CAPSCA FUNDING BEYOND 2012

3rd CAPSCA Africa Meeting
(Nairobi, Kenya, 26 – 28 June 2012)

Michiel Vreedenburgh
Deputy Regional Director & CAPSCA Project Coordinator
International Civil Aviation Organization
North American, Central American and Caribbean Regional Office
UN CFIA grants expire on 31 December 2012

No funds allotted to CAPSCA in ICAO 2011 – 2013 regular programme budget approved by States in 2010 Assembly

CAPSCA requires funding to continue activities beyond 2012
ICAO CAPSCA Achievements (1)

5 Regional Projects

Partner Organisations (United Nations Agencies and Aviation Industry)

77 Member States

38 State and Airport Assistance Visits

19 Trained State Technical Advisors with OJT for Assistance Visits

Amendments to ICAO Annexes (6, 9, 11, 14, 18)

Incorporation of questions on PHE preparedness in ICAO USOAP

Assembly Resolution A37-13
ICAO CAPSCA Achievements (2)

CAPSCA Assistance Visit guidelines, checklist, report template

Template for National Aviation PHE Preparedness Plan

CAPSCA web site (www.capsca.org)

WHO collaboration on training and visits

National implementation of CAPSCA methodology
# ICAO CAPSCA Regional Projects

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<th>Asia-Pacific</th>
<th>Africa</th>
<th>Americas</th>
<th>Europe</th>
<th>Middle East</th>
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<tr>
<td>No. Member States</td>
<td>17</td>
<td>17</td>
<td>30</td>
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<td>State Technical Advisors Trained by ICAO (OJT completed)</td>
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<td>4</td>
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<td>State &amp; Airport Assistance Visits Completed</td>
<td>9</td>
<td>5</td>
<td>22</td>
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CAPSCA Partner Organisations

United Nations Central Fund for Influenza Action (UN CFIA)

Office for the Coordination of Humanitarian Affairs (OCHA)

IOM - OIM

ACI - Airports Council International

IATA - International Air Transport Association

WFP - World Food Programme

UNWTO - World Tourism Organization

CDC - Centers for Disease Control and Prevention
ICAO CAPSCA Benefits (1)

- Improved and harmonized public health emergency response planning, preparedness and management
- Multi-sector framework and network within State, between States and between International Organisations
  - Global
  - Regional
  - National
  - Local
- Before, during and after a PHE:
  - Communication
  - Coordination
  - Cooperation
  - Collaboration
ICAO CAPSCA Benefits (2)

Reduced impact of public health emergencies on populations:
- Reduced/mitigated spread of disease
- Delayed spread of disease
- Peak effects of disease reduced

Optimize resources for PHE response
- Proportional response encouraged – ‘knee jerk’ reactions minimised
- Mitigation of economic and social effects
- Timely and planned return to normal operations
- Improved management of risk perception – for air passengers and aviation personnel
- Synergistic development of standards and guidance, utilising resources from different sources, both public and private
PHAs resist engaging with CAAs
Airports resist engaging with PHA & CAA
Civil aviation regulations have not been updated with PHE SARPs
Insufficient communication, cooperation, coordination and collaboration between aviation and public health sectors
Inadequate knowledge of each other's standards and regulations
Little participation in the development and harmonisation of each other's plans and preparedness
Duplication of efforts between different aviation and health stakeholders
States do not consider the possibility of an outbreak in their own State

PHEs not incorporated in AEPs and if so, not enough awareness, training and exercises

Notification of in-flight suspected case not via ATC

Passenger screening affects passenger flows

Arrival and departure passenger mixing

Designated aircraft parking position inconvenient for access or operations

Template for the Health Part of General Declaration not adopted

Template Public Health Passenger Locator Card not adopted

Communication issues (passengers, crew, airport staff, media) not adequately addressed
Common Actions required by States

- Aviation and public health authorities to have formal framework and procedures for working together on the national PHEP for aviation
  - Requires collaboration of government at ministerial level
- Civil aviation regulations should include PHE related SARPs
- AEPs should include procedures and protocols for PHEs harmonised with national PHEP for aviation sector
- CAA and PHA should jointly review the AEP
- Personnel need training in AEP and AEP should be exercised
- Whole of Society Approach to emergency planning needs consideration
ICAO CAPSCA Ongoing Activities

- Continue to foster collaboration between civil aviation and health sectors – WHO/ICAO, PHA/CAA, Government authorities/industry service providers, etc.
- Facilitate implementation of relevant parts of WHO IHR (2005)
- Increase State membership
- Meetings
- Training
- Assistance visits
- Guidance
- Web site resource
ICAO CAPSCA Further Development

- State Action Plans and implementation of CAPSCA Assistance Visit Recommendations
- Regional Coordinators to follow-up with States
- Review lessons learned and improve the assistance visit process
- Analyse observed regional trends and recommend typical actions
- Promote national implementation of CAPSCA concept
- CAPSCA Follow-up Visits to States
- Business continuity and communications guidance
- Expand scope of CAPSCA beyond communicable diseases to incorporate all types of events ("all-hazards") with the potential to become a public health emergency with an international impact
- Passenger screening methods survey and research
ICAO/WHO Planned Collaboration for ICAO SARPs and IHR (2005) Implementation

- ICAO regional offices to collaborate with WHO regional and country offices
- ICAO and WHO to harmonise 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 harmonise 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
- ICAO and WHO to consider harmonising the ICAO safety oversight audit programme and IHR (2005) designated airport certification requirements, where applicable
ICAO CAPSCA Funding Needs

USD 300,000 per year based on average expenditure during 2010 and 2011 for global activities
ICAO CAPSCA Potential Sources of Funding

**ICAO**

- Regular budget year-end carry-over funds
- Special implementation projects (SIP)
- Safety Fund (SAFE)
- Regional Projects – e.g. COSCAPs, AFI
- HQ ANB and Regional Office regular programme allotments
- Next triennium regular programme budget (2014 – 2016) – to be approved by States at Assembly in 2013

**States & Airports**

- Voluntary contributions, e.g. Colombia, APAC SARS
- Cost recovery for visits, e.g. APAC
- Project participation fee, e.g. APAC, AFI
- Technical Advisor Assistance Visit travel, e.g. United States
ICAO CAPSCA Potential Sources of Funding

Airline Organizations

- UN funds – e.g. WHO, WFP, OCHA, UNWTO, etc.
- Industry – e.g. IATA, ACI, etc.
- Regional – e.g. EU, etc.
- National – e.g. CDC, GIZ, etc.
- Private – e.g. Robert Koch Institute, etc.
Next Steps

**Fund raising campaign**

- ICAO – Council, Regional Offices, Meetings
- States – Assembly 2013
- CAPSCA – Chairpersons, Team Leaders
- Partner Organisations
Recommended Actions

✈ States and Organisations are encouraged to:

✈ Support ICAO to continue the CAPSCA Programme beyond 2012; and

✈ Propose to ICAO possible sources of and mechanisms for funding CAPSCA.