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Presentation Outline

- Challenges with implementation of ICAO Annexes(9,6,11,14 & 18).
- Aviation Stakeholder Compliance to Regulations
- Implementation of the IHR-Challenges.
- Incorporation of other WHO documentation (Guide to Hygiene & Sanitary in Aviation.)
Challenges with implementation of ICAO Annexes

- Different ICAO Annexes, operationally not related (6, 9, 11/Pans ATM, 14.18), awareness campaign within the CAA.

- Not in Annex 1-ICAO Medical Requirement

- Regulations may be in the different parts, leading to lack of proper oversight. (Suggestion to have I Part)

- Which department within the CAA is responsible for ensuring implementation of the programme.
Challenges with implementation of CAPSCA-General

- In Africa, come CAA’s do not have medical department internally.

- If available medical doctors they are either part-time, have limited knowledge of regulatory approach.

- Some medical assessors based in Department of Health-removed from the daily functioning of the CAA.

- Structure of the CAAs not the same, red tape, in SA Annex 9 under Department of Transport.
Challenges with implementation of CAPSCA-General

- No guidance from the Facilitation Committee in terms of Annex 9 implementation.

- Annex 9-Requires amendment of the Act, supervised by the Ministers office and approved by parliament.

- Regulations for Annex 6, 11 & 14 are coming into effect-1 August-2012.

- States are reactive, medical issue not a priority.
SA Implementation of Annex 9

Parliament approved the Act (Minister to develop plan & appoint Com)

Ministers Approve Regulations & Appoint the Facilitation Committee

Sub-Committee-Drafting of the Plan/Implement

Director CAA approve Technical Standards

CAA Regulation Committee

Designated CAA: (Secretariat Committee-coordination, drafting plan)

Surveillance Industry (Procedures & Policies)
Implementation of Annex 9

- Amend the Act/Regulations & Technical Standards.
- Draft the plan and submit to Minister for signature.
- Identify & appoint Sub-Committee Members
- Draft Terms of References Sub-Committee
- Draft MOU between Departments of Health & Transport for signature by the Minister.
Annex 6,11,14

- Ensure that regulations are developed.

- Leadership to **train** colleagues (inspectors) in the different departments, use existing structures for oversight (Part 91,121,ATC,139).

- Simulation exercise in SA, biannually-Airports Department will assist incorporation CAPSCA into their programme oversight.
Major Aviation Stakeholders

**Airline Operators**

- Consultation awareness-SA individually, bigger (knowledgeable IATA) vs. smaller awareness.

- Legislation August-2012, Airlines communicate the procedures to staff, especially pilots & maintenance people.

- Positive response—**Costs** involved—Universal Precaution Kits/**Procedural Project**.

- Incorporation of communicable disease cabin crew training—CC licensed—not a challenge.
Major Aviation Stakeholders

**Airline Operators**

- Changing of HEPA Filters, suspected case of communicable disease. (Immediate vs Scheduled time)

- Older aircrafts without HEPA Filters, what mechanism is available to filter organisms.

- Oversight of Universal Precaution Kids, opportunity to ensure compliance with medical & first aid kids.

- Oversight (How often) and the quantity of universal precaution kids (e.g. Germicidal disinfectant for surface cleaning)

- International Airlines, awareness and compliance with local regulations.
Major Aviation Stakeholders

Airports

- Workshop with Airport Operators - Awareness Regulations (Major Airports not a challenge).

- Coordination of non-aviation stakeholders during oversight.

- Classifications of airports (International vs. Category - depend on the size of the aircraft.)
Major Aviation Stakeholders

Annex 18-Dangerous Goods Is this Part of CAPSCA

- Human remains and spillage of body fluids.
- Transferring and handling of blood samples for testing purposes. (CDC).
- Importation of Animals and animal products-Departments working in Silos-Aviation & Agriculture
Implementation of IHRs Challenges

- Extension of IHR deadline extension (2014) delays the processes.

- SA assessment took place, but legislation not promulgated.

- National Focal Department knowledgeable, limited knowledge on the ground.
Implementation of IHRs Challenges

- Health authorities not aware of guidelines WHO (e.g. Guide to Hygiene and Sanitation in Aviation).

- Water source to the aircraft required to be infection free (Article 58 IHR).

Operators of Airports and Airlines, together with Health Authorities have a responsibility to ensure:

- Cleaning of aircraft tanks at regular intervals is part of the maintenance process.
Implementation of IHRs Challenges

- Liquid & solid waste disposal—there has to be an effective system of removal, transport and disposal.

- Entrance and exit screening—limited discussion regarding this issue.
OTHER ISSUES

- The introduction of air services into areas with inadequate public health infrastructure.

- Creates a challenge for aircraft operators food handling and storage, water supply and waste disposal,

- Cargo operations, especially with regard to animal transport and hazardous material, are an important concern mainly for aircraft operators.
OTHER ISSUES

- Aircraft operators obtain potable water from numerous sources.

- Aircraft Operators have to ensure that each source provides drinking-water of acceptable quality.

- The aircraft operator has the responsibility, in concert with the airport and relevant health authority, to ensure that proper transfer procedures are observed.
"That's all folks!"