

## **ABSTRACT**

The International Health Regulation (IHR) (2005) require countries to assess implementation status of core capacities and this study was conducted to assess the core capacities at designated points of entry (PoEs) (Yangon International Airport, Yangon International Seaport and Tarchileik Ground Crossing) in Myanmar. This cross-sectional study used quantitative method to assess the knowledge, attitude on IHR and public health emergency of international concern (PHEIC) events of PoEs staffs; the preparedness and response capacity, surveillance capacity and coordination mechanism at specific PoE. The study selected a total of 166 respondents by two-stage sampling method and the respondents from all departments of both sexes who are office in charges, officers and clerks were face to face interviewed with pretested and structured questionnaires. The majority of respondents were aged between 30 to 39 years, male and officer level. All respondents knew about diseases which may constitute PHEIC events but nearly one-fourth of the respondents did not know about IHR. Generally, most of the participants got high score on knowledge and attitude to IHR and PHEIC events. The study pointed out that preparedness and response capacity, surveillance capacity and coordination mechanism at PoEs in Myanmar was in place to achieve IHR implementation status recommended by WHO. The study found out the influencing factors for outcomes and knowledge, attitude, preparedness and response, surveillance and coordination were varied among different IHR implementation departments. Moreover, there were also strong association between knowledge and attitude, knowledge and preparedness, knowledge and surveillance and knowledge and coordination. That is why the most important way to achieve IHR implementation status at PoEs is to increase awareness and capacity building of staff through risk communication, advocacy meeting, social mobilization, training and drill. The overall findings in this study indicated that there was substantial evidence of operational readiness and functionality for IHR implementation however highlighted there were some gaps in preparedness and response to PHEIC events at PoEs in Myanmar.