: Strengthen core capacity for coordination and communication at the PoE							
1.	International communications link with other points of entries abroad	Develop joint SoPs for sharing of information among port health officers at international airports.	Ethiopia	Signed SoPs in place	By June, 2026	Ethiopia		Partners
	Objective 2: Strengthen core capacity at all times							
2	2.1 Assessment and care of ill travellers	Develop guidelines to define minimum packages for provision of healthcare to travellers at international airports.	Kenya	Signed guideline in place	By June, 2026	Kenya		Partners
	2.2 Assessment of requirements concerning vaccination or prophylaxis	Develop interoperable digital traveller vaccination certification systems in collaboration with other countries.	Tanzania and Kenya	Digital system deployed	By March, 2027	Tanzania and Kenya		Government and Partners
	2.3 Trained personnel for the inspection of conveyances	Conduct joint training to port health focal persons on technical inspection of aircrafts and support roll out to all staff at the airport.	Uganda	Port health staff trained	By May, 2026	Uganda		Partners
	2.4Regular monitoring of IHR core capacities development	Conduct joint session to develop IHR core capacity assessment implementation guide and digitize the assessment tool	Nairobi	Implementation guide in place	By March 2026	Tanzania		ECSA-HC
	2.5 Enhance monitoring of water safety and hygiene standard	Conduct joint training among port health focal persons on	Tanzania	Trained focal persons	By June, 2026	Kenya		Government and partners

SN	Capacity requirements	Activity/ Milestone	Host Country	Expected Output	Time frame	Coordinating country	Budget (USD)	Source of Funds
		development of water safety and sanitation plans.						
	2.6 Enhance capacities of Port health on basic epidemiology including data analysis of screening reports.	Conduct training to port health staff on basic Epidemiology.	All countries	Port health staff trained	By February, 2026	All countries		ECSA-HC
	Objective 3: Strengthen core capacity for responding to events that may constitute a PHEIC							
3	3.1 Develop regional capacity to implement SIMEX at PoE	Conduct workshop to develop regional SIMEX manual for PoEs	Uganda	Regional SIMEX manual for PoEs in place.	By May, 2026	Tanzania		ECSA-HC
	3.2 Pilot the draft regional SIMEX manual	Pilot the SIMEX manual at selected PoEs	Uganda	Report of Pilot	By June 2026	Uganda		ECSA-HC
	3.3 Strengthen capacity of port health staff to conduct simulation exercises.	Conduct joint training among port health staff on SIMEX.	Ethiopia	Trained staff available	By August, 2026	Ethiopia		ECSA-HC
	3.4 Advocacy for resources to support implementation of the action plan	Hold a high level advocacy meeting (Joint dissemination of assessment findings)	All countries	Assessment findings jointly disseminated	By March 2026	All countries		

Annex II: Airport-specific action plan

Entebbe International Airport

SN	Capacity requirements	Activity/ milestone	Level of implementation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
	Objective 1: Strengthen core capacity for coordination and communication at the PoE							
1	International communications link with other points of entries abroad	1. Review, update, and validate contact details for all international competent authorities	National/airport	1. Comprehensive and updated contact details for all international competent authorities available for effective communication.	By March 2026	1. EIA - (Port Health Services), 2. IHR/NFP MOH	0	
		2. Develop, validate/test and implement SOPs for structured communication with competent authorities in other countries.	National/airport	2. SOPs to guide structured communication with competent authorities in other countries.	By March 2026	1. EIA - (Port Health Services) 2. MOH	20,000	Government and partners
	National communication link with competent authorities at other points of entry; national, intermediate and local levels	Review, update, and validate contact details for other POEs at intermediate and local levels	National/airport	Comprehensive and updated contact details for POEs at national, intermediate and local levels	By Jan 2026	EIA - (Port Health and other POEs (Port Health Services) at national, intermediate and local levels	0	
	Direct operational link with other senior health officials	Develop SOPs for promptly contacting senior health officials, to enable timely escalation, consultation, and	National/airport	SOPs to guide structured communication with senior health officials in place	By March 2026	1. EIA - (Port Health Services) 2. MOH	15,000	Government and partners

SN	Capacity requirements	Activity/ milestone	Level of implementation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
		rapid decision-making during public health events and emergencies						
	Communication link with conveyances operators	1. Develop SOPs for timely communication with conveyance operators.	National/airport	1. SOPs are in place to guide structured communication with conveyance operators.	By April 2026	1. EIA - (Port Health Services), 2. CAA	15,000	Government and partners
		2. Update/develop contact details for all conveyance operators.	Airport	2. Comprehensive and updated contact details for all conveyance operators available and displayed	By Feb 2026	1. EIA - (Port Health Services) 2. CAA	0	
	Communication link with travellers for health-related information	1. Develop SOPs for communicating health related information to travellers and stakeholders	National/airport	1. SOPs for communicating health-related information to travellers and stakeholders are available and in use	By April 2026	1.EIA - (Port Health Services) 2.CAA 3. MOH	20,000	Government and partners
		2. Regularly review and disseminate health related information and risk communication materials through various platforms and display the materials at	National/airport	2. Regularly updated and clearly displayed health and risk communication materials available and displayed throughout EIA for effective traveler and stakeholder awareness.	Continuous	1.EIA - (Port Health Services) 2. CAA 3. MOH	5,000	Government, CAA and partners

SN	Capacity requirements	Activity/ milestone	Level of implement ation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
		strategic locations within EIA						
	Communication link with service providers	1. Develop SOPs for communication with service providers	Airport	1. SOPs for communication with service providers developed.	By end of April 2026	1. EIA - (Port Health Services) 2. Service providers at EIA 3. CAA	8,000	Government, CAA and partners
		2. Update and document comprehensive contact details of all service providers	Airport	2. Updated and documented contact details of all service providers available.	By end of April 2026	1. EIA - (Port Health Services) 2. Service providers at EIA 3. CAA	0	
	Assessment of all reports of urgent events can be done within 24 hours	Develop a protocol for detecting, assessing, and timely notifying urgent public health events to relevant authorities.	National/ai rport	Protocol for detecting, assessing, and timely notification of urgent public health events to relevant authorities developed.	By end of June 2026	1. MOH 2. EIA - (Port Health Services)	15,000	Government and partners
	Communication mechanism to disseminate information and recommendations from WHO	Review and establish a structured mechanism for timely dissemination of WHO alerts, guidelines, and risk updates to port health staff	National	A structured mechanism in place for timely dissemination of WHO alerts, guidelines, and risk updates to port health staff and relevant POE stakeholders	By end of May 2026	1. MOH 2. EIA - (Port Health Services) 3. CAA	5,000	Government and partners

SN	Capacity requirements	Activity/ milestone	Level of implement ation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
		and POE stakeholders						
	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	Review and update the public health act to adequately accommodate the mandate of port health to conduct inspections of conveyances and receive reports of cases of illness on board in alignment with the revised IHR 2005	National	Reviewed public health act and rules and regulations that provide a clear mandate for implementing port health services.	By Dec 2026	1. MOH legal officer 2. Office of the Attorney General's (OAG)	40,000	Government –
	Objective 2: Strengthen core capacity at all times							
2	Assessment and care of ill travelers	1. Develop an SOP for screening and assessment of ill travellers	National	1. SOPs for screening and assessment of ill travellers developed.	By end of Mar 2026	1. EIA - (Port Health Services) 2. MOH	10,000	Government and partners
		2. Review and update the existing MOU between CAA and local/nearby health providers for timely referral of ill/suspect travellers.	Airport	2. MOU between port health and other local facilities for referral of ill travellers in place	By end of May 2026	1. EIA - (Port Health Services) 2. MOH	5,000	Government and partners
		3. Develop SOPs for referral of ill/suspect travellers to local/nearby	Regional	3. SOPs for referral of ill travellers to other local facilities available.	By end of July 2026	1. EIA - (Port Health Services) 2. MOH	6,000	Government

SN	Capacity requirements	Activity/ milestone	Level of implementation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
		health service providers						
		4. Develop guidelines for provision of healthcare to travellers	National/airport	4. Guidelines for provision of healthcare to travellers developed	By end of June 2026	1. EIA - (Port Health Services) 2. MOH	10,000	Government
	Assessment of requirements concerning vaccination or prophylaxis	1. Review the existing capabilities to do an onsite assessment of proof of vaccination and prophylaxis as recommended by WHO	Regional	1. Enhanced capabilities for onsite assessment of proof of vaccination and prophylaxis as recommended by WHO.	By end of March 2026	1. EIA port health 2. MOH	0	
		2. Train staff on onsite assessment of vaccination and prophylaxis as recommended by WHO	Regional	2. Staff trained on assessment of vaccination and prophylaxis as recommended by WHO	By end of April 2026	1. EIA - (Port Health Services) 2. MOH	6,000	Government
		3. Develop digitized traveller vaccination certification system in collaboration with other countries	Regional	3.Digitization of traveller vaccination certificates in collaborations with other countries	By end of March 2026	1. EIA - (Port Health Services) 2. MOH	5,000	Government

SN	Capacity requirements	Activity/ milestone	Level of implementation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
	Staff, equipment and premises	Expedite the establishment of port health service structure to accommodate all the functions of Port Health as a competent authority in accordance with IHR 2005	National	1. Updated staff establishment of Port Health service structure as per IHR 2005 requirements. 2. Deployment of relevant staff/personnel at port health (EIA)	By end of June 2026	1. MoH 2. EIA - (Port Health Services)	10,000	Government and Partners
	Equipment and personnel for the transport of ill travelers to an appropriate medical facility	Undertake regular sensitization sessions for ambulance personnel to ensure compliance with technical requirements	Airport	Ambulance personnel/staff sensitized on technical requirements for transportation of ill travellers	Routine	EIA - (Port Health Services)	5,000	Government
	Epidemiological situation at the point of entry	Recruit and train staff on epidemiological situation at the point of entry	National	Trained staff on epidemiological situation at the point of entry	By June 2027	1. MoH 2. Public Service 3. EIA - (Port Health Services)	TBD	Government and partners
	Staff trained on public health events	Recruit and train staff on Public Health events (Skills for detecting, reporting, assessing and providing first control measures to public health events)	National	Trained staff on Public Health events (Skills for detecting, reporting, assessing and providing first control measures to public health events)	By June 2027	1. MoH 2. Public Service 3. EIA - (Port Health Services)	TBD	Government and partners

SN	Capacity requirements	Activity/ milestone	Level of implementation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
	Staff trained on health risks from microbiological, chemical and radiological agents	Recruit and train staff on health risks from microbiological, chemical and radiological agents	National	Trained staffs on health risks from microbiological, chemical and radiological agents	By June 2027	1. MoH 2. Public Service 3. EIA - (Port Health Services)	TBD	Government and partners
	Staff trained on public health measures (disinsection, decontamination, disinfection)	Recruit and train staff on public health measures (disinsection, decontamination, disinfection)	National	Trained staff on public health measures (disinsection, decontamination, disinfection)	By June 2027	1. MoH 2. EIA - (Port Health Services) 3. CAA	TBD	Government and Partners
	Staff trained on testing and sampling techniques of water, food, air	Recruit and train staff on testing and sampling techniques of water, food, air	National	Staff trained on testing and sampling techniques of water, food, air in place	By June 2027	1. MoH 2. EIA - (Port Health Services) 3. CAA	TBD	Government and Partners
	Knowledge on bio-safety procedures, equipment, medical chest and environmental requirements for medical facilities on board.	Train staff on bio-safety procedures, equipment, medical chest and environmental requirements for medical facilities on board.	National	Trained staff on bio-safety procedures, equipment, medical chest and environmental requirements for medical facilities on board in place.	By June 2026	1. MoH 2. EIA - (Port Health Services) 3. CAA	20,000	Government and Partners
	Knowledge and capacity for detection, assessment and recommended control measures for present and potential	Recruit and train staff on detection, assessment and recommended control measures for present and potential risks from air quality.	National	Trained staff on detection, assessment and recommended control measures for present and potential risks from air quality in place.	By June 2027	1. MoH 2. EIA - (Port Health Services) 3. CAA	TBD	Government and Partners

SN	Capacity requirements	Activity/ milestone	Level of implementation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
	risks from air quality.							
	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	Recruit and train staff on 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	National	Trained staff on 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 in place	By June 2027	1. MoH 2. EIA - (Port Health Services) 3. CAA	TBD	Government and Partners
	Inspection programs at points of entry developed including procedures/Manuals for inspection and staff trained on inspection	Recruit and train of staff on inspection programs at points of entry develop procedures/manuals for inspection and staff trained on inspection	National	Trained staff on inspection programs at points of entry developed including procedures/manuals for inspection and staff trained on inspection	By June 2027	1. MoH 2. EIA - (Port Health Services) 3. CAA	TBD	Government and Partners
	Demonstrable knowledge of application and correct use of PPEs.	Recruit and train staff on the application and correct use of PPEs.	National	Trained staff on the application and correct use of PPEs in place	By June 2027	1. MoH 2. EIA - (Port Health Services) 3. CAA	TBD	Government
	Harmful contamination other than microbial contamination, such as radio-nuclear sources	Recruit and train staff on harmful contamination other than microbial contamination,	National	Staff trained on harmful contamination other than microbial contamination, such as radio-nuclear sources	By June 2027	1. MoH 2. EIA - (Port Health Services) 3. CAA	TBD	Government

SN	Capacity requirements	Activity/ milestone	Level of implementation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
		such as radio-nuclear sources						
	Facilities, equipment and supplies for use by inspection staff such as 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.	Procure relevant equipment and supplies for use by inspection staff	National	Relevant equipment and supplies procured for use by inspection staff	By June 2026	1. MoH 2. EIA - (Port Health Services) 3. CAA	TBD	Government
	To provide as far as practicable program and trained personnel for the control of vector and reservoirs in and near points of entry	Recruit and train personnel for the control of vector and reservoirs in and near points of entry	National	Trained personnel for the control of vector and reservoirs in and near points of entry in place	By June 2027	1. MoH 2. EIA - (Port Health Services) 3. CAA	TBD	Government

SN	Capacity requirements	Activity/ milestone	Level of implementation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
	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.	Recruit and train an adequate number of staff on detection and control public health risks of vectors and reservoirs as well as to oversee and audit services and facilities of the point of entry.	National	Adequate number of trained staff on detection and control public health risks of vectors and reservoirs as well as to oversee and audit services and facilities of the point of entry in place	By June 2027	1. MoH 2. EIA - (Port Health Services) 3. CAA	TBD	Government
	Monitoring of vectors in the point of entry facilities and in the surrounding area of at least 400 meters from the terminal. Monitoring is continuously done on site: vectors and reservoirs are detected, identified, tested for pathogens and controlled.	Conduct training of staff on monitoring of vectors in the point of entry facilities and in the surrounding area of at least 400 meters from the terminal.	National	Trained staff on monitoring of vectors in the point of entry facilities and in the surrounding area of at least 400 meters from the terminal in place.	By June 2026	1. MoH 2. EIA - (Port Health Services) 3. CAA	20,000	Government and Partners

SN	Capacity requirements	Activity/ milestone	Level of implementation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
	Dedicated space, equipment and supplies for use by vector and reservoir control staff. Dedicated and secure space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies,	Dedicate and secure space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies.	National	Dedicated space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies in place	By March 2026	1. MoH 2. EIA - (Port Health Services) 3. CAA	0	
	Objective 3: Strengthen core capacity for responding to events that may constitute a PHEIC							
3	Multi-sectoral Public Health emergency contingency plan updated regularly, integrated with other plans and regularly tested through simulation exercises	Develop a Multi-hazard Public Health Emergency Contingency Plan which incorporates both biological and non-biological hazards	National/airport	Multi-sectoral Public Health Emergency Contingency Plan which incorporates both biological and non-biological hazards in place	By March 2026	1. MoH 2. EIA - (Port Health Services) 3. CAA	10,000	Partners

SN	Capacity requirements	Activity/ milestone	Level of implementation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
	Key info regarding transportation of affected travelers: List of all facilities, address and distance from the PoE and map where suspected travellers are to be taken	1. Review and update the existing MoU between CAA and local health facilities 2. Review and update list of all facilities complete with maps and their distances from the EIA	National	1. Updated MOU between CAA and local health facilities. 2. An updated list of all facilities complete with maps and their distances from the EIA	By March 2026	1. EIA - (Port Health Services) 2. CAA 3. Local Health facilities	0	
	Assessment, care and isolation of affected animals and humans	Develop SOPs for assessment, care and isolation of affected animals and humans	National	SOPs for assessment, care and isolation of affected animals and humans developed	By June 2026	1. EIA - (Port Health Services) 2. MAAIF	20,000	Partners
	Appropriate space for interviews of suspected travelers	Designate an adequate space for an interview of suspected ill travelers. (a) Install hand washing facilities (b) Create clear entry and independent exit passages	National	Appropriate space for interview of suspect travellers designated	TBD	EIA - (Port Health Services)	TBD after expansion of the airport terminals is completed	
	Assessment and quarantine of suspect travelers	Develop and implement administrative procedures for the quarantine of suspect travelers.	National	Administrative procedures for the quarantine of suspect travelers developed.	By end of March 2026	1. EIA - (Port Health Services) 2. IHR/NFP MOH	0	

SN	Capacity requirements	Activity/ milestone	Level of implementation	Expected output	Time frame	Responsible authorities	Budget (USD)	Source of funds
	Measures to disinfect, derat, decontaminate baggage, cargo, conveyances etc	1. Finalize SoPs to disinfect, derat, decontaminate baggage, cargo, conveyances 2. Disseminate SOPs to stakeholders	National	SOPs for disinfecting, derating, and decontaminating baggage, cargo, and conveyances are developed and disseminated to stakeholders.	By June 2026	EIA - (Port Health Services)	20,000	Partners
	Entry or exit control for travelers	Finalize SOPs for entry or exit control of travellers at EIA	National	SOPs for entry and exit control of travellers are finalized and available for operational use	By end of March 2026	EIA - (Port Health Services)	10,000	Partners
Total							**300,000**	

Jomo Kenyatta International Airport

SN	Capacity Requirements	Activity / Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
Objective 1: Strengthen core capacity for coordination and communication at the PoE								
1	International communication link with other Points of Entry abroad	Develop and endorse an international communication protocol for timely PoE-to-PoE information sharing	Regional	International PoE-to-PoE communication protocol developed, endorsed and shared among countries	3 months	ECSA-HC, MoH, IHR NFP, Port Health	20,000	Government and partners
		Obtain contact directory of port health officers in charge of all air destinations globally through the upcoming CAPSCA meeting by ICAO	National	Comprehensive global contact list of Port Health Officers compiled and disseminated	1–3 months	ECSA-HC, ICAO, MoH	5,000	Government and partners

SN	Capacity Requirements	Activity / Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
2	National communication link with competent authorities at national, intermediate and local levels	Prepare a comprehensive protocol for national, local and PoE-to-PoE level of communication	National	National communication protocol approved and distributed to all levels	3 months	MoH, KNPHI, POEs and SCMOHs	15,000	Government and partners
3	Direct operational link with senior health officials	Develop SOP / protocol for direct operational linkage with senior health officials	National	SOP for rapid decision-making and escalation pathway finalized	2 months	MoH, PHEOC	20,000	Government and partners
4	Communication link with conveyance operators	Develop SOP/protocol for communication with conveyance operators	National	Communication procedure approved and implemented	2 months	KAA, KCAA, Port Health	20,000	Government
		Update the list to include agents and legal representatives of all conveyance operators abroad	National	Updated and validated directory of operators and agents	1–2 months	KAA, KCAA, Port Health	8,000	Government
		Test the procedure and updated list through SIMEX	National	SIMEX conducted and gaps identified for improvement	Within 6 months	MoH, PHEOC, Port Health	20,000	Government
5	Communication link with travelers for health-related information	Coordinate with KAA to display Port Health contact numbers at key terminal locations	National	Port Health contact information visibly displayed in terminals	1 month	KAA, Port Health Office	0	

SN	Capacity Requirements	Activity / Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
6	Communication link with service providers	Develop procedure and establish means of communication with service providers found on both the air and land side of the terminal	National, PoE level	Documented communication mechanism with service providers	2 months	KAA, KCAA, Port Health	15,000	Government
		Print and distribute the RING card to all service providers	PoE level	RING cards distributed and in use	1 month	Port Health Office	10,000	Government and partners
8	Communication mechanism for dissemination of WHO information and recommendations	Develop SOP for receiving and dissemination of WHO alerts and recommendations	National	SOP approved and operationalized	2 months	MoH, EPHI, IHR Focal Point	20,000	Government and partners
Objective 2: Strengthen core capacity at all times (routine)								
9	Assessment and care of ill travelers (Staff)	Request for recruitment to the Ministry of Health.	National	Deployed staff	6 months	Port Health	TBD	Government
10	Procedures for translations/interpretations	1. Develop, approve SOPs and establish translation and interpretation services at PoE. 2. Hire staff, train translators and interpreters	National	1. Approved translation and interpretation SOPs. 2. Functional translation and interpretation services	6 months TBD	Port Health and MoH Port Health and MoH	20,000 TBD	Government Government
11	Equipment	Procure standard air quality monitoring equipment (such as portable	National	Air quality equipment at PoE	6 months	MoH	TBD	Government

SN	Capacity Requirements	Activity / Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
		PM/CO_2/chemical sensors).						
	Assessment of requirements concerning vaccination or prophylaxis	Train staff on onsite assessment of vaccination and prophylaxis as recommended by WHO.	National	Trained staff	3 months	Port Health, MoH	20,000	Government and partners
		Develop verification mechanism/proof of vaccination for vaccination happening in different countries	Regional	Established mechanisms on proof of verification	6 months	MoH, Port Health, ECSA-HC	20,000	Government and partners
12	Trained personnel for the inspection of conveyances	Organize specialized aircraft inspection training and certification through WHO/ICAO-recognized institutions.	Regional	Trained personnel to conduct conveyances inspection	6 months	WHO/ICAO, MoH, Port Health, ECSA-HC	20,000	Government and partners
	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	Train staff on epidemiological situation	National	Trained staff	6 months	Port Health	20,000	Government and partners

SN	Capacity Requirements	Activity / Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	use the point of entry;							
13	Understanding correct practices of air quality management.	Conduct training on transmission pathways (air, water, food, waste, vectors, environment), including air safety.	National	Trained personnel on air quality management	3 months	MoH	20,000	Government and partners
14	Knowledge of potential risks from recreational swimming and spa areas on board and methods and systems for detection, assessment and recommended control measures.	Train the port health team on methods and systems for detection, assessment swimming pools and spas	National	Trained personnel	3 months	Port health and MoH	TBD	Government and partners
15	Knowledge of requirements, bio safety procedures, equipment, medical chest and environmental requirements for medical facilities on board	Train staff on bio safety procedures, equipment, medical chest and environmental requirement	National	Trained personnel	3 months	Port Health, MoH	20,000	Government and partners

SN	Capacity Requirements	Activity / Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
16	Human remains (current, regularly updated, documented and tested procedures are in place for monitoring human remains departing and arriving from affected areas)	Updated the current SOP to include procedures for handling outgoing human remains and designate holding area for human remains.	National	Updated SOP and designated holding area for human remains.	3 months	Port Health, MoH	15,000	Government and partners
17	Documented, tested, and updated water safety programme	Develop, approve and establish water safety programme	National	Approved water quality monitoring plan	6 months	Port Health, KAA	20,000	Government
		Perform regular chemical water testing	National	Routine chemical water quality testing	3 months	Port Health, KAA	15,000	Government
		Perform regular microbiological water quality testing at the source	National	Routine microbiological water quality testing water quality	3 months	Port Health, KAA	15,000	Government
	Food establishments approved by relevant health administration and under supervision of competent authority, and are regularly monitored, records and testing results are	Conduct regular independent food testing. Competent authority to collect and test samples	National	Routine food testing results	2 months	Port Health, MoH/National Public Health Laboratory	10,000	Government

SN	Capacity Requirements	Activity / Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	documented and available							
18	Waste management quality monitoring programme, destination of solid and liquid waste generated at the PoE,	Establish a wastewater treatment programme, (treatment site, testing)	National	Programme for management of wastewater	1 year	KAA, MoH, Port Health, Ministry of Climate change, and Forestry.	TBD	Government
		Develop wastewater management SOPs;	National	Wastewater management SOPs;	3 month	MoH, Port health	20,000	Government
19	Sufficient number of staff for inspections Access to appropriate number of trained personnel assigned for these duties, in relation to volume and frequency of travelers and complexity of the point of entry	Submit request for recruitment inspectors	National	Deployed staff	1 year	Port Health, MoH	TBD	Government
	Harmful contamination other than microbial contamination, such as radio-nuclear sources: Staff trained on	Train staff on how to detect radiological risks and microbial contamination	National	Trained staff	3 month	Port Health, MoH	30,000	Government

SN	Capacity Requirements	Activity / Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	how to detect radiological risks and microbial contamination							
	Facilities, equipment and supplies for use by inspection staff	Procure vector control devices and supplies.	National	Procured vector control devices and supplies	6 months	Port Health, MoH	30,000	Government and partners
		Update guidance materials and technical information sources	National	Updated guidance materials and technical information sources	3 months	Port Health, MoH	20,000	Government and partners
	To provide as far as practicable program and trained personnel for the control of vector and reservoirs in and near points of entry	Review and revise vector control plan; align with port health related vectors and reservoirs.	National	Revised and updated vector control plan	3 months	Port Health, MoH	20,000	Government and partners
Objective 3: Strengthen core capacity for responding to events that may constitute a PHEIC								
	Multisectoral Public Health emergency contingency plan updated regularly, integrated with other plans and regularly tested through	Conduct a multi-hazard strategic risk assessment, review and update the existing PHERP	National	A multi-hazard PHERP	3 months	Port health and MoH	65,000	Government and partners

SN	Capacity Requirements	Activity / Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	simulation exercises							
	Key info regarding transportation of affected travelers	Develop and disseminate updated directory (contacts, maps, distances) with all relevant personnel.	National	An updated directory disseminated to all relevant personnel	1 month	Port Health	0	
	Assessment, care and isolation of affected humans and animals	Upgrade the available isolation space for humans	National	Upgraded isolation space	6 month	Port health and MoH	TBD	Government and partners
	Appropriate space for interviews of suspected travelers	Modify the existing space to ensure traveler privacy and appropriate for interviews.	National	Appropriate space to interview suspected travelers	3 months	Port Health and MoH	TBD	Government
	Location for application of recommended measures - designated, for: disinsecting, deratting, disinfecting, decontaminating	Designate location for disinfection and decontamination for cargo and goods	National	Designate location for disinfection and decontamination for cargo and goods	3 months	Port Health	TBD	Government

SN	Capacity Requirements	Activity / Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	To provide access to specially designated equipment and to trained personnel using appropriate personal protection, for the transfer of travelers who may carry infection or contamination	Train the personnel who recently joined in using appropriate personal protection.	National	Trained the personnel	1 month	Port Health, MoH	10,000	Government and partners
Total							**563,000**	

Julius Nyerere International Airport

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	Objective 1: Strengthen core capacity for coordination and communication at the PoE							
1	International communications link with other points of entries abroad	Develop comprehensive contact details for 50 destinations which includes names of	Airport	Availability of contact details at port health		Port Health in charge	0	Government & Partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
		port health in charges and their emails.						
		Develop SoPs in collaboration with other countries mandating sharing of information among port health officers at international airports.	Regional	Signed SoP in place		MOH- Port Health	50,000	Government & Partners
	National communication link with competent authorities at other points of entry; national, intermediate and local levels	Develop and display the updated contact details which includes members of IHR NFP, other sectors with their phone numbers and emails)	Airport	Updated contact details		Port health in charge	1000	Government & Partners
	Direct operational link with other senior health officials	Develop and test procedures for direct communication with senior health officials for rapid decision approval, risk assessment and implementation of urgent control measures	National level	Tested procedures in place		MOH-Port Health	20,000	Government & Partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	Communication link with conveyances operators	Develop and display the updated comprehensive list of airlines with inclusion of emails and names of station managers	Airport	Comprehensive list of airlines with their contact details available		Port health in charge	0	Government & Partners
		Develop procedures for communication with airlines for advance notice of control measures.	National	Tested procedures in place		MoH-Port Health	10,000	Government & Partners
	Communication link with travellers for health-related information	Develop displays of contact details of port health office for use by travelers at different service points in JNIA	Airport	Availability of display at departure, arrival, cargo		Port Health Incharge	5000	Government & Partners
	Communication link with service providers	Provide contact details of port health to all service providers.	Airport	All service providers provided with contacts of port health		Port Health Incharge	0	
		Develop procedures for communication with service providers for application of control measures	National level	Procedures in place		MOH-Port Health	10,000	Government & Partners
	Objective 2: Strengthen core capacity at all times							

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	Assessment and care of ill travellers	Develop guidelines for provision of healthcare to travellers.	National level/Regional	Signed guideline in place		MOH	30,000	Government & Partners
	Assessment of requirements concerning vaccination or prophylaxis	Develop digital traveller vaccination certificates in collaboration with other countries	National level/Regional	Digital system deployed		MOH -Port Health		Government & Partners
	Staff, equipment and premises	Hire adequate staff for handling the expanding requirement of the airport.	National level	Adequate staff employed		MOH -Port Health		Government
		Train port health staff on multilingual (Chinese, French etc.)	National level	At least 10 staff trained		MOH -Port Health		Government & Partners
		Installation of interview rooms/Cubes at both terminals for arrival and departure areas	Airport	Availability of interview room at strategic locations		TAA &MOH	150,000	Government & Partners
		Designate/construct temporary isolation rooms at all terminals.	Airport	Availability of isolation room at all terminals		TAA &MOH	50,000	Government & Partners
	Trained personnel for the inspection of conveyances	Conduct training to port health staff on technical inspection of aircrafts.	National level/Regional	Port health staff trained		MoH	50,000	Government & Partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	Epidemiological situation at the point of entry	Conduct training to port health staff on Epidemiological situations including cross border common public health risks	National	Port health staff trained		MoH	30,000	Government & Partners
	Staff trained on public health events	Train port health staff on food and water safety management	National	Port health staff trained		MoH	20,000	Government & Partners
	Staff trained on health risks from microbiological, chemical and radiological agents	Train port health staff on health risks from microbiological, chemical and radiological agents	National	Port Health staff trained		MoH	20,000	Government & Partners
	Staff trained on testing and sampling techniques of water, food, air	Train port health staff on testing and sampling technique of Water, food and air	National	Port Health staff trained		MoH	20,000	Government & Partners
	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.	Conduct refresher training to port health staff on swimming pool and Spa	National	Port Health staff trained		MoH	20,000	Government & Partners
	Knowledge of requirements, bio safety procedures, equipment, medical chest and environmental requirements for medical facilities on board, according to the size,	Conduct training to port health staff on emergencies management of medical facilities on board.	National	Port Health staff trained		MoH	30,000	Government & Partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	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							
	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	Procure equipment for air quality monitoring	National	Air quality equipment available		MoH	30,000	Government & Partners
		Train port health staff on air quality monitoring	National	port health staff		MoH	20,000	Government & Partners
	A documented, updated and tested water safety programme	Develop, train, test and operationalize water safety plans	National	Port health staff		MoH &WHO	60,000	Government & Partners
	Consistent with volume of travellers, good operational condition and hygienically clean.	Rehabilitate toilets including the urinals at terminal three.	Airport	Toilets rehabilitated and O&M available		TAA &Port health for follow up		
	Documented and updated solid and liquid waste management and supervised by port health	Develop liquid waste management plan	Airport	Plan available		TAA& MOH-Port health	20,000	
		Construct standard incinerator at terminal three	Airport	Standard incinerator in place		TAA	100,000	Government
		Develop procedures for monitoring effluent.	National	Procedures in place		MoH	20,000	Government & Partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	Documented, tested and updated indoor air quality monitoring plan and the monitoring done by port health	Develop and test indoor air quality monitoring plan	Airport	Procedures in place		MoH & TAA	30,000	Government & Partners
	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	Upgrade the human remain database to capture departure and arrival	National	Afyamsafiri updated		MOH & Port Health JNIA	10,000	Government & Partners
	Inspection programs at points of entry developed including procedures/Manuals for inspection and staff trained on inspection	Hire more staff along with the expansion of the airport	National	Adequate staff available		MOH	10,000	Government & Partners
	Harmful contamination other than microbial contamination, such as radio-nuclear sources	Train port health officers on chemical and radiological management	National	Port health trained		MoH	20,000	Government & Partners
		Procure equipment for monitoring chemical and radiological materials	National	Port health trained		MoH, GCLA and TAEC	50,000	Government & Partners
	Facilities, equipment and supplies for use by inspection staff such as communication devices, testing and sampling supplies and equipment, updated guidance tools and other technical information sources, personal protective	Procure vector control devices, RDT for water quality testing, and Lovibond devices for hygiene checks	National	Port health trained		MoH	200,000	Government & Partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	equipment, vector control devices and supplies, records/data collection storage and forms; etc.							
	To provide as far as practicable program and trained personnel for the control of vector and reservoirs in and near points of entry	Develop the plan for integrated vector surveillance and control at JNIA	TAA	Port health trained		Port Health In charge &TAA	20,000	Government & Partners
	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.	Train staff on vector surveillance and control (The staff will establish the vector control unit at JNIA)	National	Port health trained		MoH	50,000	Government & Partners
	Monitoring of vectors in the point of entry facilities and in the surrounding area of at least 400 meters from the terminal. Monitoring is continuously done on site: vectors and reservoirs are detected, identified, tested for pathogens and controlled.	Conduct periodic survey for vector monitoring	Airport	Surveys conducted		Port Health JNIA		TAA

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	Dedicated space, equipment and supplies for use by vector and reservoir control staff. Dedicated and secure space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies	Secure space/room for use by vector control staff	Airport	Dedicated room secured		TAA &Port Health		TAA
	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)	Develop procedures for disinsection of aircraft and integrate into airport vector surveillance and control plan	National/Regional	Procedures in place		MOH	30,000	Government & Partners
	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	Develop procedures for aircraft health clearance and granting of free pratique.	National	Procedures in place		MOH-Port Health	20,000	Government & Partners
	Objective 3: Strengthen core capacity for responding to events that may constitute a PHEIC							

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
3		Finalize and sign draft airport multihazard public health emergency plan	Airport	Signed plan		TAA& Port Health	15,000	Government & Partners
	Periodic training and drill exercises to familiarize the public health contingency plan and their respective roles.	Conduct simulation exercises according to the schedule outlined in the plan.	Airport	Simulation exercises conducted		Port Health& TAA	30,000	TAA
		Conduct orientation to all stakeholders on multi-hazard contingency plan	Airport	Simulation exercises conducted		Port Health& TAA	30,000	TAA
	Availability of holding facility at the airport, and administrative arrangement with local authorities for isolation and treatment of affected travellers including diagnostics.	Designate space/construct holding facilities at all terminals of the airport	Airport	Holding facilities in place		TAA	50,000	TAA
	Written formal agreement with veterinary centers for diagnosis and assessment of affected animals. Staff trained on infection control and available onsite or on call Standby infection control plan.	Develop animal's infection control plan	Airport	Plan in place		MLF&TAA	15,000	Government
		Procure equipment, cleaning materials and PPEs for management of animals including disinfection	National	Equipment and PPEs available.		MLF	100,000	Government & Partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	Documented administrative arrangement for safe transportation of affected animals. Cleaning and disinfection supplies and personnel familiar with the procedures.	Finalize the SoPs for transportation of affected animals to veterinary centers.	National	SOPs signed		MLF	10,000	Government & Partners
		Train animal health inspectors on disinfection method	National	Staff trained		MLF	20,000	Government & Partners
	Presence of SOP for application of control measures at interview rooms (secondary screening)	Develop procedures specific for the interview room.	National	Staff trained		MoH	20,000	Government & Partners
	Assessment and quarantine of suspect travelers (Administrative arrangement and a written formal agreement in place with local or nearby health facility to receive suspected travellers from the PoE)	Designate and document facilities for quarantine of travelers	National	List at JNIA of designated quarantine facilities available.		MOH & Port Health JNIA	0	
	Measures to disinfect, derrat, decontaminate baggage, cargo, conveyances etc.	Identify and locate areas for application of public health measures for baggage, cargo, containers, goods and postal parcels	Airport	Designated locations identified		Port Health In charge &TAA	0	
	Adequate number of trained staff on application of public health measures consistent	Train staff on application of public health measures	National	Staff trained		MOH	30,000	Government & Partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	with technical requirements in a timely manner.							
	PPEs available for application of public health measures	Procure PPEs for application of public health measures.	National	Adequate PPEs available		MOH	40,000	Government & Partners
	Plan for conducting entry and exit screening of travelers	Prepare schedule for calibration of thermal scanners and maintain data of calibration and sticker (date calibrated and next calibration)	Airport	Schedules		Port health in charge	0	
		Train staff on the equipment and on conducting entry and exit training.	National	Trained staff available		MOH	30,000	Government & Partners
	Personnel trained on PPEs and disinfection techniques	Train staff on PPEs and disinfection especially newly recruited.	National	Trained staff available		MOH	30,000	Government & Partners
Total							**1,626,000**	

Bole International Airport

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
Objective 1: Strengthen core capacity for coordination and communication at the PoE								
1	International communications link with other points of entries abroad	Collaborate with aviation and IHR NFP to obtain contact details of port health officers in charge of 136 destinations visited by Ethiopian airlines	National	Availed contact details of port officers in charge of 136 destination and others(forecast)	Q1 of 2026	EPHI(TBHD, IHR NFP),ECAA and EAG	0	
		Collaborate with ECAA to develop communication protocol through collaborative arrangement for the prevention and management of public health events in civil aviation (CAPSCA) workshop going to be hosted by ECAA.	National	Developed and agreed protocol for communication with competent authorities abroad	Q2 of 2026	ECAA, and EPHI	540,000	Govt. and or partners
2	National communication link with competent authorities at other points of entry; national, intermediate and local levels	Compiling contact detail of National PoEs, Regional and district health authorities	National Regional Local	Availed contact detail of MOH, EPHI, 12 PoEs in Ethiopia,12 Regional health office and 2 city administration health offices, 2 regional public health institutes, and 11 sub cities of AA and other including	Q1 of 2026	TBHD and BIA	0	-

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
				MOA, EPA, ETA,EFDA,EPSA				
		Develop communication procedure	National	Developed communication SOP	Q1 of 2026	TBHD and BIA	15000	-
3	Direct operational link with other senior health officials	Develop and print procedural documents (SOP) for direct communication b/n Port Health officer and senior health officials (2 round for 60 participants)	National	Approved SOP of direct communication with senior health officials	2026/27 (Quarter 2)	MOH, EPHI, TBHD. BIA	15,000	Govt. and / Or partners
4	Communication link with conveyances operators	Compile and maintain contact details of conveyance operators at BIA port health	BIA	contact details available of all conveyance operators at BIA	Q1 of 2026	ECAA, EPHI/Port health at BIA, EAG	0	-
		Conduct 2 round workshop for a total of 60 participants to develop SOP for conveyance operators communication	National	Developed SOP for conveyance operators	Q3 of 2026	EPHI/BIA port health	15,000	EPHI
		share contact details of BIA port health for conveyance operators	BIA	shared contact details of BIA port heath at conveyance operators	Q1 of 2026	BIA port health	0	-
5	Communication link with travellers for health-related information	Engage the ICT team to integrate the EPHI website with the airline's official webpage to facilitate accessibility of health related information	National	EPHI Website availed on airline's official webpage to facilitate accessibility of health-related information	Q4 of 2026	EPHI/BIA/EAG	0	-

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
		Procure floor stand digital display	National	Availed ten floors stand digital display placed at international arrival 5, on at transit area,2 at departure ,2 at domestic and 1 at BIA port health office	2026	EPHI	8000	Govt and /or partner
		Conduct 2 round workshop for total 60 participants to develop SOP for communication with travellers for health-related information	National	Developed SOP for communication with travellers health-related information	Q4 of 2026	EPHI	15,000	EPHI
		Communicate Health related information though digital platforms for travellers	National	Availed Digitalized platform for health-related information for travellers	Q1 of 2026	EPHI/EAG	0	-
6	Communication link with service providers	Compile comprehensive contact List of service providers (hotels, food establishments, taxi drivers, cleaning service providers, waste handlers, etc.) at BIA port health	BIA	Compiled comprehensive contact list of service providers at BIA port health	Q2 of 2026	BIA port health and BIA	0	-
		Conduct 2 round workshop for total 50 participants to develop SOP for communication with service providers	National	Developed SOP for communication with service providers	Q2 of 2026	BIA port health and BIA	12,000	EPHI

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
		Share contact details of BIA port health for Service providers	BIA	Shared contact details of BIA port heath at service providers	Q1 of 2026	BIA port health	0	-
7	Communication mechanism to disseminate information and recommendation from WHO	Conduct 2 round workshop for a total of 40 participants to Develop and print SOP for communication mechanism on dissemination of WHO recommended information at BIA port health	National	A developed SOP for communications and dissemination information and recommendations of WHO to stakeholders	Q2 of 2026	EPHI/Port health at BIA	10,000	GVT and or Partners
8	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	Conduct 3 rounds workshop for a total of 90 participants to Develop directives for conveyance inspection and receive report for BIA health team	National	Developed directives for conveyance inspections	Q1 of 2026	EPHI	20,000	Govt/partners
		Conduct 2 round workshop for a total of 60 to develop SOP to inspect arriving and departing conveyances	National	Developed SOP for conveyances inspection	Q1 of 2026	EPHI	15,000	Govt/partners
Objective 2: Strengthen core capacity at all times								
1	Assessment and care of ill travellers	Hire 3 pharmacy professionals for BIA mini store management	BIA port health	Availed 3 hired pharmacy health professional dedicated for mini store management at BIA port health	2026	BIA port health	15,000	EPHI

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
		Conduct 2 round develop and implement a (SOP) between BIA port health and the airline medical unit for timely communication and reporting of suspected public health events	National	Developed and agreed SOP for timely communication and reporting of suspected cases	Q3 of 2026	· Ethiopian public health institute · Ethiopian airlines group	10,000	EPHI
		Avail a go bag kit for rapid response to suspected public health events (List essential medicines, PPE, diagnostic tools, disinfectants) for BIA port health	BIA POE	Availed list of public health emergency kit	Q1 of 2026	BIA port health	5000	EPHI
		8 Procure digital thermos canner	National	Availed Procured digital thermo- scanner	2027	EPHI/MOH	400,000	Gvt/partner
		Biannual calibration of digital thermo scanner	National	Availed calibrated digital thermo scanner	2026-2030	EPHI	40,000	Gvt/partner
		Train 42 BIA port health staffs on public health emergency kit	National	Availed 42 trained staffs on public health emergency kit at BIA	Q3 of 2026	Ethiopian public health institute	15000	EPHI
2	Documented key information regarding medical and diagnostic facilities	Create and compile comprehensive list of referral health facilities and isolation centres for key information regarding route, distance of medical	BIA port health	Availed documented comprehensive list of referral facilities and diagnostic centers with identified route and distance	2026	·BIA port health ·Ethiopian public health institute	0	EPHI

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
		and diagnostic facilities for BIA port health				·Ministry of health ·Regional health Bureau		
3	Staff, equipment and premises	Provide one round training for 19 newly assigned staffs on assessment and care of ill travellers at BIA port health	National	Documented training profile that newly staffs trained on assessment and care of ill travelers at BIA port health	2026	EPHI /medical service	5000	EPHI and partners
		Conduct regular refresher training and simulation exercises for BIA port health staffs	National	Documented and availed	2026-2030	EPHI	100,000	EPHI and partners
		Develop and get approved standard for staffing and structure of BIA port health	National	Availed approved standard for staffing and structure	2026	·Ethiopian public health institute ·Ethiopian civil service commission	1500	EPHI
		Recruit and deploy additional doctors, nurses, health officers, Environmental officers, Laboratory, cleaner HR, cashiers, EMT, HIT, mental health professionals, Nutritionists, Water engineer, chemical engineer, Drivers to meet	National	Availed sufficient staffs for the tasks at BIA port health	2026	· EPHI · Civil service commission	600,000	EPHI and partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
		international standards etc. (63 staffs) for BIA port health						
		Develop key public health information, health declaration forms into priority languages (Portuguese, French, Chinese and Arabic) for six BIA port health staffs	National	Availed translated banners posters and health declaration forms	2026	· Ethiopian public health institute · Ethiopian airlines group (customer care and terminal operation)	1500	EPHI
		Renovate office for staffs and vaccination room for BIA port health office	National	Availed separated rooms for staffs and for vaccination at BIA port health	2026	· Ethiopian public health institute · Ethiopian airlines group (customer care and terminal operations)	2000	EPHI
		Procure large screen television for information capturing, update and breaking news on outbreaks for BIA port health	BIA port health	Availed television for information capturing, update and breaking news on outbreaks for BIA port health	2026	· Ethiopian public health institute	2000	EPHI
		Install 8 screening counter at arrival and departure terminal	National	Availed counter	2026	· Ethiopian public health institute	4000	

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
		Install prefabricated six dedicated spaces for private interview of suspected travellers at arrival at BIA	BIA port health	Availed six dedicated spaces for private interview of suspected travelers at BIA	2026	Ethiopian public health institute Ethiopian airlines group (customer care and terminal operations)	5000	EPHI
	Equipment and personnel for the transport of ill travellers to an appropriate medical facility	Assign standby ambulance at BIA for transport of suspected travellers to appropriate medical facility Assign and train staffs on safe transport of suspected travellers for BIA Develop MOU and agree on utilization of the airline medical unit ambulance for transportation of suspected travellers	BIA port health	Availed standby ambulance at BIA Availed assigned trained and skilled staff for safe transportation of suspected travelers Availed signed MOU on utilization of airline medical unit ambulance for transport of suspected travelers	2026	Ethiopian public health institute Ethiopian airlines group	1000	EPHI
	Trained personnel for the inspection of conveyances	Conduct 2 round training on conveyance inspection for 42 BIA port health staffs	National	Availed 42 trained staffs for conveyance inspection	2026	Ethiopian public health institute	15,000	EPHI and partners
		Develop standard checklist and SOP for conveyance inspection for conveyance inspection at BIA	BIA port health	· Availed standard checklist and SOP for conveyance inspection	2026	Ethiopian public health institute	5000	EPHI and partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	Epidemiological situation at the point of entry	Provide training for 60 port health and medical unit staffs on emergency-epidemiological situations for BIA	National	Availed 60 port health and medical unit staffs on emergency-epidemiological situations at BIA	2026	Ethiopian public health institute	15,000	EPHI and partners
		Develop information sharing platform (telegram group) between medical and the port health at BIA for communicable diseases	BIA port health	Availed updated information sharing platform between port health and medical unit	2026	BIA port health Medical unit	0	
	Staff trained on public health events	Provide regular annual training detecting reporting and assessing on public health emergencies for 60 staffs at BIA port health	National	Availed all staffs trained on public health emergencies	2026-2030	Ethiopian public health institute	100,000	EPHI and partners
	Staff trained on health risks from Microbiological, Chemical and Radio-nuclear agents	Provide two round training in collaboration with ETA for 60 BIA health staffs and health port emergency team on detection and response to risks from Microbiological, chemical and radio-nuclear (CBRN) agents	National	Availed trained staffs for detection of Microbiological, chemical and radio-nuclear (CBRN) at BIA	2026	Ethiopian public health institute	20,000	EPHI and partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
		Procure 3 CBRN detection and monitoring equipment	National	Availed CBRN detection and monitoring equipment	2027	EPHI	500,000	
		Experience sharing for 10 health professionals from other country who is good by CBRN activities	International /National	Skilled health professionals	2028	EPHI	200,000	
	Staff trained on public health measures (disinsection, decontamination, disinfection)	Conduct two round training for 60 BIA PoE health staffs and health port emergency team on disinfection, decontamination, disinfection) activities	National	Availed trained staffs that can apply appropriate measures like disinsections disinfection and decontamination process.	2026	Ethiopian public health institute	30,000	EPHI and partners
	Staff trained on testing and sampling techniques of water, food, air	Conduct three round training for 90 BIA PoE health on testing and sampling techniques of water, food and air safety	National	Availed trained 90 BIA PoE health on testing and sampling techniques of water, food and air safety	2026	Ethiopian public health institute	30,000	EPHI and partners
	Knowledge on bio-safety procedures, equipment, medical chest and environmental requirements for medical facilities on board.	Conduct two round training for 60 BIA PoE health on bio-safety procedures, equipment, medical chest and environmental requirements for medical facilities on board.	National	Availed trained 60 BIA PoE health on bio-safety procedures, equipment, medical chest and environmental requirements for medical facilities on board.	2026	Ethiopian public health institute	30,000	EPHI and partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	Knowledge and capacity for detection, assessment and recommended control measures for present and potential risks from air quality.	Conduct training for 30 BIA health Staffs and port \health emergency team on indoor air quality assessment and monitoring including use tools for air quality monitoring	National	Availed staffs with Capacity for detection, assessment and recommended control measures for present and potential risks from air quality.	2026	Ethiopian public health institute Ethiopian airlines group Ethiopian environmental protection authority	20,000	EPHI and partners
	Inspection programs at points of entry developed including procedures/Manuals for inspection and staff trained on inspection	· Provide training for 30 Bia \health Staffs BIA staffs on inspection program · Develop/update inspection SOP	National	· Initiated regular inspection program · Documented SOP for Inspection program		Ethiopian public health institute	20,000	EPHI and partners
	Demonstrable knowledge of application and correct use of PPEs.	Conduct training for 30 BIA Health staffs on the use of personal protective equipment including drilling exercises on donning and doffing of PPEs	National	All Staffs at Bia demonstrate correct use PPE	2026	EPHI	20,000	EPHI and partners
	Harmful contamination other than microbial contamination, such as radio-nuclear sources	Provide one round training for 30 BIA health staffs and health port emergency team on detection and response to risks from chemical and radiological agents	National	Thirty Staff from BIA staffs trained on how to detect radiological risks and microbial contamination	2026	EPHI	20,000	EPHI and partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	Facilities, equipment and supplies for use by inspection staff such as 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.	Procure 30 test kits for microbiological test and other required equipment and supplies for use by inspection staffs at BIA (test kit for water quality test) at BIA port health	BIA port health	· Availed test kits at BIA for inspection program	2026	· EPHI · Addis Ababa city water and sewerage authority · Ethiopian airlines group	50,000	EPHI
	To provide as far as practicable program and trained personnel for the control of vector and reservoirs in and near points of entry	Provide training for 30 BIA Health staffs on surveillance and control of vectors and reservoir at 400m around BIA	National	Availed 30 BIA Health staffs on surveillance and control of vectors and reservoir at 400m around BIA	2026	EPHI Ethiopian airlines group	30,000	EPHI and partners
	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.	Provide training for 30 BIA Health staffs on surveillance and control of vectors and reservoir at 400m around BIA	National	Availed 30 BIA Health staffs on surveillance and control of vectors and reservoir at 400m around BIA	2026	EPHI Ethiopian airlines group	30,000	EPHI and partners
	Monitoring of vectors in the point of entry facilities and in	Hire one entomologist	National	Availed one Hired entomologist	2028	EPHI	60,000	

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	the surrounding area of at least 400 meters from terminal. Monitoring is continuously done on site: vectors and reservoirs are detected, identified, tested for pathogens and controlled.	Conduct workshop to finalize SOPs, schedule and assign roles for routine vector surveillance for BIA port health	BIA port health	Availed SOP, schedule and assigned personnel for routine vector surveillance	2026	Ethiopian public health institute	4000	EPHI
		Procure vector surveillance tools (mosquito traps, rodent traps), insect collection kits, PPE, sampling containers) for BIA port health	National	Availed vector surveillance tools (mosquito traps, rodent traps), insect collection kits, PPE, sampling containers)	2026	Ethiopian public health institute	15,000	EPHI and partners
		Train 60 BIA port health staff on vector identification, monitoring and mapping	National	Availed Trained 60 BIA port health staff on vector identification, monitoring and	2026	Ethiopian public health institute	30,000	EPHI and partners
		Do routine vector surveillance in the BIA facilities and in the surrounding area of at least 400 meters from terminal.	BIA port health	Documented routine vector surveillance report in the BIA facilities and in the surrounding area of at least 400 meters from terminal.	2026-2030	Ethiopian public health institute	6000	EPHI
	Dedicated space, equipment and supplies for use by vector and reservoir control staff. Dedicated and secure space/room for use by vector	Prepare dedicated room consult with Airport Authority for inspection, and control of vectors and rodent control activity for BIA	National	Availed dedicated room for Vector and rodent control program	2026_2030	Ethiopian public health institute	21,000	EPHI and partners

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	and reservoir control staff and for storage of public health equipment and supplies, including (rent)							
Objective 3: Strengthen core capacity for responding to events that may constitute a PHEIC								
3	Multisectoral Public Health emergency contingency plan updated regularly, integrated with other plans and regularly tested through simulation exercises	Conduct meeting for 30 participants to align PHECP with sectoral plan of Ethiopian airlines, BIA, medical and health service.	BIA	Aligned PHECP with sectoral plan	Q2 of 2026	TBHD	5200	EPHI
	Key info regarding transportation of affected travelers: List of all facilities, address and distance from the PoE and map where suspected travellers are to be taken	Map and list the address of referral health facilities for affected travellers	BIA	Updated list and address of referral HFs for affected travelers	Q1 of 2026	BIA Port health Team	5000	-
		Training of 18 BIA port health staffs on Chinese, French and Arabic for translation and interpreter service,	BIA port health	Trained multilingual port health staffs	Q1 of 2027	EPHI, EAG	10,000	EPHI and EAG
	Assessment, care and isolation of affected animals	Construct isolation or holding facility for care of affected animals at BIA cargo side	National	Designated Animal isolation facility	Q2 of 2027	EPHI/MOA/EAG	180,000	EPHI and EAG
		Sign agreement between Agricultural Authority and National veterinary laboratories to provide diagnostic, test and assessment	National	Signed agreement between EAA and National veterinary laboratories	Q2 of 2026	EAA	0	-

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
	Assessment and quarantine of suspect travellers	Identify and document dedicated quarantine facilities for BIA port health	National	Availed quarantine facility	Q2 of 2026	EPHI	0	-
		Conduct Working one Session Prepare procedure for quarantine of affected travellers for BIA port health	National	Developed quarantine SOP	Q2 of 2026	EPHI	7,500	-
	Measures to disinfect, derrat, decontaminate baggage, cargo, conveyances etc.	Consult Airport Authority to designate site for disinfection, derrating, decontamination of baggage, cargo and conveyances at BIA	BIA	Designated site for mentioned public health measures	Q1 of 2026	EAG, EPHI/Port health team	0	-
		Conduct 2 round workshop to prepare SOP on derrating and decontamination	National	Developed derrating and decontamination SOP	2027	EPHI	15,000	Gvt and or Partner
		Conduct two round training sessions on derrating, decontamination of baggage and conveyance for 60 port health staff and others.	BIA	Trained staff	Q1 of 2026	EPHI	15,000	EPHI
	Entry or exit control for travelers	Conduct 2 round sessions to Prepare SOP for exit screening at BIA	BIA	Planned and SOP for exit screening developed	Q1 of 2026	BIA port health	15000	-
		Establish committee to coordinate decisions at	BIA	established Screening committee	Q1 of 2026	BIA port health	0	-

SN	Capacity requirements	Activity/ Milestone	Level of Implementation	Expected Output	Time frame	Responsible Authorities	Budget (USD)	Source of Funds
		entry/exit screening for BIA health team						
	Total Sum						**3,395,700.00**	

Annex III: Airport-specific gap analysis

Entebbe International Airport

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
Core capacity requirement for coordination, communication.	International communications link with other points of entries abroad.	Contact details of port health officers abroad, Means of Communication, and Procedures.	1. The Port Health Office has contact details of competent authorities of some countries, especially from East Africa 2. Informal communication mechanisms are in place during medical emergencies.	1. Lack of comprehensive contact details of other international competent authorities 2. Absence of SOPs exists to guide communication with other competent authorities abroad.
	National communication link with competent authorities at other points of entry; national, intermediate and local levels	Contact details of officers at other points of entry in the country, district and national level officers, means of communication and procedures	Informal communication mechanism in place during emergencies.	Absence of SOPs exist guiding communication with other competent authorities at the national, intermediate, and local levels and vice versa
	Direct operational link with other senior health officials	Contact details of senior health officials, means of communication and procedures	None	1. No clear operational procedures or MoUs for contacting senior health officials and rapid decision-making. 2. Absence of escalation procedures for urgent issues.
	Communication link with conveyances operators	Contact details of all conveyance operators, means of communication and procedures	General SOPs for communication exist.	1. No specific procedures for ongoing communication with conveyance operators. 2. Absence of updated contact details for conveyance operators. 3. Lack of clarity in the communication process.
	Communication link with travelers for health-related information.	Publication of health requirements, risk communication materials at the point of entry.	1. Contact numbers exist for medical practitioners at the information desk. 2. TV monitors available for relaying health information especially during public health emergencies.	1. No clear written communication procedures. 2. Contacts not displayed in critical areas.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Communication link with service providers	Contact details of all service providers, means of communication and procedures	Contact details of some service providers are available.	1. No clear communication procedures with service providers. 2. Lack of comprehensive contact details for all service providers
	Assessment of all reports of urgent events can be done within 24 hours	Protocol for assessing urgent events and notification	A digital alert system using QR codes for communication of events with the national EOC exists.	No formal assessment protocol for urgent cases.
	Communication mechanism to disseminate information and recommendation from WHO	Platform for dissemination of health information from WHO	Communication from the WHO is through the MOH, which then relays information to Port Health at the airport.	No documented procedures for the dissemination of communication from the WHO.
	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	Laws mandating port health services, guidelines, and SOPs for inspection of conveyances	Public Health Act exist	Current national laws and regulations do not grant the necessary mandate for implementation of port health services through the existing Public–Private Partnership arrangement.
Core capacity requirements at all Times (Routine)	Assessment and care of ill travelers	Screening of travellers, availability of health facility at or near the point of entry	1. There exists a fully-fledged medical centre that is accessible to ill travellers 2. List of facilities for referral of ill travellers available. 3. MOU exists between the CAA and private facilities	1. Absence of waiver provisions for public health emergency services. 2. Absence of specific MOU between port health and other local facilities for referral of ill travellers 3. Lack of SOPs for referral of ill travellers to other local facilities
	Staff, equipment and premises	Permanent staff deployed at the points of entry	Adequate medical staff available at the medical centre.	Absence of environmental health staff at the facility
		Working tools (computers, inspection kits)	1. Space is available with ICT equipment for use 2. The medical centre uses ICT to enhance electronic medical records system	None
		Permanent office for port health	Adequate space available for staff	None

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Equipment and personnel for the transport of ill travelers to an appropriate medical facility	Ambulance at the point of entry or written arrangement	1. There are 2 stand-by ambulances managed by Port Health to transport ill travellers to designated health facilities. 2. A dedicated ambulance is available at Entebbe referral hospital to transport ill travellers during public health emergencies for isolation	None
	Trained personnel for the inspection of conveyances	Staff trained on inspection of conveyances	None	No dedicated trained personnel available for inspection of conveyances
	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;	Staff trained on risk analysis and basic epidemiology	None	No dedicated trained personnel available for inspection of conveyances
	Knowledge and skills for detecting, reporting, assessing and provide first control measures to public health events;	Staff trained on case definitions and response to public health events	None	No dedicated trained personnel available for inspection of conveyances
	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;	Staff trained on water, food, air safety	None	No dedicated trained personnel available for inspection of conveyances

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection, decontamination, isolation, quarantine, contact tracing, entry and exit control.	Staff trained on application of public health measures	None	No dedicated trained personnel available for inspection of conveyances
	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.	Staff trained on sampling and testing of water, food, vectors	None	No dedicated trained personnel available for inspection of conveyances
	Demonstrable knowledge of the use of correct control methods for relevant vector-borne diseases and for hosts and vectors, including disinsecting and deratting.	Staff trained on disinsection and derrating	None	No dedicated trained personnel available for inspection of conveyances
	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.	Staff trained on management of swimming pools on	None	No dedicated trained personnel available for inspection of conveyances

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	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.	Staff trained on biosafety and biosecurity including foreign language skills	None	No dedicated trained personnel available for inspection of conveyances
	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.	Staff trained air quality monitoring including tools for air quality monitoring	None	No dedicated trained personnel available for inspection of conveyances
	Human remains 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	Procedures for inspection of human remains and staff trained on the procedures	None	No dedicated trained personnel available for inspection of conveyances

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	permits, proper sanitary treatment for leakage in the conveyance, records are available, assessable, traceable and retrievable			
	Inspection Program	Inspection programs at points of entry developed including procedures/Manuals for inspection and staff trained on inspection	None	No dedicated trained personnel available for inspection
	Knowledge and skills for detecting, reporting, assessing and providing first control measures to public health events;		None	No dedicated trained personnel available for inspection
	Demonstrable knowledge of application and correct use of PPEs.	Staff trained on the use of personal protective equipment including drilling exercises on donning and doffing of PPEs	None	No dedicated trained personnel available for inspection
	Harmful contamination other than microbial contamination, such as radio-nuclear sources	Staff trained on how to detect radiological risks and microbial contamination	None	No dedicated trained personnel available for inspection
	Facilities, equipment and supplies for use by inspection staff 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	Availability of communication devices, testing and sampling supplies and equipment, updated guidance tools and other technical information sources, personal protective, vector control devices and supplies, records/data collection storage and forms	None	No dedicated trained personnel available for inspection

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	technical information sources, personal protective equipment, vector control devices and supplies, records/data collection storage and forms; etc.			
	To provide as far as practicable program and trained personnel for the control of vector and reservoirs in and near points of entry	Vector control program documented and implemented	None	No dedicated trained personnel available for inspection
	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.	Personnel trained on vector control methods and detection methods	None	No dedicated trained personnel available for inspection

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Monitoring of vectors in the point of entry facilities and in the surrounding area of at least 400 meters from the terminal. Monitoring is continuously done on site: vectors and reservoirs are detected, identified, tested for pathogens and controlled.	Monitoring of vectors is done at a distance of 400m buffer zones	None	No dedicated trained personnel available for inspection
	Dedicated space, equipment and supplies for use by vector and reservoir control staff. Dedicated and secure space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies, including:	Dedicated and secure space/room for use by vector and reservoir control.	None	No dedicated trained personnel available for inspection
	Special capacities according to type of point of entry (airport)	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.	Procedures are in place	None
		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	Draft SoPs are present	The SOPs have not been finalized and validated for implementation.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
		integrated vector management control plan at the airport)		
		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	None	No procedures in place for offering free pratique or receiving health declaration forms from aircraft and air transport operators
Core capacity requirements for responding to events that may constitute PHEIC (Emergencies)	Public health emergency contingency plan	Presence of Multisectoral Public Health emergency contingency plan updated regularly, integrated with other plans and regularly tested through simulation exercises	The airport public health emergency response plan is embedded in the main airport emergency plan.	The public health emergency plan is not a stand-alone document and has not been updated to incorporate non-biological hazards.
	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 multisectoral 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.	Draft procedures for coordinated multisectoral alert and response actions for affected conveyances available.	The SOPs have not been finalized and validated for implementation.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Access to treatment, isolation and diagnostic facilities	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	1. Existence of medical facility for access to medical care for affected travellers. 2. Onsite facility assess cases, stabilize ill travellers and communicate to national isolation centre and other referral facilities. 3. Procedures of traveller transfer and follow up care embedded in the national referral plan.	1. Absence of waiver provisions for public health emergency services.
	Key info regarding transportation of affected travelers	List of all facilities, address and distance from the PoE and map where suspected travellers are to be taken	List of all facilities and their addresses available	Absence of map that indicates the facilities and their distance from the PoE.
	Assessment, care and isolation of affected animals	Presence of isolation facility for affected animals and humans	There is a quarantine facility near the airport	1. Referral arrangements are present but not formally documented 2. No evidence on administrative procedures.
	Appropriate space for interviews of suspected travelers	Presence of hygienic interview room at arrival and departure lounges.	Interview space available	1. The interview room lacks adequate space 2. No HWFs in interview room 3. Absence of independent exit passage.
	Assessment and quarantine of suspect travelers	Procedures for quarantine of affected travelers	None	No designated or any administrative procedures available
	Measures to disinfect, derat, decontaminate baggage, cargo, conveyances etc.	Procedures for application of these measures and staff are trained on their use.	A designated location for remote landings exists, but measures to be applied are not clearly defined or documented Draft SoPs for application of public health measures available	The SOPs have not been finalized and validated for implementation. Currently no system available for sharing and filing of inspection reports
	Entry or exit control for travelers.	Procedures for conducting entry and exit screening of travellers.	Draft SoP for conducting screening of travellers available.	The SOPs have not been finalized and validated for implementation.
	Equipment and personnel for the transport of ill travelers to an appropriate medical facility	Ambulance or written arrangement for transport of suspected travellers	Special standby ambulance available at Entebbe referral facility	None

Julius Nyerere International Airport

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
Core capacity requirement for coordination, communication.	International communications link with other points of entries abroad	Contact details of port health officers abroad, Means of Communication and Procedures	Contact list for port health officers of five international airports.	1. Contact details were not comprehensive for all 50 destinations, names of port health in charges and emails were missing. 2. There were no SoPs mandating sharing of information among port health officers in other airports
	National communication link with competent authorities at other points of entry; national, intermediate and local levels	1. Contact details of officers of points of entry available at district, region and national level, means of communication and procedures. 2. Contact details of district, region and national level including IHR NFP, other points of entry and other sectors with activities at PoEs are available at Airport. means of communication and procedures.	1. Contact details of district, region and national levels, other PoEs were available at the airport. 2. The port health operational guidelines had procedures for communication at these levels 3. Landlines, tablets and intercoms were available for communication	Contact details were not updated (the members of IHR NFP were not included, other sectors, missed emails)
	Direct operational link with other senior health officials	Contact details of Senior health officials, means of communication and procedures	None	1. No documented and tested procedures for direct communication with senior health officials for rapid decision approval, risk assessment and implementation of urgent control measures.
	Communication link with conveyances operators	Contact details of all conveyance operators, means of communication and procedures	The list of some conveyance operators was available.	2. The list of airlines was not comprehensive and updated (emails, names of station managers) 3. There were no procedures for communication with airlines.
	Communication link with travelers for health-related information	Current contact details of port health displayed at airport lounges, means of communication and procedures for receipt of health documents, notice of application of control measures and risk communication.	1. Procedures for communicating with travellers available (publication of travel advisories, TIMATIC, AIC). 2. Presence of risk communication materials at strategic locations (TV monitors, posters) 3. Presence of toll-free number (199) for use by travellers.	There were no contact details of the port health office for use by travellers at different service points.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Communication link with service providers	1. Contact details of all service providers, means of communication and procedures available at port health. 2. Contact details of port health provided to service providers	Contact details of some service providers were available at port health.	1. Service providers were not provided contact details of port health 2. No procedures for communication with service providers in case application of control measures
	Assessment of all reports of urgent events within 24 hours.	Documented and tested procedures for assessing and communication to relevant authorities of urgent events occurring at PoEs.	1. Notification protocol was available for communication with district, region and national level. 2. There was a procedure for assessment of urgent events within the contingency plan.	None
	Communication mechanism to disseminate information and recommendation from WHO.	Documented and tested communication procedures for dissemination of health information and recommendations from WHO with regard to events occurring at PoEs.	1. There is a procedure (travel advisories and internal memo) at MoH and IHR NFP for communicating with port health regarding implementation of recommendations received from WHO 2. Dissemination at the airport is done through existing permanent facilitation and security committees in which port health is a member. 3. There are virtual platforms for communicating with stakeholders regarding public health measures recommended by WHO during public health emergencies.	None
	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	Laws mandating port health services, guidelines and SOPs for inspection of conveyances and receiving reports of illness on board.	1. There is a Public Health Act, 2009 with sections mandating port health to conduct inspections. 2. There is a port health operational guideline with clear procedures for inspection of aircraft.	None

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
Core capacity requirements at all Times (Routine)	Access to medical and diagnostic facilities	1. Administrative arrangement to grant access for assessment and care of ill or suspected travellers in consultation with local or nearby health services. 2. For onsite health care store for medicines, medical instruments and records of their use should be in place	1. There are two onsite Airport clinics (terminal two and terminal three) for immediate care of travellers 2. They have referral mechanisms with established links with nearby hospitals (Muhimbili, Amana. Temeke hospitals and Kipawa HC) 3. The procedures for referring suspected cases provided in the port health guidelines and entry and exit SoPs	There is no documented administrative arrangement for provision of healthcare to travellers.
	Assessment of requirements concerning vaccination or prophylaxis	Capability to assess proof of vaccination or prophylaxis according to epidemiological situation, risk assessment and national requirement.	Capable to do on site assessment of proof of vaccination and prophylaxis including authenticity of yellow fever certificates issued in Tanzania	The port health officers are not capable of proving the authenticity of vaccination certificates issued in other countries.
	Key information regarding medical and diagnostic facilities	List of contact names and key information (address, phone, email, distance from PoE and Map of route) documented, updated and tested for accuracy in which ill/suspected travellers are to be transferred.	List created , updated, tested and disseminated to all key stakeholders.	None
	Staff, equipment and premises	Adequate staff deployed at the points of entry according to volume, frequency and complexity of PoE and qualified on disease detection, assessment, care and reporting of ill travellers. Arrangement for translation and interpretation of common languages used by travellers.	1. Presence of 73 port health staff which is above the recommended manning level at the Airport. 2. Existence of arrangement with immigration staff trained on multilingual for translation services when required.	1. Staff are inadequate to handle the expanding requirement of the airport. 2. Port health officers are not trained in multilingualism.
		Adequate space to conduct private interviews conveniently located close to screening counters.	None	1. No interview room at both terminals including arrival and departure 2. No designated isolation room at all terminals.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
		Personal protective equipment to interview ill travellers	The PPEs were available	None
	Equipment and personnel for the transport of ill travelers to an appropriate medical facility	Ambulance at the point of entry or written arrangement	Presence of three designated ambulance	None
	Trained personnel for the inspection of conveyances	Adequate staff trained on inspection of conveyances	Availability of staff with basic training on inspection of conveyances	No specific training on technical inspection of aircrafts.
	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;	Staff trained on common public health risks detected on a routine basis, and usual public health risks associated with type, size, kind, common origin and destination.	Staff knowledgeable on common public health risks detected routines (top ten conditions)	Limited knowledge on common PH risks from the countries of origin.
	Knowledge and skills for detecting, reporting, assessing and provide first control measures to public health events;	Staff trained on case definitions and response to public health events	Staff demonstrated the understanding	None
	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;	Staff trained on water, food, air safety	Staff demonstrated some knowledge on risks associated water, wastes, vectors, fomites	Inadequate knowledge on food and water safety

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection, decontamination, isolation, quarantine, contact tracing, entry and exit control.	Staff trained on application of public health measures	Trained staff on these measures.	None
	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.	Staff trained on sampling and testing of water, food, vectors	Some staff trained vector control	Inadequate knowledge on testing and sampling techniques.
	Demonstrable knowledge of the use of correct control methods for relevant vector-borne diseases and for hosts and vectors, including disinsecting and deratting.	Staff trained on disinsection and derrating	Staff trained	None
	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.	Staff trained on management of swimming pools on	None	Lack of refresher training on the swimming pool and spar
	Knowledge of requirements, bio safety procedures, equipment, medical chest and environmental requirements for medical	Staff trained on biosafety and biosecurity including foreign language skills	None	No training on emergency management on medical facilities on board.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	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.			
	1. Understanding of correct practices of air health quality management. 2. Capacity for detection, assessment and recommended control measures for present and potential risks from air quality.	Staff trained air quality monitoring including tools for air quality monitoring	None	1. No equipment for air quality available. 2. No staff trained on air quality monitoring
	Water	A documented, updated and tested water safety programme	None	No documented program
	Treatment of water at the airport	Adequate treatment to remove and control public health risks	Water is treated by water authority and secondary dosing is done within the airport.	None
	Source of water	Protected, approved by authorities and considered satisfactory.	Water is from reliable authority and approved	None
	Water quality monitoring programme	Port health monitor water safety in all areas of the airport including effect of disinfection	Water is regularly monitored and there was evidence of test results for chlorine.	No water safety plans and programme
	Food/eating establishment	All food premises approved by relevant authorities and inspected by port health covering flight catering, meals or food and other perishable commodities prepared outside but destined for use at PoEs.	1. Inspection reports were available 2. Supervision of medical checkup for all food handlers.	None

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Public washroom	Consistent with volume of travellers, good operational condition and hygienically clean.	Adequate washrooms available and clean	Urinal sensors found to be defective
	Solid and liquid waste management	Documented and updated solid and liquid waste management and supervised by port health.	1. Supervision for solid waste management done by port health 2. Presence of solid waste management plan	Lack of liquid waste management plan
	Final destination of wastes	Documented and updated solid and liquid waste management plan	1. Presence of well managed waste water treatment pond 2. Existence of waste water monitoring	1. Available incinerator is sub-stand 2. No documentation of effluent monitoring
	Indoor air quality	Documented, tested and updated indoor air quality monitoring plan and the monitoring done by port health	None	There is no plan, equipment for monitoring of air quality
	Human remains 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	Procedures for inspection of human remains and staff trained on the procedures	SoPs for clearance of human remains available and all human remains arriving to Tanzania cleared.	Limited documentation on human remains departing or transiting through JNIA.
	Inspection Program	Inspection programs at points of entry developed including	Staff available and SOPs for inspection of premises contained	The staff needs are inadequate at times with the expansion of the airport.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
		procedures/Manuals for inspection and staff trained on inspection	within the port health operational guidelines of 2009.	
	Knowledge and skills for detecting, reporting, assessing and providing first control measures to public health events;		Staff trained on detection, reporting, assessing and providing first control.	None
	Demonstrable knowledge of application and correct use of PPEs.	Staff trained on the use of personal protective equipment including drilling exercises on donning and doffing of PPEs	Staff trained	None
	Harmful contamination other than microbial contamination, such as radio-nuclear sources	Staff trained on how to detect radiological risks and microbial contamination	Presence of radiological inspectors.	Port health officers has inadequate knowledge and equipment on chemical and radiological management
	Facilities, equipment and supplies for use by inspection staff 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.	Availability of communication devices, testing and sampling supplies and equipment, updated guidance tools and other technical information sources, personal protective, vector control devices and supplies, records/data collection storage and forms	Presence of communication devices (landlines and intercom), thermal scanners, computers for data management.	1. No vector control devices, 2. No air quality devices 3. No RDT for water 4. No Lovibond devices for hygiene checks.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	To provide as far as practicable program and trained personnel for the control of vector and reservoirs in and near points of entry	Vector control program documented and implemented	None	No documented plan for integrated vector surveillance and control
	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.	Personnel trained on vector control methods and detection methods	Two staff trained	Few staff trained on vector surveillance and control
	Monitoring of vectors in the point of entry facilities and in the surrounding area of at least 400 meters from the terminal. Monitoring is continuously done on site: vectors and reservoirs are detected, identified, tested for pathogens and controlled.	Monitoring of vectors is done at a distance of 400m buffer zones	Monitoring is conducted within terminal buildings including periodic fumigation every six months.	No survey report and equipment for vector monitoring
	Dedicated space, equipment and supplies for use by vector and reservoir control staff. Dedicated and secure space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies, including:	Dedicated and secure space/room for use by vector and reservoir control.	None	No dedicated space (office) and equipment for use by vector control staff

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	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.	SoP for communication of events onboard an aircraft	The SoP is available	None
	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)	Procedures for disinsection of aircraft	The SoPs is available within the port health operational guidelines	The procedures are not integrated into airport vector surveillance and control plan
	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	Procedures in place for aircraft health clearance and granting of free pratique including scrutinizing health part of aircraft general declaration.	General declaration is being scrutinized for detection of health events on board	No procedure for aircraft health clearance and granting of free pratique.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
Core capacity requirements for responding to events that may constitute PHEIC (Emergencies)	Public health emergency contingency plan	Presence of agreed updated Multi-sectoral Public Health emergency contingency plan.	There is draft multi-hazard public health emergency plan prepared through strategic risk assessment.	The plan not finalized
	Integrated with other plans	Plan aligned with other plans (airport emergency manual, hazard specific plans, national and local public health emergency plans)	The drafted multi-hazard plan is aligned with other relevant plans	The plan is in draft form.
	Training and/or drill exercises	Periodic training and drill exercises to familiarize the public health contingency plan and their respective roles.	None	1. Simulation exercises have not been conducted according to the schedule outlined in the plan. 2. Stakeholders were not trained on contingency plan
	Affected travellers onboard	Administrative arrangements and written procedures are in place and agreed with local regarding support and decision making for ill or suspect traveller on board, as part of the public health emergency contingency plan.	Existence of SoPs for response to public health events onboard a conveyance as part of public health emergency contingency plan.	The plan is still in draft form
	Access to treatment, isolation and diagnostic facilities	Availability of holding facility at the airport, and administrative arrangement with local authorities for isolation and treatment of affected travellers including diagnostics.	1. Presence of procedures as part of contingency plan for isolation and treatment of affected travellers 2. Availability of arrangement with National laboratory for testing of suspected travellers	No holding facilities at all terminals of the airport
	Key information regarding treatment, isolation and diagnostic facilities	List of facilities, updated and tested for which affected travellers are to be transferred. The list will be provided to transportation staff. The details contain facility name, address, phone number and map of routes.	List available	None

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Assessment, care and isolation of affected animals.	Written formal agreement with veterinary centers for diagnosis and assessment of affected animals. Staff trained on infection control and available onsite or on call Standby infection control plan. Availability of PPEs and staff trained on their use. Written reports of animals' diagnosis.	Presence of Government designated center for diagnosis of affected animals. Presence of three animal health inspector stationed at the airport	· No infection control plan · Lack equipment and PPEs for disinfection
	Referral and transport of affected animals to designated veterinary facilities.	Documented administrative arrangement for safe transportation of affected animals. Cleaning and disinfection supplies and personnel familiar with the procedures.	Existence of drafted SOPs for safe transportation of affected animals.	1. SoPs for transportation not finalized 2. No cleaning and disinfection equipment and staff not trained on disinfection.
	Appropriate space for interviews of suspected travelers	Presence of hygienic interview room at arrival and departure lounges.	None	No designated interview rooms for secondary screening at all terminals of the airports.
	Documented, updated and tested procedures for cleaning, disinfection and decontamination of interview rooms.	Presence of SOP for application of control measures at interview rooms.	Procedures for cleaning, disinfection and decontamination available within the exit and entry screening SoPs	These procedures are not specific for interview room.
	Personal protective equipment for initial interview and triage	Presence of appropriate PPEs	The PPEs were available	None
	Adequate staff for interview of suspected travellers for quarantine	Sufficient number of trained staff according to volume, for interview of exposed travellers	Some staff available	No trained surge staff

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Procedures available for reporting to the competent authority at the PoE for events related to travellers that is indicative of infectious diseases or evidence of public health risks	The SoP is required	Procedure was available	None
	Administrative arrangement and a written formal agreement in place with local or nearby health facility to receive suspected travellers from the PoE	Administrative arrangement and written agreement are required	SoP was available	Designated facilities for quarantine were not available
	Measures to disinfect, derrat, decontaminate baggage, cargo, conveyances etc.	Location for application of these measures and staff are trained on their use.	Location for the application of recommended public health actions is designated for aircrafts	Location was not identified for baggage, cargo, containers, goods and postal parcels
	Standard operating procedures for application of recommended measures to disinfect, derrat, decontaminate	Documented, updated and tested SoP is in place.	The SoP was available as part of entry and exit screening SoPs.	None
	Trained staff for application of public health measures	Adequate number of trained staff consistent with technical requirements in a timely manner.	Some staff are trained on these procedures.	Inadequate number of trained staff to apply public health measures.
	Personal protective equipment	PPEs available for application of public health measures	Some PPEs were available	Inadequate number of PPEs available for application of public health measures.
	Entry or exit control for arriving and departing travelers	Plan for conducting entry and exit screening of travellers	Procedures are available	1. No data for calibration of equipment 2. No training of staff on the equipment 3. Insufficient training of staff on conducting entry and exit training

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Equipment and personnel for the transport of ill travelers to an appropriate medical facility	Ambulance or written arrangement for transport of suspected travellers. Availability of necessary PPEs and disinfection equipment for transport staff.	1. There is a designated ambulance for transfer of affected travelers 2. Facilities for disinfection and PPEs were available.	None
	Staff available for transport of suspected travellers to designated facilities.	Appropriate number of trained personnel available to transport suspect travellers according to technical requirements, adequately and in a timely manner.	Staff are available for transport of suspected travelers.	None
	Personnel trained in application of personal protective equipment and disinfection techniques, as applicable.	Personnel trained on PPEs and disinfection techniques	Some staff are trained	Inadequate number of staff trained staff on PPEs and disinfection especially newly recruited.
	Personnel trained in the use of key information regarding hospital/clinic/diagnostic facilities related to the point of entry.	Personnel trained on key information regarding health facilities designated for suspects	Staff are aware of the key information for transfer of suspected travelers.	None

Jomo Kenyatta International Airport

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
Core capacity requirement for coordination, communication.	International communications link with other points of entries abroad	Contact details of port health officers abroad, Means of Communication and Procedures	None	No contact details and means of communication with other POE abroad were found at the Port Health office
	National communication link with competent authorities at other points of entry; national, intermediate and local levels	Contact details of officers at other points of entry in the country, district and national level officers, means of communication and procedures	There were contact details for sub-county, county, ministry of health focal persons and other points of entry in the country. The list was well maintained and accessible.	There were no documented and tested communication procedures.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Direct operational link with other senior health officials	Contact details of Senior health officials, means of communication and procedures	There were contact details of senior health officials.	There was no documented communication and tested procedures.
	Communication link with conveyances operators	Contact details of all conveyance operators, means of communication and procedures	There was a list of contact details of conveyance operators documented.	The list missed their agents or legal representatives abroad. Procedures/protocol of communication were not documented
	Communication link with travelers for health-related information	Publication of health requirements, risk communication materials at the point of entry	Health requirements are made available and accessible through channels like the Port Health website, on the terminal on displays and suggestion box.	Port Health contact details are not displayed at key locations within the terminals.
	Communication link with service providers	Contact details of all service providers, means of communication and procedures	We found the contact details of the service providers	1. No documented means of communication and procedures with the service providers. 2. The RING card were with the port health staff and not widely disseminated to all the service providers
	Assessment of all reports of urgent events can be done within 24 hours	Protocol for assessing urgent events and notification	1. There is an MoU, and there are direct operational links among hospitals, clinics, airport authorities, and laboratories. 2. Testing of the procedure was done through SIMEX (TTX) in April 2025. 3. The procedures for communication and assessment are documented in the public health emergency plan.	none
	Communication mechanism to disseminate information and recommendation from WHO	Platform for dissemination of health information from WHO	Official communications, including SITREPs and WHO Disease Outbreak News (DONs), were received by Port Health through formal letters and phone calls from the NPHI/MoH, and were also shared	No current, documented communication mechanism for dissemination of information and recommendations received from WHO.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
			through the Border Management Committee coordination meeting.	
	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	Laws mandating port health services, guidelines and SOPs for inspection of conveyances	There is a public health act that has legal and administrative procedures to conduct inspection.	None
Core capacity requirements at all Times (Routine)	Assessment and care of ill travelers	Screening of travelers, availability of health facility at or near the point of entry	1. Screening of travelers was done at the POE. 2. There was a medical facility at the Airport to provide care for ill travelers. 3. For ill travelers that require referral, there is a valid MOU in place between Port Health services and Nairobi County Health Services particularly the Kenyatta National Referral Hospital, where the referred patients get care including medical and diagnostic services.	None
	Staff, equipment and premises	Sufficient trained personnel deployed at the points of entry,	Currently there are 59 permanent staff who are trained and are assigned to all relevant duty stations. Here is how the staff are allocated by duty stations. They have 5 terminals (1 CO, 2 PHOs), clinic (2 COs, 4 NOs), cargo area, 6 warehouses, vector control (2 PHOs), Occupational Health and safety(2 PHOs), and staff work in 12-hour shifts.	1. The permanent staff are inadequate. 2. Procedures for translations and interpretations are not documented.
		Working tools (computers, inspection kits)	The competent authority had furniture, stationery, computers, and personal protective equipment	The port health did not have equipment/tools for air quality inspection.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
		Permanent office for port health	There was permanent office of port health	None
	Equipment and personnel for the transport of ill travelers to an appropriate medical facility	Ambulance at the point of entry or written arrangement	There was an equipped ambulance to facilitate transportation of the ill travelers.	None
	Trained personnel for the inspection of conveyances	Staff trained on inspection of conveyances	Inspection of conveyances is done by the public health officers (PHOs)	The PHOs have not undergone a specialized training certified by WHO/ICAO/Aircraft manufacturers.
	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;	Staff trained on risk analysis and basic epidemiology	The PHOs demonstrated knowledge of common public health risks	None
	Knowledge and skills for detecting, reporting, assessing and provide first control measures to public health events;	Staff trained on case definitions and response to public health events	The PHOs demonstrated the required knowledge	None
	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;	Staff trained on water, food, air safety	Staff were knowledgeable about food and water.	The staff were not trained on air safety,
	Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection,	Staff trained on application of public health measures	The staff were trained on application of public health measures	None

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	decontamination, isolation, quarantine, contact tracing, entry and exit control.			
	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.	Staff trained on sampling and testing of water, food, vectors	Staff demonstrated the correct testing and sampling techniques	None
	Demonstrable knowledge of the use of correct control methods for relevant vector-borne diseases and for hosts and vectors, including disinsecting and deratting.	Staff trained on disinsection and derating	Staff demonstrated knowledge on the use of correct methods	None
	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.	Staff trained on management of swimming pools on board and methods and systems for detection, assessment and recommended control measures.	The PHOs demonstrated understanding in the potential risks from swimming pools and spa areas	The team had limited knowledge on systems for detection and doing assessments for swimming pools and spas was unsatisfactory
	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).	Staff trained on biosafety and biosecurity including foreign language skills	None	1. The team had limited knowledge bio safety and biosecurity procedures, equipment, medical chest and environmental requirements for medical facilities on board. 2. There were no arrangement for translation and interpretation for foreign languages.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	-Foreign language skills or arrangements for translation and interpreters, where needed.			
	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.	Staff trained air quality monitoring including tools for air quality monitoring	None	The team had limited understanding in air quality management.
	Human remains 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	Procedures for inspection of human remains and staff trained on the procedures	There is an SOP for handling incoming human remains. They conduct inspections for incoming human remains.	1. No documented SOP for outgoing human remains, 2. No Morgue/holding area for human remains.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	available, assessable, traceable and retrievable			
	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	Treatment: Adequate treatment to remove and control public health risks. Source: portable sources, under surveillance of supervision in secure places, far away from source of pollution, approved by relevant health authority and quality considered satisfactory under national standards 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 public distribution with PoE boundary, passenger terminals, cargo and container terminals, infrastructure and courtyards, transport and water service providers for conveyances, water supply services for food production.	1. Microbiological water quality test was conducted in the JKIA 2. There were sanitary reports, last report conducted on 24/9/2025, for LSG CHEFS Kenya ltd.	1. The chemical water quality test was outdated. 2. No water quality monitoring programme. 3. No documented microbiological quality test for water at the source

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Food	Food establishments approved by relevant health administration and under supervision of competent authority, and are regularly monitored, records and testing results are documented and available	The food establishments are the airport were regularly inspected and assessed using microbiological tests.	1. No documented lab tests done by port health or public health agencies for food catering for flights such as (*Nas Savaiver* and LSG. 2. Sky Chef Kenya Ltd. conducts sample investigation at their own private lab. 3. No evidence whether these labs are accredited, approved/authorized by public controlling agencies.
	Solid and liquid waste	Waste management quality monitoring programme, final destination of solid and liquid waste generated at the PoE,	1. Waste water from the Aircraft was partially treated chemically before connected to public sewerage system 2. The incinerator was in place. 3. There is proper segregation of solid waste	1. Wastewater from the aircraft was not well treated before connecting to the Municipality sewerage system. 2. No documented wastewater test is done. 3. No SOP for waste/liquid management 4. No documented, tested and updated solid and liquid waste management plan. 5. Liquid waste from JKIA facilities are directly connected to the municipal sewerage system without treatment.
	Inspection Program	Inspection programs at points of entry developed including procedures/Manuals for inspection and staff trained on inspection	Inspection SOPs are in place.	The number of inspectors is not sufficient.
	Knowledge and skills for detecting, reporting, assessing and providing first control measures to public health events;		the team was knowledgeable	None
	Demonstrable knowledge of application and correct use of PPEs.	Staff trained on the use of personal protective equipment including drilling exercises on donning and doffing of PPEs	The team was knowledgeable	
	Harmful contamination other than microbial	Staff trained on how to detect radiological risks and microbial contamination	None	There is limited knowledge in inspecting the risks from the chemical and radiological agents.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	contamination, such as radio-nuclear sources			
	Facilities, equipment and supplies for use by inspection staff 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.	Availability of communication devices, testing and sampling supplies and equipment, updated guidance tools and other technical information sources, personal protective, vector control devices and supplies, records/data collection storage and forms	1. There are facilities, PPEs and some supplies for use by inspection staff. 2. Vector control services are contracted; they have the necessary equipment and supplies.	1. There was no vector control devices and limited supplies 2. There were no updated guidance tools and other technical information sources.
	To provide as far as practicable program and trained personnel for the control of vector and reservoirs in and near points of entry	Vector control program documented and implemented	There is a documented vector control and reservoir plan	The vector control and reservoir requires revision as it mentions areas regarding pest control.
	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	Personnel trained on vector control methods and detection methods		

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	services and facilities of the point of entry.			
	Monitoring of vectors in the point of entry facilities and in the surrounding area of at least 400 meters from the terminal. Monitoring is continuously done on site: vectors and reservoirs are detected, identified, tested for pathogens and controlled.	Monitoring of vectors is done at a distance of 400m buffer zones	The monitoring of vectors is done at a distance of 400metres buffer zones.	None
	Dedicated space, equipment and supplies for use by vector and reservoir control staff. Dedicated and secure space/room for use by vector and reservoir control staff and for storage of public health equipment and supplies, including:	Dedicated and secure space/room for use by vector and reservoir control.	There is a dedicated space for vector and reservoir control	None
Core capacity requirements for responding to events that may constitute PHEIC (Emergencies)	Public health emergency contingency plan	Presence of Multi-sectoral Public Health emergency contingency plan updated regularly, integrated with other plans and regularly tested through simulation exercises	There is multi-agency ownership of the public health emergency plan.	1. The Public Health Emergency Contingency plan is not multi-hazard. 2. The available plan is not updated according to the maintenance plan.
	Key info regarding transportation of affected travelers	List of all facilities, address and distance from the PoE and map where suspected travellers are to be taken	A list of facilities is available with clear addresses, contact details, maps, and distances from the point of entry.	Information about the list of facilities, contacts, addresses, distance and map is not disseminated to all relevant personnel
	Assessment, care and isolation of affected animals	Presence of isolation facility for affected animals and humans	1. There is an isolation facility for animals at the Directorate of Veterinary Services. 2. Isolation facilities for suspected ill travelers are available at the port	Isolation space for ill travelers at the POE is inadequate to manage multiple suspected cases simultaneously.

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
			health facility and the referral facility at Kenyatta Hospital.	
	Appropriate space for interviews of suspected travelers	Presence of hygienic interview room at arrival and departure lounges.	There is a designated place to conduct interviews	1. Interview spaces are not enclosed. 2. No privacy for ill travellers 3. No appropriate furniture
	Assessment and quarantine of suspect travelers	Procedures for quarantine of affected travellers	1. Procedure for quarantine is outlined in the PHERP. 2. There is a designated quarantine facility.	Quarantine procedures are not fully standardized across categories of public health events
	Measures to disinfect, derrat, decontaminate baggage, cargo, conveyances etc.	Procedures for application of these measures and staff are trained on their use.	Staff trained	None
	Location for application of recommended measures - designated, for: disinsecting, deratting, disinfecting, decontaminating	Location depending on the movement of baggage, cargo, containers, conveyances, goods and postal parcels, a specially equipped location should be	There is designated place for conveyance disinfection and decontamination.	There is no designated place for disinfection and decontamination for cargo and goods
	Entry or exit control for travelers	Procedures for conducting entry and exit screening of travelers	Procedures in place	None
	To provide access to specially designated equipment and to trained personnel using appropriate personal protection, for the transfer of travelers who may carry infection or contamination	Personnel trained in application of personal protective equipment and disinfection techniques, as applicable.	The competent authority has some trained personnel and appropriate personal protection, for the transfer of travelers who may carry infection or contamination	One personnel (driver) had not received appropriate training in transfer of travelers.

Bole International Airport

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
Core capacity requirement for coordination, communication.	International communications link with other points of entries abroad	● Contact details of port health officers abroad, means of communication and procedures	● Existence of three PoE contact list Nairobi (Kenya) Entebbe (Uganda) S/Africa JNB) out of 139 destinations	● Lack of contact details of port health officer in charge for 136 destinations ● No defined means of communication between BIA port health and other competent authority at 139 destinations ● No agreed protocol of communication mandating competent authority at BIA port health for 139 destinations competent authority
	National communication link with competent authorities at other points of entry; national, intermediate and local levels	· Contact details of officers at other points of entry in the country, district and national level officers, means of communication and procedures	● There is contact list of national and some local authorities	● No comprehensive contact list of local and intermediate level authority (Sub-cities, RHB/PHI PHEMs) ● No comprehensive contact list of competent authority at national designated PoEs and key stakeholders ● No tested communication procedure including MOU and protocols
	Direct operational link with other senior health officials	· Documented and tested procedures in place	● None	● No documented and tested procedures for direct communication b/n Port Health officer and senior health officials (EPHI leadership, EFDA, EPSA, MoH, etc.)
	Communication link with conveyances operators	· Contact details of all conveyance operators, means of communication and procedures	● There are means of communication (official email address)	● No comprehensive and documented contact list of operators ● No communication procedure for conveyance operator ● Means of communication is not well defined ● Most of other conveyance operators has not been provided with BIA port health contact details

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Communication link with travelers for health-related information	· Publication of health requirements, and Accessibility competent authorities contact details, risk communication n materials at the point of entry	● There are MPox RCCE banners And posters providing information for travelers contain free call centers	● EPHI travel advice webpage is not accessible because it is not linked with airline operator website ● No documented procedure for communication with travelers ● Health related information is not well communicated though digital platforms
	Communication link with service providers	· Contact details of all service providers, means of communication n and procedures	● There are Contact list of some (fire brigade ,airport terminal clinics, service providers are available	● List of service providers is not comprehensive (hotels, food establishments, taxi drivers, cleaning service providers, waste handlers, etc.) ● No documented procedure for communication with service providers ● Some service providers have not been provided with port health contact details
	Assessment of all reports of urgent events can be done within 24 hours	· Protocol for assessing urgent events and notification	● There is an SOP as part of CDC GL for notification of events	● No assessment SOP for urgent events
	Communication mechanism to disseminate information and recommendation from WHO	· Procedures and platform for dissemination of health information from WHO	● Presence of group telegram channel for stakeholders ● Presence of facilitation committee at airport	● No SOP for disseminating information and recommendations of WHO to stakeholders
	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	· Updated legislations mandating port health services, guidelines and SOPs for inspection of conveyances	● EPHI regulation (529/2023) mandates ● IHR 2005 regulations	● No directives and SOP for conveyance inspection program ● No documented procedures for BIA are in place to conduct inspection from arriving and departing conveyances
Core capacity requirement s	Assessment and care of ill travelers	· Screening of travelers, availability of	● There is MoU for treatment of mass returnee of ill	● The mini store at BIA port health no records of medicine and medical

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
at all Times (Routine)		health facility at or near the point of entry and guidance documents for provision of health services to ill or suspected travelers	travelers between EPHI and referral health facilities ● There is contractual agreement between airline medical unit and hospitals for emergency and accidents for travelers ● Availability of equipped emergency medical services at the terminal clinic and medical unit ● Availability of dedicated isolation center for suspected cases at field hospital	instruments including records for their use and replacement ● No SOP between airlines medical unit and port health for reporting suspected case ● No public health emergency kit for port health
	Capability for provision of Vaccination services.	· Capability to do on-site assessment of proof of Vaccination and prophylaxis recommended by WHO, such as for yellow fever and other travelers related vaccines.	● The assessment team demonstrated capable of knowledge on proof of vaccination such as yellow fever, eligibility and yellow fever belt countries ● Availability of Yellow fever vaccination services at BIA	● Lack of provision of digital certificates to avoid invalid certifications
	Documented key information regarding medical and diagnostic facilities	· Documented and mapped medical and diagnostic facilities which can be used by travelers.	● Some contact list of medical facilities	● No comprehensive list of referral health facilities, ● No route and map of referral HF/distance referral HF from PoE. ● No list of diagnostic facilities including its map
	Staff, equipment and premises	· Permanent staff deployed at the points of entry	● Some trained multidisciplinary port health staffs are available	● No sufficient trained personnel for medical care of travelers ● No arrangements for translation and interpreters ● No clear standards for staff requirement and structure for BIA port health

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
		· Working tools (computers, inspection kits)	● There are 3 functional desktop computers are available at port health office at BIA	● No adequate desktop computers ● No laptop for staffs ● Insufficient tablets for staffs ● Nonfunctional thermos scanners ● Insufficient office furniture ● Lack of displaying tools television for information capturing, update and breaking news on outbreaks
		· Permanent office for port health	● Available dedicated office for port health staffs	● The office require maintenance
		· Adequate space to conduct private interviews with ill travelers	● None	● No space for private interview
	PPE for interviewing ill travelers	· Access to necessary PPE for initial interview	● Available PPE for initial interview of ill travelers	● None
	Equipment and personnel for the transport of ill travelers to an appropriate medical facility	· Dedicated ambulance at the point of entry or written arrangement	● Trained staff and PPEs available at port health for transporting ill travelers	● No dedicated ambulance at BIA for transportation of suspected travelers ● No written arrangement to use medical service ambulance of EAG for suspected travelers
	Personnel to transport ill travelers	· Number of trained personnel	● The existed once transported ill travelers	● No dedicated EMT for ambulance transport ● No SOP on transporting of ill travelers
	Training in SOP for transport of ill travelers	· Personnel trained and knowledgeable in IPC techniques for safe removal of ill travelers	● None	● No dedicated personnel ● No training on IPC
	Trained personnel for the inspection of conveyances	· Staff trained on inspection of conveyances	● None	● No trained conveyance inspectors at BIA port health

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
				● No checklist for inspection of conveyances at BIA port health
	Understanding of inspection SOP	· Personnel have undergo training program, can provide certificate.	● None	● All
	Required health related documents for conveyances	· Demonstrable knowledge of required health related documents	● Certain level of knowledge available	● No comprehensive training and ● Health related documents for conveyance inspection,
	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;	· Staff trained on risk analysis and basic epidemiology	● Few HCWs at BIA trained on emergency and	● Not all health staffs are ● Trained on emergency-epidemiological situations at BIA ● No routine medical record checking at emergency medical clinic for epidemiological data sharing and analysis
	Knowledge and skills for detecting, reporting, assessing and provide first control measures to public health events;	· Staff trained on case definitions and response to public health events	● Some staffs are trained for detecting reporting and assessing on public health emergencies	● New staffs on BIA port health not trained for detecting reporting and assessing on public health emergencies
	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;	· Staff trained on water, food, air safety	● The medical service unit staffs of EAG have sufficient knowledge on water, food and air safety management	● Port health staffs are not trained on ● water, food and air safety management

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Demonstrable knowledge of the use of correct methods and understanding of techniques, such as: disinfection, decontamination, isolation, quarantine, contact tracing, entry and exit control.	· Staff trained on application of public health measures	● There are some staffs that can demonstrate application of public health measures at BIA port health	● Most staff cannot demonstrate application of public health measures at BIA port health
	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.	· Staff trained on sampling and testing of water, food, vectors	● Staff at EAG can demonstrate sampling and testing of water, food, vectors	● BIA Port health staffs cannot demonstrate sampling and testing of water, food, vectors
	Demonstrable knowledge of the use of correct control methods for relevant vector-borne diseases and for hosts and vectors, including disinsecting and deratting.	· Staff trained on disinsection and derrating	● Some BIA port health staffs can correctly demonstrate control methods for relevant vector-borne diseases and for hosts and vectors, including disinsecting	● Most BIA port health staffs cannot correctly demonstrate control methods for relevant vector-borne diseases and for hosts and vectors, including disinsecting and derating
	Knowledge of present and potential risks from recreational swimming and spa areas on board and methods and systems for detection, assessment and recommended control	· Staff trained on management of swimming pools on	● Medical service unit dedicated person Dr. Abdu have knowledge management of incidents of swimming pools and SPA areas	● BIA port health have no knowledge management of swimming pools and SPA areas

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Measures.			
	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.	· Staff trained on biosafety and biosecurity including foreign language skills	● Airlines clinic health staffs are trained on medical facility on board (on medical chest, biosafety procedures according to WHO, ICAO)	● BIA port health staffs are not trained on medical facility on board (on medical chest, biosafety procedures according to WHO, ICAO) ● No translation and interpretation arrangement
	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.	· Staff trained air quality monitoring including tools for air quality monitoring	● All staff from airline medical safety staff are trained on air quality monitoring including tools for air quality monitoring	● BIA port health staffs are not trained on indoor air quality monitoring including tools for air quality monitoring
	Trained staff on inspection to ensure safe env.t for travelers	· Potable water, eating establishment, flight catering facilities, public washroom, waste disposal services	● There is strong internal supervision to ensure safe env.t for travelers by airline medical safety staff	● There is no trained staffs on inspection to ensure safe env.t for travelers

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Human remains 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	· Procedures for inspection of human remains and staff trained on the procedures	● Availability of SOPs for human remains from affected countries and for the use of specific health ● Measures to ensure the safe handling at BIA port health	● None
	Inspection Program	· Inspection programs at points of entry developed including procedures/Manuals for inspection and staff trained on inspection	● There is internal inspection program by Medical safety department of the airline	● There is no inspection program by BIA port health ● No plan, SOP, adequately trained staff at BIA port health for inspection program
	Knowledge and skills for detecting, reporting, assessing and providing first control measures to public health events;	·	● Some staff are trained on inspection	● Most staff are not trained on inspection
	Demonstrable knowledge of application and correct use of PPEs.	· Staff trained on the use of personal protective equipment including drilling exercises on	● Some staff are trained on the use of personal protective equipment including drilling exercises on donning and doffing of PPEs	● Most staff are not trained on the use of personal protective equipment including drilling exercises on donning and doffing of PPEs

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
		· Donning and doffing of PPEs		
	Harmful contamination other than microbial contamination, such as radio-nuclear sources	· Staff trained on how to detect radiological risks and microbial contamination	● None	● Staffs are not trained on how to detect radiological risks and microbial contamination
	Facilities, equipment and supplies for use by inspection staff	· Availability of communication devices, testing and sampling supplies and equipment, updated guidance tools and other technical information sources, personal protective, vector control devices and supplies, records/data collection storage and forms	● Some facilities, equipment and supplies for use by inspection staff are available ● tablet, desktop computers, PPE at BIA port health	● Most required facilities, equipment and supplies for use by inspection staff are not available such as (test kit for water) at BIA port health
	To provide as far as practicable program and trained personnel for the control of vector and reservoirs in and near points of entry	· Vector control program documented and implemented	● There is a room and equipment assigned for vector control program covering 400 meters around the POE	● There is no comprehensive vector control plan for vector program that is integrated with institutional plan
	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.	· Personnel trained on vector control methods and detection methods	● Some BIA port health staffs are trained on detection and control of vectors and reservoirs	● Most BIA port health staffs were not trained on detection and control of vectors and reservoirs

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Monitoring of vectors in the point of entry facilities and in the surrounding area of at least 400 meters from terminal. Monitoring is continuously done on site: vectors and reservoirs are detected, identified, tested for pathogens and controlled.	· Monitoring of vectors is done at a distance of 400m buffer zones	● None	● The monitoring of vectors is not being done at a distance of 400m from terminals of BIA
	Dedicated space, equipment and supplies for use by vector and reservoir control staff.	· Dedicated and secure space/room for use by vector and reservoir control staff including storage of vector control equipment provided	● There is temporary assigned room for vector and reservoir control at BIA	● The room is not dedicated and not secure space/room for use by vector and reservoir control staff.
	Measures to disinfect, derrat, decontaminate baggage, cargo, conveyances etc.	· Procedures for application of these measures and staff are trained on their use.	● BIA Port health have trained on disinfect, derrat, decontaminate baggage, cargo, conveyances as part of general IPC training	● No designated site for disinfect, derrat, decontaminate, baggage, cargo, conveyances at BIA ● Inadequate trained port health staff to apply those public health measure (disinfect, derrat, decontaminate baggage, cargo, conveyances)
	Entry or exit control for travelers	· Procedures for conducting entry and exit screening of travelers	● There is entry screening of traveler's plan at BIA port health ● There are equipment's for screening at BIA port health ● There are staffs assigned for screening	● No formal plan for exit screening ● NO SOP for entry and exit screening and not digitalize d ● No committee to coordinate decisions at entry/exit screening ● No toolbox for screening of travelers at entry/exit at BIA ● Irregular calibration of equipment for entry/exit screening ● Inadequate screening thermal scanners

Core capacity	Core capacity requirement	Detailed requirement	Strengths	Gaps
	Equipment and personnel for the transport of ill travelers to an appropriate medical facility	· Ambulance or written arrangement for transport of suspected travelers	● There is ambulance assigned for transport of suspected traveler at BIA	● The assigned ambulance to transport suspected infectious cases is not accessible as it is not being parked at BIA ● There is no integration and procedure between port health and airport medical unit to use medical unit ambulance for infectious suspected cases ● No dedicated trained ambulance e staff for transport of ill travelers

Annex IV: List of participants

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