Controlling the spread of COVID-19 at ground crossings

Interim guidance

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World Health Organization

Background

Since the International Health Regulations (2005) (IHR 2005) entered into force in 2007 there has been increasing recognition that, unlike airports and ports, ground crossings often constitute informal passages between two countries without a physical structure, barriers, or borders. Moreover, ground crossings play an important role in the international spread of disease. Travellers and people living and working on and around borders are particularly vulnerable to this threat.

The IHR 2005 stress the importance of taking measures at points of entry,[1] such as ground crossings, to strengthen national capacities to prevent, prepare for, detect and respond to health emergencies. A point of entry refers to a passage for international entry or exit for travellers, baggage, cargo, containers, conveyances, goods, and postal parcels as well as the agencies and areas providing services to them.

The IHR 2005 stipulate that countries must designate certain airports and ports as points of entry with "core capacities",[2] but only suggest the designation of ground crossings "where justified for public health reasons" (Articles 19, 20 and 21). The regulations encourage neighbouring countries to conclude bilateral/multilateral agreements to cooperate on infectious disease prevention and control, and by jointly designating IHR points of entry with core capabilities for taking routine prevention and control measures, and for reporting and responding to events that may constitute a public health emergency of international concern.

Some countries apply strict systematic inspection to travellers, conveyances and cargo passing formal ground crossings, while others allow the relatively free movement across borders, as regulated by bilateral or regional agreements.

The communities living on and around ground crossings vary according to size and density. For many people living in these communities, cross-border movement represents a daily necessity for work, trade, family visits, schooling, health-care services, religious activities, entertainment, and other reasons. However, in places where national authorities are unable to fully monitor formal and informal ground crossings, health measures to control public health risks may be difficult to implement.

Objectives

This guidance advises countries how to reduce the spread of COVID-19 resulting from travel, transportation, and trade on and around ground crossings by:

1. Identifying priority ground crossings and communities;
2. Scaling up preparedness and control measures at these locations.

This guidance has been developed in line with WHO's Handbook for public health capacity building at ground crossings and cross-border collaborations,[3] and WHO's global strategy to respond to COVID-19

The target audience of this guidance includes:

- the IHR National Focal Point (IHR NFP);
- authorities responsible for implementing the IHR at ground crossings;
- representatives of government and nongovernmental organizations and their partners at ground crossings;
- public health professionals involved in disease surveillance, communication, emergency preparedness and response, animal health and environmental health at ground crossings and in nearby communities.

This guidance is divided into the following sections: identification of priority ground crossings, key preparedness activities for those crossings and nearby communities. It also covers: legal enforcement and planning, surveillance, interviewing and managing sick travellers with suspected COVID-19, acute emergency response during mass movement across the border, supplies of infection and control equipment and material, risk communication, cross border collaboration, and risk monitoring and adapting health measures as trends change.

Identification of priority ground crossings and communities

An assessment of cross-border population movement dynamics is needed before priority ground crossings with their adjacent communities can be identified. These communities are at higher risk as a result of travel, transportation and trade connections and their prioritization is essential in the context of limited resources.

This assessment requires a visualisation of cross-border activity between the country of interest and its neighbours. This can be done taking maps of the country's formal and informal ground crossings, transportation network and important sites along the border. The maps should show health facilities, traditional healers, markets, transport hubs, places of worship, schools, informal settlements, and other places that draw people across the borders. The information

visualised in the maps needs to be validated by trusted host-country informants.

A second exercise is needed to complete the information in the maps. This can be done via group discussions or interviews with trusted informants who are familiar with the local context. These key informants may include people from the formal, informal, health and non-health sectors, e.g., immigration, custom and transportation authorities; organizations monitoring population movement; transportation providers; traders; local municipality authorities, community leaders (religious, youth, cultural); etc. The goal is to capture information on:

1. Volume, frequency, and variance of travellers passing through formal and informal ground crossings.
2. Routes and travel directions used by travellers.
3. Demographic profiles of cross-border travellers, their origins, destinations, and reasons for travel.
4. Health-care facilities used by cross-border travellers near the border and in more distant communities.
5. Modes of transportation and volume of cross-border conveyances including cars, trains, buses, small boats, motor-taxis, or bicycles) and the number of persons crossing the border on foot.
6. First stop for international conveyances, transportation hubs near the border and final destinations of international conveyances.
7. Operators of international conveyances and their local representation in the country.
8. Important congregation sites where travellers interact with each other and local communities (such as markets, places of worship, etc).
9. Coordination mechanisms with the neighbouring country/countries, such as relationships between a district or ground crossing with its cross-border counterpart.

Information obtained through this exercise needs to be captured on the maps to complete the visualisation of connectivity.

Using the maps and population movement narratives collected above, key informants will be requested to contribute to identifying ground crossings, populations and communities that are most at risk of COVID-19 introduction and spread, based on prevailing travel, transportation and trade connectivity. Example of Exercise on Identification of Priority Ground Crossings and Communities can be found as follows:

- Preventing the international spread of Ebola virus by comprehensive, risk-informed measures at points of entry and compliance with the International Health Regulations (2005) (page 28)
- South Sudan – Population Mobility Mapping for Ebola Virus Diseases Preparedness (December 2019)
- Population Movement Patterns Among the Democratic Republic of the Congo, Rwanda, and Uganda During an Outbreak of Ebola Virus Disease: Results from Community Engagement in Two Districts — Uganda, March 2019

Key preparedness and response activities for priority ground crossings and communities

Following the identification of priority ground crossings and communities, a range of surveillance and preparedness activities need to be implemented in each setting. These settings are categorized into the following two groups for planning and implementation of key activities: ground crossings and cross-border transportation hubs, and communities at risk of receiving an imported case or from the neighbouring country.

Legal enforcement and planning

Key activities to be implemented	Ground crossing and cross-border transportation hubs	Communities at risk on either side of the border
Review national and local legislative requirements for implementation of necessary health measures at ground crossings, including their designation status under the IHR to develop core capacities and identification of competent authority in accordance with the IHR 2005 Art 19, Annex 1B "	X	
Identify agencies and partners that may be involved in implementing health measures.	X	X
Develop, improve and implement relevant public health emergency contingency plan in line with IHR (2005) Annex 1 on PoE core capacities requirements, including the nomination of a coordinator or contact points and tailor this it to a COVID-19 response plan for ground crossings and adjacent border area.	X	X

Surveillance: Early detection

Key activities to be implemented	Ground crossing and cross-border transportation hubs	Communities at risk on either side of the border
Identify health and non-health staff who could be mobilized to support response activities for COVID-19 such as: border health, immigration and customs personnel, staff at the train and bus stations, crew on board trains and buses, military personnel, staff at the migration reception facilities including NGOs, security personnel, migration authorities staff, informal leaders (religious, youth, cultural in the community, market management), community health volunteers.	X	X
Educate stakeholders identified above to be able to: – recognize signs and symptoms suggesting of COVID-19, and inform the public health authorities – communicate with relevant health personnel information on individuals with signs and symptoms for further investigation, in accordance with data protection requirements – maintain at least one metre distance from travellers at all times – apply protective measures against coronavirus diseases, such as hand hygiene, respiratory hygiene, based on WHO advice	X	X
Identify mechanisms/protocols for the coordination and reporting of suspected cases identified at ground crossings and along the border to the local surveillance system.	X	X
Establish and maintain two-way communication lines for the reporting of travellers who are sick or who have died at ground crossings, transportations hubs and communities to the national surveillance system, and for receiving feedback from national surveillance system about the confirmation of public health events, investigation results and public health recommendations.	X	X

Surveillance: Interview and management of ill travellers suspected of COVID-19

Refer to Management of ill travellers at Points of Entry in the context of COVID-19

https://apps.who.int/iris/bitstream/handle/10665/331512/WHO-2019-nCoV-POEmgmt-2020.2-eng.pdf

Key activities to be implemented	Ground crossing and cross-border transportation hubs	Communities at risk on either side of the border
Identify and train heath staff to: – conduct health screening interviews; – complete case reporting forms as per national guidance; – provide transportation to medical facilities for suspected COVID-19 travellers who are being referred for further evaluation or treatment; – provide referral for contacts of COVID-19 to quarantine facility (in line with local policy).	X	X
Provide health staff with information/training on: – hand hygiene; – psychological first aid; – educating patients, their family and travel companions and addressing their concerns in culturally appropriate and language specific ways; – Article 30 of the IHR − Travellers under public health observation; Article 31 − Health measures relating to entry of travellers; Article 32 − Treatment of travellers; – infection prevention and control requirements for staff and travellers, how to screen travellers, use a thermos flash thermometer, correct hand hygiene and use of personal protective equipment (PPE) during the interview process, based on WHO interim guidance Rational use of PPE;[5] – safe waste management based on WHO's interim guidance entitled Water, sanitation, hygiene, and waste management for the COVID-19 virus;[6]	X	X

– the importance of source control such as providing medical masks if available to travellers with respiratory symptoms, performing frequent hand hygiene and maintaining at least 1 meter physical distance from others before, during and after the interview process; – how to instruct travellers about performing respiratory hygiene (i.e. coughing or sneezing into tissues or a bent elbow) and hand hygiene.		
Identify travel hubs to ensure physical distancing of passengers in bottle neck areas e.g. at immigration checkpoints, and make space and security arrangements to ensure physical space for travellers when filling out any public health declaration forms for primary screening upon arrival at a ground crossing.	X	X
Identify screening/triage area for travellers with one metre distance between screener and traveller.	X	X
Secure a temporary space to isolate personnel and travellers with signs of COVID-19 until further evaluation, with separate toilets and waste management.	X	X
Identify referral health-care facilities that can diagnose and provide care for people with suspected or confirmed COVID-19. A plan to increase capacity in case of a surge in patient numbers.	X	X
Maintain security for crowd management or traveller who do not comply	X	X
Identify transportation that can be used to take suspected cases to health-care facilities.	X	X
Develop process for the referral of symptomatic travellers with suspected COVID-19 to health-care facilities for further assessment and treatment, following national guidance on close contact management, and WHO guidance on quarantining.[7]	X	X
Identify a service provider that can apply recommended measures to clean and disinfected areas at the point of entry and on-board conveyances, and ensure that the provider manages infected waste properly, based on WHO guidance on Water, sanitation, hygiene and waste management for COVID-19.	X	X
Develop or implement paper-based and/or electronic systems for storing, recording, and disposing of records captured during entry. Such systems should be applied fairly and lawfully while respecting patient confidentiality	X	X

Acute emergency response during mass movement across the border

Key activities to be implemented	**Ground crossing and cross-border transportation hubs**	**Communities at risk on either side of the border**
Develop and activate a COVID-19 emergency response plan where there are cross-border mass movements, such as displacement or migration. Response measures need to be tailored to the risk of COVID-19 spread, based on the epidemiological situation of the country/area of origin of the travellers. Coordinate opening hours and border-crossing points with neighbouring countries to enable crowd management and reduce queueing.	X	
Provide key information on COVID-19 to all travellers, via the mass media, as well as leaflets with contact numbers to call for additional information or reporting of signs and symptoms. Risk communication may also be needed, especially during mass population movement.	X	X
If possible, hand hygiene stations with alcohol-based hand rub and/or soap and water and information on respiratory etiquette should be available for all travellers. Individual health screening may be carried out in screening/triage area and may include: temperature measurement using no-touch thermometers (thermoflash or thermal imaging cameras); an assessment of signs and symptoms; and interview on history of exposure if travelling from an affected country/area. (Follow the points above on the interview and management of sick travellers suspected of COVID-19) based on WHO guidance on Management of Ill Travellers at PoE.[8]	X	
Collaborate with immigration authorities and partners on the collection and analysis of information on the final destinations of travellers, to inform the local response teams at destination points on the potential risk of COVID-19 incidence among travellers and inform travellers on measures available to them should they become sick.	X	

Collaboration with community/municipal authorities to identify, trace, quarantine probable or confirmed COVID-19 travellers and their contacts.		X
Plan and implement deactivation of these acute response measures, based on agreed criteria by countries sharing the border (significant reduction of cross-border movement flows to pre-emergency times).	X	

Supplies for infection prevention and control

Key activities to be implemented	Ground crossing and cross-border transportation hubs	Communities at risk on either side of the border
Ensure adequate supplies of: – thermometer; – alcohol-based hand rub or soap and water, and posters and other public information on hand hygiene, paper tissues and medical masks that travellers with respiratory symptoms can use, and posters and other public information on cough etiquette in different languages; – waste bins with liners and lids for disposal of medical masks and tissues; – cleaning supplies are available, including household cleaner 70% ethanol. (If chlorine solution is used, the concentration should be 0.1% or 1000ppm – the solution needs to be made each morning and stored throughout the day in a dark closed container away from sunlight. The remaining solution at the end of the day needs to be discarded). High-touch surfaces such as tables, computers, door knobs should be frequently cleaned with 70% ethanol – isolation areas should have chairs or beds, if possible made of plastic or another water-resistant material for easy cleaning and be well ventilated i.e. with open windows and/or open doors; – potable water and access to toilets.	X	X
Identify staff responsible to track and manage infection prevention and control supplies	X	X

Risk communication and community engagement

Key activities to be implemented	Ground crossing and cross-border transportation hubs	Communities at risk on either side of the border
Identify roles and responsibilities of a risk communication team relation to travel.	X	X
Train communication staff and volunteers on practical ways of engaging target audience (travellers) to understand the risks and recommended measures, and to take actions.	X	X
Identify the target audience for risk communication, i.e. people who are most likely to cross the border or interact with cross-border travellers, with a focus on vulnerable groups: – travellers – public health staff – health-care staff – immigration, border and customs staff – security staff – border communities – travel, transportation, tourism industries – refugees and asylum seekers – migrants – marginalized groups.	X	X

Those tasked with communication should convey the risk information as follows on COVID-19 based on people's questions and feedback, messages should be tailored to communities' culture and language on both sides of the border – protective/prevention measures against COVID-19; – health measures on arrival and departure (e.g. health declarations), providing contact details for risk assessment and contact tracing if necessary; – how and where travellers can access health services, prevention measures while travelling	X	X
Use the most appropriate medium based on the communication channel analysis, such as digital mediums, or printed materials (e.g. posters, banners, pamphlets, advisory material), about recognition of signs and symptoms of COVID-19, basic protective measures against the new coronavirus. This should be done in the appropriate language(s), with an attention to literacy level, and a culturally relevant manner.	X	X
Use the most appropriate channel, such as printed materials (posters, pamphlets, etc) at ground crossings and nearby places with high volumes of travellers (e.g. bus stops, markets and places of worship), or using radio broadcasts, including public service announcements.	X	
Involve partners in communications efforts to get the message across the more difficult to reach community members. Community-based organizations, their leaders and other key influencers, involving organizations working with children and those working with persons with disabilities may help reach children and persons with disabilities; volunteer community members (where appropriate) working with religious and traditional leaders in community dialogue to prevent the resurgence of disease outbreaks; identifying appropriate communication technologies to reach marginalized groups.	X	X
Communicate clearly the reporting requirements for identified, referred and suspected cases, and establish a system for reporting nationally and cross-border to national IHR focal points network.	X	X
Establish complaints and feedback mechanisms (CFM) to improve risk perception, and use feedback to inform the operational response, for instance, utilization of a hotline for target groups.	X	X

Cross-border collaboration

Refer to WHO's Handbook for public health capacity-building at ground crossings and cross-border collaboration: Part B Considerations for cross-border collaborations at ground crossings.

Key activities to be implemented	**Ground crossing and cross-border transportation hubs**	**Communities at risk on either side of the border**
Identify points of contact for reporting and receiving notification of cross-border public health -related information.	X	X
Identify key elements for cross-border information sharing and coordination, such as: – public health events; – potential security issues that may impact the outbreak response; – technical expertise and other resources for joint planning and implementation (including risk communication and community engagement); – information on legal and regulatory processes for potential cross-border deployment of public health experts and/or medical personnel for response; – coordination with countries sharing borders during mass movement for opening hours and locations for cross-border movement to enable crowd management, including the decision of travel restriction and its target groups, to inform preparedness and response efforts.	X	X
Establish local cross-border communication protocols for sharing information on public health events (who, how, when and what).	X	X

Risk monitoring and adaptation of health measures based on changing trends

The evolution of the outbreak, changing trends of population movement and local health capacities, and community feedback on the public health measures will need to be monitored, once surveillance and other preparedness activities are in place at priority ground crossings, transportation hubs and communities at risk. Important changes will require adaptations to the prioritization of sites and the measures in place. Population movement changes may result from natural disasters, violence, political turmoil and economic crises. Such events need to be risk assessed periodically. For example, countries may wish to conduct border screening early in the outbreak to prevent importation but may later need to divert resources from border screening if there is intense transmission in the country. This type of trade-off may be especially important in resource-constrained settings.

References

1. "Point of entry" means a passage for international entry or exit of travellers, baggage, cargo, containers, conveyances, goods and postal parcels as well as agencies and areas providing services to them on entry or exit
2. WHO International Health Regulations, Geneva, World Health Organization, 3rd edition 2005
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4. WHO COVID Strategy Update, Geneva, World Health Organization, 14 April 2020
5. Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19), Geneva, World Health Organization, Interim Guidance, 19 March 2020
6. Water, sanitation, hygiene and waste management for COVID-19, Geneva, World Health Organization, Interim Guidance 23 Apr 2020
7. Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19), Technical documentation, Geneva, World Health Organization, 19 March 202
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WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue a further update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

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