



COLLABORATIVE ARRANGEMENT FOR THE PREVENTION AND MANAGEMENT OF PUBLIC HEALTH EVENTS IN CIVIL AVIATION (CAPSCA)

International Civil Aviation Organization

Review of the previous meeting Conclusions and CAPSCA Americas activities.

FIFTH CAPSCA - AMERICAS MEETING AND TRAINING

Barbados, 2 – 6 September 2013

Third Global Coordination and Fourth Americas Meetings - Conclusions



Third Global Coordination and Fourth Americas Meetings, (Santiago, Chile, 8 – 12 October 2012)

- 110 participants from 32 States/Territories, 7 International Organizations and 2 members of industry met and adopted the following conclusions:

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1. States pronounced the positive influence and benefits of CAPSCA membership and activities, including the meetings, training, guidance material, web site, and especially the State and Airport Assistance Visits, in developing and improving capacities for the prevention and management of Public Health Events (PHEs) in the aviation system.

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2. The Meeting congratulated Nigeria on the training video on “ICAO CAPSCA Activities” which ICAO will make available on the CAPSCA web site, along with the videos from Kenya, South Africa and the other States that have provided emergency response videos. The presentation on “BioDiaspora” from the University of Toronto and the use of web based GIS technology to mitigate the international spread of diseases and minimize disruption to international air travel was also particularly well received.

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3. The Meeting emphasized the importance of early communication of a potential as well as actual public health event by public health authorities (PHAs) to the aviation sector is important to enable the timely activation of preparedness plans.

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4. States are reminded that the new “Public Health Passenger Locator Form” promulgated in Amendment 23 to ICAO Annex 9 - Facilitation (Appendix 13) will be applicable on 28 February 2013.
5. States to note the revised diagram for the “notification of suspected communicable disease, or other public health risk, on board an aircraft” presented in the Appendix to the report.

NOTIFICATION OF SUSPECTED COMMUNICABLE DISEASE, OR OTHER PUBLIC HEALTH RISK, ON BOARD AN AIRCRAFT



ICAO Aircraft General Declaration
 - Declaration of Health (signs/symptoms)
 (ICAO Annex 9, Appendix 1 & IHR (2005) Annex 9)

- Airport Operator
- Public Health Authority
- Other agency(ies)

- Aircraft Callsign (ID)
- Dep. Aerodrome
- Dest. Aerodrome
- Est. Time Arrival
- Number of persons on board
- Number of suspect cases
- Nature of public health risk

- Airport Operator
- Public Health Authority
- Other agency(ies)

Aircraft Operator
 (or handling agency) at destination aerodrome
 incl. ground-based medical services provider
 (if available)

Via local procedure
 (Aerodrome Emergency Plan)



Voice or data link e.g. AFTN*

Destination Aerodrome Air Traffic Services



Air Traffic Controller

Via local procedure
 (Aerodrome Emergency Plan)

Departure Aerodrome Air Traffic Services

Voice or data link e.g. AFTN*

*AFTN = Aeronautical Fixed Telecommunication Network

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6. States are reminded that from 2013 the ICAO Universal Safety Oversight Audit Programme (USOAP) audits will include monitoring of compliance with ICAO public health related standards and recommended practices (SARPs). State CAAs are therefore urged to develop national regulations that incorporate ICAO health-related Standards and Recommended Practices and work closely with PHA to implement the relevant provisions.

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7. The meeting welcomed the presentations on screening and supports further consideration of the issue. Publication of scientific papers on the subject is encouraged. The presentations showed that there is no ideal single screening test and usually a combination of measures may be required depending upon the prevailing situation. The duration of flight is one aspect to be considered with respect to appearance of symptoms and use of temperature screening.
8. The meeting was appraised from presentations that health measures at borders may be disproportionately driven by the perception of risk which may not accurately reflect objective risk.

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9. States agree for ICAO to share CAPSCA Assistance Visit reports with WHO, and for WHO to distribute these reports among the State PHAs. The meeting strongly recommended that whenever possible assistance visits be jointly conducted by ICAO and WHO.
10. States are encouraged to disseminate and discuss support for CAPSCA in the ICAO and WHO Assemblies to be held in 2013 as an example of multi-sector collaboration.
11. Awareness of CAPSCA and Assistance Visits at the highest level in Government should be ensured by State civil aviation authorities (CAAs) and public health authorities (PHAs) in harmonization with IHR core capacity development.

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12. States should consider documenting in a Memorandum of Understanding, or other form of agreement, a framework for collaboration between civil aviation and public health authorities concerning Public Health Event management and emergency preparedness planning.
13. In relation to risk and crisis communication needs before and during a public health emergency, States should encourage:
 - a) a timely and engaging information policy;
 - b) a risk communication strategy based upon the needs of the public and the scientific evidence;
 - c) an appropriate message and format;
 - d) reference to official international guidance and recommendations provided by WHO, ICAO, IATA and ACI; and
 - e) prioritization of airport and airline staff and travellers

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14. States are urged to consider business continuity management and whole of society principles in preparing and updating aviation public health emergency preparedness plans. Further information is available from: (www.towardsasaferworld.org).
15. Germany will provide ICAO the document “Implementation of the International Health Regulations (2005) (IHR) in Germany – Recommendation on the Core Capacities of airports designated in accordance with paragraph 1 of Article 20 of the IHR” to post on the CAPSCA web site.
16. ICAO and States should support and promote CAPSCA in the ICAO Council and regional Directors General of Civil Aviation (DGCA) meetings.

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17. ICAO should follow-up with the Civil Air Navigation Services Organization (CANSO) and contact the International Federation for Air Traffic Controllers (IFATCA) to discuss the development of business continuity management guidance for air navigation service providers.

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18. WHO and ICAO should seek to formalize collaboration and framework for activities with common objectives and mutual interest in relation to Public Health Event management and Emergency planning and preparedness in the aviation sector, including the following:
- ICAO regional offices to collaborate with WHO regional offices.
 - ICAO and WHO to harmonize and include respective cross references in technical guidance and tools, including the CAPSCA Assistance Visit checklist and the WHO Core Capacity Assessment Tool.
 - WHO and ICAO to harmonize and collaborate on IHR airport core capacity technical assistance visits and CAPSCA State/Airport assistance visits.
 - ICAO and WHO to combine, where possible, their CAPSCA and IHR Point of Entry regional and national events and activities, respectively.
 - ICAO and WHO to consider possible future harmonization between the ICAO safety oversight audit programme and IHR (2005) designated airport certification requirements, where applicable.

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19. ICAO and WHO to develop a methodology for assessing the impact, results and benefits to States of the CAPSCA programme and IHR core capacity development related to aviation and to survey States' Civil Aviation Authorities and Public Health Authorities, respectively, and present the results for review to the next 4th CAPSCA Global Coordination meeting (and other relevant fora).
20. WHO is requested to promote CAPSCA with Public Health Authorities in States in all regions.
21. The participation in CAPSCA State and Airport Assistance Visits of WHO representatives from the regional and/or country offices is considered very important by States and ICAO. The Meeting recommended that WHO contribute to the Assistance Visit report preparation and submission to State PHAs.

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22. The Meeting recommended that training programmes be standardized and harmonized between health and aviation sectors to facilitate more flexible sharing of training opportunities and resources from different organizations and regions.
23. ACI will post the “Business Continuity Management Systems: Implementation Guidelines for Airports” on its web site, by 31 December 2012, to facilitate review and comment and to provide provisional guidance to airports for consideration.
DONE
24. The CAPSCA Africa Deputy Team Leader for Technical Advisors (South Africa) is to expand the analysis of State experiences of the effectiveness and benefits of passenger screening and present the results for review to the next 4th CAPSCA Global Coordination meeting.

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25. The scope of CAPSCA objectives is expanded beyond those relating to communicable diseases to incorporate all types of events which have the potential to become a public health emergency that involve the aviation sector, and the existing CAPSCA title “Cooperative Arrangement for the Prevention of Spread of Communicable disease through Air travel (CAPSCA)” is changed to “Collaborative Arrangement for the Prevention and Management of public health events in Civil Aviation”.
26. States and Organizations:
 - Confirm support for ICAO to continue the CAPSCA Programme beyond 2012 which will require new funding sources to be identified
 - Are invited to propose to ICAO possible sources of and mechanisms for funding CAPSCA
 - To consider providing voluntary contributions to CAPSCA
 - To consider cost-recovery assistance visits



CAPSCA Activities

- The Fourth CAPSCA Global Coordination meeting was held in Bern, Switzerland, from 18 to 20 June 2013.
- ICAO Assembly September 2013



Thank you!

