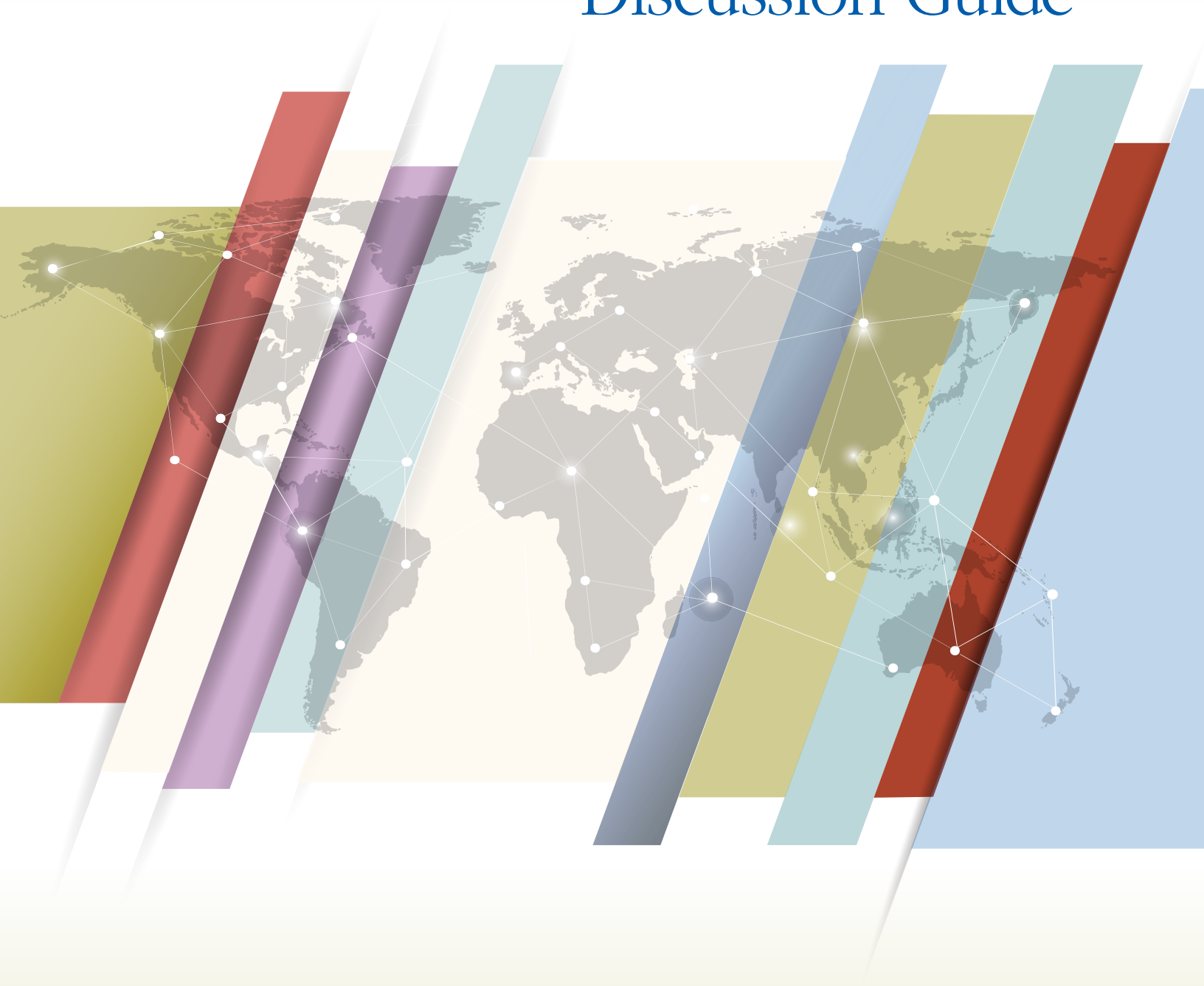


# Border Health Capacity

## Discussion Guide



**U.S. Department of  
Health and Human Services**  
Centers for Disease  
Control and Prevention

## **Border Health Capacity Discussion Guide**

Drafted by:

Global Border Health Team

Division of Global Migration and Quarantine

National Center for Emerging and Zoonotic Infectious Diseases

US CDC

December 2017



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# Executive Summary



## Introduction

The porous nature of international land borders increases the potential for spread of public health threats, such as infectious diseases, across administrative boundaries. During the West Africa Ebola epidemic of 2014 to 2016, the virus spread from Guinea to Sierra Leone and Liberia in a matter of weeks through routine human movement across political boundaries. Health surveillance and coordination systems at ground crossings and along land borders are often less resourced than those in airports, port, and urban areas. Strengthening and better integrating border regions, including ground crossings, into national systems will help to improve the capacity of national, local, and points of entry (POE) levels to prevent, detect, and respond to public health threats, such as infectious diseases, at international ground crossings and in border regions mitigating the risk of further spread. Currently the International Health Regulations “Assessment Tool for Core Capacity Requirements at Designated Airports, Ports, and Ground Crossings” is designed to score core capacity compliance at designated POE where States often focus resources to building infrastructure and capacity. These are typically the international airports and ports. **In contrast, this Border Health Capacity Discussion Guide is intended for use solely at ground crossings and in border regions, and is designed to gather information to complement data collected via the IHR assessment tool.**

**Table 1.1: Potential stakeholders include individuals responsible for activities related to surveillance, cross-border coordination, and/or points of entry**

National
• Ministry of Health officials
• Ministry of Transport officials
• Immigration department officials
• Port Health department officials
• International Health Regulations National Focal Point
District*
• District surveillance officers
• District medical officers
Ground Crossing
• Local surveillance officers
• Local medical officers
• Port health officials
• Ground crossing officials
* refers to a defined sub-national administrative area

## Objective

The Border Health Capacity Discussion Guide (BHCDG) facilitates information gathering with national, local, and ground crossing stakeholders on ground crossing public health preparedness and response capacities with a specific focus on: **border characteristics, availability of medical and public health services, response plans and trainings, surveillance systems, communication systems, social mobilization, and bi-national and regional information sharing.** The information collected can be used to inform IHR core capacities by identifying strengths and areas for improvement (e.g., need for public health preparedness plans, standard operating procedures for notification to appropriate surveillance personnel, memorandum of understanding with cross-border counterparts).

## Process to use the guide

A facilitator conducts guided discussions with national-, district-, and ground crossing-level stakeholders who are engaged in or responsible for border health activities in border regions and at ground crossings (Table 1.1). In addition to international borders, the BHCDG can be used at internal administrative borders. Discussions are tailored to the stakeholder's administrative level, geographic region, and public health responsibilities, i.e. discussion held with national stakeholders will incorporate different, though similarly themed, questions from those held with stakeholders located at a ground crossing. The facilitator records notes from open-ended responses and asks to see relevant documents, such as standard operating procedures, if available, to better inform and guide results-based recommendations.

Discussion topics reflect components of the IHR core capacity assessment for designated points of entry, and include:

1. **Border characteristics**, including unofficial ground crossings, volume and purpose of travel, etc.
2. **Medical and public health services** available at and/or near the ground crossing, as well as coordination with nearby health facilities or referral health facilities
3. **Response plans and training** that describe how to prepare for, and respond to, public health events at the ground crossing
4. **Surveillance systems** that incorporate health assessments conducted and responses to a public health event identified at the ground crossing
5. **Communication systems** that include identified points of contact for reporting and receiving notification of public health events
6. **Social mobilization** efforts for communicating health-related information to travelers and the neighboring community
7. **Bi-national and regional information** sharing with cross-border counterparts about public health events such as outbreaks, case investigations, etc.

The facilitator, along with his/her support staff, will collate qualitative data collected through each discussion to identify strengths and areas for improvement in border capacities as they relate to the IHR. Collated data will be shared in the form of a report with the Ministry of Health, who can use the information to guide action plans for strengthening border health systems. Subsequently, the Ministry of Health should disseminate the information to other stakeholders engaged in or responsible for border health activities. This information can be interpreted in combination with additional existing information about relevant capacities provided by participating stakeholders.

## Impact

Ministries of health and transportation, as well as stakeholders participating in public health preparedness and response activities in border regions and at ground crossings, can use the collected information to **strengthen local, national, and regional plans, systems, and interventions** to prevent, detect, and respond to public health events, like infectious diseases, **at international ground crossings and along international borders** to mitigate the risk of further spread.

# Comparison and Crosswalk:

## International Health Regulations (2005) Assessment Tool for Core Capacity Requirements at Designated Airports, Ports and Ground Crossings and Border Health Capacity Discussion Guide

The International Health Regulations (2005) Assessment Tool for Core Capacity Requirements at Designated Airports, Ports, and Ground Crossings (IHR POE Assessment Tool) and the Border Health Capacity Discussion Guide should be used in conjunction with each other. Additional differences apply if conducting the entire IHR (2005) assessment, which covers a broader range of non-POE IHR core capacity requirements including, but not limited to, surveillance, preparedness, response, and laboratory. **As the BHCDG is meant to serve as a complement rather than replacement to the IHR POE Assessment Tool, understanding the similarities and differences between the two documents will help to inform local approaches to gathering information on capacities at ground crossings and in border regions.**



# Comparison of Functionality: International Health Regulations (2005) Assessment Tool for Core Capacity Requirements at Designated Airport, Ports, and Ground Crossings and Border Health Capacity Discussion Guide

The purpose of this high-level comparison table is to assist the facilitation team who conduct assessments of public health capacity at ground crossings to determine the appropriate tool to use.

**Table 2.1: Comparison of functionality: IHR POE Assessment Tool and Border Health Capacity Discussion Guide**

Topic	IHR POE Assessment Tool	Border Health Capacity Discussion Guide
Objectives	<ul style="list-style-type: none"> <li>Determine current status of IHR core capacities (as defined in Annex 1 of the IHR)</li> <li>Identify IHR implementation gaps and system requirements at designated POE</li> <li>Obtain baseline information that will allow the measurement of progress towards planning and monitoring of IHR implementation</li> <li>Support the development of a plan of action that addresses the identified gaps and improve the routine risk management and early warning and response systems to meet IHR requirements</li> </ul>	<ul style="list-style-type: none"> <li>Identify current strengths and areas for improvement in public health preparedness and response capacities at and along borders</li> <li>Collect information that can be used by governments to prioritize interventions to improve public health preparedness and response capacities in identified border regions</li> <li>Collect information that can be used by governments to strengthen local, national, and regional public health systems and interventions to prevent, detect, and respond to public health events at and along international borders and among internationally mobile populations</li> </ul>
Focus	<ul style="list-style-type: none"> <li>Designated POE which typically are airports and commercial ports; few ground crossings are usually designated</li> </ul>	<ul style="list-style-type: none"> <li>Border regions</li> <li>Ground crossings (may also include water landings)</li> </ul>
Question design and scoring	<ul style="list-style-type: none"> <li>Scored assessment that reflects current stage of IHR implementation. Scores are defined as “Full,” “Partial,” or “None” and are accompanied by a justification</li> </ul>	<ul style="list-style-type: none"> <li>Discussion to gather information; answers to questions are not scored</li> </ul>
Adaptability	<ul style="list-style-type: none"> <li>Cannot be adapted as per WHO implementation requirements</li> </ul>	<ul style="list-style-type: none"> <li>Can be adapted to fit the country's interests and priorities</li> </ul>
Respondents	<ul style="list-style-type: none"> <li>Designed to be conducted only at the POE. Participating POE officials may not have information needed to answer national-level IHR related questions.</li> </ul>	<ul style="list-style-type: none"> <li>Designed for tailored discussions at three administrative levels: national, district, and ground crossing</li> </ul>
Discussion topics	<ul style="list-style-type: none"> <li>Coordination and communication between competent authorities and the National IHR Focal Point and health authorities at points of entry, at the national, intermediate, and local levels</li> <li>IHR POE core capacity requirements (per Annex 1): <ul style="list-style-type: none"> <li>At all times (routine)</li> <li>For responding to events that may constitute a Public Health Emergency of International Concern (emergencies)</li> </ul> </li> <li>Note <ul style="list-style-type: none"> <li>Limited information gathering on incorporation of POE into the country's public health surveillance system(s), with one reference to a mechanism for communication within national surveillance systems and one for incorporating results from exit screening into national surveillance and reporting systems</li> <li>Limited information gathering on cross-border communication and coordination of surveillance activities, with one reference to international communication link with competent authorities at other POE</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Border characteristics</li> <li>Medical and public health services</li> <li>Response plans and training</li> <li>Surveillance systems</li> <li>Communication systems</li> <li>Social mobilization</li> <li>Bi-national and regional information sharing</li> <li>Note <ul style="list-style-type: none"> <li>Includes in-depth discussion on how ground crossings are incorporated into the country's public health surveillance systems</li> <li>Includes in-depth discussion on cross-border communication and coordination of surveillance activities</li> </ul> </li> </ul>

# Crosswalk of Information Collected: International Health Regulations (2005) Assessment Tool for Core Capacities at Designated Airport, Ports, and Ground Crossings and Border Health Capacity Discussion Guide

The purpose of this table is to crosswalk the BHCDG with the IHR POE Assessment Tool in order to identify and compare information collected. The facilitation team may adjust the BHCDG to capture additional information included in the IHR POE Assessment Tool that is not currently in the BHCDG but that the State considers a priority or vice versa. The table identifies the core capacity measure of compliance as scored in the IHR POE Assessment Tool as either none, partial, or full compliance (first column); relevant information collected using the BHCDG (second column); and further clarification on the topics covered or recommendations for using either tool (third column).

**Table 2.2: Crosswalk of information collected: IHR POE Assessment Tool and Border Health Capacity Discussion Guide**

IHR POE Assessment Tool	Border Health Capacity Discussion Guide	Additional Clarification
<b>A. Checklist for core capacity requirements for coordination, communication of event information, and adoption of measures (in regard to activities concerning designated airports, ports, and ground crossings, according to Annex 1A)</b>		
International communication link with competent authorities at other points of entry <ul style="list-style-type: none"> <li>Contact details, means of communication, and procedures available</li> </ul>	<ul style="list-style-type: none"> <li>Process to notify WHO about new cases of notifiable and priority diseases</li> <li>Focal point responsible for coordinating public health surveillance and reporting</li> <li>Designated cross-border focal points</li> <li>Notification system to alert neighboring countries or bi- or multi-national surveillance systems about new cases of notifiable and priority diseases</li> <li>Memoranda of understanding with neighboring countries to facilitate cross-border communication</li> <li>Regularity of meetings with public health personnel in neighboring countries</li> </ul>	IHR question may be best answered at the national-level. Since ground crossings tend not to be designated POE, an identified competent authority is not required. BHCDG questions allow for information gathering on any type of international communication that may occur, not just between competent authorities.
National communication link between competent authorities at POE and health authorities at local, intermediate, and national levels <ul style="list-style-type: none"> <li>Local, intermediate, and national levels have contact details of competent authority and communication procedures in place</li> <li>Competent authority has contact details for local, intermediate, and national levels and communication procedures in place</li> </ul>	<ul style="list-style-type: none"> <li>Process to notify Ministry of Health (MOH) about new cases of notifiable and priority diseases</li> <li>Focal point responsible for coordinating public health surveillance and reporting</li> <li>How and to whom public health events are reported</li> <li>Method of communication used to report public health events</li> <li>List of point of contacts at national, district, and ground crossing levels</li> </ul>	IHR question may be best answered at the national-level. Since ground crossings tend not to be designated POE, an identified competent authority is not required. BHCDG questions allow for information gathering on any type of national communication that may occur.
Direct operational link with other senior health officials	<ul style="list-style-type: none"> <li>Focal point responsible for coordinating public health surveillance and reporting</li> <li>How and to whom public health events are reported</li> <li>Method of communication used to report public health events</li> <li>List of point of contacts at national, district, and ground crossing levels</li> </ul>	BHCDG questions allow for information gathering on any type of national and sub-national communication that may occur
Communication link with conveyance operators	Not applicable (N/A)	More applicable for airports and ports where additional aviation and maritime international regulations exist that require communication between POE and conveyance operators



IHR POE Assessment Tool	Border Health Capacity Discussion Guide	Additional Clarification
<b>A. Checklist for core capacity requirements for coordination, communication of event information, and adoption of measures (in regard to activities concerning designated airports, ports, and ground crossings, according to Annex 1A)</b>		
Communication link with travelers for health related informations	Communication of health related information to travelers	
Communication link with service providers	N/A	More applicable for airport and ports where more formalized service providers are present
Assessment of all reports of urgent events within 24 hours	<ul style="list-style-type: none"> <li>Assessment of emergency public health events at ground crossings</li> <li>Usual delay time between receiving report and public health investigation of the event</li> </ul>	
Communication mechanism for the dissemination of information and recommendations received from WHO	<ul style="list-style-type: none"> <li>Receipt of information on public health events occurring internationally</li> <li>Processes for reporting public health information from national level to district and ground crossing level</li> </ul>	
Procedures and legal and administrative provisions to conduct inspections and receive reports of cases of illness and or other evidence of public health risk on board arriving conveyances	<ul style="list-style-type: none"> <li>Processes for gathering and reporting public health information from ground crossings to district level and from district level to national level</li> </ul>	IHR question may be best answered at the national level. Reports of illness or other public health events aboard a conveyance are more applicable at airports and ports where additional aviation and maritime international regulations exist that require communication between POE and conveyance operators.
<b>B.I Checklist for core capacity requirements for designated airports, ports, and ground crossings – At all times (routine)</b>		
<b>B.I.a. Provide access to (i) appropriate medical services including diagnostics facilities located so as to allow the prompt assessment and care of ill travelers and (ii) adequate staff, equipment, and premises</b>		
Assessment and care of ill travelers <ul style="list-style-type: none"> <li>Access to medical care and diagnostic facilities</li> <li>Assessments of requirements concerning vaccination or prophylaxis</li> <li>Key information regarding medical and diagnostic facilities</li> </ul>	<ul style="list-style-type: none"> <li>Accessibility of medical facilities</li> <li>Traveler health assessment conducted at ground crossings</li> <li>Usual delay time between detecting an ill traveler and conducting health assessment</li> </ul>	BHCDG does not specifically ask about vaccination or prophylaxis
Adequate staff, equipment, and premises <ul style="list-style-type: none"> <li>Staff</li> <li>Adequate space to conduct private interviews with ill travelers</li> <li>Personal protective equipment (PPE) for interviewing ill travelers</li> </ul>	<ul style="list-style-type: none"> <li>Staff conducting health assessments</li> <li>Area on-site for isolating potentially ill travelers</li> <li>Availability of equipment and materials needed to conduct health assessments</li> </ul>	BHCDG also gathers information on additional resources needed to strengthen ability to perform public health surveillance and response.
<b>B.I.b. Provide access to equipment and personnel for the transport of ill travelers to an appropriate medical facility</b>		
Equipment to transport ill travelers <ul style="list-style-type: none"> <li>Equipment for transport of ill travelers to appropriate medical facility</li> <li>Access to PPE for transport staff</li> </ul>	<ul style="list-style-type: none"> <li>Systems in place to transport ill travelers to a medical facility including one in a neighboring country</li> <li>Type of transportation available</li> </ul>	BHCDG gathers information on systems in place to transport ill travelers to a medical facility in neighboring countries. The aim of this question is to gather information on whether travelers can be transported to the closest medical facility even if it is in the neighboring country.
Personnel to transport ill travelers <ul style="list-style-type: none"> <li>Number of trained personnel</li> <li>Training in standard operating procedures for transport of ill travelers</li> </ul>	<ul style="list-style-type: none"> <li>Systems in place to transport ill travelers to a medical facility including one in a neighboring country</li> </ul>	BHCDG gathers information on systems in place to transport ill travelers to medical facilities in neighboring countries. The aim of this question is to gather information on whether travelers can be transported to the closest medical facility even if it is in the neighboring country

IHR POE Assessment Tool	Border Health Capacity Discussion Guide	Additional Clarification
<b>B.I.c. Provide trained personnel for the inspection of conveyances</b>		
Number of trained personnel	N/A	
Training for inspectors <ul style="list-style-type: none"> <li>• Understanding of inspection standard operating procedures</li> <li>• Required health-related documents for conveyances</li> <li>• Epidemiological situation at the point of entry</li> <li>• Public health events</li> <li>• Public health risks for microbiological, chemical, and radiological agents</li> <li>• Personal protective techniques, and related equipment</li> <li>• Public health measures</li> <li>• Testing and sampling techniques</li> <li>• Vector control</li> <li>• Food safety management</li> <li>• Water safety management</li> <li>• Solid and liquid waste management</li> <li>• Swimming pool and SPA</li> <li>• Medical facilities</li> <li>• Air quality management</li> </ul>	N/A	BHCDG gathers information on reporting of response to, and awareness of the epidemiological situation at the POE, other public health events, and public health measures but not in the context of conveyance inspection. <ul style="list-style-type: none"> <li>• List of public health events that are monitored and reported</li> <li>• List of standard case definitions for diseases</li> </ul>
<b>B.I.d. To ensure a safe environment for travelers using point of entry facilities, including potable water supplies, eating establishments, flight catering facilities, public washrooms, appropriate solid and liquid waste disposal services and other potential areas, by conducting inspection programs, as appropriate, and adequate numbers of trained staff</b>		
Safe environment for travelers using point of entry facilities <ul style="list-style-type: none"> <li>• Water</li> <li>• Food</li> <li>• Public washrooms</li> <li>• Solid and liquid waste – residual water</li> <li>• Other potential risk areas: indoor air quality</li> <li>• Other potential risk areas: human remains</li> </ul>	N/A	More applicable to airports (and maybe ports) where provision of these services is formalized
Inspection programs <ul style="list-style-type: none"> <li>• Sufficient number of staff for inspections</li> <li>• Competent/qualified personnel for inspection programs</li> <li>• Epidemiological situation at the point of entry</li> <li>• Public health events</li> <li>• Public health risks from microbiological, chemical, and radiological agents</li> <li>• Personal protective techniques and related equipment</li> <li>• Public health measures</li> <li>• Testing and sampling techniques</li> <li>• Vector control</li> <li>• Food safety management</li> <li>• Water safety management</li> <li>• Solid and liquid waste management</li> <li>• Swimming pool and SPA</li> <li>• Medical facilities</li> <li>• Harmful contamination other than microbial contamination</li> <li>• Facilities, equipment, and supplies for use by inspection staff</li> </ul>	N/A	More applicable to airports (and maybe ports) where provision of these services is formalized  BHCDG gathers information on reporting of response to, and awareness of the epidemiological situation at the POE, other public health events, and public health measures but not in the context of point of entry facilities. <ul style="list-style-type: none"> <li>• List of public health events that are monitored and reported</li> <li>• List of standard cases definitions of diseases</li> </ul>

IHR POE Assessment Tool	Border Health Capacity Discussion Guide	Additional Clarification
<b>B.I.e. To provide as far as practicable a program and trained personnel for the control of vector and reservoirs in and near points of entry</b>		
Plan for vector and reservoir control	N/A	More applicable to airports (and maybe ports) where programs to address vector and reservoir control are more likely to be formalized
Trained personnel for control of vector and reservoirs	N/A	More applicable to airports (and maybe ports) where programs to address vector and reservoir control are more likely to be formalized
Dedicated space, equipment, and supplies for use by vector and reservoir control staff	N/A	More applicable to airports (and maybe ports) where programs to address vector and reservoir control are more likely to be formalized
<b>B.I.f. Special capacities according to type of point of entry – ground crossings</b>		
Procedures concerning communication with ground transport conveyance and ground crossing operator regarding border control measures when mass suspect cases or high public health-related risk detected, if and when requested by national authority	<ul style="list-style-type: none"> <li>Processes for gathering and reporting public health information from national level to district and ground crossing levels</li> </ul>	BHCDG does not ask questions specifically on communication with conveyance or ground crossing operators in the context of receiving information on border control measures to be carried out.
Arrangements in place for carrying out health measures on affected ground transport conveyances, when recommended or requested by national authority	<ul style="list-style-type: none"> <li>Procedures for detecting and responding to ill travelers</li> <li>Assessment of emergency public health events at ground crossings</li> <li>Traveler health assessment conducted at ground crossings</li> </ul>	<p>BHCDG gathers information on health measures in place at ground crossings and in border regions but does not specifically ask about health measures aboard a ground transport conveyance</p> <p>Travel through ground crossings is not always via conveyance; a lot of travel occurs on foot</p>
<b>B.II Checklist for core capacity requirements for designated airports, ports, and ground crossings – For responding to events that may constitute PHEIC (emergencies)</b>		
<b>B.II.a To provide appropriate public health emergency response by establishing and maintaining a Public Health Emergency Contingency Plan, including the nomination of a coordinator and contact points for relevant point of entry, public health, and other agencies and services</b>		
Public health emergency contingency plan	<ul style="list-style-type: none"> <li>Existence of a national public health emergency response plan that includes POE</li> <li>Emergency response plan includes information on responding to a public health event at or near a ground crossing or in border communities</li> <li>Standard operating procedures in place at district level for responding to a public health event including at or near a ground crossing or in border communities</li> <li>SOPs in place at ground crossing level for responding to an event at the ground crossing               <ul style="list-style-type: none"> <li>SOPs include information on responding to a public health event at the ground crossing</li> </ul> </li> </ul>	
Integration with other response plans	<ul style="list-style-type: none"> <li>Existence of a national public health emergency response plan that includes POE</li> <li>Standard operating procedures in place at district and/or ground crossing level for responding to a public health event</li> </ul>	



IHR POE Assessment Tool	Border Health Capacity Discussion Guide	Additional Clarification
B.II.a To provide appropriate public health emergency response by establishing and maintaining a Public Health Emergency Contingency Plan, including the nomination of a coordinator and contact points for relevant point of entry, public health, and other agencies and services		
Training and/or drill exercises	<ul style="list-style-type: none"> <li>• Training on national response plan and date of last training <ul style="list-style-type: none"> <li>▸ Inclusion of border health components into training on national plan</li> </ul> </li> <li>• Exercises to test national response plan and date of last exercise <ul style="list-style-type: none"> <li>▸ Inclusion of border health components into national plan exercises</li> </ul> </li> <li>• Training on SOPs at district and ground crossing-level and frequency of training (including date of last training) <ul style="list-style-type: none"> <li>▸ Inclusion of public health component in trainings on SOPs</li> </ul> </li> <li>• Exercises to test SOPs and date of last exercise <ul style="list-style-type: none"> <li>▸ Inclusion of public health component into SOP exercises</li> <li>▸ Inclusion of border health components into SOP exercises</li> </ul> </li> </ul>	
B.II.b To provide assessment of, and care for, affected travelers or animals by establishing arrangements with local medical and veterinary facilities for their isolation, treatment, and other support services that may be required		
<p>Affected travelers on board</p> <ul style="list-style-type: none"> <li>• Arrangements and procedures in place and agreed upon for information sharing and coordinated intersectoral alert and response</li> </ul>	<ul style="list-style-type: none"> <li>• Reporting and management structure of public health surveillance systems</li> <li>• Processes for gathering and reporting public health information from ground crossing to district level and from district level to national level</li> <li>• Assessment of emergency public health events at ground crossings</li> </ul>	
<p>Assessment of, and care for affected travelers</p> <ul style="list-style-type: none"> <li>• Access to treatment, isolation, and diagnostic facilities</li> <li>• Key information regarding treatment, isolation, and diagnostic facilities and transport for affected travelers</li> </ul>	<ul style="list-style-type: none"> <li>• Traveler health assessment conducted at ground crossings</li> <li>• Staff conducting health assessments</li> <li>• Usual time between detecting an ill traveler and conducting health assessment</li> <li>• Area on-site for isolating potentially ill travelers</li> <li>• Accessibility of medical facilities</li> <li>• Systems in place to transport ill travelers to a medical facility including one in a neighboring country</li> <li>• Type of transportation available</li> </ul>	
<p>Assessment, care, and isolation of affected animals</p> <ul style="list-style-type: none"> <li>• A written formal agreement in place with veterinary centers to provide diagnostic tests, assessment, and recommended measures related to affected animals</li> <li>• Referral and transport of animals to designated veterinary facility through appropriate safe transport arrangements</li> </ul>	N/A	



IHR POE Assessment Tool	Border Health Capacity Discussion Guide	Additional Clarification
<b>B.II.c To provide appropriate space, separate from other travelers, to interview suspect or affected persons</b>		
Space to interview suspect or affected travelers	<ul style="list-style-type: none"> <li>• Area on-site for isolating potentially ill travelers</li> </ul>	
Regularly updated, documented, and tested on-site control measures	N/A	
PPE for interviewing ill travelers	<ul style="list-style-type: none"> <li>• Availability of equipment and materials needed to conduct health assessments</li> </ul>	BHCDG also gathers information on additional resources needed to strengthen ability to perform public health surveillance and response
<b>B.II.d To provide for the assessment and if required, quarantine of suspect travelers, preferably in facilities away from the point of entry</b>		
Assessment of suspect travelers <ul style="list-style-type: none"> <li>• Staff</li> <li>• Procedures for reporting</li> </ul>	<ul style="list-style-type: none"> <li>• Traveler health assessment conducted at ground crossings</li> <li>• Staff conducting health assessments</li> <li>• Reporting and management structure of public health surveillance systems</li> <li>• Processes for gathering and reporting public health information from ground crossing to district level and from district level to national level</li> </ul>	
Quarantine of suspect travelers <ul style="list-style-type: none"> <li>• Designation of facilities</li> <li>• Staff</li> </ul>	<ul style="list-style-type: none"> <li>• Area on-site for isolating potentially ill travelers</li> </ul>	BHCDG does not specifically ask questions related to quarantining of suspect travelers off-site.
<b>B.II.e To apply recommended measures to disinsect, derat, disinfect, decontaminate, or otherwise treat conveyances or baggage, cargo, containers, goods or postal parcels, including, when appropriate, at locations specially designated and equipped for this purpose</b>		
Location to apply recommended measures	N/A	More applicable to airports (and maybe ports) where programs to conduct these activities are more likely to be formalized
Standard operating procedures	N/A	More applicable to airports (and maybe ports) where programs to conduct these activities are more likely to be formalized
Trained Staff	N/A	More applicable to airports (and maybe ports) where programs to conduct these activities are more likely to be formalized
PPE	N/A	More applicable to airports (and maybe ports) where programs to conduct these activities are more likely to be formalized
<b>B.II.f To apply entry or exit controls for arriving and departing travelers</b>		
A formal plan in place to apply entry or exit controls at point of entry, if and when recommended, to enable a risk assessment of the individual traveler during events that may constitute a public health emergency of international concern	<ul style="list-style-type: none"> <li>• Existence of a national public health emergency response plan that includes POE</li> <li>• Emergency response plan includes information on responding to a public health event at or near a ground crossing or in border communities</li> <li>• Standard operating procedures in place at district for responding to a public health event including at or near a ground crossing or in border communities</li> <li>• SOPs in place at ground crossing level for responding to an event at the ground crossing               <ul style="list-style-type: none"> <li>• SOPs include information on responding to a public health event at the ground crossing</li> </ul> </li> </ul>	BHCDG gathers information on any plans and SOPs in place to detect and respond to ill travelers or other public health events, it does not ask specifically about exit/entry control plans

IHR POE Assessment Tool	Border Health Capacity Discussion Guide	Additional Clarification
B.II.g To provide access to specially designed equipment, and to trained personnel with appropriate personal protection, for the transfer of travelers who may carry infection or contamination		
Provide access to special equipment <ul style="list-style-type: none"> <li>Transporting suspect travelers to appropriate facilities by safe and hygienic means of transport</li> </ul>	<ul style="list-style-type: none"> <li>Systems in place to transport ill travelers to a medical facility including one in a neighboring country</li> <li>Type of transportation available</li> </ul>	BHCDG gathers information on systems in place to transport ill travelers to a medical facility in neighboring countries. The aim of this question is to gather information on whether travelers can be transported to the closest medical facility even if it is in the neighboring country
Personnel to transport suspect travelers <ul style="list-style-type: none"> <li>Appropriate number of trained personnel available to transport suspected travelers according to technical requirements, adequately and in a timely manner</li> <li>Personnel trained in application of PPE and disinfectant techniques, as applicable</li> <li>Personnel trained in the use of key information regarding hospital/clinic/diagnostic facilities related to the point of entry</li> </ul>	<ul style="list-style-type: none"> <li>Systems in place to transport ill travelers to a medical facility including one in a neighboring country</li> </ul>	BHCDG gathers information on systems in place to transport ill travelers to a medical facility in neighboring countries. The aim of this question is to gather information on whether travelers can be transported to the closest medical facility even if it is in the neighboring country
Additional information captured by the Border Health Capacity Discussion Guide		
N/A	Border characteristics <ul style="list-style-type: none"> <li>List of official and unofficial POE along land borders</li> <li>Number of travelers passing through a ground crossing</li> </ul>	
N/A	Medical and public health services <ul style="list-style-type: none"> <li>Consistent representation of MOH at POE</li> </ul>	
N/A	Surveillance systems <ul style="list-style-type: none"> <li>Description of national surveillance systems               <ul style="list-style-type: none"> <li>Incorporation of community and district surveillance into national level</li> <li>Methods for collecting information from community or village level</li> <li>Incorporation of POE into public health surveillance systems</li> <li>Process community monitors and ground crossings follow to communicate public health information to district level</li> </ul> </li> <li>Collection and reporting of recent travel history               <ul style="list-style-type: none"> <li>List of priority diseases for which a travel history is collected</li> <li>Sharing of travel history with district or POE</li> </ul> </li> <li>Investigation to determine need for contact tracing</li> <li>Role of ground crossing in performing or supporting contact tracing</li> <li>Collection of traveler information at ground crossings</li> <li>Record keeping on ill travelers or other public health events identified at a ground crossing</li> </ul>	

IHR POE Assessment Tool	Border Health Capacity Discussion Guide	Additional Clarification
Additional information captured by the Border Health Capacity Discussion Guide		
N/A	<p>Bi-national and regional information sharing</p> <ul style="list-style-type: none"> <li>• Sharing of standard case definitions of notifiable and priority diseases with neighboring countries</li> <li>• Agencies and technical stakeholders that help facilitate cross-border coordination and information sharing</li> <li>• Agencies and technical stakeholders that help facilitate epidemiologic/surveillance activities at and along international land borders</li> <li>• SOPs for cross-border coordination and communication <ul style="list-style-type: none"> <li>• Training on SOPs</li> <li>• Exercising of SOPs</li> </ul> </li> </ul>	



# Implementing

## the Border Health Capacity Discussion Guide



**The Border Health Capacity Discussion Guide includes template tools to lead facilitated discussions with national-, district-, and ground crossing- level representatives on seven border health system topics:**

1. Border characteristics
2. Availability of medical and public health services
3. Response plans and trainings
4. Surveillance systems
5. Communication systems
6. Social mobilization
7. Bi-national and regional information sharing

Before initiating guided discussions, a facilitation team should undertake a few initial preparatory steps to adapt the guide(s) to the border health priorities and context in the selected geographic area (Table 3.1).

**Table 3.1: Possible members of a BHCDG facilitation team**

• IHR National Focal Point	
• Chief of Surveillance	
• District Health Officer	
• Port Health Services	
• Representatives from other agencies responsible for border activities	



## Step 1: Identify participants

The facilitation team must first identify which of the national, district, and ground crossing administrative level(s) or any combination of the three to invite to participate in discussions. For each level the facilitation team selects respondents knowledgeable about border health systems. **Appropriate, potential respondents may vary by administrative level and should include those stakeholders responsible for activities related to public health surveillance, cross-border coordination, or points of entry.**

## Step 2: Adapt the Border Health Capacity Discussion Guide

While selecting participants, the facilitation team should consider adapting the BHCDG to the country context, the selected administrative level(s), and the invited respondents. Facilitators will want to ensure that the respondents understand the questions and that the facilitated discussions address the needs of priority stakeholders, such as the Ministry of Health. Adaptations may include choosing topics or questions to emphasize, removing topics or questions that are not relevant, and making the language easier for the facilitator and respondent(s) to understand. For example, in a given context, the facilitation team may prioritize gathering information on surveillance systems and social mobilization and may translate the BHCDG questions into a local language.

## Step 3: Facilitate the discussion

During the facilitated discussion, the assigned facilitator must ensure the respondent(s) fully understands the questions and may provide minimal, open-ended prompts when necessary to improve understanding and stimulate conversation. The facilitator, or dedicated notetaker(s) when available, records all responses as verbatim as possible. The space provided in the BHCDG comments section may not be sufficient to record all comments; therefore, the facilitator and notetaker(s) should carry additional paper for note taking. If possible, the facilitation team can record the discussion for later transcription to supplement but not replace real-time note-taking. Themes and key points from the discussions can be identified during the analysis only when detailed notes are available. Immediately after the discussion, the facilitator and notetaker(s) should consolidate notes and add any comments they remember that may not have been recorded.

## Step 4: Summarize key findings and disseminate

The facilitation team develops a written report using responses from all participants. This report describes strengths and areas for improvement for the selected border health system topics. Additionally, the report outlines how the areas for improvement will be addressed, who will be responsible for addressing them, and the timeline in which the actions will be taken. In collaboration with other relevant stakeholders, those with responsibility to strengthen the border health system can use this report to inform an action plan, which will be shared with senior leadership and other key stakeholders for review and validation.

# Border Health Capacity

## Discussion Guide



### National-level Guide

This tool is designed to guide discussions with national-level stakeholders about public health preparedness and response capacities at ground crossings and in international border regions. Possible respondents include Ministry of Health or Transport officials or the IHR National Focal Point. The information gathered will be used to better understand the border region's or ground crossing's strengths and areas for improvement to enhance the country's capacity to prevent, detect, and respond to public health events at and along international land borders. Note: Not all questions in the guide must be answered.

**Table 4.1: National-level Guide**

Country:		Date:
Ministry/Agency:		Respondent (name and position):
National-level Questions		National-level Comments
<b>A. Border Characteristics</b>		
1. Please point out on the map or describe the location of official ground crossings, in this area. <i>If no map is available, draw an informal map to facilitate discussion.</i>		
2. Please point out on the map or describe the location of additional recognized or unofficial ground crossings in the area. <i>If no map is available, draw an informal map to facilitate discussion.</i>		
<b>B. Medical and public health services</b>		
1. Does the Ministry of Health have consistent representation at the official, recognized, or unofficial ground crossings?"		
1.1 If yes, what type of personnel and how many are present? What are their roles and responsibilities?		



National-level Questions	National-level Comments
<b>C. Response plans and training</b>	
1. Has a national public health emergency response plan been developed? <i>If yes, ask if you may have a copy or if it is okay to take a photo of the document.</i>	
1.1 If yes, when was the most recent national public health emergency response plan developed?	
1.2. If yes, does the national plan incorporate information about preparing for or responding to a public health event at POE (as either a section or an annex)?	
1.2.1. If yes, does the national response plan incorporate information about responding to a public health event, including detecting and responding to an ill traveler, at or near a ground crossing or communities along international borders?	
1.2.1.1. If international ground crossings or communities along international borders are included, please describe any methods or standard operating procedures (SOPs) used at ground crossings to detect illness in travelers. If SOPs exist, ask if you may have copies or if it is okay to take a photo of the documents.	
1.2.1.2. If international ground crossings or communities along international borders are included, does the national plan describe how to support coordination and communication with the neighboring country to respond to a public health event (as either a section or an annex)?	
2. If a national public health emergency response plan exists, how often are public health personnel trained on the national plan? When was the last training completed?	
2.1 Do the national- or district-level trainings on preparing for and responding to public health emergencies incorporate border health components such as strengthened traveler screening or cross-border coordination and communication activities?	



National-level Questions	National-level Comments
<b>C. Response plans and training</b>	
3. How often do public health personnel at the national, or district levels participate in exercises (e.g. tabletop, simulation, etc.) for preparing for and responding to a public health emergency? When was the last exercise conducted?	
3.1. If exercises occur, do the national- or district-level exercises on preparing for and responding to public health emergencies incorporate border health components such as strengthened traveler screening or cross-border coordination and communication activities?	
3.1.1. If yes, please briefly describe how border health components, such as strengthened traveler screenings or cross-border coordination, have been incorporated into the exercise(s).	
3.1.2. If yes, do health and non-health personnel at points of entry participate in public health emergency exercises that incorporate border components?	
<b>D. Surveillance system</b>	
1. Is there a dedicated focal point who is responsible for coordinating public health surveillance and reporting at POE?	
2. Please briefly describe the national public health surveillance system, including information on how community and district surveillance information is incorporated at the national level.	
2.1. How do district-level surveillance officers gather and report public health surveillance information from the community and ground crossings to the national level?	
2.1.1. How soon after the district level learns of an event do district officials report a public health event to the national level?	
2.1.2. What types of communication (e.g. telephone call, text message, email, paper forms) do public health personnel use to report public health events to the national level?	
2.1.2.1 Are these types of communication always available? If not, why? <i>If multiple types are used, please describe availability for each type.</i>	
2.2. Is surveillance information from IHR designated POE incorporated into the public health surveillance system? <i>If yes, please describe.</i>	
2.3. Is surveillance information from official regional, non-designated, ground crossings incorporated into the public health surveillance system? <i>If yes, please describe.</i>	
2.4. Is surveillance information from unofficial ground crossings incorporated into the public health surveillance system? <i>If yes, please describe.</i>	



National-level Questions	National-level Comments
<b>D. Surveillance system</b>	
3. Do you have a list of public health events for which district surveillance officers and ground crossing staff monitor and report? <i>If yes, ask if you may have a copy or if it is okay to take a photo of the document.</i>	
3.1. Are standard case definitions of notifiable and priority diseases included in the list of public health events?	
4. For reportable public health events, is information on recent travel history collected? <i>If yes, please describe the type of information collected.</i>	
4.1. Is there a list of priority diseases for which travel information is collected? <i>If yes, ask if you may have a copy or if it is okay to take a photo of the document.</i>	
4.2. If recent travel history is identified, how is this information shared with the areas or POE through which the case, or identified contacts, traveled? How is this information shared with other areas or POE?	
5. How is public health information shared from the national level to the district level?	
6. Is information about public health events occurring in the country and internationally shared with the district level?	
6.1. What forms of communication (e.g. telephone call, text message, email) are used to notify the district-level about public health events that happen in the country or internationally?	
6.1.1. Are these forms of communication always available? If not, why? <i>If multiple types are used, please describe availability for each type.</i>	
7. What is the notification system to alert the Ministry of Health as well as World Health Organization (WHO) about new cases of notifiable and priority diseases identified at POE but also elsewhere in the country.	
7.1. Please describe how the Ministry of Health is involved in this system.	
7.2. Please describe how WHO is involved in this system.	
8. What additional resources are needed to strengthen the ability to perform public health surveillance and response at ground crossings? What resources are needed to strengthen the integration of ground crossings (official and unofficial) into the public health surveillance system? <i>Answers may differ for official and unofficial ground crossings.</i>	
<b>E. Communication system</b>	
1. Is there a list of points of contact for reporting and receiving notification of public health events at all POE?	
1.1. If yes, what agencies or personnel (e.g. title, type of staff) are included on the list?	
1.2. If yes, how often is the list updated?	

National-level Questions	National-level Comments
F. Social Mobilization	
1. Is a system in place to communicate health related information to travelers? <i>If yes, please describe.</i>	
2. Is a system in place to communicate health related information to community members along the international border? <i>If yes, please describe.</i>	
G. Bi-national and regional information sharing	
1. Are there designated cross-border focal points at the national and district levels?	
2. What is the notification system to alert neighboring countries or a bi- or multi-national disease surveillance system about new cases of notifiable and priority diseases? <i>Please describe district-level communication plans as well as national-level plans.</i>	
3. Have standard case definitions for notifiable and priority diseases been shared with neighboring countries? <i>If yes, ask if you may have a copy or if it is okay to take a photo of the document.</i>	
3.1. Have neighboring countries shared their standard cases definitions for their notifiable and priority diseases with (insert name of country)?	
4. Does (insert name of country) have current agreements with neighboring countries at the regional, national, or district levels to facilitate cross-border communication for the following: <i>Where available, ask for more information about with which countries, at what administrative level, date of signing, and ask if you may have a copy or if it is okay to take a photo of the document.</i>	
4.1. Information sharing	
4.2. Laboratory specimen analysis and supply sharing	
4.3. Case management including access to transportation of cases across borders to reach nearer or better equipped health facilities.	
4.4. Contact tracing	
5. Please describe which agencies and technical stakeholders help facilitate cross-border coordination and information sharing, e.g. meetings, trainings.	
6. Please describe which agencies and technical stakeholders help facilitate joint epidemiology and surveillance activities in international border areas.	



## District-level Guide

This tool is designed to guide discussions with district-level stakeholders about public health preparedness and response capacities at ground crossings and in international border regions. Possible respondents include district medical or surveillance officers. The information gathered will be used to better understand the border region's or ground crossing's strengths and areas for improvement to enhance the country's capacity to prevent, detect, and respond to public health events at and along international land borders. Note: Not all questions in the guide must be answered.

**Table 4.2: District-level Guide**

Country:		Date:
District:		Respondent(s) (name, agency, and position):
District-level Questions	District-level Comments	
<b>A. Border Characteristics</b>		
1. Please point out on the map or describe the location of official ground crossings, in this area. <i>If no map is available, draw an informal map to facilitate discussion.</i>		
2. Please point out on the map or describe the location of additional recognized or unofficial ground crossings in the area. <i>If no map is available, draw an informal map to facilitate discussion.</i>		
<b>B. Medical and public health services</b>		
1. Does the Ministry of Health have consistent representation at the official, recognized, or unofficial ground crossings?		
1.1 If yes, how many and what type of personnel are present? What are their roles and responsibilities?		
<b>C. Response plans and training</b>		
1. Have district-level standard procedures or plans describing how to prepare for and respond to a public health event been developed? <i>If yes, ask to see a copy (take a photo).</i>		
1.1 If available, does the district plan incorporate information about preparing for or responding to a public health event, including detecting and responding to an ill traveler, at or near a ground crossing or in communities along the international border(s) (as either a section or an annex)?		
1.1.1 If international ground crossings or communities along the international border are included, please describe any methods or standard operating procedures (SOPs) used at ground crossings to detect illness in travelers. <i>If SOPs exist, ask if you may have copies or if it is okay to take a photo of the documents.</i>		



District-level Questions	District-level Comments
<b>C. Response plans and training</b>	
1.1.2 If international ground crossings or communities along international borders are included, does the district plan describe how to support cross-border coordination and communication with the neighboring country to respond to a public health event (as either a section or an annex)?	
2. If district standard operating procedures or plans do exist, how often are district- and community-level public health personnel trained on the procedures or plans? When was the last training completed?	
2.1 Do the trainings on preparing for and responding to public health emergencies incorporate border health components such as strengthened traveler screening or cross-border coordination and communication activities?	
3. How often do public health personnel at the district-level participate in exercises (e.g. tabletop, simulation) for preparing for and responding to a public health emergency? When was the last exercise completed?	
3.1 If exercises occur, do the district-level exercises on preparing for and responding to public health emergencies incorporate border health components such as strengthened traveler screening or cross-border coordination and communication activities?	
3.1.1 If yes, please briefly describe how border health components, such as strengthened traveler screenings or cross border coordination, have been incorporated into the exercise(s).	
3.1.2 If yes, do health and non-health personnel at points of entry participate in public health emergency exercises that incorporate border components?	
<b>D. Surveillance system</b>	
1. Is there a dedicated focal point who is responsible for coordinating public health surveillance and reporting at ground crossings?	
2. Please briefly describe the reporting and management structure of the public health surveillance system at the district level, including how public health event information is collected in the community and at ground crossings and reported to the district and national-level.	
2.1. How do district-level surveillance officers gather public health surveillance information from the community and ground crossings?	
2.2. How do personnel working at international ground crossings, official or unofficial, gather and report public health event information to the district level?	
2.3. Is there a written description of this system, or diagram showing the flow of information? <i>If yes, ask if you may have a copy or if it is okay to take a photo of the document.</i>	

District-level Questions	District-level Comments
<b>D. Surveillance system</b>	
2.4 . What types of communication (e.g. telephone call, text message, email, paper forms) do public health personnel use to report public health events in the community and at ground crossings?	
2.4.1. Are these types of communication always available? If not, why? <i>If multiple types are used, please describe availability of each type.</i>	
3. Is there a list of public health events for which ground crossings monitor and report? <i>If yes, ask if you may have a copy or if it is okay to take a photo of the document.</i>	
3.1. Are standard case definitions (or signs and symptoms) for the notifiable and priority diseases at the district level included in the list of public health events?	
4. How are reports of emergency public health events at ground crossings assessed?	
4.1. What is the usual delay time between receiving a report of an emergency public health event at a ground crossing and additional public health investigation of the event?	
4.2. What criteria are used to determine if the report necessitates an additional public health investigation?	
5. For reportable public health events, is information on recent travel history collected?	
5.1 Is there a list of priority diseases for which travel information is collected? <i>If yes, ask if you may have a copy or if it is okay to take a photo of the document.</i>	
5.2 If recent travel history is indicated, how is this information shared with the ground crossing through which the case, or identified contacts, traveled? How is this information shared with other ground crossings in this area?	
6. Are risk assessments or investigations performed to determine if contact tracing is needed?	
7. How often do district public health personnel communicate or meet with border officials at ground crossings?	
8. How is public health information communicated from the district level to the national level?	
9. How and when is public health information shared from the national level to the district level?	
10. How is information received about public health events that happen in other areas of the country or internationally?	
10.1 Is this information shared with the ground crossings in this area?	

District-level Questions	District-level Comments
<b>D. Surveillance system</b>	
10.1.1 What types of communication (e.g. telephone call, text message, email, paper forms) are used to notify ground crossings about public health events that happen in other areas of the country or internationally?	
10.1.2 Are these types of communication always available? If not, why? <i>If multiple types used, please describe availability for each type.</i>	
11. What additional resources are needed to strengthen the ability to perform public health surveillance and response at ground crossings? What resources are needed to strengthen the integration of ground crossings (official and unofficial) into the public health surveillance system? <i>Answers may differ for official and unofficial ground crossings.</i>	
<b>E. Communication system</b>	
1. Is there a list of points of contact for reporting and receiving notification of public health events at ground crossings in this area?	
1.1 If yes, what agencies or personnel (e.g. title, type of staff) are included on the list?	
1.2 If yes, how often is the list updated?	
<b>F. Social mobilization</b>	
1. Is a system in place to communicate health related information to travelers? <i>If yes, please describe.</i>	
2. Is a system in place to communicate health related information to community members along the international border? <i>If yes, please describe.</i>	
<b>G. Bi-national and regional information sharing</b>	
1. Are there designated cross-border focal points at the district level?	
1.1. Are there designated cross-border focal points in neighboring countries?	
2. What is the notification system to alert neighboring countries or a bi- or multi-national disease surveillance system about new cases of notifiable and priority diseases that occur at the district level? <i>Ask about informal and formal systems.</i>	
3. Have standard case definitions for notifiable and priority diseases been shared with neighboring countries? <i>If yes, ask if you may have a copy or if it is okay to take a photo of the document.</i>	
3.1. Have neighboring countries shared their standard cases definitions for their notifiable and priority diseases at the district level?	

District-level Questions	District-level Comments
<b>G. Bi-national and regional information sharing</b>	
4. How often do communications or meetings occur with public health personnel, including the cross-border focal points, in neighboring countries?	
5. Are there standard procedures to describe how to establish and maintain public health coordination and communication with neighboring countries? <i>If no, ask if informal procedures exist.</i>	
5.1. If yes, how often are staff trained on the plan and when was the last training completed?	
5.2. If yes, have exercises (e.g. tabletop, simulation) been conducted at the district level and in coordination with cross-border focal points? When was the last exercise conducted?	
6. Does <i>(insert name of country)</i> have current agreements with neighboring countries at the district level to facilitate cross-border communication for the following: <i>Where available, ask for more information about which countries, at what administrative level, date of signing, and whether you may have a copy or take a photo of the document.</i>	
6.1 Information sharing	
6.2 Laboratory specimen analysis and supply sharing	
6.3 Case management including access to transport cases across borders to reach nearer or better equipped health facilities	
6.4 Contact tracing	
7. Please describe which agencies and technical stakeholders help facilitate cross-border coordination and information sharing, e.g. meetings, trainings.	
8. Please describe which agencies and technical stakeholders help facilitate joint epidemiology and surveillance activities in international border areas	







## Ground Crossing-level Guide

This tool is designed to guide discussions with ground crossing-level stakeholders about public health preparedness and response capacities at ground crossings and in international border regions. Possible respondents include local medical or surveillance officers, port health officials, or ground crossing personnel. The information gathered will be used to better understand the border region's or ground crossing's strengths and areas for improvement to enhance the country's capacity to prevent, detect, and respond to public health events at and along international land borders. Note: Not all questions in the guide must be answered.

**Table 4.3: Ground Crossing-level Guide**

Country:	Date:
Ground Crossing:	Respondent(s) (name, agency, and position):
Hours of operation:	GPS coordinates:

Ground Crossing-level Questions	Ground Crossing-level Comments
<b>A. Border characteristics</b>	
1. On average, how many travelers cross the border per day or per week?	
1.1. What is the primary reason people pass through this border, e.g. economic, family, seeking health care?	
2. How close is the ground crossing to the actual border with <i>(insert name of neighboring country)</i> ?	
2.1. How close is the ground crossing in <i>(insert name of neighboring country)</i> to the actual border?	
3. Please point out on the map or describe the location of any other official ground crossings in this district. <i>If no map is available, draw an informal map to facilitate discussion.</i>	
4. Please point out on the map or describe the location of additional unofficial ground crossings in the district. <i>If no map is available, draw an informal map to facilitate discussion.</i>	
4.1. Please point out on the map any additional areas, such as a river, where travelers may cross. <i>If no map is available, draw an informal map to facilitate discussion.</i>	
<b>B. Medical and public health services</b>	
1. List the different authorities present at or assigned to work at the ground crossing.	
1.1. If health or public health (e.g. port health, medical officers, surveillance officers, hygienists) personnel are present, what are their roles and responsibilities? <i>Please describe.</i>	
1.1.1. How many work at the ground crossing?	



Ground Crossing-level Questions	Ground Crossing-level Comments
<b>B. Medical and public health services</b>	
1.1.1.1. Is this a sufficient number of personnel? <i>Please explain.</i>	
1.1.2. What are their working hours? What are the number of shifts?	
1.1.3. Are health or public health personnel posted here permanently or only on a temporary basis?	
2. Please describe the closest referral medical facility: Where is it? How many kilometers away is the facility? What type or tier of health facility is it?	
2.1. What type of transport is available to get to the referral facility? How long does it take to get there (by type of transport)?	
2.2. How does communication with the referral medical facility occur? Is it possible to call them?	
2.3. Where is the closest medical facility, if different from the referral medical facility, to the ground crossing?	
2.4. Will either the referral medical facility or the closest medical facility respond to or admit ill travelers who may be from a neighboring country?	
3. Please describe the closest medical facility across the border in the neighboring country: Where is it? How many kilometers away is it? What type of health facility is it?	
3.1. Are systems in place to communicate with the medical facility? <i>If yes, please describe.</i>	
3.2. Are systems in place to coordinate referral and transport to the medical facility? <i>If yes, please describe.</i>	
3.2.1. If yes, what mode of transport is used?	



Ground Crossing-level Questions	Ground Crossing-level Comments
<b>C. Response plans and trainings</b>	
1. Are there standard operating procedures or plans describing how to prepare for and respond to events at the ground crossing?	
1.1. If yes, how often are staff at this ground crossing trained on the standard operating procedures or plans for preparing and responding to an event? When was the last training completed?	
1.2. If yes, do the standard operating procedures or plans include information on how to prepare for and respond to a public health event, such as detecting and responding to an ill traveler or cross-border communication and coordination? <i>If yes, ask if you may have a copy or if it is okay to take a photo of the document.</i>	
1.2. 1. If yes, when was the last time training occurred on how to prepare for and respond to a public health event that happens at the ground crossing?	
1.2. 2. Please describe the response procedure if an ill traveler is detected.	
2. How often do staff at this ground crossing participate in exercises (e.g. tabletop, simulation) for preparing for and responding to events at the ground crossing? When was the last exercise completed?	
2.1. If exercises have occurred, have any of them included a public health event, such as detecting and responding to an ill traveler or cross-border communication and coordination? <i>If yes, please describe.</i>	
2.1.1. If yes, please briefly describe how public health events were incorporated into the exercise(s).	
<b>D. Surveillance system</b>	
1. Is traveler information collected at the ground crossings? If yes, from whom is it collected and what type of information is collected?	
2. Is any type of traveler health assessment conducted at this ground crossing? <i>If yes, please describe.</i>	
2.1. Who (what type of worker) conducts the assessment (e.g. security, health workers)?	
2.2. Do staff at the ground crossing look for any specific signs and symptoms of illness in travelers? <i>If yes, please describe.</i>	
2.3. Is any additional information not already mentioned collected during the health assessment (e.g. yellow fever vaccine card, travel history)? <i>If yes, please describe.</i>	
2.4. What is the usual amount of time between detecting an ill traveler and performing the additional health assessment?	



Ground Crossing-level Questions	Ground Crossing-level Comments
<b>D. Surveillance system</b>	
2.5. What equipment, if any, is available at the ground crossing for performing health assessments?	
2.5.1. What staff at the ground crossing are trained in the use of the equipment?	
2.5.2. Is additional equipment needed to conduct health assessments?	
2.6. Is there an area on-site where potentially ill travelers can be isolated?	
3. When an ill traveler or other public health event is detected, who is notified?	
3.1. What type of information is included in the notification? Is there a standard report template?	
3.2. What is the usual amount of time between detecting an ill traveler or other public health event and reporting the event?	
3.3. What types of communication (e.g. telephone call, text message, email, paper forms) are used to report public health events at the ground crossing to the district level or your designated reporting location, e.g. a specific health facility?	
3.3.1. Are these types of communication always available? If not, why? <i>If multiple types are used, please describe availability of each type.</i>	
4. Do staff at the ground crossing perform or support contact tracing for ill travelers / individuals potentially exposed to an ill traveler?	
5. <i>(Ask only if health or public health personnel are present for discussion)</i> Do you have a list (or know) the notifiable and priority diseases for your region / country? <i>If yes, ask to see a copy (take a photo).</i>	
6. Is there a dedicated focal point at the ground crossing who is responsible for coordinating public health event surveillance and response?	
7. Do staff at the ground crossing receive information about public health events involving an individual with history of recent travel through the ground crossing? Or across the border in this district? <i>Emphasize that this question is not about public health events in general but rather ones that involve someone with a history of travel.</i>	
8. How often do border officials at this ground crossing communicate or meet with district public health personnel?	
9. How is information about public health events that happen in other areas of the country or internationally shared with border officials at the ground crossing?	
9.1. What types of communication are used to notify border officials of public health events that occurred in the district or elsewhere in the country, e.g. telephone call, text message, email, paper forms?	

Ground Crossing-level Questions	Ground Crossing-level Comments
<b>D. Surveillance system</b>	
10. How often do border officials receive information about occurrence of disease at the district level or elsewhere in the country? <i>E.g. daily, weekly, monthly, ad hoc.</i>	
11. What additional resources are needed to strengthen border officials' ability to perform public health surveillance and response?	
<b>E. Communication system</b>	
1. Is there a list of points of contact at the district level for reporting and receiving notification of public health events?	
1.1. If yes, what agencies or personnel (e.g. title, type of staff) are included on the list?	
1.2. If yes, how often is the list updated?	
<b>F. Social mobilization</b>	
1. Is there a system in place to communicate health related information to travelers? <i>If yes, please describe.</i>	
2. Is there a system in place to communicate health related information to community members along the international border? <i>If yes, please describe.</i>	
<b>G. Bi-national and regional information sharing</b>	
1. Is a designated cross-border focal point at the district level to <i>(describe function of focal point)?</i>	
1.1. Is a designated cross-border focal point in the neighboring country?	
2. Do you notify neighboring countries about new cases of notifiable and priority diseases that occur in this area? <i>If yes, please describe the process. Ask about informal and formal systems.</i>	
3. <i>(Ask only if health or public health personnel are present during discussion)</i> Do you know the notifiable and priority diseases for the neighboring country?	
4. How often do border officials communicate or meet with public health personnel, including the cross-border focal points, in neighboring countries?	
5. Have trainings or exercises on coordinating and responding to a public health event been held with counterparts on the other side of the border? <i>If yes, when was the last training or exercise completed? If yes, please describe.</i>	

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## Acknowledgements

The International Border Team wishes to thank colleagues who piloted the various iterations of the guide and provided feedback throughout the development process.

## A composite image featuring a person writing in a notebook on the left and a rural village scene on the right, with decorative geometric shapes on the far left.

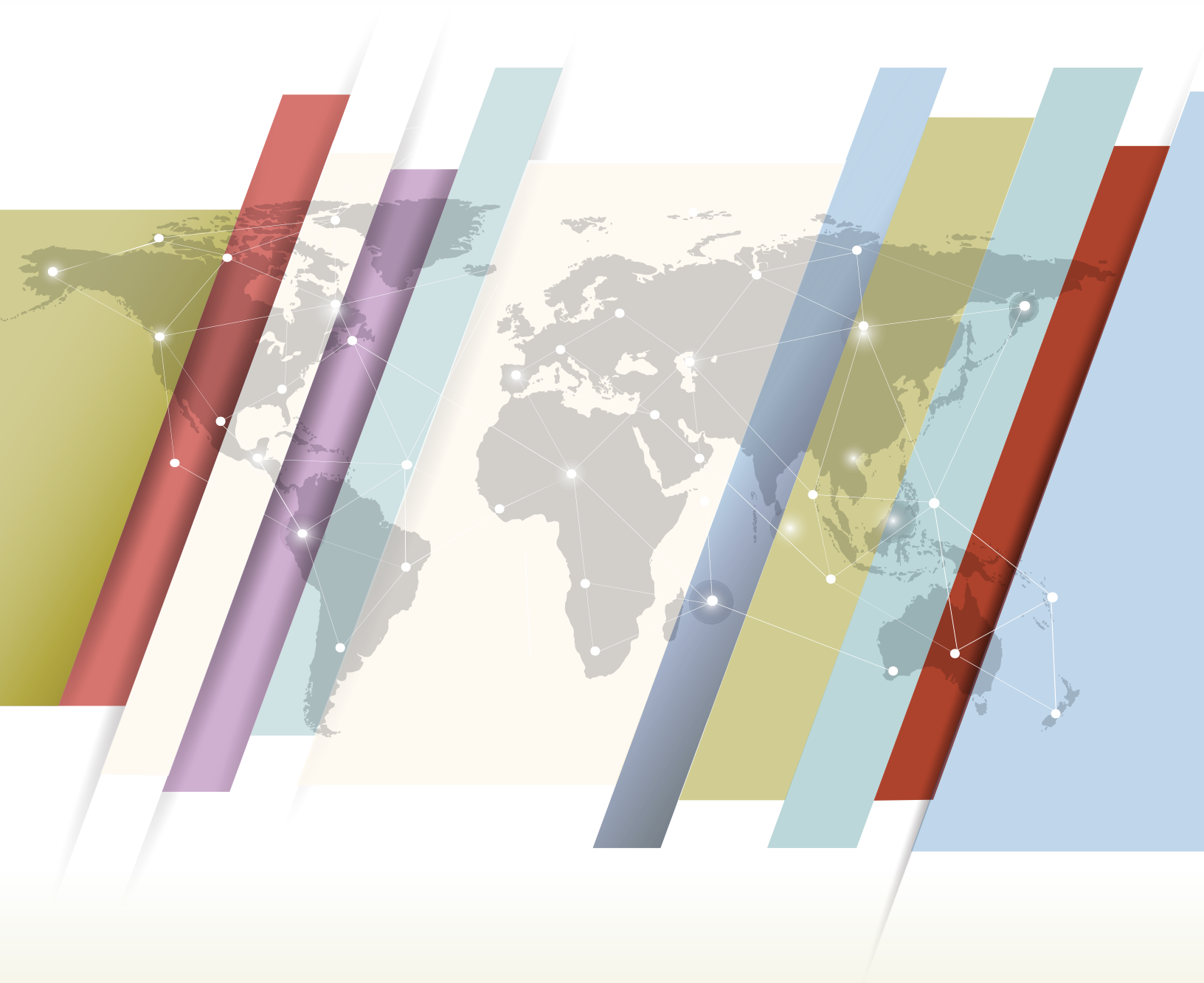


## A collage of three images. The left image shows a hand typing on a laptop with a network overlay. The middle image shows a playground with a barbed wire fence. The right image shows a close-up of a hand holding a smartphone.

# Notes







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CS277510